

factual or procedural errors in the implementation of these procedures. NIOSH estimates that the time to prepare and submit such a challenge is 45 minutes. Because of the uniqueness of this submission, NIOSH is not providing a form. The submission should be in a letter format.

There are no costs to petitioners unless a petitioner chooses to purchase the services of a expert in dose reconstruction, an option provided for under 42 CFR part 83, § 83.9(c)(2)(iii). In such cases, HHS estimates a report by such an expert may cost between \$640 and \$6,400, depending on the scope of

the petition and access to relevant information. This is based on an estimate of costs of \$80 per hour for contractual services by a health physicist, who NIOSH estimates would be employed within a range of eight to eighty hours to conduct and prepare a report on the required assessment.

CFR reference	Respondents	Number of respondents	Number of responses per respondent	Average burden per respondent (in hours)	Total burden (in hours)
83.9	Form A	80	1	3/60	4
83.9	Form B	8	1	300/60	40
83.9	Without Form B	2	1	330/60	11
83.16	Appeals of proposed decisions	12	1	45/60	9
Total		90			64.0

Dated: March 6, 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

[60 Day-03-49]

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.

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: Influences on Child Beverage Consumption Survey—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Overweight and obesity have become a serious problem in the United States among children as well as adults (The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity, 2001). As a result, children are experiencing a higher incidence of obesity-related diseases, such as type 2 diabetes, and are at increased risk for high blood pressure and elevated lipid and insulin profiles. In recent years, a growing number of researchers have recognized the potential impact of beverage consumption on this problem. This survey will provide information on parental influences on children's beverage consumption. A nationally-representative sample of 1,690 parents or guardians of children between the ages of 3 and 7 will be questioned by telephone using a computer-assisted telephone interviewing (CATI) methodology. The respondents will be asked about their young children's beverage consumption, and their own related behavior, knowledge, and attitudes. This one-time survey is expected to take place over 2 to 3 months. There is no cost to respondents.

Data collection	Numbers of respondents	Number of respondents/ respondent	Average burden/response (in hours)	Total burden (in hours)
Screener Survey Respondents	2,113	1	2/60	70
Parent Survey Respondents	1,690	1	20/60	563
Total				633

Dated: March 6, 2003.

Thomas Bartenfeld,

Acting Associate Director for Planning, Policy 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 03050]

National Organization Strategies for Prevention, Early Detection or Survivorship of Cancer in Underserved Populations; Notice of Availability of Funds

Application Deadline: April 28, 2003.

A. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under sections 301(a) of the Public Health Service Act, (42 U.S.C. 241 (a)). 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 2003 funds for cooperative agreements for National Organization Strategies for the Prevention, Early Detection or Survivorship of Cancer in Underserved Populations. This program addresses the "Healthy People 2010" focus area of Cancer.

This program will assist national organizations in the development of health programs and cancer prevention and control infrastructure enhancement to deliver cancer education and awareness activities for individuals who may be underserved, uninsured or underinsured, at risk, or of racial/ethnic minorities. In addition, CDC will assist established national programs in developing and disseminating current national, state, and community-based comprehensive information on cancer prevention, early detection, or survivorship. This project includes facilitating the exchange of expertise and coordination of program efforts related to cancer prevention and control among a variety of public and private not-for-profit agencies at the national level.

Programs must address the "Healthy People 2010" focus area of Cancer. Proposals will be accepted that address the following priorities: strategies for the prevention, early detection, or

survivorship of cancers among underserved populations. Measurable outcomes of the program will be in alignment with the following goal of the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP): To increase early detection, prevention, or survivorship of cancers of the breast, cervix, colon, prostate, skin, and ovary for underserved and priority populations. This includes, but is not limited to African Americans, American Indian/Alaska Natives, Asian Americans, Hispanics, older Americans, rural and urban Americans, etc.

C. Eligible Applicants

Applications may be submitted by national, public and private nonprofit and faith-based organizations, that have the capacity and ability to conduct nationwide programs and activities related to promoting health education, awareness, and information dissemination.

National organizations that serve as an umbrella organization for their constituents (regional or local chapters or memberships) provide a unique opportunity to address barriers to prevention and screening, improve quality of care, and improve the priority population's access to cancer prevention, early detection, or survivorship programs.

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.

D. Funding

Availability of Funds

Approximately \$2,000,000 is available in FY 2003, to fund approximately six to eight awards. It is expected that the average award will be \$250,000, ranging from \$100,000 to \$350,000. It is expected that the awards will begin on or about August 15, 2003 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.

Use of Funds

Funds may be used to support personnel, and to purchase supplies and services directly related to program activities and consistent with the scope of this announcement. While the purchase of equipment is discouraged, it

will be considered for approval if justified on the basis of being essential to the program and not available from another source. Funds provided under this announcement are not to be used to conduct research. Funds may not be used for the purchase or lease of land or buildings, construction of facilities, renovation of existing space, or the delivery of clinical and therapeutic services, personal health services, medications, rehabilitation or other costs associated with screening or treatment for cancer.

Applicants are encouraged to maximize the public health benefit from use of CDC funding within the approved budget line items to enhance the grantee's ability to achieve stated goals and objectives. As part of increased flexibility efforts, recipients have the ability to redirect up to 25 percent of the total approved budget or \$250,000, whichever is less, to achieve stated goals and objectives within the scope of the award except from categories that require prior approval such as contracts, change in scope, and change in key personnel. A list of required prior approval actions will be included in the Notice of Grant Award.

Recipient Financial Participation

Recipient financial participation is not required for this program.

E. Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities under 1. Recipient Activities, and CDC will be responsible for the activities listed under 2. CDC activities.

1. Recipient Activities

a. Develop and disseminate programs or strategies designed to improve cancer prevention, early detection, or survivorship among the priority population. Performance will be measured by the extent to which the applicant identifies strategies to reach the priority population, either directly or through their constituency.

b. Develop and carry out strategies to improve knowledge, attitudes, and behaviors regarding cancer prevention, early detection, or survivorship practices among the priority populations. Performance will be measured by the methods identified to ultimately reach the priority population either directly or through their constituency.

c. Establish specific, measurable, and realistic short-term (one year) and long-term (five year) program objectives at national, state, and/or local levels consistent with the purpose of this