individuals given such a diagnosis may undergo prospective treatment for surgical procedures or even lifelong anticoagulation. The reasons that some individuals with a particular gene defect experience symptoms while others with the same defect do not is poorly understood. An understanding of additional risk factors involved would result in more appropriate targeting of therapy and reduce unnecessary treatment with blood products or drugs with significant side effects.

The primary objective of this study is to identify risk factors related to intra-familial differences in manifestations of hemostatic diseases, including bleeding disorders, such as von Willebrand disease and platelet storage pool disease, and thrombotic disorders, such as protein C deficiency and protein S deficiency.

This is a descriptive study of families with bleeding or thrombotic disorders. The goal is to identify families with 5–10 members affected with a bleeding or thrombotic disorder. Family members who have the same abnormal gene will be compared as to their clinical symptoms or lack thereof and differences in physiologic and genetic markers which may be related to the disorder under study. Data will be collected for at least five years for descriptive and hypothesis generating purposes.

Ten families a year will qualify for this study; up to 100 members will be enrolled. Participants will be asked to be interviewed by a trained interviewer with questions on demographics, medical history, behavioral and lifestyle factors, and family history; have 35 milliliters (about 2.5 tablespoons) of blood drawn from a vein in the arm. The blood will undergo testing of appropriate coagulation parameters and physiologic variables such as blood groups. The tests chosen will depend upon the disorder present in the family. Participants will also be asked to give study staff access to previous laboratory results collected at other institutions or at CDC, provide contact information for family members thought to have symptoms of bleeding or clotting, and allow his or her diagnosis to be disclosed to family members. There is no cost to the respondents.

Respondents	No. of respondents	No. of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Male	50	2	30/60	50
Female	50	2	30/60	50
Total	.....	.....	.....	100

Thomas A. Bartenfeld,

Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention.

[FR Doc. 03–16676 Filed 7–1–03; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 03032]

Addressing Asthma From a Public Health Perspective; Notice of Availability of Funds Amendment

A notice announcing the availability of fiscal year (FY) 2003 funds for cooperative agreements for ''Addressing Asthma From a Public Health Perspective'' published in the **Federal Register** on May 28, 2003, Volume 68, Number 102, pages 31707–31720. The notice is amended as follows:

On page 31707, third column, at the end of the first paragraph, insert the following, ''If the applicant is not the State health department, but is another department responsible for the State asthma program, or a *bona fide* agent of the State health department, they must include documentation to indicate their status. This documentation should include: (1) A letter from the State health department designating the applicant organization as their *bona fide* agent, or as the organization responsible for asthma programs within the State; and/or (2) any official documentation showing that the applicant organization maintains responsibility for the State asthma program. The documentation must be placed directly behind the face page of the application form.''

Dated: June 26, 2003.

Edward Schultz,

Acting Director, Procurement and Grants Office, Centers for Disease Control and Prevention.

[FR Doc. 03–16681 Filed 7–1–03; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 03102]

Expanding Existing Surveillance Systems To Include Pfiesteria, Other Harmful Algal Blooms, and Marine Toxins; Notice of Availability of Funds

Application Deadline: August 1, 2003

A. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under section 301 of the Public Health Service Act, [42 U.S.C. section 241], as amended. The Catalog of Federal Domestic Assistance number is 93.283.

B. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2003 funds for a cooperative agreement program for Expanding Existing Surveillance Systems to Include Pfiesteria, Other Harmful Algal Blooms, and Marine Toxins. This program addresses the ''Healthy People 2010'' focus area Environmental Health.

The purpose of the program is to assist state and local public health departments with expanding surveillance activities for adverse human health outcomes and exposure to waters contaminated with not only Pfiesteria, but also other harmful algae, their toxins, or other marine toxins.

Measurable outcomes of the program will be in alignment with the following performance goal for the National Center for Environmental Health (NCEH): Increase the capacity of state and local health departments to deliver environmental health services in their communities.

C. Eligible Applicants

Applications may be submitted by: state and local governments or their bona fide agents (this includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the