

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Mine Safety and Health Research Advisory Committee (MSHRAC): Notice of Recharter

This gives notice under the Federal Advisory Committee Act (Public Law 92-463) of October 6, 1972, that the Mine Safety and Health Research Advisory Committee, National Institute for Occupational Safety and Health, of the Department of Health and Human Services, has been rechartered for a 2-year period, through November 30, 2002.

For further information, contact Larry Grayson, Ph.D., Executive Secretary, MSHRAC, CDC, 200 Independence Avenue, SW., Room 715-H, Humphrey Building, Washington, DC 20201. Telephone 202/401-2192, fax 202/260-4464, e-mail lhg9@cdc.gov.

The Director, Management Analysis and Services office has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: May 8, 2001.

Carolyn J. Russell,

Director, Management Analysis and Services 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 01086]

Centers of Excellence for Autism and Other Developmental Disabilities Epidemiology; Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2001 funds for a cooperative agreement program for Centers of Excellence for Autism and Other Developmental Disabilities Epidemiology. This program addresses the "Healthy People 2010" focus area Maternal, Infant, and Child Health.

The purpose of the program is to collect and analyze epidemiologic data on the prevalence, correlates, and causes of autism and other developmental disabilities. The Centers will be part of a collaborative network investigating autism spectrum disorder (ASD) and other developmental disabilities. The Centers will conduct active population-based surveillance; multi-Center analytic case-control studies; and Center-initiated special studies (see Attachment II for Background).

B. Eligible Applicants

Assistance will be provided only to the Health Departments of States or their bona fide agents, including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, federally recognized Indian tribal governments, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

Competition is limited to State Health Departments because they maintain public health responsibility for these health conditions, and their record systems and expertise are essential to program success. State agencies, or their bona fide agents, applying under this announcement, that are other than the official State Health Department must provide written concurrence on the application from the official State Health Department.

Only one application from each State or Territory may be submitted.

Applicants must document a study population of at least 30,000 live births per year within a State, a contiguous area of a State (such as the catchment of a local health agency), or a contiguous area comprised of a combination of States.

Applicants who are unable to document the minimum study population size based on live birth data from their State Health Department or proxy data from the US Census Bureau (based on 1999 Postcensal estimates) will be determined ineligible. The applicant should include this information as part of the abstract. If it is not included, then the application will be determined as non-responsive and returned without review.

C. Availability of Funds

Approximately \$2,000,000 will be available in FY 2001 to fund approximately four awards. It is expected that the average award will be \$500,000, ranging from \$400,000 to \$700,000. It is expected that the awards

will begin on or about September 30, 2001, and will be made for a 12-month budget period within a project period of up to five years. Funding estimates may change.

Continuation awards within an approved project period will be made on the basis of satisfactory progress as evidenced by required reports and the availability of funds.

Funding Preferences

Priority consideration may be given to the establishment of Centers of Excellence in different geographic areas of the United States, its Territories, and Indian tribal governments to assure a broad geographic representation insofar as possible. This is based on legislative intent as provided in the Children's Health Act of 2000. Additional priority consideration may be given to the selection of Centers of Excellence which, as a group, provide for a diverse racial and ethnic population.

D. Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities under 1. (Recipient Activities), CDC will be responsible for the activities listed under 2. (CDC Activities). A Coordinating Committee will be established to coordinate cross-Center activities as listed under 3. (Collaborative Responsibilities).

1. Recipient Activities

A. Surveillance System

1. Develop or enhance a population-based epidemiologic surveillance system for ASD and other developmental disabilities to generate timely population-based data. Activities may include, but not be limited to, development or enhancement of surveillance case definitions, multiple source case ascertainment methods (e.g., from educational and medical sources), and data collection instruments.

2. Establish or enhance a multiple-source methodology for case ascertainment by developing collaborative relationships with appropriate professionals and organizations.

3. Develop or enhance a plan for training community service providers to improve case ascertainment.

4. Implement or enhance quality assurance procedures to ensure that study protocols are followed.

5. Develop or enhance an evaluation plan for estimating the validity and completeness of the surveillance system.

6. Develop, implement, and evaluate a plan to use surveillance data to