

final GSA action anticipated early in the calendar year 2001. GSA also cancelled, effective December 5, 2000, the constructions of the SF 1169 because low user demand (65 FR 75938, December 5, 2000). The 2-part set and 4-part set book are cancelled; only the 4-part single set version of the form is currently available.

Collectively, Federal agencies have supported the concept of GTR elimination; however, there may be some exceptions requiring its continued use in limited cases. GSA is asking Federal agencies to identify any circumstances that would require continued use of SF 1169. GSA is also exploring whether or not the standard form should be converted to an optional form.

B. Request for Comments

GSA is seeking additional information. Transportation service providers and other interested parties are urged to participate by returning comments. Federal agencies are asked to, at a minimum, identify the exceptions for essential use of SF 1169. Official address, contact, and due date are stated above.

Dated: January 25, 2001.

William T. Rivers,

Director, Travel Management Division.

[FR Doc. 01-7095 Filed 3-21-01; 8:45 am]

BILLING CODE 6820-34-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-01-27]

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 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

An Assessment of the Feasibility and Need for Support of Cervical Cancer Screening Services in Publicly Funded Sexually Transmitted Disease (STD) Clinics—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control Prevention (CDC).

The National Center for Chronic Disease Prevention and Health Promotion, Division of Cancer Prevention and Control (DCPC) in collaboration with the National Center for HIV, STD, and TB Prevention, Division of STD Prevention proposes to evaluate the need for and suitability of delivering cervical cancer screening services to women receiving health care in public STD clinics. STD clinics provide health services to a population of women considered to be at high risk for human papillomavirus (HPV) infection. Certain HPV types cause abnormal Pap smears and are etiologically linked to cervical cancer. Many women who seek medical attention from STD clinics have limited

access to other sources of health care. Moreover, there is limited published information about the cervical cancer screening behaviors or magnitude of cervical dysplasia in this at-risk population. CDC is conducting this project in response to a Congressional mandate encouraging the exploration of alternative strategies and methods to increase access to cervical cancer screening services among medically underserved women.

To determine if STD clinics are an appropriate venue to identify women in need of cervical cancer screening services, DCPC will recruit and enroll a projected sample of 22,680 women attendees of eight publicly funded clinics. Four of the participating clinics will offer cervical cancer screening services and four will not provide these services. To estimate the need for cervical cancer screening among STD clinic attendees, women who meet the project enrollment criteria at all participating clinics will be asked to participate in a brief interview regarding their recent cervical cancer screening history and their need for screening.

For women attending publicly funded STD clinics offering cervical cancer screening services, data will be collected on the results of the screening examination, results of the diagnostic assessments of abnormal screening tests, and the costs associated with cervical cancer screening and follow-up. For women attending clinics not offering cervical cancer screening, attendees determined to be in need of screening will be referred to local providers offering these services.

A sub-study, verifying attendees reports of recent cervical screening services will be conducted on a sample of clinic attendees. Official Pap smear reports will be collected for those women who indicate a Pap smear was performed during the preceding 12 months. Clinic staff and health care provider activities will involve interviewing attendees, determining attendees eligibility status, and verifying Pap test results. The total costs to respondents will be \$12,929.

Respondents	No. of respondents	No. of responses per respondent	Average burden per response (in hrs)	Total burden (in hrs) ¹
STD clinic—study enrollees	18,144	1	10/60	3,024
STD clinic staff	12,600	1	5/60	1,050
Health Care Providers	7,742	1	10/60	1,290
Total				5,364

¹ Estimates are based on a 12-month data collection period.

Dated: March 15, 2001.

Nancy Cheal,

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

[FR Doc. 01-7080 Filed 3-21-01; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

President's Committee on Mental Retardation; Notice of Meeting

Agency Holding the Meeting:
President's Committee on Mental Retardation.

Time and Date: April 10, 2001—9:30 a.m.—5:30 p.m.; April 11, 2001—8:30 a.m.—1:00 p.m.

Place: Channel Inn, 650 Water Street, SW., Washington, DC 20024.

Status: Full Committee Meetings are open to the public. An interpreter for the deaf will be available upon advance request. All meeting sites are barrier free.

To Be Considered: The Committee plans to discuss critical issues concerning Federal Research and Demonstration, State Policy Collaboration, Minority and Cultural Diversity and Mission and Public Awareness, relating to individuals with mental retardation.

The PCMR acts in an advisory capacity to the President and the Secretary of the U.S. Department of Health and Human Services on a broad range of topics relating to programs, services, and supports for persons with mental retardation. The Committee, by Executive Order, is responsible for evaluating the adequacy of current practices in programs and supports for persons with mental retardation, and for reviewing legislative proposals that impact the quality of life that is experienced by citizens with mental retardation and their families.

Contact Person for More Information:
Reginald F. Wells, Ph.D., Room 701 Aerospace Building, 370 L'Enfant Promenade, SW., Washington, DC 20447, (202) 619-0634.

Dated: March 12, 2001.

Reginald F. Wells,

Acting Executive Director, PCMR.

[FR Doc. 01-7113 Filed 3-21-01; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

State Median Income Estimates for Four-Person Families (FFY 2002); Notice of the Federal Fiscal Year (FFY) 2002 State Median Income Estimates for Use Under the Low Income Home Energy Assistance Program (LIHEAP) Administered by the Administration for Children and Families, Office of Community Services, Division of Energy Assistance

AGENCY: Office of Community Services, ACF, DHHS.

ACTION: Notice of estimated State median income for FFY 2002—Correction.

SUMMARY: This notice announces the estimated median income for four-person families in each State and the District of Columbia for FFY 2002 (October 1, 2001 to September 30, 2002). This notice corrects a notice published on Wednesday, March 7, 2001 (66 FR 13767) which erroneously contained estimated median incomes for FFY 2001. LIHEAP grantees may adopt the FFY 2002 State median income estimates beginning with the date of this publication of the estimates in the **Federal Register** or at a later date as discussed below. This means that LIHEAP grantees could choose to implement this notice during the period between the heating and cooling seasons. However, by October 1, 2001, or by the beginning of a grantee's fiscal year, whichever is later, LIHEAP grantees using State median income estimates must adjust their income eligibility criteria to be in accord with the FFY 2002 State median income estimates.

This listing of estimated State median incomes concerns maximum income levels for households to which LIHEAP grantees may make payments under LIHEAP.

EFFECTIVE DATE: The estimates are effective at any time between the date of this publication and October 1, 2001, or by the beginning of a LIHEAP grantee's fiscal year, whichever is later.

FOR FURTHER INFORMATION CONTACT:

Leon Litow, Administration for Children and Families, HHS, Office of Community Services, Division of Energy Assistance, 5th Floor West 370 L'Enfant Promenade, SW., Washington, D.C. 20447, Telephone: (202) 401-5304, E-Mail: llitow@acf.dhhs.gov.

SUPPLEMENTARY INFORMATION: Under the provisions of section 2603(7) of Title

XXVI of the Omnibus Budget Reconciliation Act of 1981 (Pub. L. 97-35, as amended), we are announcing the estimated median income of a four-person family for each state, the District of Columbia, and the United States for FFY 2002 (the period of October 1, 2001, through September 30, 2002).

Section 2605(b)(2)(B)(ii) of the LIHEAP statute provides that 60 percent of the median income for each state, as annually established by the Secretary of the Department of Health and Human Services, is one of the income criteria that LIHEAP grantees may use in determining a household's eligibility for LIHEAP.

LIHEAP is currently authorized through the end of FFY 2004 by the Coats Human Services Reauthorization Act of 1998, Pub. L. 105-285, which was enacted on October 27, 1998.

Estimates of the median income of four-person families for each State and the District of Columbia for FFY 2002 have been developed by the Bureau of the Census of the U.S. Department of Commerce, using the most recently available income data. In developing the median income estimates for FFY 2002, the Bureau of the Census used the following three sources of data: (1) the March 2000 Current Population Survey; (2) the 1990 Decennial Census of Population; and (3) 1999 per capita personal income estimates, by state, from the Bureau of Economic Analysis (BEA) of the U.S. Department of Commerce.

Like the estimates for FFY 2001, the FFY 2002 estimates include income estimates from the March Current Population Survey that are based on population controls from the 1990 Decennial Census of Population. Income estimates prior to FFY 1996 from the March Current Population Survey had been based on population controls from the 1980 Decennial Census of Population. Generally, the use of 1990 population controls results in somewhat lower estimates of income.

In 1999, BEA revised its methodology in estimating per capita personal income estimates. BEA's revised methodology is reflected in the FFY 2002 state 4-person family median income estimates. Generally, the revised methodology decreased, on average, state median income estimates by about 0.04 percent. For further information on the estimating method and data sources, contact the Housing and Household Economic Statistics Division, at the Bureau of the Census (301-457-3243).

A state-by-state listing of median income, and 60 percent of median income, for a four-person family for FFY 2002 follows. The listing describes the