

Sunday, March 31, 2002. Please send to:
 Ruby Palmer, Designated Federal
 Official, CTS, ATSDR (E-54), 1600
 Clifton Road, NE., Atlanta, GA 30033.
 Phone: Toll-free 1-888-422-8737.
 Fax: (404) 498-1744.

Name: _____
 Street Address: _____
 City, State, Zip: _____
 Telephone: _____
 Fax: _____
 E-mail: _____
 Employment and employer(s) for last five
 years: _____

Please check the corresponding box
 for your response to the following
 questions; please keep any written
 responses brief.

- (1) Do you live in a community or on
 a reservation that contains a site
 contaminated with toxic substances
 or are you a member of an
 organization that works on
 environmental health/toxic
 substance issues with such affected
 communities/tribes? Check all that
 apply.
 yes, live in such a community/
 reservation
 yes, member of such an
 organization
 no

If you checked no, please skip to
 question #9.

- (2) What type of site is it?
 National Priorities List (Superfund
 NPL)
 Department of Energy
 Department of Defense
 State
 Not sure/don't know
 Other

- (3) What is the status of site cleanup?
 Cleanup underway
 Cleanup completed
 No work done
 Not sure/don't know

- (4) How would you characterize your
 community/tribe?
 Rural
 Suburban
 Urban
 Tribal Lands
 Not sure/don't know

- (5) How would you characterize the
 racial/ethnic makeup of your
 community/tribe?
 White
 African-American
 Hispanic
 Asian
 Native American
 Mixed/ no group predominate
 Not sure/don't know

- (6) How would you characterize the
 economic status of your
 community/tribe?

- Lower income
 Middle income
 Upper income
 Not sure/don't know

- (7) Do you believe your personal/family
 health has been harmed due to
 exposure to toxic substances in the
 environment?

Yes Possibly No

- (7a) If you are a tribal member, is
 contamination of traditional food
 supply thought to be a problem?

Yes Possibly No

- (8) Are you a member of a community/
 tribal organization focused on the
 site?

Yes No

- (8a) If yes, please describe

- (9) Are you familiar with the Agency for
 Toxic Substances and Disease
 Registry (ATSDR)?

Yes No

- (10) Have you either sought assistance
 from, or previously been involved
 with ATSDR?

Yes No

- (11) Has ATSDR sponsored a health
 assessment or health study in your
 community?

Yes No Not sure/
 don't know

- (12) Have you attended other national or
 regional ATSDR meetings in the last
 5 years?

Yes No

- (13) Are you a member of an
 organization—other than the one
 you may have noted in question 8—
 focused on toxic substances/
 environmental health?

Yes No

- (13a) If yes, what is the scope of the
 organization?

Local Regional National

- (13b) Please describe the organization

- (14) How many years have you been
 involved in toxic substance/
 environmental health issues?

Years

- (15) How many hours per month on
 average can you make available for
 telephone calls, periodic meetings,
 an review of materials?

Hour per month

- (16) Have you in the past or are you now
 participating in an advisory group
 similar in structure to the
 Community and Tribal
 Subcommittee?

Yes No

- (16a) If yes, please describe the group
 and your role

- (17) QUALIFICATIONS/
 BACKGROUND: Please briefly note
 your knowledge of/ experience with
 toxic substance/environmental
 health issues. List relevant self-
 education/ research, workshops
 attended, and/or formal training.

- (18) CURRENT ISSUES: What are your
 views on ATSDR's current
 approach to working with
 communities/tribes?

- (19) EXPECTATIONS: What type of
 input, recommendations, and
 advice do you envision the
 Subcommittee providing, and what
 type of outreach would you do in
 order to formulate your
 recommendations to the Board of
 Scientific Counselors?

The Director, Management Analysis
 and Services office has been delegated
 the authority to sign **Federal Register**
 notices pertaining to announcements of
 meetings and other committee
 management activities for both the
 Centers for Disease Control and
 Prevention and the Agency for Toxic
 Substances and Disease Registry.

Dated: January 31, 2002.

Alvin Hall,

*Acting Director, Management Analysis and
 Services Office, Centers for Disease Control
 and Prevention.*

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Toxic Substances and Disease Registry

Community and Tribal Subcommittee of the Board of Scientific Counselors, Agency for Toxic Substances and Disease Registry: Meeting

In accordance with section 10(a)(2) of
 the Federal Advisory Committee Act
 (Pub. L. 92-463), the Agency for Toxic
 Substances and Disease Registry
 (ATSDR) announces the following
 subcommittee and committee meetings.

Name: Community and Tribal Subcommittee (CTS).

Time and Date: 8:30 a.m.–4:30 p.m., February 27, 2002.

Place: Sheraton Buckhead Hotel, 3405 Lenox Road NE, Atlanta, Georgia 30326.

Status: Open to the public, limited by the available space. The meeting room accommodates approximately 50 people.

Purpose: This subcommittee brings to the Board advice, citizen input, and recommendations on community and tribal programs, practices, and policies of the Agency.

Matters to be Discussed: Agenda items include a presentation on ATSDR's Disease Registry activities; a presentation on ATSDR's Strategic Plan; an overview on the Public Health Assessment Guidance Manual; a report on the meeting at the Pentagon addressing health issues at federal facility sites; and a report on the progress with the external review of the CTS.

Written comments are welcomed and should be received by the contact person listed below prior to the opening of the meeting.

Agenda items are subject to change as priorities dictate.

Contact Person For More Information:

Ruby L. Palmer, Designated Federal Official, CTS/ATSDR contact, ATSDR, M/S E-54, 1600 Clifton Road, NE, Atlanta, Georgia 30333, telephone 404/498-1749.

The Director, Management Analysis and Services office has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: January 31, 2002.

Alvin Hall,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 02029]

Cooperative Agreement for the Support of a National Folic Acid Promotion Program Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of Fiscal Year (FY) 2002 funds for a cooperative agreement program for the support of a National Folic Acid Promotion Program. This program addresses the "Healthy People 2010" focus area of Maternal, Infant, and Child Health.

The purpose of this program is to support the development and implementation of a national program to promote the use of vitamin folic acid for the prevention of spina bifida and other neural tube defects. This program will improve the knowledge and awareness of health care providers, public and private health organizations, and women of reproductive age about reducing birth defects by promoting the use of folic acid.

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 organizations, State and local governments or their bona fide agents, and federally recognized Indian tribal governments, Indian tribes, or Indian tribal organizations.

To be eligible, applicants must demonstrate involvement in a national organization which is actively participating in the promotion of folic acid to prevent birth defects. This should be demonstrated in the form of a letter from the identified National Organization's/Council's Executive Officer and should be placed immediately following the face page of the application.

Applications that do not include the above information will be determined as non-responsive and returned without review.

C. Availability of Funds

Approximately \$200,000 will be available to fund one award. It is expected that this award will begin on or about June 1, 2002, and will be made for a 12-month budget period within a project period of up to five years. The funding estimate 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

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 activities listed under 2. (CDC Activities).

1. Recipient Activities

a. Provide at least one full-time manager and other staff support needed to carry out a national agenda.

b. Develop a national program to reach women of reproductive age and healthcare providers who serve them.

c. Provide a mechanism which allows the public to access the latest developments in research and practice related to the use of folic acid to prevent birth defects.

d. Provide a customized service whereby state and local programs, agencies, and professionals may receive packets, newsletters, bibliographies, policy papers, and fact sheets.

e. Convene meetings of council partners to share information about materials, strategies, and model programs to promote the use of folic acid to prevent birth defects.

f. Participate in national, state, or local meetings and conferences on behalf of the council.

g. Establish and implement methods for evaluating the impact of the programs and activities to increase consumption of folic acid.

2. CDC Activities

a. Provide scientific collaboration for appropriate aspects of the activities, including new scientific data on benefits of folic acid, information on rates of neural tube birth defects, and prevention strategies.

b. Assist in development and review of relevant information made available to federal, state, and local health agencies, health care providers, and volunteer organizations.

c. In conjunction with the recipient, evaluate the impact of the programs and activities to increase consumption of folic acid.

d. Participate in all meetings convened by the recipient.

E. Application Content

Use the information in the Program Requirements, Other Requirements, and Evaluation Criteria sections to develop the application content. Applications will be evaluated on the criteria listed, so it is important to follow them in laying out the program plan. The application should be no more than 20 double-spaced pages, printed on one side, with one-inch margins, and 12 point font, not including attachments.

1. Organization Profile

a. Provide a narrative, including background information and information on the applicant organization, evidence of relevant experience in coordinating activities among constituents, and a clear understanding of the purpose of the project.

b. Include details of past experiences working with the target populations.