

Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC). CDC proposes to conduct a study to provide a state-level assessment of the current capacity to conduct colorectal cancer (CRC) screening and follow-up examinations for average risk persons aged 50 and older. CDC has already conducted the "National Survey of Endoscopic Capacity (SECAP)". The tasks involved in this national capacity assessment included creating a list of all health care providers who own and use endoscopes for CRC screening and diagnostic follow-up; developing and administering a survey instrument to health care providers across the country who own lower GI endoscopes; and developing a tool to assess the number

of people currently unscreened. The data from the SECAP study will be analyzed at the national and regional level. In response to state requests, CDC would like to assist states in assessing the state-level capacity to provide colorectal cancer (CRC) screening and follow-up examinations to appropriate persons.

The proposed study will be conducted through the implementation of a survey which will be mailed to a random sample of providers known to possess flexible sigmoidoscopes and colonoscopes in three states. The sampling frame includes all types of physician specialists and health care providers who own lower endoscopic equipment and may be screening for CRC. The survey will provide

information on the types of health care providers who are performing CRC screening and follow-up examinations, the equipment currently being used for screening and follow-up examinations, and current reimbursement rates for these tests. The results of the analysis will be used to (1) identify state-level deficits in the medical infrastructure, (2) guide the development of state-level training initiatives and educational programs for health care providers, and (3) provide critical baseline information for state policy makers for the planning of state-level initiatives to increase colorectal cancer screening. CDC is currently in the process of selecting participating states through a competitive process. The annualized estimated burden is 688 hours.

Respondents	No. of respondents	No. of responses/ respondent	Avg. burden per response (in hours)
Screening Call:			
Year 1 (3 states)	969	1	5/60
Year 2 (6 states)	1,940	1	5/60
Year 3 (6 states)	1,940	1	5/60
Annualized screening calls	*1,616		
Mail Survey:			
Year 1 (3 states)	797	1	25/60
Year 2 (6 states)	1,595	1	25/60
Year 3 (6 states)	1,595	1	25/60
Annualized mail survey	*1,329		

*Average number of respondents per year.

Dated: April 4, 2003.

Tom 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

[60Day-03-57]

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 two week public comment period. CDC is requesting OMB approval of this package 7 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 M. Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 14 days of this notice.

Proposed Project: Severe Acute Respiratory Syndrome (SARS) Outbreak Investigation—New—National Center for Infectious Diseases (NCID), Centers

for Disease Control and Prevention (CDC). The purpose of this project is to respond to an outbreak of unknown etiology in the United States and abroad. Since late February 2003, CDC has been supporting the World Health Organization (WHO) in the investigation of a multicountry outbreak of atypical pneumonia of unknown etiology. The illness is being referred to as severe acute respiratory syndrome (SARS). By March 2003, cases of SARS were reported in the U.S. among travelers with a travel history to one or more of the three provinces in Asia where the SARS outbreak was first reported.

In order to investigate this outbreak in the U.S., several collections of information are required. Currently, CDC is collecting this information under an Epidemic Aid (epi-aid) which will expire in 30 days. To preserve continuity in the surveillance information collected by public health investigators, CDC is requesting a 6-month emergency clearance on the current surveillance forms. The information collected includes contact information for travelers on a flight with a person or persons suspected of having SARS, health care work exposures, and

case report forms. There is no cost to the respondent.

Form	Respondent	Number of respondents	Number of responses/ respondent	Avg. burden/re-sponse (in hrs)	Total burden hours
International SARS case reports	Caseworker	500	1	30/60	250
SARS contact information	Airline passengers.	3,000	1	5/60	250
SARS retrospective exposure form	Quarantine inspector.	1,000	1	5/60	83
SARS screening form	Health care workers.	330	1	10/60	55
Health care worker exposure form	Health care workers.	500	1	20/60	167
Unprotected HCW form	Health care workers.	500	1	20/60	167
SARS case Report intake form	Health care workers/epi-demiologists.	750	1	1	750
Total					1,722

Dated: April 4, 2003.

Thomas 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 03022]

Chronic Disease Prevention and Health Promotion Programs; Notice of Availability of Funds; Amendment

A notice announcing the availability of fiscal year (FY) 2003 funds for a cooperative agreement program for Chronic Disease Prevention and Health Promotion Programs published in the **Federal Register** on January 23, 2003, Volume 68, Number 15, pages 3326-3359. The notice is amended as follows: On page 3326, in the third column, the first paragraph should read: Applications will be due on April 14, 2003. On page 3355, in the second column, Section H., paragraph three should read: The application must be received by 4 p.m. Eastern Time April 14, 2003.

Dated: April 4, 2003.

Sandra R. Manning,

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 03048]

Cooperative Agreement for Collaborating Centers for Public Health Law; Notice of Availability of Funds

Application Deadline: June 9, 2003.

A. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under sections 301 and 311 of the Public Health Service Act, [42 U.S.C. sections 241, 242, and 243], as amended. The Catalog of Federal Domestic Assistance number is 93.283.

B. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2003 funds for a cooperative agreement for Collaborating Centers for Public Health Law. This program addresses the "Healthy People 2010" focus area Public Health Infrastructure.

The purpose of this program is to establish two or more centers for public health preparedness in public health law ("centers") to improve the contribution that law makes to the health of the public and to the performance of the public health system. The highest priority will be on the contribution law makes to preventing, preparing for, and responding to terrorism, outbreaks of

infectious disease, and other major public health threats and emergencies.

Measurable outcomes of the program will be in alignment with the following performance goal for the CDC Public Health Practice Program Office (PHPPO): Prepare state and local health systems, departments and laboratories to respond to current and emerging public health threats.

C. Eligible Applicants

Applications may be submitted by public and private nonprofit organizations and by governments and their agencies; that is, universities, colleges, technical schools, research institutions, public health and healthcare organizations, community-based organizations, faith-based organizations, and other public and private nonprofit organizations, state and local governments 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, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau, federally recognized Indian tribal governments, Indian tribes, or Indian tribal organizations. CDC specifically encourages applications from consortia that include accredited schools of public health or medicine, accredited schools of law, and organizations that serve the legal and/or law enforcement communities.

Note: Title 2 of the United States Code section 1611 states that an organization described in section 501(c)(4) of the Internal