

and policy makers in program planning, evaluation, and resource allocation. Reporting Areas also review and analyze their RVCT data to monitor local TB trends, evaluate program success, and

assist in focusing resources to eliminate TB.

No other federal agency collects this type of national TB data. In addition to providing technical assistance for use of

the RVCT, CDC also provides Reporting Areas with technical support for the TIMS software. There are no costs to respondents.

Respondents	Number of respondents	Number of responses	Average burden per response (in hours)	Total burden in hours
State & Local Health Departments	60	280	30/60	8,400

Dated: May 18, 2001.

Nancy Cheal,

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

[FR Doc. 01-13321 Filed 5-25-01; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-01-42]

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: Formative Research and Evaluation of CDC Youth Media Campaign—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

In FY 2001, Congress established the Youth Media Campaign at the Centers for Disease Control and Prevention. Specifically, the House Appropriations Language said: The Committee believes that, if we are to have a positive impact on the future health of the American population, we must change the behaviors of our children and young adults by reaching them with important health messages. CDC, working in collaboration with the Health Resources and Services Administration (HRSA), the National Center for Child Health and Human Development (NICHD), and the Substance Abuse and Mental Health Services Administration (SAMHSA), is coordinating an effort to plan, implement, and evaluate a campaign designed to clearly communicate messages that will help kids develop habits that foster good health over a lifetime. The Campaign will be based on principles that have been shown to enhance success, including: designing messages based on research; testing messages with the intended audiences; involving young people in all aspects of Campaign planning and implementation; enlisting the involvement and support of parents and other influencers; tracking the Campaign's effectiveness and revising Campaign messages and strategies as needed.

For the Campaign to be successful, a thorough understanding of tweens (youth ages 9-13), the health behaviors promoted, and the barriers and motivations for adopting and sustaining them is essential. Additionally, a thorough understanding of those who can influence the health behaviors of tweens is important. This understanding will facilitate the development of messages, strategies, and tactics that resonate with tweens, parents and other influencers.

Research for the national and minority audience components of the Youth Media Campaign will identify the target audience(s) using standard market research techniques and will address geographic and demographic diversity to the extent necessary to assure appropriate audience representation. This audience research may include, but not be limited to, intercept interviews, theater testing, expert reviews, in-depth interviews, pilot/field tests/partial launches, internet questionnaires, telephone interviews, and mail questionnaires with various audiences (tweens, ages 9-13; parents; adult influencers; older teen influencers; and partners/alliances). In addition, panels or reoccurring focus groups of tweens and parents will convene to generate ongoing feedback to the Campaign. The panels will suggest ideas, review creative executions, and provide feedback on what works and what does not work.

The intent of this audience research is to solicit input and feedback from audiences on a national level and from audiences within targeted populations. Information gathered from both audiences will be used to modify/refine and/or revise Campaign messages and strategies and evaluate Campaign effectiveness.

Respondents	Number of respondents	Number of responses/ respondent	Average burden per response (in hours)	Total burden in hours
Tweens (ages 9-13)	30,000	1	15/60	7,500
Reoccurring tween panel(s)	40	4	2	320

Respondents	Number of respondents	Number of responses/ respondent	Average burden per response (in hours)	Total burden in hours
Parents	15,000	1	15/60	3,750
Reoccurring parent panel(s)	40	4	2	320
Adult influencers	10,000	1	15/60	2,500
Older tween influencers	5,000	1	15/60	1,250
Partners/alliances	500	2	30/60	500
Total				16,140

Dated: May 18, 2001.

Nancy Cheal,

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

[FR Doc. 01-13322 Filed 5-25-01; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 01128]

Strengthening Emergency Medical Preparedness in Tanzania; 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 for "Strengthening Emergency Medical Preparedness in Tanzania." This program addresses the "Healthy People 2010" focus areas: Public Health Infrastructure; Access to Quality Health Services; and Educational and Community-Based Programs.

The purpose of the program is to initiate a sustainable curriculum for post-graduate emergency medical training in Tanzania. Tanzanian care-providers and instructors will be trained involving the fundamentals of essential emergency medical care and equipment. This program is being performed specifically in Tanzania according to US Congressional mandate for Department of State, US Agency for International Development (USAID) implementation in response to the 1998 bombing of the US embassy in Tanzania.

B. Eligible Applicants

Applications may be submitted by public and private nonprofit organizations and by governments and their agencies; that is, universities, colleges, research institutions, hospitals, other public and private nonprofit and for-profit organizations, State and local governments or their bona fide agents,

federally recognized Indian tribal governments, Indian tribes, or Indian tribal organizations, and small, minority, or women-owned businesses.

To be an eligible applicant you must provide evidence of the following:

1. Copies of certificates from the American Board of Emergency Medicine documenting current specialty board certification for the practice of emergency medicine for all educational staff.

2. Copies of letters of reference from prior implementing partners (including at minimum the funding institution contract officer and a key implementing representative from the host nation) documenting successful project completion in the provision of post-graduate emergency medical training among African nations.

3. A copy of documentation verifying current accreditation of the applicant institution by the Accreditation Council of Graduate Medical Education for provision of post-graduate medical training in the specialty of emergency medicine.

This information should be placed after the face page of the application. Any application that does not provide the above information will be determined non-responsive and returned without review.

Note: Title 2 of the United States Code, Chapter 26, 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 \$150,000 is available in FY 2001 to fund one award. It is expected that the award 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 2 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.

D. 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 two curriculum components (one for training physicians and one for nurses) regarding emergency and disaster medicine in Tanzania.

b. Train approximately 20-30 medicine and nursing educators in conducting the courses. These educators should be from, but are not limited to: The Muhimbili University College of Health Sciences (MUCHS) or other sites in Dar es Salaam and other Tanzanian health institutions (located in Moshi, Mbeya, Mwanza, Kigoma, Dodoma, Morogoro and Kibaha).

c. Facilitate and evaluate these 20-30 newly-trained educators in conducting this course for students at MUCHS or other sites.

d. Develop and conduct in-service training for medical and nursing staff at the health institutions using the procured materials in an emergency medical and/or mass casualty situation.

e. Develop a project operational plan. This plan should at a minimum include: curriculum format and content, descriptions of all media to be used, time-lines for all planning and educational meetings, curriculum vitae of all personnel, expected outcomes and indicators of completion.

2. CDC Activities

a. Provide consultation and assistance in planning and implementing program activities.

b. Provide science-based collaboration and technical assistance in developing and implementing evaluation strategies for the program.

E. Application Content

Use the information in the Program Requirements, Other Requirements, and Evaluation Criteria sections to develop the application content. Your application will be evaluated on the