Respondents	No. of respondents	No. of responses/respondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Case Validation of Cognitive Dysfunction				
PGW Exposed Veterans with self- reported symptoms of Cognitive Dysfunction. Full neuropsychological exam	100	1	4.0	400
Non-PGW Veterans with self-reported symptoms of Cognitive Dysfunction. Full neuropsychological exam.	100	1	4.0	400
Normal Controls (PGW/Non-PGW Veterans denying symptoms of Cognitive Dysfunction). Cognitive testing	100	1	2.0	200
Total				1000
Case Validation for Asthma				
PGW Exposed and Non-PGW Veterans self-reporting asthma. Questionnaire (ATS and Adult Respiratory Health); Pulmonary Function Tests (spirometry, DLCO, lung volumes); Histamine Challenge	50	1	2.25	112.5
Normal Controls. (PGW/Non-PGW Vets denying symptoms of asthma). Questionnaire (ATS and Adult Respiratory Health); Pulmonary Function Tests (spirometry, DLCO, lung volumes); Histamine Challenge	50	1	2.25	112.5
Total				225
Case Validation of Depression				
PGW Exposed Veterans reporting ''any type of depression.'' Questionnaire (Structured Clinical Interview and Family History-Research Diagnostic Criteria)	50	1	3.0	150
Non-PGW Exposed Veterans reporting ''any type of depression.'' Questionnaire (Structured Clinical Interview and Family History-Research Diagnostic Criteria)	50	1	3.0	150
Total				300
Validation of Multi-Systemic Illnesses				
PGW Exposed and Non-PGW Veterans reporting symptoms of chronic fatigue, fibromyalgia, and/or multiple chemical sensitivity. Iowa Persian Gulf Study Questionnaire; Physical exam	243	1	3.0	729
Normal Control (PGW/Non-PGW Veterans denying symptoms of chronic fatigue, fibromyalgia, and/or multiple chemical sensitivity). Iowa Persian Gulf Study Questionnaire; Physical exam	116	1	3.0	348
Total				1077

Wilma G. Johnson,

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

[FR Doc. 96–28502 Filed 11–5–96; 8:45 am]

BILLING CODE 4163–10–P

[30–DAY–22]

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 Office on (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.

The following requests have been submitted for review since the last publication date on October 17, 1996.

Proposed Project

1. Tuberculosis in Children—New—The Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Division of Tuberculosis Elimination, Surveillance Epidemiologic Investigations Branch will be conducting a study for the purpose of performing research concerning the epidemiology of TB in children, including children co-infected with the human immunodeficiency virus (HIV). The study will involve the following modules: (1) The epidemiology, magnitude and risk factors for TB in children, including HIV-infected children; (2) studies of the diagnosis of TB in children, and (3) reducing the risk of nosocomial transmission of TB in pediatric settings.

Respondents	Number of respondents	Number of responses/respondent	Avgerage burden/response (in hrs.)
Positive Tuberculin Skin Testing Form	100	1	0.33
Negative Tuberculin Skin Testing Form	200	1	0.33
Source Case Form	150	1	0.33

The total annual burden is 150.

Dated: October 30, 1996.

Wilma G. Johnson,

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

[FR Doc. 96–28501 Filed 11–5–96; 8:45 am]

BILLING CODE 4163–18–P

[Announcement 702]

Public Health Conference Support Cooperative Agreement Program for Human Immunodeficiency Virus (HIV) Prevention

Introduction

The Centers for Disease Control and Prevention (CDC) announce the availability of fiscal year (FY) 1997 funds for the Public Health Conference Support Cooperative Agreement Program for Human Immunodeficiency Virus (HIV) Prevention. CDC is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority area of HIV infection. (For ordering a copy of Healthy People 2000 or CDC's Strategic Plan for Preventing Human Immunodeficiency Virus (HIV) Infection (July 8, 1992), see the Section WHERE TO OBTAIN ADDITIONAL INFORMATION.)

Authority

This program is authorized under Section 317(k)(2) [42 U.S.C. 247b(k)(2)] of the Public Health Service Act, as amended.

Smoke-Free Workplace

CDC strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products, and Public Law 103–227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, and early childhood development services are provided to children.

Eligible Applicants

Eligible applicants are non-governmental nonprofit organizations. Thus, universities, colleges, research institutions, hospitals, other public and private (e.g., national, regional) organizations and federally recognized Indian tribal governments, Indian tribes or Indian tribal organizations are eligible for these cooperative agreements. Current recipients of CDC HIV funding must provide the award number and title of the funded program (see the Program Announcement included in the application kit for additional information).

Availability of Funds

Approximately $250,000 is available in FY 1997 to fund approximately 10 to 15 awards. It is expected that the average award will be $20,000, ranging from $17,000 to $25,000 and will be funded for a 12-month budget and project period. Funding estimates may vary and are subject to change. Awards will initially be made on a contingency basis as described in the PURPOSE section.

The following are examples of the most frequently encountered costs that may or may not be charged to the cooperative agreement:

1. As approved, CDC funds may be used for direct cost expenditures: salaries, speaker fees, rental of conference related equipment, registration fees, and transportation cost (not to exceed economy class fares) for non-Federal employees.
2. CDC funds may be used for only those parts of the conference specifically supported by CDC as documented in the Notice of Cooperative Agreement (award document).
3. CDC funds may not be used for the purchase of equipment, payments of honoraria, organizational dues, entertainment or personal expenses, cost of travel and payment of a full-time Federal employee, or per diem or expenses, other than mileage, for local participants.
4. CDC funds may not be used for reimbursement of indirect costs.
5. Although the practice of handing out novelty items at meetings is often employed in the private sector to provide participants with souvenirs, Federal funds may not be used for this purpose.

Recipient Financial Participation

Part of the cost of the proposed conference must be supported with other than Federal funds. CDC will not fund 100% of the proposed conference.

Purpose

The purpose of the HIV Prevention Conference Support Cooperative Agreement Program is to provide partial support for conferences that stimulate efforts to prevent the transmission of HIV.

Because conference support by CDC creates the appearance of CDC co-sponsorship, CDC will actively participate in the development and approval of those portions of the agenda supported by CDC funds. In addition, CDC will reserve the right to approve or reject the content of the full agenda, press events, promotional material (including press releases), speaker selection, and site selection. CDC funds may not be expended for portions of the conference not supported by CDC. Contingency awards will be made allowing usage of only 25% of the total amount to be awarded until a final full agenda is approved by CDC. This will provide funds for costs associated with preparation of the agenda. The remainder of funds will be released only upon acceptance of the final full agenda. CDC reserves the right to terminate co-sponsorship if it does not approve the final agenda.

Program Requirements

CDC will provide support for conferences that are:

1. Regional (more than one State), national, or international in scope;
2. Targeted to individuals or organizations involved in HIV prevention efforts; and
3. Focused on the transfer of HIV prevention research and evaluation findings to intervention efforts or the application of these prevention efforts to service providers and health professionals who provide service to individuals whose behaviors place them at increased risk for HIV infection.

Topics concerned with issues and areas other than HIV prevention should be directed to other public health agencies or in accordance with the current Federal Register notice (see Federal Register Notice 703, (61 FR 19296) published on May 1, 1996).

The activities related to the development of HIV prevention conferences require substantial CDC collaboration and involvement. In conducting activities to achieve the purpose of the program, the recipient shall be responsible for conducting activities listed in section A., and CDC will be responsible for conducting activities listed in section B.:

A. Recipient Activities

1. Manage all activities related to program content (e.g., objectives, topics, participants, session design, workshops, special exhibits, speakers, fees, agenda composition, and printing). Many of these items may be developed in concert with assigned CDC project personnel.
2. Provide draft copies of the agenda and proposed ancillary activities to the CDC program office for review and comment. Submit a copy of the final agenda and proposed ancillary activities to the CDC Grants Management Office for acceptance.