Mr. John Simeon, Portfolio Development Division (WPC), 7th and D Streets, SW., Suite 2002, Washington, DC 20407.

FOR FURTHER INFORMATION PLEASE CONTACT: Mr. John Simeon, General Services Administration, (202) 260–9586.

Dated: June 6, 2000.

Anthony Costa,

Assistant Regional Administrator, National Capital Region, General Services Administration.

[FR Doc. 00–14734 Filed 6–9–00; 8:45 am]

BILLING CODE 6820–23–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service Operating Divisions; Delegation of Authority

Notice is hereby given that I have delegated to the Public Health Service (PHS) Operating Division (OPDIV) Heads the service fellowships related authorities vested in the Secretary of Health and Human Services under Sections 207 and 208 of the PHS Act, 42 U.S.C. 209 and 210, and under Title 42 CFR, Subpart B, Part 61—Service Fellowships.

This delegation supersedes the delegation of authority memorandum titled, ''Delegation of Authority—Service Fellowships,'' to the PHS Agency Heads from the Deputy Assistant Secretary for Health Management Operations, Office of the Assistant Secretary for Health, dated January 8, 1993.

This delegation becomes effective upon date of signature. Also, I hereby ratify and affirm the actions taken by you or your subordinates, which involved the exercise of authorities delegated herein prior to the effective date of this delegation.

Dated: June 2, 2000.

Donna E. Shalala,

Secretary.

[FR Doc. 00–14751 Filed 6–9–00; 8:45 am]

BILLING CODE 4160–17–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 DAY–42–00]

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 Projects

1. Silicosis, No Mas!: Evaluation of Materials Used for Outreach to Hispanic Construction Workers—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC)—Over 14,000 workers in the U.S. have died from silicosis and hundreds more add to the death toll each year. Silicosis is the third leading cause of death attributed to occupational diseases in the U.S. In the state of Texas, 300 cases of silicosis and workers exposed to silica were reported between 1990 and 1997. Among these cases, construction was one of the most frequently reported industries. Silicosis was diagnosed in workers as young as 22 years of age, and one third of the cases were found among Hispanic workers, most of whom were diagnosed with silicosis in their thirties.

Despite the alarming number of reports, few attempts have been made to educate construction workers in Texas, particularly workers of Hispanic/Latino decent. An evaluation of the outreach activities conducted during the 1996 National Campaign to Eliminate Silicosis and the Special Emphasis Program (SEP) for silicosis indicated that no effort was undertaken to meet the needs of Hispanic workers. In both events, educational outreach was directed at the mainstream industry, trade associations, employers, and labor unions. Yet, while some educational materials were directly translated into Spanish, no special efforts were directed at Hispanic workers in the course of the campaign nor in the SEP. In addition, the results of 11 focus groups recently conducted in Texas indicated that most Hispanic workers were unaware of silicosis and most knew little about the cause and health effects of silicosis. Barriers to silicosis prevention raised by the focus group participants included lack of knowledge about prevention and lack of proper protective equipment provided by their employers. While most workers in the focus groups could read either Spanish or English, there were individuals who could not read either language. Hence, other mediums of communication, such as audio or video tapes, were recommended to reach the workers.

The goal of the overall project is to increase awareness of and information about the nature, extent, and seriousness of silica exposure, and to increase the use of appropriate engineering controls and respiratory protection among construction workers in Texas. A culturally and linguistically relevant silicosis education and prevention program targeting construction workers will be developed, implemented, and evaluated. The goal of the evaluation is to determine if culturally tailored health messages are more effective than non-culturally tailored health messages in promoting changes in knowledge, attitudes, and behaviors.

Information and data obtained from this evaluation will help direct future outreach efforts in silicosis prevention among the Hispanic population. In addition, results from this study will be used to further current understanding of the effects of cultural values in the design of safety and health messages, thereby helping future development of culturally and linguistically appropriate occupational safety and health messages tailored for the Hispanic population.

The total annual burden hours are 200.

Respondents	No. of respondents	No. of responses/respondent	Avg. burden per response (in hours)
Construction workers	600	1	20/60

Dated: June 6, 2000.

Nancy Cheal,

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

[FR Doc. 00–14737 Filed 6–9–00; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[Program Announcement No. 93612–005]

Administration for Native Americans Programs—Supplemental Funding for InterTribal Bison Cooperative/ 90NA7059

AGENCY: Administration for Native Americans (ANA), ACF, DHHS.

ACTION: Notice of Supplemental Funding Award.

SUMMARY: The Administration for Native Americans announces that a non-competitive grant award is being made to the InterTribal Bison Cooperative in the amount of $140,190 for Grant #90NA7059. The project period is September 1, 1998—August 341, 2000. This supplement will augment Year 2 funding to allow for the hiring of necessary staff as well as other supports to facilitate the completion of all original objectives projected under the grant. The InterTribal Bison Cooperative is funded to provide services to forty-two member tribes, including: Marketing and sales; land base and production capacity; research and development of herd management and a collaboration with tribal colleges in developing bison curricula.

FOR FURTHER INFORMATION CONTACT: Lois Hodge, Grants Officer, Department of Health and Human Services, Administration for Children and Families, Office of Grants Administration, 370 L'Enfant Promenade SW., Mail Stop HHH 326F, Washington, DC 20447, telephone: 202–401–2344 or Georgeline Sparks, Program Specialist, Administration for Native Americans, DHHS./ACF/ANA, 370 L'Enfant Promenade SW., Washington, DC 20447, telephone: 202–690–6420.

Authority: This award will be made pursuant to Native Americans Programs Act of 1974 as amended, 42 U.S.C. 2991 B. (CFDA 93.612).

Dated: June 5, 2000.

Gary Mounts,

Acting Commissioner, Administration for Native Americans.

[FR Doc. 00–14750 Filed 6–9–00; 8:45 am]

BILLING CODE 4184–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 00N-1303]

Agency Information Collection Activities: Proposed Collection; Comment Request; Agreement for Shipment of Devices for Sterilization

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing an opportunity for public comment on the proposed collection of certain information by the agency. Under the Paperwork Reduction Act of 1995 (the PRA), Federal agencies are required to publish a notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, and to allow 60 days for public comment in response to the notice. This notice solicits comments on reporting requirements relating to shipment of nonsterile devices that are to be sterilized elsewhere or are shipped to other establishments for further process labeling or repacking.

DATES: Submit written comments on the collection of information by August 11, 2000.

ADDRESSES: Submit written comments on the collection of information to the Dockets Management Branch (HFA–305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. All comments should be identified with the docket number found in brackets in the heading of this document.

FOR FURTHER INFORMATION CONTACT: Peggy Schlosburg, Office of Information Resources Management (HFA–250), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–827–1223.

SUPPLEMENTARY INFORMATION: Under the PRA (44 U.S.C. 3501–3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. ''Collection of information'' is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, FDA is publishing notice of the proposed collection of information set forth in this document.

With respect to the following collection of information, FDA invites comments on: (1) Whether the proposed collection of information is necessary for the proper performance of FDA's functions, including whether the information will have practical utility; (2) the accuracy of FDA's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques, when appropriate, and other forms of information technology.

Agreement for Shipment of Devices for Sterilization—21 CFR 801.150(e) (OMB Control No. 0910–0131)—Extension

Under sections 501(c) and 502(a) of the Federal Food, Drug, and Cosmetic Act (the act) (21 U.S.C. 351(c) and 352(a)), nonsterile devices that are labeled as sterile but are in interstate transit to a facility to be sterilized are adulterated and misbranded. FDA regulations in § 801.150(e) (21 CFR 801.150(e)) establish a control mechanism by which firms may manufacture and label medical devices as sterile at one establishment and ship the devices in interstate commerce for sterilization at another establishment, a practice that facilitates the processing of devices and is economically necessary for some firms. Under § 801.150(e), manufacturers and sterilizers may sign an agreement containing the following: (1) Instructions for maintaining accountability of the number of units in each shipment; (2) acknowledgment that the devices are nonsterile, being shipped for further processing; and (3) specifications for sterilization processing.

This agreement allows the manufacturer to ship misbranded products to be sterilized without initiating regulatory action and provides FDA with a means to protect consumers from use of nonsterile products. During routine plant inspections, FDA normally reviews agreements that must be kept for 2 years after final shipment or delivery of devices.

The respondents to this collection of information are device manufacturers and contract sterilizers.

FDA estimates the reporting burden of this collection of information as follows: