

TABLE 1.—ESTIMATED THREE-YEAR REFUGEE/ENTRANT/PAROLEE POPULATIONS OF STATES PARTICIPATING IN THE REFUGEE PROGRAM AND PROPOSED SOCIAL SERVICE FORMULA AMOUNT AND ALLOCATION FOR FY 2002—Continued

State	Refugees ¹	Entrants	Havana parolees ²	Total population	Proposed formula amount	Proposed allocation
California	29,077	74	238	29,389	7,375,880	7,375,880
Colorado ³	3,265	4	4	3,273	821,438	821,438
Connecticut	3,075	30	34	3,139	787,808	787,808
Delaware	128	15	0	143	35,889	75,000
Dist. of Columbia	384	4	8	396	99,386	100,000
Florida	13,412	15,246	32,725	61,383	15,405,547	15,405,547
Georgia	10,348	35	110	10,493	2,633,472	2,633,472
Hawaii	(3)	0	0	(3)	(753)	75,000
Idaho ³	2,796	1	3	2,800	702,728	702,728
Illinois	9,436	15	102	9,553	2,397,556	2,397,556
Indiana	1,713	6	11	1,730	434,185	434,185
Iowa	3,869	0	2	3,871	971,521	971,521
Kansas	614	5	4	623	156,357	156,357
Kentucky ³	3,403	1,088	8	4,499	1,129,133	1,129,133
Louisiana	1,209	127	44	1,380	346,344	346,344
Maine	1,109	0	0	1,109	278,330	278,330
Maryland	3,734	12	20	3,766	945,169	945,169
Massachusetts ³	5,921	160	38	6,119	1,535,711	1,535,711
Michigan	8,258	863	31	9,152	2,296,916	2,296,916
Minnesota	13,653	6	8	13,667	3,430,064	3,430,064
Mississippi	25	3	6	34	8,533	75,000
Missouri	7,775	12	24	7,811	1,960,359	1,960,359
Montana	1	0	4	5	1,255	75,000
Nebraska	1,750	2	5	1,757	440,962	440,962
Nevada ³	1,164	752	53	1,969	494,168	494,168
New Hampshire	1,724	0	0	1,724	432,679	432,679
New Jersey	4,537	352	758	5,647	1,417,251	1,417,251
New Mexico	458	319	2	779	195,509	195,509
New York	21,394	1,149	195	22,738	5,706,650	5,706,650
North Carolina	3,419	21	46	3,486	874,896	874,896
North Dakota ³	1,269	0	0	1,269	318,486	318,486
Ohio	4,301	6	8	4,315	1,082,953	1,082,953
Oklahoma	407	0	5	412	103,401	103,401
Oregon	3,780	489	4	4,273	1,072,413	1,072,413
Pennsylvania	7,970	241	47	8,258	2,072,545	2,072,545
Rhode Island	781	2	7	790	198,270	198,270
South Carolina	216	1	20	237	59,481	96,932
South Dakota ³	1,286	0	0	1,286	322,753	322,753
Tennessee	2,995	8	38	3,041	763,212	763,212
Texas	12,147	852	115	13,114	3,291,275	3,291,275
Utah	3,179	2	2	3,183	798,851	798,851
Vermont	884	0	0	884	221,861	221,861
Virginia	5,344	92	29	5,465	1,371,574	1,371,574
Washington	15,387	0	14	15,401	3,865,253	3,865,253
West Virginia	18	0	0	18	4,518	75,000
Wisconsin	2,057	5	4	2,066	518,513	518,513
Wyoming ⁴						
Total	227,412	22,417	34,817	284,646	\$71,438,792	\$71,910,000

¹ Includes Amerasian immigrants. Adjusted for secondary migration.

² For all years, Havana Parolee arrivals for all States are based on actual data.

³ The allocations for Alaska, Colorado, Idaho, Kentucky, Massachusetts, Nevada, North Dakota, South Dakota, and for San Diego County, California are expected to be awarded to Wilson/Fish projects.

⁴ Wyoming no longer participates in the Refugee Program.

VI. Paperwork Reduction Act

This notice does not create any reporting or recordkeeping requirements requiring OMB clearance.

(Catalog of Federal Domestic Assistance No. 93.566 Refugee Assistance—State Administered Programs)

Dated: March 26, 2002.

Nguyen Van Hanh,

Director, Office of Refugee Resettlement.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with section 3506(c)(2)(A) of the Paperwork

Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (301) 443-7978.

Comments are invited on: (a) Whether the proposed collections of information are 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.

Proposed Project: Evaluation of the CSAP Underage Drinking Prevention Public Education Campaign—New—SAMHSA's Center for Substance Abuse Prevention (CSAP) is launching the Underage Drinking Prevention Public Education Campaign, which is a public education campaign designed to educate 9-13 year old children about the harms of alcohol use and to support parents as they monitor and participate in their children's activities. The ultimate goal of the initiative is to reduce underage drinking among young people. Elements of the campaign include media messages (such as public service announcements on television and radio)

and education of children and their adult caregivers through materials and community events.

To determine the likely effectiveness of the campaign, CSAP is planning to conduct an evaluation. The evaluation will determine whether the campaign can produce measurable change in communities that receive training and technical assistance on implementing the campaign, plus funds to customize materials for those communities. The evaluation will assess change in knowledge and attitudes among those exposed to the campaign. Four treatment and four comparison communities will be selected for study. Data for the evaluation will be collected through a baseline and follow-up telephone survey of adult-child dyads. The estimated annual burden hours are as follows:

Data collection instrument	Number of respondents	Responses per respondent	Hours per response	Total annual burden (hrs.)
Baseline telephone survey of random sample of adult-child dyads	3,200	1	0.3	960
Follow-up telephone survey of random sample of adult-child dyads	3,200	1	0.3	960
Total	6,400			1,920

Send comments to Nancy Pearce, SAMHSA Reports Clearance Officer, Room 16-105, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: April 3, 2002.

Richard Kopanda,

Executive Officer, SAMHSA.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Fiscal Year (FY) 2002 Funding Opportunities

AGENCY: Substance Abuse and Mental Health Services Administration, HHS.

ACTION: Notice of funding availability.

SUMMARY: The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse

Treatment (CSAT) announces the availability of FY 2002 funds for grants for the following activity. This notice is not a complete description of the activity; potential applicants must obtain a copy of the Guidance for Applicants (GFA), including Part I, American Indian/Alaskan Native and Rural Community Planning Program, and Part II, General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements, before preparing and submitting an application.

Activity	Application deadline	Est. funds FY 2002	Est. No. of awards	Project period
Grants Program for American Indian/Alaska Native and Rural Community Planning Program.	June 19, 2002	\$1,500,000	6	18 months

The actual amount available for the award may vary, depending on unanticipated program requirements and the number and quality of applications received. FY 2002 funds for the activity discussed in this announcement were appropriated by the Congress under Public Law No. 106-310. SAMHSA's policies and procedures for peer review and Advisory Council review of grant and cooperative agreement applications

were published in the **Federal Register** (Vol. 58, No. 126) on July 2, 1993.

General Instructions: Applicants must use application form PHS 5161-1 (Rev. 7/00). The application kit contains the two-part application materials (complete programmatic guidance and instructions for preparing and submitting applications), the PHS 5161-1 which includes Standard Form 424 (Face Page), and other documentation and forms. Application kits may be obtained from:

National Clearinghouse for Alcohol and Drug Information (NCADI), P.O. Box 2345, Rockville, MD 20847-2345, Telephone: 1-800-729-6686.

The PHS 5161-1 application form and the full text of the activity are also available electronically via SAMHSA's World Wide Web Home Page: <http://www.samhsa.gov>.

When requesting an application kit, the applicant must specify the particular activity for which detailed information is desired. All information necessary to