| Respondents | No. of respondents | No. of responses/respondent | Avg. burden/response (in hrs.) | Total burden (in hrs.) |
|---|---|---|---|---|
| Employees (initial interviews) | 4,200 | 1 | .25 | 1,050 |
| Employees (questionnaires, interviews) | 5,250 | 1 | .50 | 2,625 |
| Employees (follow-back questionnaires) | 420 | 1 | .5 | 210 |
| Employers (follow-back questionnaires) | 420 | 1 | .5 | 210 |
| Total | | | | 4,095 |

Dated: June 18, 1997.

**Wilma G. Johnson,**

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

[FR Doc. 97–16476 Filed 6–23–97; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Centers for Disease Control and Prevention

**[Announcement 772]**

## Hepatitis B Vaccination Evaluation Project in Vietnamese-American Children

### Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of funds in fiscal year (FY) 1997 for a cooperative agreement program to evaluate feasible methods of providing hepatitis B vaccine to children 3–16 years of age in the Vietnamese-American population in the United States.

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 Immunization and Infectious Diseases. (For ordering a copy of Healthy People 2000, see the Section **Where to Obtain Additional Information**.)

### Authority

This program is authorized under section 317 [42 U.S.C. 247b], 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 nonuse 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

Applications may be submitted by public and private nonprofit organizations and State governments and their agencies.

**Note:** An organization described in section 501(c)(4) of the Internal Revenue Code of 1986 which engages in lobbying activities shall not be eligible to receive Federal funds constituting an award, grant, contract, loan, or any other form.

Eligible applicants may enter into contractual agreements, as necessary, to meet the requirements of the program and to strengthen the overall application. The intent to use such mechanisms must be stated in the application and the nature and scope of work of these mechanisms require the approval of CDC.

Awardee(s) must maintain the primary responsibility for conduct of the cooperative agreement. The awardee, as the direct and primary recipient of Federal funds, must perform a substantive role in carrying out project activities and not merely serve as a conduit for an award to another party or provide funds to an ineligible party. Applicants must justify the need to use a contractor. If contractors are proposed, the following must be provided: (1) Name of the contractor, (2) method of selection, (3) period of performance, (4) detailed budget, (5) justification for use of contractor, and (6) assurance of non-conflict of interest.

### Availability of Funds

Approximately $220,000 will be available in FY 1997 (for both direct and indirect costs) to fund one award. It is expected that the award will begin on or about September 30, 1997, for a 12-month budget period within a project period of up to 3 years. Funding estimates may vary and are subject to change.

Continuation awards within the project period will be made on the basis of the following criteria:

1. Satisfactory progress in meeting program objectives.
2. Extent to which the continuation year objectives are realistic, specific, and measurable.
3. Extent to which proposed changes in program objectives, methods of operation, staff or contractor(s), or evaluation procedures will facilitate achievement of project goals.
4. Extent to which budget changes or requests are clearly justified and consistent with the intended use of cooperative agreement funds.
5. The availability of funds.

### Use of Funds

*Restrictions on Lobbying*

Applicants should be aware of restrictions on the use of HHS funds for lobbying of Federal or State legislative bodies. Under the provisions of 31 U.S.C. Section 1352 (which has been in effect since December 23, 1989), recipients (and their subtier contractors) are prohibited from using appropriated Federal funds (other than profits from a Federal contract) for lobbying Congress or any Federal agency in connection with the award of a particular contract, grant, cooperative agreement, or loan. This includes grants/cooperative agreements that, in whole or in part, involve conferences for which Federal funds cannot be used directly or indirectly to encourage participants to lobby or to instruct participants on how to lobby.

In addition, the FY 1997 HHS Appropriations Act, which became effective October 1, 1996, expressly prohibits the use of 1997 appropriated funds for indirect or ''grass roots'' lobbying efforts that are designed to support or defeat legislation pending before State legislatures. This new law, Section 503 of Pub. L. No. 104–208, provides as follows:

> Sec. 503(a) No part of any appropriation contained in this Act shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress, * * * except in presentation to the Congress or any State legislative body itself.
>
> (b) No part of any appropriation contained in this Act shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to

any activity designed to influence legislation or appropriations pending before the Congress or any State legislature.

Department of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 1997, as enacted by the Omnibus Consolidated Appropriations Act, 1997, Division A, Title I, Section 101(e), Pub. L. No. 104–208 (September 30, 1996).

**Background**

Each year the hepatitis B virus (HBV) infects at least 150,000 individuals in the United States and about 5,000 people die of the effects of chronic HBV infection. The risk of HBV infection and death in the Vietnamese community within the U.S. is about 10 times greater than for the remainder of the U.S. population. The full implementation of routine infant hepatitis B vaccination will eventually eliminate HBV transmission. However, a minimum of 20 years would be required to completely vaccinate all children by vaccinating infants alone. With the addition of recommendations for vaccination of adolescents by the age 11–12 years, at the current projected rate of less than one birth cohort per year, it will take at least 10 years to provide vaccine to all children. HBV transmission to unvaccinated children could be prevented by conducting ''catch-up'' hepatitis B vaccination programs in the children of first generation immigrants from countries of high or intermediate HBV endemicity. Vietnam is one of the countries with the highest endemicity levels where life-time risks of HBV infection in the unvaccinated approach 100 percent.

Vietnamese are the fastest-growing Asian-Pacific Islander ethnic group in the United States. Bureau of Census projections for 1997 indicate that there are 848,600 Vietnamese in the U.S. representing 8.4 percent of the total Asian and Pacific Islander American (APIA) population and the largest South East Asian group in this country. Large groups of Vietnamese live in major urban clusters throughout the U.S., primarily in California, Texas, the metropolitan Washington, DC area, Washington State and Louisiana. The community infrastructure in these metropolitan areas is well established with Vietnamese specific television, radio, and print media markets. More than 88 percent of Vietnamese are foreign-born and 82 percent of those over 5 years of age speak Vietnamese at home.

The prevalence of chronic HBV infection is high among Vietnamese in the U.S. Among those who arrived in the U.S. between 1984 and mid-1987, the prevalence rate was 14.4 percent, 28.8 times the rate in the U.S. general population (0.5 percent). Approximately one in seven Vietnamese is a chronic HBV carrier. It can be anticipated that two out of every hundred Vietnamese will die of hepatitis B-related liver disease.

During 1995, demonstration projects in Philadelphia and San Diego have found vaccination rates in Vietnamese children 3–13 years of age of 4 percent and 15 percent, respectively. These demonstration projects were designed to serve all of the APIA groups in several selected communities that were predominantly South East Asian. The project staff found that methods which worked well with one Asian ethnic group often were not effective in another Asian ethnic group. Within 12 months, hepatitis B vaccination completion levels for the combined Asian ethnic groups, located in the targeted geographic areas, were raised to 20 percent and 30 percent, respectively. The findings of these projects indicated that if it were possible, ethnic-group-specific health education methods should be identified and implemented to improve efficiency and effectiveness of hepatitis B vaccination catch-up efforts.

These projects identified the need for health education related to hepatitis B in several areas. Among the key findings from these projects were that a substantial proportion of the medical professionals providing health care to the children of these communities were unaware (1) of the ACIP recommendations to vaccinate APIA 3–13 year old children with hepatitis B vaccine, (2) that the Federal Vaccines for Children (VFC) program provided free hepatitis B vaccine for these children (70 percent are eligible), and, (3) of the magnitude of the risk for HBV infection and resulting death these APIA children faced, compared to non-API children in the United States. Also, the majority of parents of these children were not aware of the HBV risks, the availability of a protective vaccine recommended for use in APIA, or of the VFC Program. These findings show the need to provide information to both the health professionals and the parents in these communities.

On February 28, 1997, CDC convened a special Task Force of medical and public health professionals from around the country experienced in providing hepatitis B vaccination to APIA to ensure that a specific APIA vaccination goal will be attained. That goal is to raise hepatitis B vaccination rates in APIA children born from 1984 through 1993 from the current level of 10 percent to 90 percent by the close of the year 2000. The efforts outlined in this announcement will help achieve this important goal.

Hepatitis B virus transmission occurs at a higher rate in Vietnamese families because HBV infection has been endemic in most Asian populations for many centuries. Long before 1970 when the virus was first discovered the lifetime risk for HBV infection in these populations was almost 100 percent. From 10 percent to 20 percent of the pregnant women were chronically infected and passed the virus on to their infants at birth. Many of these infants became chronically infected. Many children born to women who did not have HBV infection were infected during childhood from exposure to other household members with chronic HBV infections. Therefore since this virus is transmitted by even small amounts of blood, transmission occurs easily within families—hence the label a ''family disease.'' Where someone in the family is chronically infected the other household members are very likely to eventually be infected as well. These children are exposed in the family and each successive generation was at higher risk than the previous one until the vaccine was developed in the early 1980's and now is being provided.

**Purpose**

The purpose of the hepatitis B vaccination education evaluation project for Vietnamese children is to evaluate feasible methods of ensuring hepatitis B vaccination of children 3–16 years of age in the Vietnamese population within the United States, to create practical methods for implementation nationwide, and to estimate hepatitis B vaccination coverage rates in Vietnamese American children ages 3–16 years of age.

The goals of this demonstration project are:

1. To evaluate and compare the effectiveness (including cost-effectiveness) of two primarily different methods of ensuring hepatitis B vaccination of Vietnamese children age 3–16 years by (1) conducting baseline assessments of vaccination rates (coverage), (2) developing and applying the interventions, and (3) measuring the effectiveness of the interventions.

2. To determine the factors that are most predictive of acceptance/completion of the 3-dose hepatitis B vaccination series and the barriers associated with non-acceptance /non-completion in a defined target group of Vietnamese children age 3–16 years.

The project will: (1) Provide health education resulting in hepatitis B

vaccination of 20,000 Vietnamese children in two of the largest Vietnamese communities in the United States, (2) provide a template to aid the national efforts to ensure hepatitis B vaccination for the estimated 292,756 Vietnamese-American children, (3) add to the existing knowledge about ''catch-up'' hepatitis B vaccination programs in Vietnamese communities across the nation, and (4) accurately measure hepatitis B vaccination coverage rates in children ages 3–16 years in three of the largest Vietnamese communities in the United States in 1998 and again in the year 2000.

**Program Requirements**

In conducting activities to achieve the purpose of this project, the recipient shall be responsible for the activities under A., below, and CDC shall be responsible for conducting activities under B., below:

*A. Recipient Activities*

1. Develop and implement a research design that will evaluate the effectiveness of two separate and specific intervention methods. Apply methods, one each, in two separate Vietnamese communities with a third community serving as a comparison. The hepatitis B vaccination efforts in this third community should be comparable to those being conducted around the country. However, except for the pre-and post intervention telephone surveys conducted with a small random sample of parents, there will not be any added efforts in this comparison community.

a. Conduct pre- and post-test measures in these three communities.

b. Develop a media-based intervention exclusively, utilizing Vietnamese-language electronic, print and outdoor media.

c. Utilize a community mobilization model which will include the formation of a coalition of community leaders and agencies which will conduct grass-roots, person-to-person community organizing activities.

2. Promote the delivery of hepatitis B vaccine to all eligible Vietnamese children age 2–16 within the two target study communities through a network which may include public and private clinics, hospitals, and private doctors offices; Women, Infants and Children (WIC) and Aid to Families with Dependent Children (AFDC) sites as well as in day care centers, pre-schools, and elementary and high school based clinics; religious and community organizations; and through in-home visitation and mobile vans.

3. Follow published, scientifically valid methods of sample size and power calculations, sample selection, survey design, data collection, data management and data analysis.

4. After completing the design, pretest and review phases, conduct a baseline household sample survey to measure hepatitis B vaccination levels and knowledge, attitudes, behaviors, and barriers related to hepatitis B vaccination.

5. After conducting the baseline survey using the methods outlined in 2. above:

a. Provide the culturally appropriate education on the risks of HBV infection and benefits of hepatitis B vaccination to all individuals in the two target study groups; and

b. Inform all individuals in the two target study groups of the availability of free hepatitis B vaccinations for most 3–16 year old Vietnamese children in the two target study groups.

6. Make available the information materials developed/modified and/or evaluated during this project for use in similar populations throughout the United States as indicated.

7. Develop a final report and prepare a manuscript in for submission to a peer reviewed journal for publication.

8. Adhere to the detailed time-line provided by the recipient and approved by CDC which includes each major step necessary to accomplish the recipient activities listed above.

9. Provide documentation of human subjects approval.

*B. CDC Activities*

1. Provide scientific assistance needed to produce or adapt the educational materials to educate the community members.

2. Provide technical assistance in regard to survey and other assessment and evaluation activities, analysis, manuscript development and other activities associated with the project.

3. Coordinate meetings with recipients and representatives of other education/community outreach and evaluation projects.

4. Provide technical assistance in the development of protocols for a community education and training program cooperatively with recipients.

5. Provide information regarding CDC research projects related to hepatitis B vaccination in APIA communities.

6. Collaborate with recipients on the use of media and coalition methods for community health education.

**Technical Reporting Requirements**

Quarterly progress reports are required. An original and two copies of each report will be due 30 days after the end of each quarter. Submission due dates will be established at the time of the award. A financial status report (FSR) is due 90 days after the end of each budget period. An original and two copies of a final performance report and FSR are due no later than 90 days after the end of the project period.

Progress reports and the final performance report must include the following:

1. Restate each objective and under each address the progress made on each item listed under **Program Requirements** section in this announcement as well as each specific additional activity included in the recipient's accepted proposal.

2. Under each objective list and explain any deviation from the time-line presented and approved in the recipient's accepted proposal; provide specific steps that are being or will be taken to return to the original agreed upon time-line.

3. Under each objective list and explain any problems that have been encountered and the steps that have been or will be taken to overcome these problems.

4. Include frequency tabulations for the key items in the surveys conducted during the reporting period.

5. Succinctly describe and quantify presentations made during the reporting period related to the project.

6. Include, in the appendix, estimates of the number of vaccine recipients by dose of hepatitis B vaccine administered.

7. Include, in the appendix, copies of key correspondence regarding the demonstration project.

8. Include, in the appendix, copies of all informational materials utilized in the community outreach components of this demonstration project.

9. Include, in the appendix, copies of all survey instruments used or to be used in this demonstration project.

10. Include any other activity or item felt by the project director to be pertinent.

All reports must be submitted to Ron Van Duyne, Grants Management Officer, Attention: David Elswick, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E–13, Atlanta, GA 30305.

**Application Content**

To assist in developing the application, applicants should use as guidance the information provided below and in the **Evaluation Criteria**

section of the announcement. The application must:

1. Demonstrate that the applicant has the following:

a. The ability and opportunity to evaluate three populations of at least 20,000 Vietnamese people each within a community or geographic area that can be defined and approached with a television media based immunization outreach program and which are similar on relevant characteristics such as demographic, geographic, social economic status, and health care profiles.

b. Established links to the Vietnamese community with culturally appropriate and sensitive outreach methods.

c. A history of successful completion of telephone survey research projects as part of medical or public health outreach programs within the Vietnamese community.

d. Prior experience in the development and evaluation of effective perinatal and universal infant hepatitis B vaccination programs within the Vietnamese population.

e. Culturally appropriate, commercial quality, topic specific video, audio, print, and outdoor media materials previously developed and tested in Vietnamese communities.

2. Include a complete and detailed proposal that will serve as the plan and general protocol for the entire demonstration project. Applicants should provide a title page; a table of contents; an introduction section with goals and objectives; followed with a background section including complete but brief descriptions of the target populations and the current perinatal and routine infant hepatitis B vaccination programs in the target population; a methods section with educational methods, evaluation and analytic methods, goals and objectives of each survey as well as list of variables to be measured and questions to be answered by each survey; a detailed time-line including all major steps and events; an appendix with (1) curricula vita of the managers and supervisors and principal investigator(s) with job descriptions of jobs that will be filled by the cooperative agreement monies; (2) a list of previous or ongoing similar projects conducted in this or similar communities showing the amount of funding, funding agencies, dates of the project, principal investigator, and a brief summary of each project; and (3) original letters of support including commitments to detailed activities with the appropriate signatures from a minimum of three major community groups working within the target population, the health care providers serving at least 80 percent of the target population, and a minimum of two school districts within the target population, as well as all subcontractors to be hired for any portion of the project.

3. Provide the names, qualifications, and time allocations of the professional staff to be assigned to this project; the support staff available for the performance of this project; and the facilities and equipment available for performance of this project.

4. If applicable, provide a description of any work that is to be performed by a subcontractor for the applicant. Proposed contracts should identify the name of the contractor, if known; describe the services to be performed; provide an itemized budget and justification for the estimated costs of the contract; specify the period of performance and method of selection.

5. Provide evidence of collaboration with various groups necessary for the conduct of this project. These groups may include: community organizations, health care providers, and public health professionals from technical or academic centers with expertise in appropriate fields.

6. Demonstrate partnerships with local or regional institutions that can assist in program implementation.

7. The proposed budget should clearly indicate what proportion of each staff member's time is to be allocated to the project.

8. While there is no legislative mandate for matching funds, all local matching resources should be shown with the proposed budget.

9. Detailed budgets are not necessary for years two and three, but operational objectives should be included for years two and three of the project. Applicants should provide a detailed description of the proposed first year activities. Completed budget forms should be placed at the beginning of the application. Applicants should provide a detailed budget, with accompanying justification of all costs, that is consistent with the stated objectives and planned activities of the project. CDC may not approve or fund all proposed activities. Applicants should be precise about the program purpose of each budget item.

The application pages must be clearly numbered and a complete index to the application and its appendices must be included. Each section of the proposal should be on a new page. The original and each copy of the application set must be submitted unstapled and unbound. All material must be typewritten, double spaced, with unreduced type on 8½″ by 11″ paper, with at least 1″ margins, and printed on one side only.

**Evaluation Criteria**

The application will be reviewed and evaluated according to the following criteria:

1. The extent to which the applicant's proposal: (a) Demonstrates the applicant's understanding of the purpose of the project and the feasibility of producing the required results; and (b) includes background information and other data to demonstrate that the applicant has the appropriate organizational structure, administrative support and accessibility to an adequate number of participants in the target populations to accomplish study objectives, including culturally appropriate outreach activities. (20%)

2. The degree to which the plan of operation covers the ''Program Requirements'', is consistent with study goals and is realistic, specific, measurable and time-phased, and specifies the what, who, where, how and the timing for start and completion of each step. (20%)

3. The degree to which the applicant's plan demonstrates the scientific soundness of the research methods and survey instruments to be used. (20%)

4. The qualifications and commitment of the applicant; allocations of time and effort of staff devoted to the project; and the qualifications of the primary and support staff. (15%)

5. The applicant's ability to collaborate with other agencies for conduct of the project, including the degree of commitment and cooperation of collaborating parties. (10%)

6. The extent to which the applicant demonstrates a cultural competency for the proposed education, training, and telephone interviewing. (15%)

7. The extent the proposed budget is reasonable, with a concise and clear justification, and consistent with the intended use of cooperative agreement funds. The application will also be reviewed as to the adequacy of existing and proposed facilities and resources for conducting project activities. (Not Scored)

Site visits may be conducted before final funding decisions are made by CDC. Only the organizations with high ranking applications will be visited. During the visit, CDC staff will determine if all necessary components for start-up of the project are in place. This meeting will be conducted by the CDC representatives with participation by local staff and others who may have interest in this project. Periodic site visits will be held as indicated thereafter to monitor progress.

**Executive Order 12372 Review**

Applications are subject to Intergovernmental Review of Federal Programs as governed by Executive Order (E.O.) 12372. E.O. 12372 sets up a system for State and local government review of proposed Federal assistance applications. Applicants should contact their State Single Point of Contact (SPOC) as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC for each affected State. A current list of SPOCs is included in the application kit. If SPOCs have any State process recommendations on applications submitted to CDC, they should send them to Ron Van Duyne, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E–13, Atlanta, GA 30305, no later than 30 days after the application deadline. The Announcement Number and Program Title should be referenced on the document. The granting agency does not guarantee to ''accommodate or explain'' the State process recommendations it receives after that date.

**Public Health System Reporting Requirements**

This program is subject to the Public Health System Reporting Requirements. Under these requirements, all community-based nongovernmental applicants must prepare and submit the items identified below to the head of the appropriate State and/or local health agency(s) in the program area(s) that may be impacted by the proposed project no later than the receipt date of the Federal application. The appropriate State and/or local health agency is determined by the applicant. The following information must be provided:

1. A copy of the face page of the application (SF424).

2. A summary of the project that should be titled ''Public Health System Impact Statement'' (PHSIS), not to exceed one page, and include the following:

a. A description of the population to be served;

b. A summary of the services to be provided; and

c. A description of the coordination plans with the appropriate State and/or local health agencies.

If the State and/or local health official should desire a copy of the entire application, it may be obtained from the State Single Point of Contact (SPOC) or directly from the applicant.

**Catalog of Federal Domestic Assistance Number**

The Catalog of Federal Domestic Assistance Number is 93.283.

**Other Requirements**

*Surveys*

To document timely preparation and allow for input from CDC prior to implementation, DRAFTS of the pre-intervention baseline household survey questionnaire should be sent to CDC within two months of the initial notice of grant award date.

A sampling plan for the household survey should be sent to CDC for review and comment prior to implementation. A draft of this plan should be sent in writing within one month of receipt of initial notice of grant award.

*Human Subjects*

The proposed project involves research on human subjects, therefore, applicants must comply with the Department of Health and Human Services Regulations, 45 CFR part 46, regarding the protection of human subjects. Assurance must be provided to demonstrate the project will be subject to initial and continuing review by an appropriate institutional review committee. The applicant will be responsible for providing assurance in accordance with the appropriate guidelines and form provided in the application kit.

**Application Submission and Deadline**

An original and two copies of the application PHS Form 5161–1 (OMB Number 0937–0189) must be submitted to Ron Van Duyne, Grants Management Officer, Attention: David Elswick, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E–13, Atlanta, GA 30305, on or before August 25, 1997.

*1. Deadline*

The application shall be considered as meeting the deadline if it is either:

a. Received on or before the deadline date, or

b. Sent on or before the deadline date and received in time for submission to the objective review group. Applicant must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.

*2. Late Applications*

Applications which do not meet the criteria in 1.a. or 1.b. above are considered late applications. A late application will not be considered and will be returned to the applicant.

**Where To Obtain Additional Information**

A complete program description, information on application procedures, an application package, and business management technical assistance may be obtained from David Elswick, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E–13, Atlanta, GA 30305, telephone (404) 842–6521, Internet address: DCE1@cdc.gov.

Programmatic technical assistance may be obtained from Gary L. Euler, DrPH, Chief, Hepatitis Activity, Adult Vaccine Preventable Diseases Branch, Epidemiology and Surveillance Division, National Immunization Program, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road NE. Mailstop E–61, Atlanta, GA 30333, telephone (404) 639–8742, Internet address: GLE0@cdc.gov.

Please refer to *Announcement 772* when requesting information and submitting an application.

A copy of ''Healthy People 2000'' (Full Report; Stock No. 017–001–00474–0) or ''Healthy People 2000'' (Summary Report; Stock No. 017–001–00473–1) referenced in the **Introduction** may be obtained through the Superintendent of Documents, Government Printing Office, Washington, DC 20402–9325, telephone (202) 512–1800.

Dated: June 18, 1997.

**Joseph R. Carter,**

*Acting Deputy Associate Director for Management and Operations, Centers for Disease Control and Prevention (CDC).*

[FR Doc. 97–16475 Filed 6–23–97; 8:45 am]

BILLING CODE 4163–18–P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

### Submission for OMB Review; Comment Request

*Title:* Procedures for Requests to Use Child Care and Development Fund for Construction or major Renovation of Child Care Facilities.

*OMB No.:* New Collection.