organizations (CBOs) to deliver HIV prevention services.

In FY 1999, the Department of Health and Human Services announced a special initiative to reduce the disproportionate impact of HIV/AIDS on African Americans and other communities of color. The CDC announced the availability of funds for cooperative agreements for HIV prevention CBA to develop and implement regionally structured, integrated capacity-building systems. Thirty CBA provider organizations were funded to implement this strategy. These grantees provide HIV prevention CBA services to CBOs serving racial/ethnic minority populations at risk for HIV. The CBA program has expanded from $9 million to approximately $25 million in FY 2001.

CDC is responsible for monitoring and evaluating HIV prevention activities conducted under the CBA cooperative agreements. Enhancing and assuring quality programming requires that CDC have current information regarding the progress of CBA activities and services supported through the cooperative agreements. Therefore, forms such as the CBA Notification Form, CBA Completion Form, and CBA Progress Report are considered critical components of the monitoring and evaluation process. Because this program encompasses 30 CBA provider organizations, there is a need for a standardized system for reporting individual instances of CBA delivered by all CBA provider grantees.

As a steward of government funds, CDC needs information to monitor CBA and accurately document CBA activities that occur among CBA provider grantees. The information collected from the CBA Notification and CBA Completion forms, and CBA Progress Report will allow CDC to further identify problems and address technical assistance needs of CBOs in a timely fashion and subsequently improve the effectiveness of CBA program activities and progress toward national goals of HIV prevention. The forms would also assist CDC, in the aggregate, by discerning and refining national goals and objectives in the prevention of HIV. This information collection process will be a potentially valuable management tool for grantees to routinely examine CBA program performance by assessing strengths and weaknesses with the CBA program and national objectives.

To effectively track and monitor all requests for CBA assistance, CBA providers will be required to complete three reporting forms. The first is the CBA Notification Form (form A) that will require CBA providers to submit after each contact with a non-CDC funded CBO or HIV prevention stakeholder for CBA services. The purpose of this form is to track all requests for services from non-CDC funded CBOs and stakeholders. CBA requests from these CBOs and stakeholders are received by CBA providers on an on-going basis. CBA providers will be required to submit a CBA Completion Form (form B) following each episode of CBA service delivered to all CBOs and stakeholders. The purpose of this form is to provide feedback and follow-up information to CDC Project Officers on the types and quality of CBA services delivered to all CBOs by CBA providers. CBA Requests from these CBOs are received by CBA providers on an on-going basis. Information collection will be on-going throughout the duration of the cooperative agreements. CBA providers will be required to submit a third form, CBA Progress Reports (form C) on a quarterly basis to CDC. The purpose of this report is to describe the HIV prevention activities conducted during the last quarter. The CBA Progress Report will include information on the program successes and barriers, collaborative and cooperative activities with other organizations, and plans for future activities.

It is estimated that Form A (CBA Notification Form) will require 15 minutes of preparation by the respondent, Form B (CBA Completion Form) will require 30 minutes of preparation by the respondent, and Form C (CBA Progress Report) will require 2 hours of preparation by the respondent. In aggregate, report preparation requires approximately 990 burden hours by each respondent. There are no costs to respondents.

Respondents	Number of respondents	Number of responses/respondents	Average burden/response (in hours)	Response burden in hours
Form A: CBA Notification	30	50	15/60	375
Form B: CBA Completion	30	25	30/60	375
Form C: CBA Progress Report	30	4	2	240
Total	.....	.....	.....	990

Dated: September 17, 2001.

Nancy E. Cheal,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–01–63]

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 Seleda Perryman, 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: Statement in Support of Application For Waiver of Inadmissibility OMB No. 0920–0006—Extension—National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC).

Section 212(a)(1) of the Immigration and Nationality Act states that aliens with specific health-related conditions are ineligible to receive visas and ineligible for admission into the United States. The Attorney General may waive application of this inadmissibility on health-related grounds if an application for waiver is filed and approved by the consular office considering the application for a visa. The Division of Migration and Quarantine, NCID uses this application primarily to collect information to establish and maintain records of waiver applicants in order to notify the Immigration and Naturalization Service when terms, conditions and controls imposed by waiver are not met. NCID is requesting the extension of this data for 3 years. There are no costs to respondents.

Respondents	Number of respondents	Number of responses/respondents	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Businesses or organizations	200	1	10/60	33
Total				33

Dated: September 18, 2001.

Nancy E. Cheal,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY–49–01]

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: Hazardous Substances Emergency Events Surveillance—Extension—OMB No. 0923–0008 Agency for Toxic Substances and Disease Registry (ATSDR). ATSDR is mandated pursuant to the 1980 Comprehensive Environmental Response Compensation and Liability Act (CERCLA) and its 1986 Amendments, The Superfund Amendments and Reauthorization Act (SARA), to prevent or mitigate adverse human health effects and diminished quality of life resulting from the exposure to hazardous substances into the environment. The primary purpose of this activity, which ATSDR has supported since 1992, is to develop, implement, and maintain a state-based surveillance system for hazardous substances emergency events which can be used to (1) describe the distribution of the hazardous substances releases; (2) describe the public health consequences (morbidity, mortality, and evacuations) associated with the events; (3) identify risk factors associated with the public health consequences; and (4) develop strategies to reduce future public health consequences. The study population will consist of all hazardous substance non-permitted acute releases within the 16 states (Alabama, Colorado, Iowa, Louisiana, Minnesota, Mississippi, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Texas, Utah, Washington, and Wisconsin) participating in the surveillance system.

Until this system was developed and implemented, there was no national public health-based surveillance system to coordinate the collation, analysis, and distribution of hazardous substances emergency release data to public health practitioners. It was necessary to establish this national surveillance system which describes the public health impact of hazardous substances emergencies on the health of the population of the United States. The data collection form will be completed by the state health department Hazardous Substances Emergency Events Surveillance (HSEES) coordinator using a variety of sources including written and oral reports from environmental protection agencies, police, firefighters, emergency response personnel; or researched by the HSEES coordinator using census data, material safety data sheets, and chemical handbooks. The total estimated annualized burden is 7,356 hours.

Respondents	Number of respondents	Number of responses/respondents	Avg. burden/response (in hrs.)
State Health Deparatments	16	613	45/60