

consider taking to obtain relief. Because this activity is different in nature and degree than the incidental provision of information in other types of fraud complaints, staff excludes it with regard to identity theft-related calls.

Customer Satisfaction Survey

The customer satisfaction survey would collect information concerning the overall effectiveness and timelessness of the CRC. The CRC will survey roughly 2 percent of complainants. Subsets of consumers who have contacted staff

throughout the year will be questioned about specific aspects of CRC customer service.

Each consumer surveyed would be asked 8–10 questions chosen from the list noted above. Half of the questions would ask consumers to rate CRC performance on a scale or call for yes or no responses. The second half of the survey would ask more open-ended questions seeking a short written or verbal answer. BCP staff estimates that each respondent will require four minutes to answer the questions

(approximately 20–30 seconds per question).

What follows are staff's estimates of burden for these various collections of information, including the questionnaire. The figures for the online forms and consumer hotlines are an average of annualized volume-to-date for the respective programs and projected volume for the next two years (the period of the existing clearance for FTC administrative activities), and are rounded to the nearest thousand.

Annual hours burden:

Activity	Number of respondents	Number minutes/activity	Total hours
Miscell, and fraud-related consumer complaints (phone)	300,000	4.5	23,000
Miscell, and fraud-related consumer complaints (online)	35,000	5.0	3,000
IDT complaints (phone)	90,000	8	12,000
IDT complaints (online)	26,000	7.5	3,000
Customer Satisfaction Questionnaire	9,000	4.0	600
Total	460,000	41,600

Annual cost burden:

The cost per respondent should be negligible. Participation is voluntary, and will not require any labor expenditures by respondents. There are no capital, start-up, operation, maintenance, or other similar costs to the respondents.

Debra A. Valentine,
General Counsel.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Office of Minority Health; Notice of a Cooperative Agreement With the Association of Asian and Pacific Community Health Organizations

AGENCY: Office of the Secretary, Office of Minority Health, HHS.

ACTION: Notice of a Single Source Cooperative Agreement with the Association of Asian and Pacific Community Health Organizations.

Program Title

Cooperative Agreement to Improve the Health Status of Minority Populations.

OMB Catalog of Federal Domestic

Assistance: The Catalog of Federal Domestic Assistance number for this cooperative agreement is 93.004.

Authority: This cooperative agreement is authorized under section 1707 (e)(1) of the Public Health Service Act, as amended.

The Office of Minority Health (OMH), Office of Public Health and Science, announces it is continuing to support a single source umbrella cooperative agreement with the Association of Asian and Pacific Community Health Organizations (AAPCHO) for it to expand and enhance its activities in health promotion, disease prevention, and health service research and the development of models to improve primary care service delivery. This cooperative agreement will continue the broad programmatic framework in which specific projects can be supported by various governmental agencies to carry out the ultimate goal of improving the health status and access to care for minorities and disadvantaged people, especially the underserved.

The OMH expects substantial programmatic involvement in this project with AAPCHO to assist in identifying health-related information for dissemination in the Asian American and Pacific Islander (AAPI) populations, particularly in rural and isolated AAPI communities; linking emerging AAPI communities to technical assistance and resource opportunities available on a national basis; identifying HHS programs that involve clinical trials and research studies to increase the involvement of AAPIs; identifying candidates for advisory panels and developing selection criteria; and arranging

consultation with other government and non-government agencies relative to activities that affect policies and programs within AAPI communities.

This cooperative agreement will be continued for an additional 5-year project period with 12-month budget periods. Depending upon the types of projects and availability of funds, it is anticipated that this cooperative agreement will receive approximately \$100,000 per year. Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.

During the last 5 years, AAPCHO has successfully demonstrated the ability to work with its organizational membership and health agencies on mutual education, service, and research endeavors. The OMH believes AAPCHO is uniquely qualified to accomplish the purpose of this cooperative agreement and that no organization other than AAPCHO could fulfill the program objectives for the reasons cited below. It has:

- Established a web site which promotes resources and current culturally and linguistically appropriate materials to AAPI health care providers and provides linkages with emerging AAPI communities to appropriate health care services and materials.
- Promoted health care access to rural and isolated AAPI communities, including emerging communities, specifically in the West and MidWest, and has extensive experience in addressing the health needs of these communities.

- Developed the capacity to provide technical assistance to AAPI community groups on organizational and communication infrastructure development and how to access health and health services programs.
- Developed a strategy to raise awareness in AAPI communities for assuring AAPI representation in clinical trials and research activities.
- A network of community health centers that provides a foundation upon which it develops, promotes, and manages health intervention, education, and training programs which are aimed at preventing and reducing morbidity and mortality among AAPIs.
- An extensive knowledge-base of essential health services, health care accessibility issues, and professional development initiatives that deal exclusively with AAPI populations, attributes that are necessary for effective intervention with this population group.

Where To Obtain Additional Information

If you are interested in obtaining additional information regarding this cooperative agreement, contact Ms. Cynthia Amis, Office of Minority Health, 5515 Security Lane, Suite 1000, Rockville, Maryland 20852 or telephone (301) 594-0769.

Dated: September 12, 2000.
Nathan Stinson Jr.,
Deputy Assistant Secretary for Minority Health.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-00-51]

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, the Centers for Disease Control and Prevention (CDC) is providing an opportunity for public comment on proposed data collection projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Assistant Reports Clearance Officer at 404-639-7090.

Comments are invited on: (i) Whether the proposed collection of information is necessary for the proper performance of the functions of the CDC, including whether the information shall have a practical utility; (ii) the accuracy of the agency's estimate of the burden of the proposed collection of information; (iii) ways to enhance the quality, utility, and clarity of the information to be collected; and (iv) ways to minimize the burden of the collection of information on respondents, including the use of automated collection techniques or other forms of information technology. Send comments to Seleda M. Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, Georgia 30333. Written comments should be received within 60 days of this notice.

Proposed Project

Travelers' Health Survey—New—National Center for Infectious Diseases (NCID). Approximately 50 million Americans travel abroad each year and more than 25 million of these travel to rural areas or developing countries where the risk is greater for contracting infectious diseases. Many of these diseases are preventable through vaccines, drugs, and other preventive measures. According to surveillance data from the CDC, over 99 percent of malaria, 72 percent of typhoid, and 7 percent of hepatitis A cases in the U.S. are acquired abroad. Information on preventing illness during travel is available free or at little cost through public health departments, a CDC toll-free fax system, and the Internet. However, many travelers may be

unaware of the health risks they face when traveling because they either lack access to pretravel health services or do not understand the measures necessary to avoid health risks. Evidence shows first-and second-generation U.S. immigrant travelers, when traveling to their countries of origin to visit friends and relatives, may be at greater risk than the general public, for contracting infectious diseases.

The objectives of this project are to determine (i) whether travelers seek pretravel health information, (ii) where they access this information, (iii) travelers' baseline knowledge of prevention measures for diseases commonly associated with travel, and (iv) whether specific groups of travelers (i.e. first-and second-generation immigrants) lack information on or access to pretravel health recommendations and services. To accomplish these objectives, in partnership with Delta Airlines, CDC proposes to conduct voluntary, self-administered, anonymous, in-flight surveys of U.S. citizens and residents traveling abroad to areas where malaria, typhoid fever, and hepatitis A are endemic.

This preliminary project will focus on first-and second-generation U.S. immigrants from India visiting friends and relatives in India, where all three diseases are endemic. A study period of 2 to 3 months is estimated. Data from this project will fulfill Healthy People 2010 objectives for travelers. In addition, it will enable CDC to develop appropriate educational interventions for high-risk travelers and to gain a better understanding of the role of travel in emerging infectious diseases. The survey tool will take approximately 15 minutes to complete.

There are no costs to respondents, only the time it takes to complete the survey.

Number of respondents	Number of responses/ respondent	Average burden/ response (in hours)	Total burden hours
5,600	1	16/16	1,400