Administration, Acquisition Policy Division (MVP), 1800 F Street, NW., Room 4035, Washington, DC 20405, or by telephoning (202) 501–4744, or by faxing your request to (202) 501–4067. Please cite OMB Control No. 3090–0043, Appraisal of Fair Annual Parking Rate Per Space for Standard Level User Charge (GSA Form 3357), in all correspondence.

Dated: December 3, 2001.

Michael Carleton,

Chief Information Officer.

[FR Doc. 01–30461 Filed 12–7–01; 8:45 am]

BILLING CODE 6820–61–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Findings of Scientific Misconduct

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: Notice is hereby given that the Office of Research Integrity (ORI) and the Assistant Secretary for Health have taken final action in the following case:

Momiao Xiong, Ph.D., The University of Texas Health Science Center at Houston: On November 26, 2001, the U.S. Public Health Service (PHS) entered into a Voluntary Exclusion Agreement with The University of Texas Health Science Center at Houston (UTHSCH) and Momiao Xiong, Ph.D., an Assistant Professor at UTHSCH. Based on the report of an inquiry conducted by UTHSCH, and any related actions and findings by UTHSCH, as well as additional analysis conducted by ORI in its oversight review, PHS found that Dr. Xiong engaged in scientific misconduct by plagiarizing and fabricating data in National Institute of General Medical Sciences (NIGMS), National Institutes of Health (NIH), grant application R01 GM64353–01, ''Genetics of Human Pigmentation and Skin Response'' (Pigmentation Application), on which he was a co-investigator. The plagiarized and fabricated data were essential to the scientific validity of the proposed research and were important for NIH's scientific evaluation of the Pigmentation Application. Dr. Xiong has admitted his actions.

Specifically, PHS and UTHSCH found that Dr. Xiong: (1) plagiarized text from another researcher's grant application, which Dr. Xiong had obtained during the NIH confidential review process and used without appropriate citation in the Pigmentation Application; and (2) falsified research in the Pigmentation Application by (a) falsely claiming that he had performed an extensive series of simulations to evaluate the power to detect genes influencing pigmentation traits by the proposed statistical analysis, and (b) falsely representing estimates from previous work on unrelated individuals as being appropriate for large families in the proposed research.

The Voluntary Exclusion Agreement (Agreement) states that Dr. Xiong:

(1) Will not serve as a principal investigator on PHS grants for one (1) year, beginning on November 26, 2001;

(2) Will exclude himself from serving in any advisory capacity to PHS, including but not limited to service on any PHS advisory committee, board, and/or peer review committee, or as a consultant for a period of three (3) years, beginning on November 26, 2001;

(3) Agrees that he and any institution employing him are required to certify, in every PHS application or report in which Dr. Xiong is involved: (a) That all persons who contribute original sources of ideas, data, or research results to the applications or reports are properly cited or otherwise acknowledged; and

(b) that the applications or reports do not contain any falsified, fabricated, or misleading information, for a period of three (3) years, beginning on November 26, 2001. This requires Dr. Xiong and the institution, with respect to Dr. Xiong's contributions to the application or report, to certify that all individuals (both within and outside the institution) who contributed to the application or report are acknowledged. The institution must also send a copy of the certification to ORI; and

(4) Accepts the following UTHSCH administrative actions: (a) Dr. Xiong must send a formal, written apology to the principal and co-investigators explicitly acknowledging his plagiarism from their grant application; (b) for a one year period starting October 11, 2001, Dr. Xiong may not: (i) Submit, as a principal investigator, any new grant applications, including applications to any federal, state, or local government agencies, as well as any private foundations or agencies; or (ii) submit any publications without providing certification, co-signed by his immediate supervisor, that any manuscript for publication does not contain any plagiarized information or any falsified, fabricated, or misleading information; (c) for an additional two year period, Dr. Xiong must similarly certify any grant application or publication; (d) for the next three years, to submit any grant application or publication, Dr. Xiong must have a signed statement from his immediate supervisor stating that the supervisor has reviewed the materials and finds no indication of plagiarism, falsification or fabrication of data, nor any other form of scientific misconduct; (e) for the next academic year, Dr. Xiong is required to participate in a course in the responsible conduct of research, and in the year after completing the course, serve as a co-instructor in a small discussion group for all breakout sessions of the course; and (f) within two years, Dr. Xiong must write a formal essay, of publication quality, in English and Chinese, on plagiarism for submission to the Executive Vice President for Research, UTHSCH, and for publication.

FOR FURTHER INFORMATION CONTACT: Director, Division of Investigative Oversight, Office of Research Integrity, 5515 Security Lane, Suite 700, Rockville, MD 20852, (301) 443–5330.

Chris B. Pascal,

Director, Office of Research Integrity.

[FR Doc. 01–30437 Filed 12–7–01; 8:45 am]

BILLING CODE 4150–31–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–02–15]

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 Seleda Perryman, 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: Evaluation of Block Grants for Rape Prevention and Education—New—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC). The Rape Prevention and Education (RPE) Grant Program strengthens violence against women prevention efforts by supporting increased awareness, education and training, and the operation of hotlines. The purpose of this program is to award formula grants to States and Territories to be used for RPE programs conducted by rape crisis centers, state sexual assault coalitions, and other public and private nonprofit entities.

Although the Rape Prevention and Education program has been funded since 1996 little is known about how the funds are allocated and utilized in each state and what each state's public health needs are with regard to rape prevention and education. In order to effectively administer and collaboratively work with state's to enhance the utilization of these funds, the CDC needs to know how these funds are allocated, what activities are being conducted with these funds and the kinds of data they are collecting. The primary objectives of this study are to:

1. Document the intended goals and objectives of the RPE program as it relates to the activities of state health departments and sexual assault coalitions, from the perspective of various stakeholder levels (*e.g.,* National, state and local); 2. Assess the allocation mechanisms, uses, and impact of the funds for RPE as they relate to these documented intentions; and, 3. Assess public health needs of states and local programs in terms of knowledge, skills, resources, and barriers to effective implementation.

To meet these objectives, a variety of data collection tasks will be employed. A critical review of the published literature and related materials pertaining to the monies for RPE will be conducted to provide guidance for the survey instrument development. Two e-mail surveys will be conducted: One with the state health department RPE coordinators and the other with sexual assault coalition directors. Each survey instrument will take approximately 30 minutes to complete. Site visits will be conducted with a sample of 15 sites to obtain more detailed information about the RPE programs and the current systems in place. Sites will be purposefully selected to maximize variability and interviews will be conducted with both the state health department RPE coordinators and the state sexual assault coalition directors. There is no cost to the respondent.

Respondents	Number of respondents	Number of responses/respondent	Average burden/response (in hours)	Total burden (in hours)
State Health Department RPE Coordinators	59	1	30/60	30
State Sexual Assault Coalition Directors	59	1	30/60	30
State Health Department RPE Coordinators	15	1	3	45
State Sexual Assault Coalition Directors	15	1	3	45
Total				150

Dated: December 3, 2001.

Nancy E. Cheal,

Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention.

[FR Doc. 01–30395 Filed 12–7–01; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day–02–14]

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: National Hospital Ambulatory Medical Care Survey (NHAMCS) OMB No. 0920–0278—Revision—National Center for Health Statistics, (NCHS) Centers for Disease Control and Prevention (CDC). The National Hospital Ambulatory Medical Care Survey (NHAMCS) has been conducted annually since 1992 and is directed by the Division of Health Care Statistics, National Center for Health Statistics, CDC. The purpose of the NHAMCS is to meet the needs and demands for statistical information about the provision of ambulatory medical care services in the United States. Ambulatory services are rendered in a wide variety of settings, including physicians' offices and hospital outpatient and emergency departments. The target universe of the NHAMCS is in-person visits made in the U.S. to outpatient departments and emergency departments of non-Federal, short-stay hospitals (hospitals with an average length of stay of less than 30 days) or those whose specialty is general (medical or surgical) or children's general. The NHAMCS was initiated to complement the National Ambulatory Medical Care Survey (NAMCS, OMB No. 0920–0234) which provides similar data concerning patient visits to physicians' offices. The NAMCS and NHAMCS are the principal sources of data on approximately 90 percent of ambulatory care provided in the United States.