

Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995. To request more information on the project or to obtain a copy of the information collection plans and instruments, call the OS Reports Clearance Office at (202) 619-2118 or e-mail [Geerie.Jones@HHS.gov](mailto:Geerie.Jones@HHS.gov).

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.

*Proposed Project:* 1. Survey of SCHIP Administrators for the Congressionally Mandated Evaluation of the State Children's Health Insurance Program—NEW—The Department's Office of the Assistant Secretary for Planning and Evaluation proposes to conduct a survey of state administrators of the State Children's Health Insurance Program (SCHIP). As mandated by the Balanced Budget Refinement Act (BBRA) of 1999 this study is to obtain information about the broader context in which state programs operate, including the political and social context, policy discussions, lessons learned, and key issues facing the program in the next one or two years. *Respondents:* State and local governments—*Number of Respondents:* 56; *Estimated Burden per Response:* 1.12 hours; *Total Burden:* 63 hours.

Send comments via e-mail to [Geerie.Jones@HHS.gov](mailto:Geerie.Jones@HHS.gov) or mail to OS Reports Clearance Office, Room 503H, Huber H. Humphrey Building, 200 Independence Avenue, SW., Washington DC 20201. Comments should be received within 60 days of this notice.

Dated: September 23, 2002.

**Kerry Weems,**

*Deputy Assistant Secretary, Budget.*

[FR Doc. 02-25404 Filed 10-4-02; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

[Program Announcement No. OCS-2002-17]

#### Grant to the Community Nutrition Institute

**AGENCY:** Office of Community Services (OCS), Administration for Children and Families (ACF), Department of Health and Human Services (DHHS).

**ACTION:** Award announcement.

**SUMMARY:** Notice is hereby given that a noncompetitive grant award is being made to the Community Nutrition Institute to support a nationwide initiative for the Community Food and Nutrition Program (CFNP). The nationwide initiative is a national research project to study the impact of current CFNP projects on low-income communities, families, and children nationwide. The results of the study will enable OCS to improve the quality of service provided to the network of CFNP grantees, and to assess the program's impact on improving the health and nutritional well-being of low-income families, children and individuals nationwide.

The CFNP legislation requires that the Department fund a Nationwide Program for Fiscal Year 2002. Pub. L. 97-35 as amended by Pub. L. 105-285 at section 681(b)(2)(C) states that “\* \* \* The Secretary shall \* \* \* make grants \* \* \* on a competitive bases \* \* \* for nationwide programs. \* \* \*” Since the Department did not receive any applications in response to our CFNP Nationwide Program Announcement, this project is being funded noncompetitively. It is expected to provide valuable information useful to this Department and other practitioners regarding research and demonstration initiatives related to welfare reform and the well-being of low-income children and families. This is a three-year project. The cost of the project is \$300,000 for the first year.

#### FOR FURTHER INFORMATION CONTACT:

Catherine Rivers, Administration for Children and Families, Office of Community Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Phone: 202-401-5252.

Dated: September 18, 2002.

**Clarence H. Carter,**

*Director, Office of Community Services.*

[FR Doc. 02-25394 Filed 10-4-02; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Grant to the Hebrew Immigrant Aid Society

**AGENCY:** Office of Refugee Resettlement (ORR), HHS.

**ACTION:** Grant Award Announcement.

**SUMMARY:** Notice is hereby given that an award is being made to the Hebrew Immigrant Aid Society of New York, in the amount of \$850,000 to further the integration and self-sufficiency of recently arrived refugees by implementing programs to strengthen refugee families and marriages and to promote responsible fatherhood. The funds provided will be utilized to develop programs in 10 pilot sites. The period of this funding will extend through September 29, 2004.

After an appropriate review, it has been determined that the need for the cited services by this population is imperative and the applicant has over two hundred years of experience in resettling such refugees. The proposed activities—family strengthening programs for struggling refugee families—strongly support the Administration's defined goals. These programs reflect current social science research in family relationships and have a strong track record in successful outcomes in mainstream populations. Their extension to refugee populations will be a welcome addition to ORR's social services emphasis. No other grant program currently includes these programs.

#### FOR FURTHER INFORMATION CONTACT:

Loren Bussert, Office of Refugee Resettlement, Administration for Children and Families, 370 L'Enfant Promenade, SW., Washington, DC 20447, telephone (202) 401-4732.

Dated: September 27, 2002.

**Nguyen Van Hanh,**

*Director, Office of Refugee Resettlement.*

[FR Doc. 02-25395 Filed 10-4-02; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of

Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772-76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 67 FR 42268-42271, dated July 21, 2002) is amended to reorganize the Office of the Director, NCHS.

Section C-B, Organization and Functions, is hereby amended as follows:

Delete the functional statement for the *National Center for Health Statistics (CS)* and insert the following:

(1) Provides national leadership in health statistics and epidemiology; (2) collects, analyzes, and disseminates national health statistics on vital events and health activities, including the physical, mental, and physiological characteristics of the population, illness, injury, impairment, the supply and utilization of health facilities and manpower, the operation of the health services system: health costs and expenditures, changes in the health status of people, and environmental, social, and other health hazards; (3) administers the Cooperative Health Statistics System; (4) stimulates and conducts basic and applied research in health data systems and statistical methodology; (5) coordinates to the maximum extent feasible, the overall health statistical and epidemiological activities of the program and agencies of the Department of Health and Human Services (DHHS) and provides technical assistance in the planning, management, and evaluation of the Department's statistical programs; (6) maintains operational liaison with statistical units of other health agencies, public and private, and provides technical assistance within the limitations of staff resources; (7) fosters research, consultation, and training programs in international statistical activities; (8) participates in the development of national health statistics policy with other Federal agencies; (9) directs the environmental and epidemiological statistics programs of the National Center for Health Statistics (NCHS); and (10) provides the Secretary, DHHS with consultation and advice on statistical matters in its role as the Government's principal general-purpose health statistics organization as designated by the Office of Management and Budget (OMB).

Delete the functional statement for the *Office of the Director (CS1)* and insert the following:

(1) Plans, directs, administers, coordinates and evaluates the total vital, health, and health-related statistics

programs of the Center; (2) stimulates basic and applied research and development activities; (3) provides national and international leadership in vital and health statistics and epidemiology; (4) conducts a variety of professional activities to provide assistance to government agencies, to foster international relationships, and to improve the broad fields of vital and health statistics and epidemiology; (5) coordinates the Center's activities with public and private health statistical agencies; (6) provides advice and guidance on disease classification problems in the Center, coordinates activities within the Center on classification of diseases and procedures; and has responsibility for development of revision proposals and U.S. position on decennial revisions of the International Classification of Diseases (ICD); (7) directs the Center's environmental and epidemiological statistics programs; (8) provides management and administration for the Center; (9) provides program planning and development for the Center; (10) develops and coordinates legislative activities; and (11) directs and coordinates Center activities in support of the Department's Equal Employment Opportunity program.

Delete in its entirety the functional statement for the *Office of International Statistics (CS15)* and the *Office of Data Standards, Program Development, and Extramural Programs (CS16)*.

After the *Office of Planning, Budget and Legislation (CS17)*, insert the following:

*Classifications and Public Health Data Standards Staff (CS18)*. (1) Serves as a nucleus for Public Health data standards and health classifications by fostering the collaborative development of tools and guidelines to enhance the integrity, comparability, quality, and usefulness of the data products from a wide variety of public and private agencies at the national and sub-national levels; (2) establishes and maintains liaison and partnerships with Federal agencies within and outside DHHS and with a wide variety of private and professional organizations to promote uniformity in classifications, data sets, definitions, and related data policies and standards; (3) assures representation of NCHS and takes a leadership role on intra- and interagency task forces and committees reviewing and developing uniform data elements and data sets for diverse health care settings, nomenclatures and classifications; (4) serves as a focal point within NCHS for collaborative activities related to computer-based patient record development; (5) supports the Director,

NCHS, as a member of the DHHS Data Council and coordinates NCHS staff support to the Data Council for Public Health data standards activities; (6) provides scientific and technical support and Executive Secretariat services to the National Committee on Vital and Health Statistics (NCVHS), the legislatively-mandated advisory committee to the Secretary, DHHS; (7) establishes and maintains liaison between NCVHS and agencies within DHHS, other governmental agencies, and relevant private and professional organizations; (8) directs and facilitates cross-cutting Public Health data standards activities that involve multiple outside organizations and have important implications for NCHS and CDC programs; (9) provides liaison with standards-setting organizations on emerging data needs and on medical and health classification issues; (10) is responsible for overseeing, coordinating, evaluating, and formulating recommendations for the ICD Family of Classifications and related classifications, by providing the focus within NCHS for the development and execution of classification activities; (11) serves as the focal point and coordinator of U.S. Government activities related to the ICD and maintains liaison with the World Health Organization (WHO), through direction of the WHO Collaborating Center for the Classification of Diseases of North America; (12) provides advice and assistance within NCHS and to other agencies and organizations in the conduct of training activities related to Public Health data standards; conducts training in key areas as appropriate; and promotes appropriate training and educational materials for implementation and use of data sets and classification systems; (13) is responsible for assuring comparability of morbidity classification, using current and subsequent versions of the ICD for morbidity, and recommends revisions to the ICD for morbidity applications as appropriate; (14) assumes full responsibility for the development and implementation of the evaluation program of NCHS for assessment of the adequacy, completeness, and responsiveness of Center programs both nationally and internationally to the NCHS mission and user needs for data; based on evaluations, makes proposals for changes in NCHS programs or policies; (15) participates with appropriate agencies and organizations to promote the dissemination, adoption, and use of Public Health data standards advocated by NCHS, DHHS, and the NCVHS; to

this end, develops comprehensive policy analyses and special reports, and newsletters; and (16) directs the work of the Public Health Data Standards Consortium.

Dated: September 20, 2002.

**William Gimson,**

*Acting Director.*

[FR Doc. 02-25455 Filed 10-4-02; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Final Selection Criteria and Solicitation of Nominations for Chemicals or Categories of Environmental Chemicals for Analytic Development and Inclusion in Future Releases of the National Report on Human Exposure to Environmental Chemicals

**AGENCY:** Centers for Disease Control and Prevention (CDC), Health and Human Services (HHS).

**ACTION:** Notice.

**SUMMARY:** On Wednesday, March 20, 2002, CDC sought public comment on its proposed criteria for selecting environmental chemicals or categories of chemicals for inclusion in future releases of the *National Report on Human Exposure to Environmental Chemicals* (the "Report"). (See **Federal Register**, Vol. 67, No. 54, p. 12996). In response to the comments received, CDC now provides the final selection criteria and solicits public nominations for categories of chemicals to be included in future issues of the "Report." The selection criteria, which will be used by experts to prioritize the nominated chemicals for analytic development and for inclusion in future issues of the "Report," are as follows: (1) Independent scientific data which suggest that the potential for exposure of the U.S. population to a particular chemical is changing (*i.e.*, increasing or decreasing) or persisting; (2) seriousness of health effects known or suspected to result from exposure to the chemical (for example, cancer, birth defects, or other serious health effects); (3) proportion of the U.S. population likely to be exposed to levels of chemicals of known or potential health significance; (4) need to assess the efficacy of public health actions to reduce exposure to a chemical in the U.S. population or a large component of the U.S. population (for example, among children, women of childbearing age, the elderly); (5) existence of an analytical method that

can measure the chemical or its metabolite in blood or urine with adequate accuracy, precision, sensitivity, specificity, and speed; and (6) incremental analytical cost (in dollars and personnel) to perform the analyses (preference is given to chemicals that can be added readily to existing analytical methods).

CDC welcomes all nominations: those persons who wish to nominate a chemical or chemical category (for example, pesticides, fumigants) should use the structural name (for example, 2,3,7,8-tetrachlorodibenzo-p-dioxin). Do not submit chemicals by their product names because chemical products are most commonly mixtures of chemicals. Nominators should indicate which of the selection criteria the chemical or categories of chemicals satisfy and should provide as much information as possible about the chemical or chemical category, including references and Chemical Abstracts Service (CAS) numbers. A CAS number is a unique number assigned to a given compound by the Chemical Abstracts Service, a division of the American Chemical Society. This number is also known as the CAS registry number (CAS RN). You may verify spellings of chemical names and CAS numbers by referring to *Hawley's Condensed Chemical Dictionary* (published by John Wiley and Sons; ISBN: 0471387355) or by searching Web sites such as the following: <http://www.chemfinder.com>, <http://www.chemindustry.com/chemicals/index.asp>, <http://webbook.nist.gov/chemistry/name-ser.html>, or <http://db.chemsources.com/chemsources/chemfind.htm>. The more information nominators provide, the more efficiently the nominated chemical will move through the selection process.

For each criterion, a panel of experts will score nominated chemicals on a scale of 1 to 5, with a higher score indicating higher priority. For each criterion, the score will be multiplied by the weighting factor for the criterion (criteria 1-3 each have weights of 25, criteria 4 and 5 have weights of 10 each, and criterion 6 has a weight of 5) and the weighted score summed to obtain a final point score for each chemical or chemical category. The maximum final point score is 500, which would result from a scoring of 5 for each of the six criteria. On the basis of its final point score, a chemical will be placed in one of five priority groups (*e.g.*, priority group 1, priority group 2, and so on). CDC will report each chemical or chemical category evaluated along with the priority group to which it was assigned. This information will appear in the **Federal Register** and on CDC's

Web site at this address: <http://www.cdc.gov/nceh/dls/report/selectedchemicals>. CDC's intent is to maintain a transparent process and to be good steward of the data it produces.

To that end, CDC will publish additional notices in the **Federal Register** as needed to keep the public abreast of progress on the nomination of chemicals for future issues of the "Report."

**DATES:** Submit nominations on or before December 6, 2002.

**ADDRESSES:** Address all nominations related to this notice to Dorothy Sussman, Centers for Disease Control and Prevention, National Center for Environmental Health, Division of Laboratory Sciences, Mail Stop F-20, 4770 Buford Highway, Atlanta, Georgia 30341. Nominations may also be made via e-mail to this address: [ncehdls@cdc.gov](mailto:ncehdls@cdc.gov).

#### FOR FURTHER INFORMATION CONTACT:

Technical Information: Dr. Richard Wang, Telephone 770-488-7950.

**SUPPLEMENTARY INFORMATION:** CDC publishes the "Report" under the authorities 42 U.S.C. 241 and 42 U.S.C. 242k. The "Report" provides an ongoing assessment using biomonitoring of the exposure of the noninstitutionalized, civilian population to environmental chemicals. Biomonitoring assesses human exposure to chemicals by measuring the chemicals or their breakdown products in human specimens such as blood or urine. For the "Report," an environmental chemical means a chemical compound or chemical element present in air, water, soil, dust, food, or other environmental medium. The "Report" provides exposure information about participants in an ongoing national survey known as the National Health and Nutrition Examination Survey (NHANES). This survey is conducted by CDC's National Center for Health Statistics; measurements are conducted by CDC's National Center for Environmental Health. The first "Report," published in March 2001, gave information about levels of 27 chemicals found in the U.S. population. This "Report" can be obtained in the following ways: access <http://www.cdc.gov/nceh/dls/report/>; e-mail [ncehdls@cdc.gov](mailto:ncehdls@cdc.gov); or telephone 1-866-670-6052. The second "Report," which will be issued in late fall of 2002, will include information about at least 75 chemicals. In addition to new data on those chemicals that appeared in the first "Report," information on the following categories of chemicals will be in the second "Report": polycyclic