

National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research (National Commission). 1979. Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research. Washington, DC: U.S. Government Printing Office.

Tuskegee Syphilis Study Ad Hoc Advisory Panel. 1973. Final Report. Washington, DC: U.S. Department of Health, Education, and Welfare.

FOR FURTHER INFORMATION ABOUT THE REPORT CONTACT: Marjorie A. Speers, Ph.D., Acting Executive Director, National Bioethics Advisory Commission, or to obtain copies of the report contact the NBAC office at 6705 Rockledge Drive, Suite 700, Bethesda, Maryland 20892-7979, telephone number (301) 402-4242, fax number (301) 480-6900. Copies may also be obtained through the NBAC website: www.bioethics.gov.

Dated: August 27, 2001.

Glen D. Drew,

Acting Executive Director, National Bioethics Advisory Commission

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-01-59]

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) 639-7090.

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 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

Preventive Health and Health Services Block Grant, Annual Application and Reports (OMB #0920-0106)—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC). In 1994, OMB approved the collection of information provided in the grant applications and annual reports for the Preventive Health

and Health Services (PHHS) Block Grant (OMB #0920-0106). This approval expires on November 30, 2001. CDC is requesting OMB clearance for this legislatively mandated information collection until November 30, 2004. The request is to approve the development and adherence to *Healthy People 2010*, the Nation's Health Objectives which was released the Spring of 2000. The PHHS block grant is mandated according to section 1904 to adhere to the Healthy People framework, therefore, the current application and report format was restructured to coincide with 2010.

This information collected through the applications from the official State health agencies is required from section 1905 of the Public Health Service Act. There is a slight change in the proposed information collection from previous years. The changes include more program specific information and the relationship of block funded activities to program strategy. The information collected from the annual reports is required by section 1906. The development of a PHHS block grant web page with data web links from existing federal databases will be used to coincide with the collection of uniform data for the annual report. The availability to collect data through internet accessibility will allow for a more streamlined and efficient use of data processing by the states and will reduce the states burden of duplicate reporting on outcome and risk factor data. The cost to respondents is estimated at \$25 per burden hour, a total cost to respondents of \$106,750.

Respondents	No. of respondents	No. of responses/ respondent	Average burden per response (in hours)	Total burden (in hours)
Application	61	1	30	1830
Report	61	1	40	2440
Total				4270

Dated: August 23, 2001.

Nancy Cheal,

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

[30DAY-46-01]

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) 639-7090. 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

Report of Verified Cases of Tuberculosis (RVCT) OMB No. 0920–0026—Extension—The National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC) proposes to continue data collection for the Report of Verified Case of Tuberculosis (RVCT). This request is for a 1-year extension of clearance. To accomplish the CDC goal of eliminating tuberculosis (TB) in the United States, CDC maintains the national TB surveillance system. The system, initiated in 1953, has been modified several times to better monitor and respond to changes in TB morbidity. The most recent modification was implemented in 1993 when the RVCT was expanded in response to the TB epidemic of the late 1980s and early 1990s and incorporated into a CDC software for electronic reporting of TB case reports to CDC. The expanded system improved the ability of CDC to

monitor important aspects of TB epidemiology in the United States, including drug resistance, TB risk factors, including HIV coinfection, and treatment. The timely system also enabled CDC to monitor the recovery of the nation from the resurgence and identify that current TB epidemiology supports the renewed national goal of elimination. To measure progress in achieving this goal, as well as continue to monitor TB trends and potential TB outbreaks, identify high risk populations for TB, and gauge program performance, CDC proposes to extend use of the RVCT.

Data are collected by 60 Reporting Areas (the 50 states, the District of Columbia, New York City, Puerto Rico, and 7 jurisdictions in the Pacific and Caribbean) using the RVCT. An RVCT is completed for each reported TB case and contains demographic, clinical, and laboratory information. A comprehensive software package, the Tuberculosis Information Management

System (TIMS) is used for RVCT data entry and electronic transmission of TB case reports to CDC. TIMS provides reports, query functions, and export functions to assist in analysis of the data. CDC publishes an annual report summarizing national TB statistics and also periodically conducts special analyses for publication in peer-reviewed scientific journals to further describe and interpret national TB data. These data assist public health officials and policy makers in program planning, evaluation, and resource allocation. Reporting Areas also review and analyze their RVCT data to monitor local TB trends, evaluate program success, and assist in focusing resources to eliminate TB.

No other federal agency collects this type of national TB data. In addition to providing technical assistance for use of the RVCT, CDC also provides Reporting Areas with technical support for the TIMS software. The total annual burden for this data collection is 8,338 hours.

Respondents	Number of respondents	Average responses/respondent	Average burden per response (in hours)
State & Local Health Departments	60	277.92	30/60

Dated: August 24, 2001.
Nancy Cheal,
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 02009]

National Program To Promote Diabetes Education Strategies in Minority Communities: The National Diabetes Education Program; Notice of Availability Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2002 funds for a cooperative agreement program for “National Program to Promote Diabetes Education Strategies in Minority Communities: The National Diabetes Education program.” This program addresses the “Healthy People 2010” focus area of Diabetes.

The purpose of the program is to support National Diabetes Education Program activities that strengthen the capacity of national and regional minority organizations (NMOs/RMOs) to reduce the disproportionate burden of diabetes among high-risk populations (e.g. Black or African-American, Hispanic or Latinos, Asian, Native Hawaiian or Other Pacific Islanders, and American Indian or Alaska Native). These awards will enable NMOs/RMOs to reach their targeted populations with culturally and linguistically appropriate intervention strategies through trusted and valued community-based intervention approaches and delivery channels.

B. Eligible Applicants

Assistance will be provided to national organizations that are private health, education or social service organizations (professional or voluntary); qualify as a non-profit 501(c)3 entity; have affiliate offices or local, state, or regional membership constituencies in five or more geographically distinct communities with a high concentration of the targeted population, and have the capacity and experience to assist their affiliate offices, chapters, and member constituencies. Geographically distinct

communities may be located in different states. Affiliate offices and local, state, or regional membership constituencies may NOT apply in lieu of or on behalf of their parent national office. However, this does not exclude affiliates from assisting with the development of the application.

Note: Title 2 of the United States Code, Section 1611 states that an organization described in section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant, or loan.

Tax-Exempt Status

For those applicants applying as a private non-profit organization, proof of tax-exempt status must be provided with the application. Tax-exempt status is determined by the Internal Revenue Service (IRS) Code, Section 501(c)(3). Any of the following is acceptable evidence:

1. A reference to the organization’s listing in the Internal Revenue Service’s (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.
2. A copy of a currently valid Internal Revenue Service Tax exemption certificate.
3. A statement from a state taxing body, State Attorney General, or other