

Dated: December 9, 1996.  
 G. Martin Wagner,  
*Associate Administrator for Governmentwide Policy.*  
 [FR Doc. 96-32061 Filed 12-17-96; 8:45 am]  
 BILLING CODE 6820-23-M

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Cooperative Agreement with the National Minority AIDS Council

The Office of Minority Health (OMH), Office of Public Health and Science, announces that it will enter into an umbrella cooperative agreement with the National Minority AIDS Council (NMAC). This cooperative agreement will establish the broad programmatic framework in which specific projects can be funded as they are identified during the project period.

The purpose of this cooperative agreement is to assist NMAC in expanding and enhancing its activities relevant to HIV prevention, services, treatment and research in racial and ethnic minority populations, with the ultimate goal of improving the health status of minorities and disadvantaged people. OMH will provide consultation, including administrative and technical assistance as needed, for the execution and evaluation of all aspects of this cooperative agreement during this agreement. OMH will also participate and/or collaborate with the awardee in any workshops or symposia to exchange current information, opinions, and research findings during this agreement.

#### Authorizing Legislation

This cooperative agreement is authorized under Title XVII, section 1707(d)(1) of the Public Health Service Act, as amended by Pub. L. 101-527.

#### Background

Assistance will be provided only to the National Minority AIDS Council. No other applications are solicited. NMAC is the only organization capable of administering this cooperative agreement because it has:

1. Developed, expanded, and managed an infrastructure to coordinate and implement various educational programs within local communities and organizations that deal extensively with HIV in each of the four racial and ethnic minority populations served by the Office of Minority Health. The Council established national initiatives—e.g., conferences, public policy education program (including policy forums), technical assistance programs and publications (including newsletters, action alerts and training manuals)—that provide a foundation upon which to develop, promote, and manage HIV-related education and health-related programs aimed at preventing and reducing unnecessary morbidity and mortality and mortality rates among racial and ethnic minority populations.

2. Established itself and its members as a national association of professionals who serve as leaders and experts in planning, developing, implementing, promoting and evaluating HIV-related education and policy campaigns, both nationally and locally, aimed at reducing the impact of HIV in minority populations and improving the minority community's overall well being.

3. Developed a base of critical knowledge, skills, and abilities related to serving minority individuals and organizations with a range of HIV-related health and social problems. Through the collective efforts of its members, community-based organizations, and volunteers, NMAC has demonstrated (1) the ability to work with minority and non-minority organizations, the Federal Government, academic institutions and health groups on mutually beneficial education, research, and health endeavors relating to the goal of health promotion and disease prevention among racial and ethnic minority populations; (2) the national leadership necessary to focus the nation's attention on minority-related HIV issues; and (3) the leadership needed to assist health care professionals to work more effectively with racial/ethnic minority communities.

4. Developed a national network of individuals, community-based

organizations, and state, regional and national health and civil rights organizations committed to addressing the HIV prevention, service, treatment and research needs of individuals affected and infected by HIV and AIDS.

This cooperative agreement will be awarded in FY 1997 for a 12-month budget period within a project period of 3 years. 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 project, contact Mr. Matthew Murguia, Office of Minority Health, 5515 Security Lane, Suite 1000, Rockville, Maryland 20852 or telephone (301) 443-9923.

Clay E. Simpson, Jr.,

*Deputy Assistant Secretary for Minority Health.*

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### Administration for Children and Families

#### Proposed Information Collection Activity; Comment Request

##### *Proposed Projects:*

*Title:* Study of Benefits for Head Start Program Employees.

*OMB No.:* New collection.

*Description:* Head Start Legislation requires that the Secretary conduct a study regarding the benefits available to individuals employed by Head Start Agencies including a description of benefits provided and to make recommendations about increasing the access of the individuals to benefits including access to a retirement pension program. The attached instrument is a survey designed to collect information about present benefits provided to employees.

*Respondents:* Not-for-profit institutions and households.

*Annual Burden Estimates:*

Instrument	No. of respondents	No. of responses per respondent	Average burden hours per response	Total burden hours
Staff Questionnaire .....	360	1	.5	180
H.S. Program Director Questionnaire .....	360	1	2	720
Dir. of Non-H.S. Child Care Program .....	5	1	2	10

*Estimated Total Annual Burden Hours: 910*

In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Information Services, Division of Information Resource Management Services, 370 L'Enfant Promenade, S.W., Washington, D.C. 20447, Attn: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection.

The Department specifically requests comments 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) 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. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Dated: December 11, 1996.  
Douglas J. Gedesky,  
*Reports Clearance Officer.*  
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**Centers for Disease Control and Prevention**

[INFO-97-31]

**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 for other forms of information technology. Send comments to Wilma Johnson, CDC Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

**Proposed Projects**

1. Evaluation of the use of data transmitted through the National Electronic Telecommunications System for Surveillance (NETSS) and the Public

Health Laboratory Information System (PHLIS)—New—A questionnaire has been designed to collect information for the project entitled: "Evaluation of the use of data transmitted through the National Electronic Telecommunications System for Surveillance (NETSS) and the Public Health Laboratory Information System (PHLIS)". The purpose of the project is to develop and implement a comprehensive evaluation strategy which will provide the Division of Public Health Surveillance and Informatics (proposed), Epidemiology Program Office (EPO), and the National Center for Infectious Diseases, Centers for Disease Control and Prevention (CDC) with the capacity to assess the degree to which data processed locally and at CDC after transmission through NETSS and PHLIS are used by State and Local Health Departments. This evaluation will encompass: (1) Dissemination of processed data, (2) Access to disseminated data, and (3) Use of accessed data for analysis by State and Local health authorities. The information gathered will be analyzed, in conjunction with data collected from other sources, to address these issues. The results of the project will assist the Division of Public Health Surveillance and Informatics, EPO, and the National Center for Infectious Diseases in carrying out CDC's mission of protecting the health of the United States public, through improved use of surveillance data by public health officials at local, state, and national levels. In order to focus efforts and resource allocation, a clear understanding of the barriers to access and use of NETSS and PHLIS data is needed. The estimated total cost for respondents is \$1,875.

Respondents	No. of re- spondents	No. of re- sponses/re- spondent	Average bur- den/respond- ent (in hrs.)	Total burden (in hrs.)
State and local health officials in 50 States .....	150	1	0.50	75

2. Fresh Kills Municipal Landfill, New York, New York: A Health Study of Acute Respiratory Outcomes—New—The purpose of this proposed study is to investigate and determine whether odor and air pollutants emanating from Fresh Kills Municipal Landfill are associated with respiratory morbidity among two populations of adults diagnosed with asthma. The study will involve two geographically determined

cohorts, living on Staten Island. Data collection will begin with a baseline questionnaire. The study will continue with a six week follow-up period. Daily diaries will be utilized to collect self-reported information on variables such as respiratory-related health outcomes, peak flow measurements, odor perception, and time spent outdoors. Exposure measurements of ozone, PM10 and hydrogen sulfide will be collected

concurrently. The statistical analysis will compare health outcome measures (i.e. symptoms, change in peak flow etc.) to measurements of odor perception and other exposure variables. Other than their time, there will be no cost to the respondents.