

Respondents	No. of respondents	No. of respondents per response	Average burden per response (in hrs)
MPEP Enrollment Form .....	100	1	6/60
Retroviral Survey .....	1,000	1	30/60
TLI Survey .....	325	1	30/60
HIV-1 Ab PE Results Form .....	900	2	10/60
HIV-1 p24 Ag PE Results Form .....	175	2	10/60
HIV-1 RNA PE Results Form .....	210	2	10/60
HTLV I/II Ab PE Results Form .....	225	2	10/60
TLI PE Results Form .....	300	2	10/60

Dated: June 25, 2001.

**Nancy Cheal,**

*Acting Associate Director for Policy, Planning, and Evaluation, Centers for Disease Control and Prevention.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30DAY-39-01]

#### 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 Project

SAFE—Know Now—Media Campaign Evaluation—New—National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease and Prevention (CDC) proposes a media campaign to promote knowledge of HIV status, using marketing clusters to target media messages. The purpose of this campaign is to increase the number of HIV positive people who are aware of their status and are receiving appropriate medical treatment. It is believed that knowledge of infection will reduce risk behavior and medical treatment will reduce infectiousness. The Safe—Know Now—campaign has identified segments or ‘clusters’ of potential audience members based on geographic and demographic information. By targeting communications at these specific clusters, messages can be more effectively and efficiently conveyed to the proper audiences. CDC has utilized this approach to design media communications for target audiences as defined by Claritas PRIZM clusters.

Beyond the immediate effectiveness of the campaign, the evaluation also seeks to determine if PRIZM targeting has proven to be an effective tool for communicating health messages.

CDC will conduct an evaluation of this campaign which will target five Claritas PRIZM clusters that currently have the highest incidences of AIDS cases. This clusters include Bohemian Mix (cluster 10), Single City Blues (cluster 45), Hispanic Mix (cluster 46), Inner Cities (cluster 47), and Southside City (cluster 51). The primary method for data collection will be a 15-minute campaign tracking survey administered via telephone in three markets, including two test markets and one control market. The test markets will be exposed to the campaign materials, while the control market will not. Pre- and post-exposure telephone surveys will be collected in each of the three markets, allowing comparison before and after effects of the campaign. Both the pre- and post-exposure market readings will be conducted with different samples, not with the same individuals across both waves. The total response burden for this data collection is 1,800 hours.

Respondents	No. of respondents	No. of responses per respondent	Average burden per response (in hours)
Telephone Survey—Pre .....	3,600	1	15/60.
Telephone Survey—Post .....	3,600	1	15/60.

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**Nancy Cheal,**

*Deputy Director for Policy, Planning, and Evaluation, Centers for Disease Control and Prevention.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[Program Announcement 01161]

#### Enhance Research, Infrastructure, and Capacity Building for American Indian Tribal Colleges and Universities; Notice of Availability of Funds

##### A. Purpose

The Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) announces the availability of fiscal year (FY) 2001 funds for a cooperative agreement program. The purpose of the program is to assist the American Indian Tribal Colleges and Universities in developing the commitment and capacity to promote education, development, research, leadership and community partnerships that enhance the participation of American Indians in the health professions; and to enhance the health status of American Indians in the United States.

The CDC and ATSDR are committed to achieving the health promotion and disease prevention objectives of "Healthy People 2010", a national activity to reduce morbidity and mortality and to improve the quality of life. This announcement is related to the "Healthy People 2010" objectives which specify improving the health of groups of people bearing a disproportionate burden of poor health as compared to the total population. The framework of "Healthy People 2010" consists of two broad goals which are to:

1. increase quality and years of healthy life; and
2. eliminate health disparities.

"Healthy People" is the national prevention initiative that identifies opportunities to improve the health of all Americans. For a copy of "Healthy People 2010" visit the internet site: <http://www.health.gov.healthypeople>.

##### B. Eligible Applicants

To be eligible for funding under this announcement, applicants must be a tax-exempt private or public non-profit organization with Internal Revenue Service (IRS) Code, Section 501(c)(3)

status; tribal colleges in the United States; or federally recognized Indian Tribal governments, Indian tribes or Indian Tribal organizations.

If the applicant is applying as a tax exempt non-profit organization, proof of non-profit tax-exempt status must be provided with the application. CDC will not accept an application without proof of tax-exempt status. Non-profit tax-exempt status is determined by the IRS Code, Section 501(c)(3). Tax-exempt status may be proved by providing a current copy of the 501(c)(3) non-profit tax-exempt of the current IRS Determination Letter.

**Note:** Title 2 of the United States Code, Chapter 26, Section 1611 states that an organization described in section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant, or loan.

##### C. Availability of Funds

Approximately \$200,000 is available in FY 2001 to fund the Central Coordinating Organization for this cooperative agreement. It is expected that additional funds may be made available through other Centers, Institutes and Program Offices (CIOs), within the CDC/ATSDR to fund supplemental awards under this cooperative agreement for projects of Tribal Colleges and Universities with whom the applicant collaborates. It is expected that the awards will begin on or about September 1, 2001, and will be made for a 12-month budget period, within a project period of up to five years. Funding estimates may change.

Continuation awards within the project period will be made on the basis of satisfactory progress as evidenced by required reports and the availability of funds.

##### D. Program Requirements

In conducting activities 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 the activities listed under 2. (CDC Activities).

###### 1. Recipient Activities:

###### a. Curriculum, Technology, and Infrastructure Development

(1) Determine what the Tribal Colleges and Universities are currently doing in regards to Public Health and Health prevention, e.g. curriculum, program prevention services, and health promotion activities.

(2) Assist Tribal Colleges and Universities in increasing their knowledge of the Federal grants

application process, such as budget initiation and grant writing.

(3) Develop distance based learning programs, satellite and video conferencing opportunities, and other information systems for Tribal Colleges and Universities to enhance the educational opportunities in the fields of public health and to enhance the research, statistical, and public health educational skills of the students.

(4) Enhance access to culturally relevant instructional material focusing on epidemiology, environmental health, public health, and biostatistics for the Tribal Colleges and Universities.

###### b. Professional Development and Continuing Education

(1) Assist Tribal Colleges and Universities in developing curricula for educating and training students in introductory courses in the fields of public health, occupational health, environmental health, allied health, and other health related areas.

(2) Assist Tribal Colleges and Universities in establishing faculty development opportunities at the CDC/ATSDR.

###### c. Student Training Opportunities, Fellowship Programs, and Internship Programs

(1) Assist Tribal Colleges and Universities in establishing CDC/ATSDR internship and fellowship opportunities that will enable students to gain knowledge and experience in public health practices.

(2) Assist the Tribal Colleges and Universities in developing public health classroom instructional materials and practicum opportunities for field assignees for their member schools.

(3) Assist Tribal Colleges and Universities in identifying other new public health field experiences for American Indians.

###### d. Capacity Building and Resource Development

(1) Serve as a resource for Tribal Colleges and Universities in developing educational programs targeting public health professionals.

(2) Enhance access to health related resource information, instructional material, and teaching techniques for health professionals at the Tribal Colleges and Universities.

(3) Assist Tribal Colleges and Universities in developing culturally competent prevention research and related educational programs for communities serving American Indians.