

reviewed and revised based on variations in the public's health. Surveillance forms are distributed to the State and local health departments who voluntarily submit these reports to CDC at variable frequencies, either weekly or monthly. CDC then calculates and publishes weekly statistics via the Morbidity and Mortality Weekly Report

(MMWR), providing the states with timely aggregates of their submissions.

The following diseases/conditions are included in this program: influenza, respiratory and enterovirus, arboviral encephalitis, rabies, Salmonella, Campylobacter, Shigella, foodborne outbreaks, waterborne outbreaks, and enteric virus. These data are essential on the local, state, and Federal levels for measuring trends in diseases, evaluating

the effectiveness of current prevention strategies, and determining the need for modifying current prevention measures.

This request is for extension of the data collection for three years. Because of the distinct nature of each of the diseases, the number of cases reported annually is different for each. The total estimated annualized burden is 12,335 hours.

Form	No. of respondents	No. of responses/ respondent	Average burden/response (in hours)
Diarrheal Disease Surveillance:			
Campylobacter (electronic)	53	52	3/60
Salmonella (electronic)	53	52	3/60
Shigella (electronic)	53	52	3/60
Foodborne Outbreak Form (electronic)	52	25	15/60
* * * Arboviral Surveillance (ArboNet)	54	717	5/60
Influenza:			
Influenza virus (fax, Oct–May)	44	33	10/60
Influenza virus (fax, year round)	12	52	10/60
Influenza virus (electronic, Oct–May)	14	33	5/60
Influenza virus (electronic, year round)	10	52	5/60
Influenza Annual Survey	80	1	15/60
Influenza-like Illness (Oct–May)	620	33	15/60
Influenza-like Illness (year round)	130	52	15/60
Monthly Respiratory & Enterovirus Surveillance Report:			
Excel format (electronic)	25	12	15/60
Access format (electronic)	2	12	15/60
National Respiratory & Enteric Virus Surveillance System (NREVSS)	89	52	10/60
Rabies (electronic)	40	12	8/60
Rabies (paper)	15	12	20/60
Waterborne Disease Outbreak Form	60	2	20/60
* * * Cholera and other Vibrio Illness	300	1	20/60
* * * CaliciNet	30	10	10/60

Dated: March 31, 2003.

Thomas Bartenfeld,

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–36–03]

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) 498–1210. 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: National Program of Cancer Registries—Cancer Surveillance System 0920–0469—Extension—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

The American Cancer Society estimates that about 1.2 million Americans will be newly diagnosed with cancer and that about 8.2 million Americans are currently alive with a history of cancer. The National Institutes of Health estimates the cost of cancer is about \$172 billion including (\$61 billion) direct costs to treat cancer and (\$111 billion) indirect costs in lost productivity due to illness and premature death.

In 2000, CDC implemented the National Program of Cancer Registries (NPCR)—Cancer Surveillance System (CSS) to collect, evaluate and disseminate cancer incidence data collected by population-based cancer registries. In 2002, CDC published

United States Cancer Statistics—1999 Incidence which provided cancer statistics for 78% of the United States population from all cancer registries whose data met national data standards. Prior to this, at the national level, cancer incidence data were available for only 14% of the population of the United States.

With this expanded coverage of the U.S. population, it will now be possible to better describe geographic variation in cancer incidence throughout the country and provide incidence data on minority populations and rare cancers to further plan and evaluate state and national cancer control and prevention efforts.

Therefore, the CDC's NCCDPHP, Division of Cancer Prevention and Control, proposes to continue to aggregate existing cancer incidence data from states funded by the National Program of Cancer Registries into a national surveillance system.

These data are already collected and aggregated at the state level. Thus the additional burden on the states is small. Funded states are asked to continue to report data to CDC on an annual basis

twelve months after the close of a diagnosis year and again at twenty-four months to obtain more complete

incidence data and vital status from mortality data. The estimated

annualized burden for this data collection is 126 hours.

Respondents	Number of respondents	Number of responses/ respondent	Average burden/response (in hours)
State, Territorial, and District of Columbia Cancer Registries	63	1	2

Dated: March 31, 2003.

Thomas Bartenfeld,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[Program Notice No. ACF/ACYF/RHYP 2003-01]

Notice of Availability of Financial Assistance and Request for Applications for Runaway and Homeless Youth Program Grants

AGENCY: Administration on Children, Youth and Families, ACF, DHHS.

ACTION: Notice.

SUMMARY: This notice announces the availability of financial assistance and request for applications for the FY 2003 Basic Center Program for Runaway and Homeless Youth (BCP), FY 2003 Street Outreach Program (SOP), FY 2003 Positive Youth Development State and Local Collaboration Demonstration Projects (SLCDP) and FY 2004 Transitional Living Program (TLP).

The full official Program Announcement must be used to apply for grant funding under the competitive grant areas and is available by calling or writing the ACYF Operations Center at the address below: Educational Services, Inc., Attention: ACYF Operations Center, 1150 Connecticut Avenue, NW., Suite 1100, Washington, DC 20036. Telephone: 1-800-351-2293, Email: FYSB@esilsg.org; or by downloading the announcement from the FYSB Web site at <http://www.acf.hhs.gov/programs/fysb>.

DATES: The deadline date for mailed or hand delivered applications for all four grants under this announcement is: June 9, 2003.

The Catalog of Federal Domestic Assistance: Number 93.623, Basic Center Program and State and Local Collaboration Demonstration Project;

Number 93.550, Transitional Living Program; and Number 93.557, Street Outreach Program.

Application Mailing and Delivery Instructions: Applications must be in hard copy, one signed original and two copies must be submitted. Mailed applications will be considered as meeting the announced deadline if they are postmarked on or before the published deadline date. Applications handcarried by applicants, applicant couriers, other representatives of the applicant, or by overnight/express mail couriers or any other method of hand delivery shall be considered as meeting an announced deadline date if they are received on or before the published deadline date, between the hours of 8 a.m. and 4:30 p.m., e.d.t., Monday through Friday (excluding Federal holidays), at the following address: Educational Services, Inc., Attention: ACYF Operations Center, 1150 Connecticut Avenue, NW., Suite 1100, Washington, DC 20036, telephone: 1-800-351-2293, Email: FYSB@esilsg.org.

This address must appear on the envelope/package containing the applications.

Applicants are responsible for mailing and delivering applications well in advance of deadlines to ensure that the applications are received on time. Applicants are cautioned that express/overnight mail service does not always deliver as agreed.

The Administration for Children and Families will not accept applications delivered by fax or e-mail regardless of date or time of submission and receipt.

Late Applications. Applications which do not meet the criteria stated above or are not received or postmarked by the deadline date are considered late applications. The Administration for Children and Families will notify each late applicant that its application will not be considered in the current competition.

Extension of Deadline. The Administration for Children and Families may extend an application deadline when circumstances such as acts of God (floods, hurricanes, etc.) occur; or when there are widespread disruptions of the mail service, or in other rare cases. A determination to

waive or extend deadline requirements rests with the Chief Grants Management Officer.

FOR FURTHER INFORMATION CONTACT:

ACYF Operations Center at the address and telephone number above, or for program information contact: Dorothy Pittard, Youth Services Program Specialist, Administration for Children and Families, Family and Youth Services Bureau, 330 C Street, SW., Washington, DC 20447. (202)205-8102.

Background on Runaway and Homeless Youth and Positive Youth Development

The Family and Youth Services Bureau (FYSB), within the Administration for Children and Families (ACF), administers programs that provide services to an adolescent population of runaway, homeless, and street youth. This population is estimated at 1.5 million youth. Many of these youth have left home to escape abusive situations or because they were not provided with their basic needs for food, shelter, and a safe, supportive environment. Many live on the streets or away from home without parental supervision and are highly vulnerable. They may be exploited by dealers of illegal drugs, or become victims of street violence or members of gangs which provide protection and a sense of extended family. They may be drawn into shoplifting, survival sex or dealing drugs in order to earn money for food, shelter, clothing and other daily expenses. They often drop out of school, forfeiting their opportunities to learn and to become independent, self-sufficient, contributing members of society.

On the street, these youth may try to survive with little or no contact with medical professionals, the result being that health problems may go untreated and worsen. Without the support of family, schools and other community institutions, they may not acquire the personal values and work skills that will enable them to enter or advance in the world of work. Furthermore, while on the streets, unsheltered youth may create challenges for law enforcement and put themselves in danger. This situation calls for a community-based positive youth development approach to