

from the start of the project. The total cost to respondents is estimated at \$30,080, assuming an average working

wage for assigned personnel at \$20.00 per hour in the study period.

Respondents	Number of respondents	Number of responses per respondent	Average burden response (in hrs.)	Total burden per response (in hrs.)
CBO General Questionnaire	79	4	1	316
CBO Needs Assessment & Epi Profile Questionnaire	79	4	20/60	105
CBO Staffing Plan Questionnaire	79	4	40/60	211
CBO Cultural, Linguistic, and Educational Appropriateness Questionnaire ...	79	4	10/60	53
CBO Interview Schedule	79	3	2	474
CBA Program Plan	16	4	15/60	16
CBA Needs Assessment Questionnaire	16	4	20/60	21
CBA Staffing Plan Questionnaire	16	4	40/60	43
CBA Cultural, Linguistic, and Educational Appropriateness Questionnaire	16	4	10/60	11
CBA Resource Networks and Community Advisory Board Questionnaire	16	4	20/60	21
Provision of Capacity-Building Assistance Questionnaire	16	4	2	128
CBA Interview Schedule	16	3	2	96
Faith-Based Needs Assessment Questionnaire	1	4	20/60	1
Faith-Based General Questionnaire	1	1	1	1
Faith-Based Staffing Plan Questionnaire	1	4	40/60	3
Faith-Based Cultural, Linguistic, and Educational Appropriateness Questionnaire	1	4	10/60	1
Faith-Based Curriculum Development and Training Program Interview Schedule	1	3	1	3
Total				1504

Dated: May 11, 2001.

Nancy Cheal,

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

[FR Doc. 01-13320 Filed 5-25-01; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day-01-41]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 639-7090.

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. Send comments to Anne O'Connor, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Project: Report of Verified Cases of Tuberculosis (RVCT) OMB No. 0920-0026—Extension—The National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC) proposes to continue data collection for the Report of Verified Case of Tuberculosis (RVCT). This request is for a 1-year extension of clearance.

To accomplish the CDC goal of eliminating tuberculosis (TB) in the United States, CDC maintains the national TB surveillance system. The system, initiated in 1953, has been modified several times to better monitor and respond to changes in TB morbidity. The most recent modification was implemented in 1993 when the RVCT was expanded in response to the TB epidemic of the late 1980s and early 1990s and incorporated into a CDC software for electronic reporting of TB case reports to CDC. The expanded

system improved the ability of CDC to monitor important aspects of TB epidemiology in the United States, including drug resistance, TB risk factors, including HIV coinfection, and treatment. The timely system also enabled CDC to monitor the recovery of the nation from the resurgence and identify that current TB epidemiology supports the renewed national goal of elimination. To measure progress in achieving this goal, as well as continue to monitor TB trends and potential TB outbreaks, identify high risk populations for TB, and gauge program performance, CDC proposes to extend use of the RVCT.

Data are collected by 60 Reporting Areas (the 50 states, the District of Columbia, New York City, Puerto Rico, and 7 jurisdictions in the Pacific and Caribbean) using the RVCT. An RVCT is completed for each reported TB case and contains demographic, clinical, and laboratory information. A comprehensive software package, the Tuberculosis Information Management System (TIMS) is used for RVCT data entry and electronic transmission of TB case reports to CDC. TIMS provides reports, query functions, and export functions to assist in analysis of the data. CDC publishes an annual report summarizing national TB statistics and also periodically conducts special analyses for publication in peer-reviewed scientific journals to further describe and interpret national TB data. These data assist public health officials

and policy makers in program planning, evaluation, and resource allocation. Reporting Areas also review and analyze their RVCT data to monitor local TB trends, evaluate program success, and

assist in focusing resources to eliminate TB. No other federal agency collects this type of national TB data. In addition to providing technical assistance for use of

the RVCT, CDC also provides Reporting Areas with technical support for the TIMS software. There are no costs to respondents.

Respondents	Number of respondents	Number of responses	Average burden per response (in hours)	Total burden in hours
State & Local Health Departments	60	280	30/60	8,400

Dated: May 18, 2001.

Nancy Cheal,

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

[FR Doc. 01-13321 Filed 5-25-01; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-01-42]

Proposed Data Collections Submitted for Public Comment and Recommendations

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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. Send comments to Anne O'Connor, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Project: Formative Research and Evaluation of CDC Youth Media Campaign—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

In FY 2001, Congress established the Youth Media Campaign at the Centers for Disease Control and Prevention. Specifically, the House Appropriations Language said: The Committee believes that, if we are to have a positive impact on the future health of the American population, we must change the behaviors of our children and young adults by reaching them with important health messages. CDC, working in collaboration with the Health Resources and Services Administration (HRSA), the National Center for Child Health and Human Development (NICHD), and the Substance Abuse and Mental Health Services Administration (SAMHSA), is coordinating an effort to plan, implement, and evaluate a campaign designed to clearly communicate messages that will help kids develop habits that foster good health over a lifetime. The Campaign will be based on principles that have been shown to enhance success, including: designing messages based on research; testing messages with the intended audiences; involving young people in all aspects of Campaign planning and implementation; enlisting the involvement and support of parents and other influencers; tracking the Campaign's effectiveness and revising Campaign messages and strategies as needed.

For the Campaign to be successful, a thorough understanding of tweens (youth ages 9-13), the health behaviors promoted, and the barriers and motivations for adopting and sustaining them is essential. Additionally, a thorough understanding of those who can influence the health behaviors of tweens is important. This understanding will facilitate the development of messages, strategies, and tactics that resonate with tweens, parents and other influencers.

Research for the national and minority audience components of the Youth Media Campaign will identify the target audience(s) using standard market research techniques and will address geographic and demographic diversity to the extent necessary to assure appropriate audience representation. This audience research may include, but not be limited to, intercept interviews, theater testing, expert reviews, in-depth interviews, pilot/field tests/partial launches, internet questionnaires, telephone interviews, and mail questionnaires with various audiences (tweens, ages 9-13; parents; adult influencers; older teen influencers; and partners/alliances). In addition, panels or reoccurring focus groups of tweens and parents will convene to generate on-going feedback to the Campaign. The panels will suggest ideas, review creative executions, and provide feedback on what works and what does not work.

The intent of this audience research is to solicit input and feedback from audiences on a national level and from audiences within targeted populations. Information gathered from both audiences will be used to modify/refine and/or revise Campaign messages and strategies and evaluate Campaign effectiveness.

Respondents	Number of respondents	Number of responses/ respondent	Average burden per response (in hours)	Total burden in hours
Tweens (ages 9-13)	30,000	1	15/60	7,500
Reoccurring tween panel(s)	40	4	2	320