

submit comments May 28, 2002. If you anticipate that you will be submitting comments, but find it difficult to do so within the period of time allowed by this notice, you should advise the contact listed below as soon as possible.

ADDRESSES: Direct all comments to Judy Boley Herman, Federal Communications Commission, 445 12th Street, SW, Room 1-C804, Washington, DC 20554 or via the internet to jbherman@fcc.gov.

FOR FURTHER INFORMATION CONTACT: For additional information or copies of the information collections contact Judy Boley Herman at 202-418-0214 or via the internet at jbherman@fcc.gov.

SUPPLEMENTARY INFORMATION:

OMB Control No.: 3060-1005.

Title: Numbering Resource Optimization—Phase 3.

Form No.: N/A.

Type of Review: Extension of a currently approved collection.

Respondents: Business or other for profit, state, local, or tribal government.

Number of Respondents: 53.

Estimated Time Per Response: 63.77 hours (average hours per response).

Total Annual Burden: 3,380 hours.

Annual Reporting and Recordkeeping Cost Burden: \$12,000.

Frequency of Response: On occasion reporting requirement, third party disclosure requirement.

Needs and Uses: In the Third Report and Order and Second Order on Reconsideration in CC Docket No. 99-200, the Commission continued its efforts to maximize the efficiency with which numbering resources in the North American Number Plan (NANP) are utilized. In order for price cap LECs to qualify for exogenous adjustment to access charges established under the federal cost recovery mechanism, they must demonstrate that pooling results in a net cost increase rather than a cost reduction. Applications to state commissions from carriers must demonstrate that certain requirements are met before states may grant use of the safety valve mechanism. State commissions seeking to implement service-specific and/or technology-specific area code overlays, must request delegated authority to do so.

The Commission received emergency (6 month) approval under the emergency processing procedure on 3/12/02. This notice is being published in the **Federal Register** to start a 60-day comment period under the Paperwork Reduction Act in order to obtain a full three-year approval.

OMB Control No.: 3060-0084.

Title: Ownership Report for Noncommercial Educational Broadcast Station.

Form No.: FCC Form 323-E.

Type of Review: Extension of a currently approved collection.

Respondents: Not-for-profit institutions.

Number of Respondents: 2,636.

Estimated Time Per Response: 1-3 hours.

Total Annual Burden: 2,636 hours.

Annual Reporting and Recordkeeping Cost Burden: \$1,054,400.

Frequency of Response: On occasion, biennial and other reporting requirements.

Needs and Uses: FCC Form 323-E is filed by licensees/permittees of noncommercial FM and TV broadcast stations when the original construction permit is granted, on the date it applies for a station license, in conjunction with the station's renewal application and every two years thereafter. The data are used by FCC staff to determine if licensees/permittees are in compliance with Sections 308 and 310 of the Communications Act, as amended, and the Commission's ownership disclosure requirements.

Federal Communications Commission.

William F. Caton,

Acting Secretary.

[FR Doc. 02-7406 Filed 3-27-02; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY-18-02]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404)498-1210. Send written comments to CDC, Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503. Written comments should be received within 30 days of this notice.

Proposed Project: National Telephone Survey of Urban Mosquito Control

Programs—New—National Center for Infectious Disease (NCID), Centers for Disease Control and Prevention (CDC). West Nile virus is a mosquito-borne virus that is native to the eastern hemisphere, where it recently caused large epidemics of human disease in eastern Europe, Russia, and the Middle East. In 1999, West Nile virus first appeared in the United States when it caused an epidemic of mosquito-borne encephalitis and meningitis in the greater New York City metropolitan area. During 1999-2000, 83 persons (mostly senior citizens) with West Nile viral disease and 9 fatalities were reported in New York, New Jersey, and Connecticut. The apparent primary vector to humans was the house mosquito, *Culex pipiens*, which occurs in virtually all urban areas of the United States. This species is also one of the principal vectors of St. Louis encephalitis virus, historically the most important cause of epidemic viral encephalitis in the United States, and a close relative of West Nile virus. Based on the detection of West Nile virus in birds and mosquitoes, this virus has now spread to a 12-state region of the eastern United States, extending from New Hampshire to North Carolina, and from the Atlantic coast to western Pennsylvania. It is likely that West Nile virus will continue to expand its geographic range within the United States, mainly through distribution by infected birds. Thus, many cities in the United States are at risk for West Nile virus epidemics, especially those without mosquito control programs that target *Culex* mosquitoes. No systematically collected information on such programs is currently available. Currently in the United States, mosquito control is largely a local issue funded by state and local tax dollars. In the proposed survey, mosquito control program managers will be identified and interviewed by telephone to estimate the number of U. S. cities of at least 100,000 population that have functional programs for controlling urban *Culex* mosquitoes, by geographic region. The survey will be conducted twice, once at baseline and again two years later, to assess national and regional trends in establishing such control programs. This information will serve as a resource for the Centers for Disease Control and Prevention, state and local health departments, policymakers, and funding agencies. The estimated annualized burden is 48 hours.

Respondents	Number of respondents	Number of responses/ respondent	Average burden/re-sponse (in hours)
Initial Telephone interview	143	1	10/60
Follow-up Telephone Interview with Initial Respondents	143	1	10/60

Dated: March 19, 2002.

Nancy Cheal,

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

[FR Doc. 02-7408 Filed 3-27-02; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772-76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 66 FR 56562-63, dated November 8, 2001) is amended to revise the mission statement for the Office of the Director, Division of Adult and Community Health, and establish the Emerging Investigations and Analytic Methods Branch, Division of Adult and Community Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention.

Section C-B, Organization and Functions, is hereby amended as follows:

Delete the mission statement for the *Office of the Director (CL31), Division of Adult and Community Health (CL3)*, and insert the following:

(1) Manages, coordinates, and evaluates the activities and programs of the Division; (2) ensures that Division activities are coordinated with other components of CDC both within and outside the Center, with Federal, State, and local health agencies, and with voluntary and professional health agencies; (3) provides leadership and coordinates Division responses to requests for research, consultation, training, collaboration, and technical assistance or information on managed care, health promotion, behavioral surveys, cardiovascular health, aging, epilepsy, and arthritis; (4) provides administrative, logistical, and

management support for Division field staff; (5) provides administrative and management support for the Division including guidance on the organization of personnel and the use of financial resources, and oversight of grants, cooperative agreements, contracts, and reimbursable agreements.

After the functional statement for the *Cardiovascular Health Branch (CL33)*, insert the following:

Emerging Investigations and Analytic Methods Branch (CL34). (1) Conducts epidemiologic research and investigations of cross-cutting emerging scientific issues for NCCDPHP; (2) uses geographic information systems (GIS) to provide spatial and temporal relationships among data; (3) conducts operational research to evaluate the cost-effectiveness or cost-benefit of chronic disease prevention and control technologies and develops and recommends national policy to address issues related to the economics of health care; (4) performs research on racism and its social determinants on health, adverse childhood events, mental health, gene environment interactions, and alcohol; (5) coordinates and provides guidance in the evaluation of community and state-based intervention programs; (6) designs and produces a wide range of visual materials (*e.g.*, slides, overheads, exhibits) for presentations and instructional activities; (7) coordinates Branch activities through the Division with other components of CDC, other Federal, State, and local Government agencies, and other private, public, nonprofit, and international organizations as appropriate.

Dated: March 19, 2002.

Jeffrey P. Koplan,

Director.

[FR Doc. 02-7385 Filed 3-27-02; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Center for Complementary & Alternative Medicine; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Center for Complementary and Alternative Medicine Special Emphasis Panel.

Date: April 17-18, 2002.

Time: 8:00 AM to 6:00 PM.

Agenda: To review and evaluate grant applications.

Place: Marriott Suites, 6711 Democracy Blvd., Bethesda, MD 20814.

Contact Person: Martin H. Goldrosen, BS, Chief, Office of Scientific Review, National Center for Complementary and Alternative Medicine, National Institutes of Health, 6707 Democracy Blvd., Ste. 106, Bethesda, MD 20892-5475, (301) 451-6331, goldrosen@mail.nih.gov.

Dated: March 21, 2002.

LaVerne Y. Stringfield,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. 02-7394 Filed 3-27-02; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Human Genome Research Institute; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice