

agreement will receive approximately \$100,000 per year. Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.

Where To Obtain Additional Information

If you are interested in obtaining additional information regarding this cooperative agreement, contact Ms. Cynthia Amis, Office of Minority Health, 5515 Security Lane, Suite 1000, Rockville, Maryland 20852 or telephone (301) 594-0769.

OMB Catalog of Federal Domestic Assistance

The Catalog of Federal Domestic Assistance Number for this cooperative agreement is 93.004.

Dated: April 11, 2000.

Nathan Stinson, Jr.,
Deputy Assistant Secretary for Minority Health.

[FR Doc. 00-10319 Filed 4-25-00; 8:45 am]

BILLING CODE 4160-17-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY-21-00]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639-7090. Send written

comments to CDC, Desk Officer; Human Resources and Housing Branch, New Executive Office Building, Room 10235; Washington, DC 20503. Written comments should be received within 30 days of this notice.

Proposed Project

Evaluation of NIOSH Fire Fighter Alert (Structural Collapse)—New—The National Institute of Occupational Safety and Health (NIOSH). An Alert documents the scientific research about an occupational health and safety hazard and provides recommendations for assessing, avoiding, or reducing the hazard. The Alert is probably the National Institute for Occupational Safety and Health's (NIOSH) best tool for addressing risks of great immediate danger involving hazards to life and health. Even though the Alert can be termed an important tool, prior to 1999 no rigorous test of Alert efficacy had ever been conducted. During the past year, NIOSH began the first rigorous test of one NIOSH Alert on the dangers of structural collapse among fire fighters. This testing was done with a sample of fire fighters, and on the basis of this sample, a national distribution strategy for the Alert will follow.

This Alert contains recommendations with important safety and health implications for more than one million fire fighters in over 36,000 fire fighter units. Morbidity and mortality rates are relatively high for this occupation, which increases the need for effective communication strategies when reporting safety and health recommendations.

The formative research phase done this year by NIOSH's Health Communication Research Branch and Division for Safety Research will produce data with strong levels of internal and external validity. However,

the formative phase is only aimed at designing effective messages and not aimed at understanding the impact of those messages in the final distribution of the Alert. NIOSH believes that it is reasonable to: (1) Conduct an evaluation of the national distribution of the Alert to determine its final impact and (2) identify the characteristics of those fire fighter units that may not have met optimal levels of communication effect (receiver awareness, comprehension, acceptance, and use).

The specific goals of this investigation are to: (1) Assess the communication effect of NIOSH recommendations contained within the Alert on structural collapse and (2) identify the characteristics (behavioral, normative, and control beliefs, and demographics) of receivers who fail to meet minimum levels of communication effect.

A standardized questionnaire developed and approved for the formative research phase will be used to assess communication effect. Items will identify the extent of receiver awareness, comprehension, acceptance, and use of the Alert. The Theory of Planned Behavior will be used to help identify the factors that mediate this communication effect, and relevant questions will be added to the existing questionnaire.

The data collected in this study will be used to assess the communication effect of the national distribution of the Alert by comparing the means between the respondents in the formative evaluation and the respondents in the national distribution. This data also will be used to identify the characteristics of those fire fighter units that may not have met optimal levels of communication effects. Total annual burden hours are 250.

Respondents	Number of respondents	Number of responses/respondent	Average burden response (in hours)
Fire Fighters	1,000	1	.25

Dated: April 20, 2000.

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

[FR Doc. 00-10350 Filed 4-25-00; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY-22-00]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under

review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639-7090. Send written comments to CDC, Desk Officer; Human Resources and Housing Branch, New Executive Office Building, Room 10235; Washington, DC 20503. Written comments should be received within 30 days of this notice.

Proposed Project

Assessment of Exposure to Arsenic through Household Water—New—National Center for Environmental Health (NCEH). Arsenic is a naturally occurring element present in food and water as both inorganic and organic complexes. Epidemiologic evidence shows a strong link between ingestion of water containing inorganic arsenic and an increase in a wide variety of cancers (e.g., bladder cancer). Consumption of contaminated food is the major source of arsenic exposure for the majority of United States citizens. There are some areas of the United States where

elevated levels of arsenic in water occur with appreciable frequency. In such areas, ingestion of water can be the dominant source of arsenic exposure. Currently, the preferred method of treatment of private, domestic well water containing elevated levels of arsenic is point-of-use (POU) devices. The acceptability of bottled water and POU treatment systems as effective means of managing arsenic exposure is based on the assumption that other water exposures such as bathing, brushing of teeth, cooking, and occasional water consumption from other taps contribute relatively minor

amounts to a person's total daily intake of arsenic.

We propose to conduct a study to methodically test the validity of the commonly-made assumption that secondary exposures such as bathing will not result in a significant increase in arsenic intake over background dietary levels. Specifically, we are interested in assessing urine arsenic levels among individuals where ingestion of arsenic-containing water is controlled by either POU treatment or use of bottled water, combined with use of short-term diaries to record diet, water consumption, and bathing frequency. Total annual burden is 510.

Respondents	Number of respondents	Responses/ respondent	Average burden response (in hours)
Prescreening postcard completion	1,000	1	5/60
Recruiting telephone interview	320	1	15/60
Survey interview (in person)	520	1	30/60
Biologic specimen collection	520	1	10/60

Dated: April 20, 2000.

Charles W. Gollmar,

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

[FR Doc. 00-10351 Filed 4-25-00; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[Program Announcement No. ACYF-PA-HS-2000-03B]

Fiscal Year 2000 Discretionary Announcement of the Availability of Funds and Request for Applications for Nationwide Expansion Competition of Early Head Start; Correction

AGENCY: Administration for Children, Youth and Families, ACF, DHHS.

ACTION: Correction.

SUMMARY: This document contains a correction to the Notice that was published in the **Federal Register** on Tuesday, February 29, 2000.

On page 10797, in the State of Colorado, Arapahoe County, in the local community column the following service area should be added: Colfax Avenue (county line) on the North, Mississippi Avenue on the South, Chambers Road on the East and Yosemite Street (county line) on the West. This area is currently being served and is not open for competition to new

Early Head Start programs. The remaining part of Arapahoe County is not currently being served and is open to competition to new Early Head Start programs.

On page 10797, in the State of Colorado, in Denver County, in the local community column for the city of Denver, after the service areas numbered (1)-(4), the following service areas should be added in the city of Denver: "(5) the area bounded by 52nd Avenue on the North, Alameda Boulevard on the South, Broadway Avenue on the East and Sheridan Boulevard on the West." "(6) Beginning at north Broadway and 38th avenue, go east to Yosemite; Yosemite south to 11th Avenue, 11 Avenue west to Quebec; Quebec south to Hampden, Hampden west to Broadway; Broadway north to 35th Avenue." "(7) Beginning at north 54th Avenue and Peoria, go 54th east to Chambers; Chambers south to I-70, I-70 West to Peoria, Peoria north to 54th Avenue." These three areas (5) (6) and (7) are currently being served in the city of Denver in addition to service areas (1) through (4). These seven service areas in the city of Denver are not open to competition to new Early Head Start programs.

On page 10802, of the State of Minnesota, Hennepin County, in the local community column delete "City of North Minneapolis" and replace with "Minneapolis, Brooklyn Park, Golden Valley, and Richfield."

FOR FURTHER INFORMATION CONTACT: The ACYF Operations Center at 1-800-351-

2293 or send an email to ehs@lcgnet.com. You can also contact Judith Jerald, Early Head Start, Head Start Bureau at (202) 205-8074.

Dated: April 20, 2000.

Patricia Montoya,

Commissioner, Administration on Children, Youth and Families.

[FR Doc. 00-10378 Filed 4-25-00; 8:45 am]

BILLING CODE 4184-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 97N-0314]

Prescription Drug Products; Levothyroxine Sodium; Extension of Compliance Date

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice; extension of compliance date.

SUMMARY: The Food and Drug Administration (FDA) is announcing that manufacturers who were marketing orally administered drug products containing levothyroxine sodium on or before August 14, 1997, may continue to market these products without approved applications until August 14, 2001. FDA is extending by 1 year the compliance date given in the notice published in the **Federal Register** of August 14, 1997 (62 FR 43535). The agency is taking this action to give manufacturers additional