applicant documents commitments from the medical school to implement the curriculum changes described under program requirements. The extent to which the applicant documents commitment from residency program directors to implement the training described under program requirements. Consideration will be given to those schools that demonstrate the greatest commitment of additional hours for high quality instruction to students and residents over the life of the project. (20 points)

4. The quality of the assurance to support the faculty member during tenure of the project. The extent to which the department submitting the application demonstrates a commitment to assuring research opportunities and financial support for the faculty member during the grant period. The qualifications and involvement of the designated mentor to assure the success of this endeavor. The quality of the plan to provide administrative support to help the faculty member meet the program requirements. (10 points)

5. The quality of the documentation of proposed qualifications for the STD faculty member. The quality of the description of the selection or search process, including a proposed time frame. (10 points)

6. The quality of the plan for evaluating the training's effectiveness, in terms of improved STD knowledge/behaviors of medical students and residents and the achievement of prevention goals. (15 points)

7. The quality of the documentation indicating a strong commitment to structure the faculty position and integrate the proposed curriculum and training so that these will be continued as CDC support decreases and eventually terminates. (10 points)

8. The budget will be evaluated for the extent to which it is reasonable, clearly justified, and consistent with the intended use of the funds. The level of support will depend on the availability of funds. (not scored)

H. Other Requirements:

Technical Reporting Requirements: Provide CDC with the original plus two copies of:

1. Progress reports are due on July 31 and January 31 in years 01 and 02 and on January 31 in years 03–05 in a format determined by CDC.

2. Financial status report, no more than 90 days after the end of the budget period.

3. Final financial and performance reports, no more than 90 days after the end of the project period.

Send all reports to the Grants Management Specialist identified in the ''Where to Obtain Additional Information'' section of this announcement.

Any materials developed in whole or in part with CDC funds will be subject to a nonexclusive, irrevocable, royalty-free license to the government to reproduce, translate, publish, or otherwise use and authorize others to use for government purposes.

The following additional requirements are applicable to this program. For a complete description of each, see Attachment I in the application kit.

AR–1 Human Subjects Requirements
AR–2 Requirements for Inclusion of Women and Racial and Ethnic Minorities in Research
AR–4 HIV/AIDS Confidentiality Provisions
AR–5 HIV program
AR–6 Patient Care
AR–7 Executive Order 12372 Review
AR–8 Public Health System Reporting Requirements
AR–9 Paperwork Reduction Act Requirements
AR–10 Smoke-Free Workplace Requirements
AR–11 Healthy People 2010
AR–12 Lobbying Restrictions
AR–21 Small, Minority, and Women-owned Business
AR–22 Research Integrity

I. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under Section 318 of the Public Health Service Act, [42 United States code 247c–1], as amended. The Catalog of Federal Domestic Assistance number is 93.978.

J. Where To Obtain Additional Information

This and other CDC announcements can be found on the CDC home page Internet address—*http://www.cdc.gov.* Click on ''Funding'' then ''Grants and Cooperative Agreements.'' To receive additional written information and to request an application kit, call 1–888–GRANTS4 (1–888–472–6874). You will be asked to leave your name and address and will be instructed to identify the announcement number of interest. If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from: Mr. Kang Lee, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Room 3000 MS–E15, Atlanta, GA 30341–4146, Telephone: (770) 488–2733, E-mail address: kil8@cdc.gov.

For programmatic technical assistance, contact: Dr. Marianne Scharbo-DeHaan, Chief, Medical Education and Evaluation Section, Training and Health Communications Branch, Division of STD Prevention, National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE., Mailstop E–02, Atlanta, GA 30333, Telephone: (404) 639–8360, E-mail address: *zpp2@cdc.gov.*

Dated: August 17, 2001.

John L. Williams,

Director, Procurement and Grants Office, Centers for Disease and Prevention (CDC).

[FR Doc. 01–21268 Filed 8–22–01; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Opportunity To Collaborate in the Evaluation of Rapid Diagnostic Tests for Syphilis

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (DHHS).

ACTION: Opportunities for collaboration for evaluation of rapid diagnostic tests for syphilis. The Centers for Disease Control and Prevention (CDC), National Center for HIV, STD, and TB Prevention (NCHSTP), Division of STD Prevention, has an opportunity for collaboration to evaluate rapid diagnostic tests for syphilis. These evaluations will include evaluation of the sensitivity in primary, secondary and latent syphilis, and of the specificity of the test.

SUMMARY: The Division of STD Prevention of the National Center for HIV, STD, and TB Prevention (NCHSTP) at the Centers for Disease Control and Prevention (CDC) of the Department of Health and Human Services (DHHS) seeks one or more companies who have developed or are distributing a rapid diagnostic test for syphilis and are interested in marketing the test for use in the United States. The Division of STD Prevention is interested in evaluating such tests. The evaluation will include determination of the sensitivity in primary, secondary and latent syphilis and of the specificity of the test. This collaboration will have an expected duration of two (2) to three (3) years. The goals of the collaboration include the timely development of data

to be used to determine whether the test could be used in the diagnosis of syphilis and/or screening for syphilis in the United States.

Confidential proposals, preferably six pages or less (excluding appendices), are solicited from companies who have a product that is suitable for commercial distribution.

DATES: Formal proposals must be submitted no later than September 24, 2001.

ADDRESSES: Formal proposals should be submitted to Candice Nowicki-Lehnherr, Division of STD Prevention, NCHSTP, CDC, 1600 Clifton Road, Mailstop E–05 Atlanta, GA 30333; Phone 404–639–8264; Fax 404–639–8608; e-mail: *cxm1@cdc.gov.* Scientific questions should be addressed to Madeline Sutton, MD, Division of STD Prevention, NCHSTP, CDC, 1600 Clifton Road, Mailstop E–05, Atlanta, GA 30333; Phone: 404–639–8368; Fax: 404–639–8610; e-mail *msutton@cdc.gov.*

SUPPLEMENTARY INFORMATION

Technology Sought

One mission of the Division of STD Prevention/NCHSTP is to develop and evaluate biomedical interventions to reduce syphilis. To this end, the Surveillance and Epidemiology Branch is seeking rapid diagnostic tests for syphilis that are suitable for commercial distribution and that are simple, tests that can be performed in 30 minutes or less by persons with minimal training.

NCHSTP and Collaborator Responsibilities

The NCHSTP role may include, but will not be limited to, the following:

(1) Providing scientific, and technical expertise needed for the research project;

(2) Planning and conducting research studies of the diagnostic tests and interpreting results; and

(3) Publishing research results.

The NCHSTP anticipates that the role of the successful collaborator(s) will include the following:

(1) Providing tests that can be used in the evaluation; and

(2) Providing NCHSTP access to necessary data in support of the research activities.

Selection Criteria

Proposals submitted for consideration should address, as best as possible and to the extent relevant to the proposal, each of the following:

(1) Data available on the performance of the tests in different stages of syphilis and in the absence of syphilis;

(2) Information on the technology used for the test;

(3) Information on the time required to perform the test, whether the test is preformed on whole blood, sera, plasma or saliva and the steps involved in performing the test; and

(4) Interest by the company to seek FDA approval and market the test in the United States.

Dated: August 17, 2001.

Joseph R. Carter,

Associate Director for Management and Operations, Centers for Disease Control and Prevention.

[FR Doc. 01–21271 Filed 8–22–01; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare and Medicaid Services

[Document Identifier: CMS–R–216]

Agency Information Collection Activities: Submission For OMB Review; Comment Request

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare and Medicaid Services (CMS), Department of Health and Human Services, has submitted to the Office of Management and Budget (OMB) the following proposal for the collection of information. Interested persons are invited to send comments regarding the burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Type of Information Collection Request: Extension of a currently approved collection; *Title of Information Collection:* Procedures for Advisory Opinions Concerning Physician Referrals and Supporting Regulations in 42 CFR 411.370 through 411.389; *Form No.:* CMS–R–216 (OMB# 0938–0714); *Use:* Section 4314 of Public Law 105–33, in establishing section 1877(g)(6) of the Act, requires the Department to provide advisory opinions to the public regarding whether a physician's referrals for certain designated health services are prohibited under the other provisions in section 1877 of the Act. These regulations provide the procedures under which members of the public may request advisory opinions from CMS. Because all requests for advisory opinions are purely voluntary, respondents will only be required to provide information to us that is relevant to their individual requests; *Frequency:* On occasion; *Affected Public:* Not-for-profit institutions, business or other for-profit, and individuals and households; *Number of Respondents:* 200; *Total Annual Responses:* 200; *Total Annual Hours:* 2,000.

To obtain copies of the supporting statement for the proposed paperwork collections referenced above, access CMS's web site address at http://www.hcfa.gov/regs/prdact95.htm, or E-mail your request, including your address and phone number, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786–1326. Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to the OMB Desk Officer designated at the following address:OMB Human Resources and Housing Branch, Attention: Allison Eydt, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: August 1, 2001.

John P. Burke III,

CMS Reports Clearance Officer,CMS, Office of Information Services,Security and Standards Group,Division of CMS Enterprise Standards.

[FR Doc. 01–21323 Filed 8–22–01; 8:45 am]

BILLING CODE 4120–03–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 00C–1444]

FEM, Inc.; Withdrawal of Color Additive Petition

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the withdrawal, without prejudice to a future filing, of a color additive petition (CAP 0C0272) proposing that the color additive regulations be amended to eliminate the limitation on the amount of silver used as a color additive in fingernail polish.

FOR FURTHER INFORMATION CONTACT: James C. Wallwork, Center for Food Safety and Applied Nutrition (HFS–