

for public inspection at the Division of Health Assessment and Consultation, Agency for Toxic Substances and Disease Registry, Building 33, Executive Park Drive, Atlanta, Georgia (not a mailing address), between 8 a.m. and 4:30 p.m., Monday through Friday except legal holidays. The completed public health assessments are also available by mail through the U.S. Department of Commerce, National Technical Information Service (NTIS), 5285 Port Royal Road, Springfield, Virginia 22161, or by telephone at (703) 605-6000. NTIS charges for copies of public health assessments and addenda. The NTIS order numbers are listed in parentheses following the site names.

Public Health Assessments Completed or Issued

Between January 1 and March 31, 2001, public health assessments were issued for the sites listed below:

NPL Sites

California

Chrome Crankshaft and J&S Chrome Plating—Bell Gardens—(PB21-104090)

March Air Force Base(a/k/a March Air Reserve Base)—March Air Force Base—(PB21-104262)

Connecticut

Scovill Industrial Landfill(a/k/a Scovill Industrial Landfill)—Waterbury—(PB21-103303)

Illinois

Koppers Wood Treating Company(a/k/a Koppers Company Incorporated Forest Production Group)—Carbondale—(PB21-104268) Pfizer, Incorporated—East St. Louis—(PB21-104266)

Iowa

Mid-America Tanning Company—Sergeant Bluff—(PB21-102651)

New Hampshire

Cardinal Landfill—Farmington—(PB21-102637)

New Jersey

Ciba Geigy Corporation—Dover Township—(PB21-104088)

Dover Township Municipal Landfill (a/k/a Dover Township Landfill) and Silverton Private Well Contamination Investigation (a/k/a Silverton Wells)—Dover Township—(PB21-104089)

Reich Farm—Dover Township—(PB21-104087)

New York

Anitec Image Corporation—Binghamton—(PB21-102636)

Lehigh Valley Railroad Derailment Site (a/k/a Lehigh Valley Railroad)—Leroy—(PB21-104263)

North Carolina

Georgia Pacific Corporation Hardwood Sawmill—Plymouth—(PB21-102728)

Ohio

Eagle-Picher Industries, Incorporated/Bunting Bearings Corporation (a/k/a Eagle Picher) Delta—(PB21-104264)

South Carolina

Aqua-Tech Environmental, Incorporated (Groce Laboratories)—Greer—(PB21-104394)

Texas

Star Lake Canal (a/k/a Star Lake Canal Site-Port Neches)—Port Neches—(PB21-104265)

State Road 114 Groundwater Plume—Levelland—(PB21-104085)

Vermont

Pownal Tannery—Pownal—(PB21-102652)

Non NPL Petitioned Sites

Connecticut

Yaworski Landfill (aliases: Yaworski Dump and Packer Road Landfill) and Yaworski Waste Lagoon—Canterbury—(PB21-104531)

Massachusetts

Hercules Dumpsite (a/k/a Hercules Landfill)—Mansfield—(PB21-104267)

Georgia

Newtown Community—Gainesville—(PB21-104261)

West Virginia

Vienna Tetrachloroethene—Vienna—(PB21-103465)

Dated: April 30, 2001.

Georgi Jones,

Director, Office of Policy and External Affairs, Agency for Toxic Substances and Disease Registry.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day-01-33]

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

State Surveys on Intimate Partner Violence (IPV) and Sexual Violence (SV)—NEW—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention. Violence against women has become a major public health issue in the nation. It is the leading cause of injury for women between the ages of 18 and 44. The National Violence Against Women Survey, conducted from November 1995 to May 1996, estimates that approximately 1.9 million women are physically assaulted annually in this country by an intimate partner (e.g., current or former husband, cohabiting partner, boyfriend or date). The 1994 National Crime Victimization Survey estimates that over 432,000 rapes or sexual assaults were perpetrated against U.S. females, age 12 years and older.

The National Center for Injury Prevention and Control has recognized intimate partner violence (IPV) and sexual violence (SV) as public health problems for several years. Survey data are the most common data used to determine incidence and prevalence rates, risk and resiliency factors, and consequences (e.g., physical injuries, psychological trauma) of IPV and SV. The Department of Justice has compiled a number of one-time looks at VAW from a variety of perspectives, primarily provided by the criminal justice system,

which counts only those cases that are reported.

There is a need for collection of standardized data on a consistent and continual basis, at the state and community levels in order to target limited resources towards populations in greatest need of prevention and intervention programs and services. As a result CDC plans to develop and pilot test two surveys on IPV and SV for possible inclusion in the Behavioral Risk Factor Surveillance System

(BRFSS). The surveys will be administered to non-institutionalized women and men, 18 years of age and older. The pilot test will be conducted through a computer-assisted telephone interviewing system, using a sample of women and men randomly selected from six states. The overall benefit of this pilot is to increase knowledge regarding the magnitude and scope of violence against women and men in the U.S. Ultimately, the CDC intends to establish an on-going data collection

system for monitoring IPV and SV at the state level.

The goals of the project are to: (1) determine the questions' utility, participant reactions, and length of surveys; and (2) compile and disseminate the results of the pilot test and prepare a report for submission to the BRFSS coordinators for consideration for inclusion as an optional module for FY 2003. There are no costs to respondents.

Survey IPV/SV	Type of respondent	No. of respondents per survey	No. responses per respondent	Avg. burden per response in hours	Total burden in hours
State 1	Female/Male	2400	1	30/60	1,200
State 2	Female/Male	2400	1	30/60	1,200
State 3	Female/Male	2400	1	30/60	1,200
State 4	Female/Male	2400	1	30/60	1,200
State 5	Female/Male	2400	1	30/60	1,200
State 6	Female/Male	2400	1	30/60	1,200
Total					7,200

Dated: April 27, 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 01049]

Prevention of the Complications of Bleeding Disorders through Hemophilia Treatment Centers; 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 the Prevention of the Complications of Bleeding Disorders through Hemophilia Treatment Centers. This program addresses the "Healthy People 2010" focus areas of Access to Quality Health-Services, Disability and Secondary Conditions, HIV, and Immunization and Infectious Diseases. For more information on "Healthy People 2010" visit the internet site: <http://www.health.gov/healthypeople>.

The purpose of the hemophilia complications prevention cooperative agreement program is to assist in: (1) Providing a regional network of comprehensive prevention services

through hemophilia treatment centers to persons with hemophilia and related disorders including women with bleeding disorders to prevent complications through assessment, surveillance, outreach, education, consultation, and management; (2) maintaining a prevention evaluation network to assess the efficacy of these prevention services; (3) participating in blood safety monitoring and surveillance efforts; and (4) collaborating with lay organizations to deliver consistent prevention messages aimed at preventing complications.

B. Eligible Applicants

Assistance will be provided only to hemophilia regional core centers, defined as public or private non-profit entities that provide regional services and support to a network of comprehensive hemophilia treatment centers (HTCs) within their regional catchment area. A HTC is defined as a specialty, prevention, diagnostic and treatment program with the goal of providing family-centered, state-of-the-art medical and psycho-social evaluation and care, dental, education, genetic, research, and support services for individuals and families with bleeding disorders.

Note: Title 2 of the United States Code, chapter 26, section 1611 states that an organization described in section 501(c)(4) of the Internal Revenue Code of 1986 that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant, cooperative agreement, contract, loan, or any other form.

C. Availability of Funds

Approximately \$6,700,000 is available in FY 2001 to fund approximately 12 awards. It is expected that the average award will be \$400,000, ranging from \$200,000 to \$875,000. 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. The 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 Preference

One award per region will be made to support the core center and other collaborating HTC performance sites in the region. For the purposes of these awards, regional breakdowns are as follows: Region I: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont; Region II: New Jersey, New York, Puerto Rico, and the U.S. Virgin Islands; Region III: Delaware, the District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia; Region IV-North: Kentucky, North Carolina, South Carolina, and Tennessee; Region IV-South: Alabama, Florida, Georgia, and Mississippi; Region V-East: Indiana, Michigan, and Ohio; Region V-West: Illinois, Minnesota, North Dakota, South Dakota, and Wisconsin; Region VI: Arkansas, Louisiana, Oklahoma, and Texas; Region VII: Iowa, Kansas, Missouri, and Nebraska; Region VIII: