

ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Send comments to Anne O'Connor, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

*Proposed Project:* REACH 2010 Evaluation—Racial and Ethnic Approaches to Community Health, Phase II (0920-0502)—Extension—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

The REACH 2010 Demonstration Program is a part of the Department of Health and Human Services' response to

the President's Race Initiative and to the Healthy People 2010 goal to eliminate disparities in the health status of racial and ethnic minorities. The purpose of REACH 2010 is to demonstrate that adequately funded community-based programs which are designed and led by the communities they serve can reduce health disparities in infant mortality, deficits in breast and cervical cancer screening and management, cardiovascular diseases, diabetes, HIV/AIDS, and deficits in childhood and adult immunizations. The communities served by REACH 2010 include: African American, American Indian, Hispanic American, Asian American, and Pacific Islander. Seventeen communities were funded in Phase I to construct Community Action Plans (CAP). In Phase II, 26 communities will receive funding to implement their CAP. This data collection is for the Phase II communities.

As part of the President's Race Initiative, it is imperative that REACH 2010 demonstrate success in reducing health disparities among racial and ethnic minority populations. Toward that end, it is of critical importance that CDC collect uniform survey data from each of the 26 communities funded for the Phase II REACH 2010 Demonstration Program. The same survey will be conducted in each community; it will contain questions that are standard public health performance measures for each health priority area. Surveys will be administered by either telephone or household interview. These surveys will be administered annually using a different sample from each community. There are no costs to respondents for participating in the data collection.

The total annualized burden hours for this project is 6500.

Respondents	Number of respondents	Number of responses/respondent	Average burden per response (in hrs.)	Total burden (in hrs.)
Adults ages 18 and older who live in communities participating in the REACH 2010 Program .....	26,000	1	15/60	6500
Total .....	.....	.....	.....	6500

Dated: August 4, 2003.  
**Thomas A. Bartenfeld,**  
*Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention.*  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**Agency for Toxic Substances and Disease Registry**

[60Day-03-107]

**Proposed Data Collections Submitted for Public Comment and Recommendations**

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports

Clearance Officer on (404)498-1210. CDC is requesting an emergency clearance for this data collection with a week comment period. CDC is requesting OMB approval of this package seven days after the end of the public comment period.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within seven days of this notice.

*Proposed Project:* Collection of Publication Assessment Information—New—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

This project will collect information from Internet users after they order or download a publication from the website of the Department of Health and Human Services/Centers for Disease Control and Prevention/National Center for Injury Prevention and Control. NCIPC produces a variety of publications about injury prevention for a range of audiences, from public health professionals to the general public. Publications include reports to Congress, fact books, brochures, research articles, tool kits, and books. Most of these publications are available to the general public, and the chief distribution method is through the NCIPC website, <http://www.cdc.gov/ncipc>. On the website, people can order print copies or view electronic copies of the publications.

It is critical for NCIPC to obtain feedback from users of their publications so it can better understand who uses them and how. This will help guide the development of future publications, revisions of current ones, as well as distribution of publications. As part of the effort to gain understanding about the audiences of NCIPC publications, we will collect information through a web-based form. NCIPC website users will have the opportunity to fill out the form after

ordering, downloading, or reading online publications through the website. The form contains questions about the demographic background of the users, how they found the website, how they plan to use the publication, their need

for publications in other languages, the degree to which the publication offerings were useful to them, and space for their general comments. The results of the forms will be compiled and studied so NCIPC can better consider

the needs of people who use the publications in future publication development, revisions, and distribution plans. There are no costs to respondents.

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden (in hrs.)
NCIPC website users who access or order hours publications .....	360,000	1	5/60	30,000

Dated: August 4, 2003.  
**Thomas A. Bartenfeld,**  
*Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention.*  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[Program Announcement 03161]

**Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome (HIV/AIDS) Prevention Program Development and Technical Assistance Collaboration for Public Health Laboratory Science With Countries Targeted by CDC's Global AIDS Program (GAP); Notice of Intent To Fund Single Eligibility Award**

**A. Purpose**

The Centers for Disease Control and Prevention (CDC) announces the intent to fund fiscal year (FY) 2003 funds for a cooperative agreement program for HIV/AIDS prevention program development and technical assistance collaboration with countries targeted by the Global AIDS Program (GAP). The Catalog of Federal Domestic Assistance number for this program is 93.941.

**B. Eligible Applicant**

Assistance will be provided only to the Association of Public Health Laboratories (APHL). APHL is the appropriate and only qualified agency to provide the services specified under this cooperative agreement because:

(1) APHL is the only officially established organization that represents public health laboratory science practitioners. As such, APHL represents officials from throughout the United States (U.S.) who have responsibility for all aspects of public health laboratory science, education, and management.

(2) APHL is in a unique position to act as the liaison between U.S. state and

territorial public health laboratorians and GAP country health officials.

(3) APHL has wide experience in promoting the coordination of HIV/AIDS and other public health laboratory efforts among the U.S. states and territories, U.S. Government agencies, and international agencies. Thus, the organization is uniquely positioned to collaborate with national AIDS control program officials in GAP countries, international agencies and other interested parties on policy and program issues from a U.S. -based, multi-stakeholder perspective.

(4) The knowledge, skills and abilities that APHL represents through its members' expertise are of critical importance to improving the capacity of public health laboratories in GAP countries. Thus, APHL is uniquely positioned to provide CDC technical assistance by serving as a liaison between U.S. state and territorial public health laboratory officials and officials of national AIDS control programs in GAP countries. APHL possesses unique knowledge and insight that can be applied through technical assistance to strengthen the ability of GAP country national AIDS control programs to design, develop, implement and maintain HIV/AIDS public health laboratories based on the best practices of U.S. state and territorial public health laboratories.

(5) APHL has already established mechanisms for communicating HIV/AIDS laboratory practice information to the U.S. states and territories and their political subdivisions that carry out HIV/AIDS public health laboratory programs. They can use these mechanisms to exchange information between the U.S. states and territories and the public health officials in GAP countries to identify and develop effective public health laboratory information networks. This unique expertise also places APHL in the position to advise GAP country officials on developing their own national public health laboratory information networks.

**C. Funding**

Approximately \$1,000,000 is available in FY 2003 to fund this award. It is expected that the award will begin on or before September 15, 2003, and will be made for a 12-month budget period within a project period of up to five years. Funding estimates may change.

**D. Where To Obtain Additional Information**

For general comments or questions about this announcement, contact: Technical Information Management, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341-4146, Telephone: 770-488-2700.

For technical questions about this program, contact: Peter Crippen, Public Health Advisor, Global AIDS Program, National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention, 1600 Clifton Road, N.E., Atlanta, GA 30333, Telephone: 404-498-2712, E-mail address: *phc1@cdc*.

Dated: August 4, 2003.  
**Edward Schultz,**  
*Acting Director, Procurement and Grants Office, Centers for Disease Control and Prevention.*  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[Program Announcement 03151]

**Institutional Strengthening of People Living With HIV/AIDS Networks in the Caribbean Region; Notice of Intent To Fund Single Eligibility Award**

**A. Purpose**

The Centers for Disease Control and Prevention (CDC) announces the intent to fund fiscal year (FY) 2003 funds for a cooperative agreement program to provide support to people living with HIV/AIDS in the Caribbean. This will be accomplished by developing the