

c. To duly authorized officials engaged in investigating or settling a grievance, complaint, or appeal filed by an individual who is the subject of the record.

d. To the Office of Personnel Management (OPM) and the General Accounting Office when the information is required for evaluation of the program.

e. To a Member of Congress or his or her staff on behalf of and at the request of the individual who is the subject of the record.

f. To an expert, consultant, or contractor of GSA in the performance of a Federal duty to which the information is relevant.

g. To the GSA Office of Finance for debt collection purposes (see GSA/PPFM-7).

h. To the National Archives and Records Administration (NARA) for records management inspections conducted under 44 U.S.C. 2904 and 2906.

POLICIES AND PRACTICES FOR STORING, RETRIEVING, ACCESSING, RETAINING, AND DISPOSING OF SYSTEM RECORDS:

STORAGE:

Information may be collected on paper or electronically and may be stored on paper or on electronic media, as appropriate.

RETRIEVABILITY:

Records are retrievable by a personal identifier or by other appropriate type of designation approved by GSA.

SAFEGUARDS:

Systems records are safeguarded in accordance with the requirements of the Privacy Act, the Computer Security Act, and OMB Circular A-130. Technical, administrative, and personnel security measures are implemented to ensure confidentiality and integrity of the system data stored, processed, and transmitted. Paper records are stored in secure cabinets or rooms. Electronic records are protected by passwords and other appropriate security measures.

RETENTION AND DISPOSAL:

Disposition of records is according to the National Archives and Records Administration (NARA) guidelines, as set forth in the handbook, GSA Records Maintenance and Disposition System (OAD P 1820.2), and authorized GSA records schedules.

SYSTEM MANAGER(S) AND ADDRESS:

Director, Financial Initiative Division (BCD), Office of Finance, Office of the Chief Financial Officer, General Services Administration, 1800 F Street, NW., Washington, DC 20405.

NOTIFICATION PROCEDURE:

A Privacy Act Statement on the purchase card data collection form notifies individuals of the purpose and uses of the information they provide. Employees may obtain information about whether they are a part of this system of records from the system manager at the above address.

RECORD ACCESS PROCEDURES:

Requests from individuals for access to their records should be addressed to the system manager.

CONTESTING RECORD PROCEDURES:

GSA rules for access to systems of records, contesting the contents of systems of records, and appealing initial determinations are published in the **Federal Register**, 41 CFR part 105-64.

RECORD SOURCE CATEGORIES:

Information is obtained from individuals submitting charge card applications, monthly contractor reports, purchase records, managers, other agencies, non-Federal sources such as private firms, and other agency systems containing information pertaining to the purchase card program.

Dated: June 20, 2001.

Daniel K. Cooper,

Director, Information Management and Administrative Policy Division, General Services Administration.

[FR Doc. 01-18801 Filed 7-26-01; 8:45 am]

BILLING CODE 6820-34-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Community-Based Alternatives for Individuals With Disabilities

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: Under Executive Order 13217, the Departments of Health and Human Services (HHS), Labor, Education, Justice, Housing and Urban Development and the Social Security Administration are undertaking an evaluation of each agency's policies, programs, statutes and regulations to determine whether any should be revised or modified to improve the availability of community-based services for qualified individuals with disabilities. As the designated lead agency, HHS seeks public comments to inform each agency's evaluation.

FOR FURTHER INFORMATION CONTACT: Kari Benson, New Freedom Initiative Group, 202-205-0624.

DATES: All comments must be received on or before the close of business on August 27, 2001.

ADDRESSES: All comments should be addressed to the New Freedom Initiative Group, Department of Health and Human Services, P.O. Box 23271, Washington, D.C. 20036-3271. If possible, please send an electronic version of the comments on a 3½ inch DOS format floppy disk in a format that is accessible to everyone, including persons with disabilities, such as HTML, ASCII text, or popular word processor format (Microsoft Word, Corel WordPerfect). Comments may also be sent electronically via email to: newfreedom@cms.hhs.gov.

SUPPLEMENTARY INFORMATION: On June 18, 2001, President Bush signed Executive Order No. 13217 on Community-based Alternatives for Individuals with Disabilities. The Order commits the United States to community-based alternatives for individuals with disabilities and recognizes that such services advance the best interests of the United States. The Order calls upon the federal government to assist states and localities to swiftly implement the decision of the United States Supreme Court in *Olmstead v. L.C.* and directs specific federal agencies to review their policies, programs, statutes and regulations to determine whether any should be revised or modified to improve the availability of community-based services for individuals with disabilities. The review must focus on identifying affected populations, improving the flow of information about supports in the community, and removing barriers that impede opportunities for community placement. The review must also ensure the involvement of consumers, advocacy organizations, providers, and relevant agency representatives. The results of the evaluation must be reported, through the Department of Health and Human Services, to the President by October 16, 2001.

The specific agencies charged with undertaking this review are: the Department of Justice (DOJ), the Department of Health and Human Services (HHS), the Department of Education (DOE), the Department of Labor (DOL), Housing and Urban Development (HUD), and the Social Security Administration (SSA).

The agency self-evaluations focus upon identifying the appropriate role of the federal government to promote the ability of people with disabilities to live more independently in the community (close to families and friends), to engage

in productive employment, and participate in community life.

To assist federal agencies in their review and self-evaluation, we invite the public to submit to us your specific written comments on issues such as barriers in federal law, policy and programs that limit the ability of people of any age who have a disability to achieve the above goals; actions that each of the designated agencies can take to address those barriers, improve the flow of information about community supports or aid in fulfillment of the ADA; and how federal programs can work together in support of enabling an individual with a disability to participate fully in the social and economic life of the community (e.g. health coverage, mental health services, social services, affordable and accessible housing, employment, caregiver support, and other services).

All comments should be submitted to the Department of Health and Human Services at the address noted above. As the coordinating federal agency, the Department will ensure that comments relating to programs administered by any of the other designated federal agencies will be submitted to those agencies for review in conjunction with that agency's review and self-evaluation.

Dated: July 25, 2001.

Tommy G. Thompson,

Secretary, Health and Human Services.

[FR Doc. 01-18854 Filed 7-26-01; 8:45 am]

BILLING CODE 4153-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention (CDC)

[Program Announcement 01194]

Antiretroviral Drug Sentinel Surveillance To Examine Trends in Prevalence of Drug Resistant Strains of HIV; 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 to establish sentinel surveillance methods to examine trends in the prevalence of drug resistant strains of HIV in persons recently infected or recently diagnosed with HIV. This program addresses the "Healthy People 2010" focus area of HIV.

The purpose of the program is to estimate trends in the prevalence of drug resistant strains of HIV in adults by testing HIV positive sera submitted to

state or metropolitan area public health laboratories for HIV testing.

Although the tested population is not representative of the population as a whole, state and local public health laboratories generally conduct diagnostic HIV testing on sera from a section of the population that is broadly similar from year to year. Performing antiretroviral drug resistance (ARVDR) testing on the sera that tested HIV positive should allow an estimate of trends in resistance in persons newly diagnosed with HIV in the geographic area. In addition, Serologic Testing Algorithm for Recent HIV Seroconversion (STARHS) testing will be performed on all HIV positive sera and results will be used to describe drug resistance in persons newly infected with HIV. Participants will explore methods to obtain specimens and data that will allow more precise estimates of trends.

Minimal demographic, risk group, and clinical information collected by the HIV/AIDS reporting system will be linked to ARVDR and STARHS results locally without jeopardizing confidentiality.

ARVDR results will be made available to health care providers of the persons whose sera were tested, if the persons tested agree. In future years, participating sites may evaluate the utility of providing baseline (initial pretreatment) antiretroviral resistance test results to clinicians.

The use of sera for antiretroviral resistance testing is still uncommon; however, a satisfactory success rate is thought to be achievable if sera are handled and stored appropriately. This sentinel surveillance network will also provide means to examine the feasibility of routine use of sera for antiretroviral resistance testing. Health departments will be required to establish a quality assurance program for antiretroviral drug resistance testing.

B. Eligible Applicants

Assistance will be provided only to the health departments of States, 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, the Republic of Palau, and federally recognized Indian tribal governments. In consultation with States, assistance may be provided to political subdivisions of States.

Eligible applicants include health departments meeting these criteria:

1. Having HIV case reporting as of October 1, 2001, and

2. Reporting at least 300 cases of HIV infection in the 12 months ending mid-year 2000, or 300 cases of AIDS (HIV/AIDS Surveillance Report, Dec. 2000, Vol. 12, No. 1).

Funding will be awarded to applicants not currently participating in CDC-supported projects to estimate the prevalence of antiretroviral drug resistance among persons newly infected with HIV. This limitation is imposed to ensure that the gathering of the same or similar data is not already being supported by CDC.

Eligibility is limited to applicants reporting this minimum number of cases of HIV infection yearly (or AIDS cases, if HIV reporting was recently introduced), to insure testing of sufficient numbers of samples to allow a meaningful estimate of the proportion of antiretroviral drug resistant cases. Eligibility is limited to health departments because of the greater likelihood that HIV testing of members of the same subpopulations will take place year after year in health departments, allowing calculation of trends.

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 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 \$1,000,000 is available in FY 2001 to fund approximately three awards. It is expected that the average award will be \$330,000, ranging from \$200,000 to \$600,000. 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 (5) 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.

1. Use of Funds

Funds may not be used to provide direct medical care or prevention case management. Funds may not be used to develop a new HIV infection reporting system for the purpose of this ARVDR project.

2. Funding Preference

Will be given to health departments that report 300 or more newly diagnosed