

NATIONAL PERFORMANCE STANDARDS PROGRAM BURDEN TABLE

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden per response (in hrs.)
Year 1				
Local Public Health Agencies	875	1	11	9,625
Year 2				
Local Public Health Agencies	1050	1	11	11,550
Total	22

Dated: March 2, 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-18-01]

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

Supplement to HIV/AIDS Surveillance (SHAS) Project, OMB No. 0920-0262—Extension—National Center for HIV/STD and Tuberculosis Prevention, Centers for Disease Control and Prevention (CDC) is proposing to extend the currently approved questionnaire for the Supplement to HIV/AIDS Surveillance (SHAS) project. This questionnaire provides detailed information about persons with HIV infection which continues to be of significant interest to public health, community, minority groups and affected groups.

Since 1989, the CDC, in collaboration with 12 State and local health agencies, has collected data through the national Supplemental HIV/AIDS Surveillance project. The objective of this project is to obtain increased descriptive information on persons with newly reported HIV and AIDS infections, including sociodemographic characteristics, risk behaviors, use of health care services, sexual and substance abuse behaviors, minority issues and adherence to therapy. The revised questionnaire will address important emerging surveillance and prevention issues, particularly those related to the recent advances in therapy for HIV infection. This information supplements routine national HIV/AIDS surveillance and is used to improve CDC's understanding of minority issues related to the epidemic of HIV, target educational efforts to prevent transmission, and improve services for persons with HIV infection. The total annual burden hours are 3,625.

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (In hours)	Total burden hours
Arizona	250	1	1	250
California	400	1	1	400
Colorado	150	1	1	150
Connecticut	250	1	1	250
Delaware	250	1	1	250
Florida	400	1	1	400
Georgia	350	1	1	350
Kansas	125	1	1	125
Maryland	150	1	1	150
Michigan	200	1	1	200
Minnesota	150	1	1	150
New Jersey	250	1	1	250
New Mexico	100	1	1	100
S. Carolina	250	1	1	250
Texas	200	1	1	200
Washington	150	1	1	150

Dated: March 2, 2001.

Charles Gollmar,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-01-22]

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 for 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

Tests and Requirements for Certification and Approval of Respiratory Protective Devices (42 CFR 84 Regulation) OMB No. 0920-0109—Extension—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC). The regulatory authority for the National Institute for Occupational Safety and Health (NIOSH) certification program for respiratory protective devices is found in the Mine Safety and Health Amendments Act of 1977 (30 U.S.C. 577a, 651 *et seq.*, and 657(g)) and the Occupational Safety and Health Act of

1970 (30 U.S.C. 3, 5, 7, 811, 842(h), 844). These regulations have, as their basis, the performance tests and criteria for approval of respirators used by millions of American construction workers, miners, painters, asbestos removal workers, fabric mill workers, and fire fighters. In addition to benefitting industrial workers, the improved testing requirements also benefit health care workers implementing the current CDC Guidelines for Preventing the Transmission of Tuberculosis. Regulations of the Environmental Protection Agency (EPA) and the Nuclear Regulatory Commission (NRC) also require the use of NIOSH-approved respirators. NIOSH, in accordance with implementing regulations 42 CFR 84: (1) Issues certificates of approval for respirators which have met improved construction, performance, and protection requirements; (2) establishes procedures and requirements to be met in filing applications for approval; (3) specifies minimum requirements and methods to be employed by NIOSH and by applicants in conducting inspections, examinations, and tests to determine effectiveness of respirators; (4) establishes a schedule of fees to be charged applicants for testing and certification, and (5) establishes approval labeling requirements. There are no cost to respondents.

Section/data type	Average number of respondents	Responses per respondent	Average burden per response (in hours)	Total burden in hours
84.11/Applications	61	7	64	27,328
84.33/Labeling	61	7	2	854
84.35/Modifications	61	7	79	33,733
84.41/Reporting	61	7	23	9,821
84.43/Recordkeeping	61	7	57	24,339
84.257/Labeling	61	7	2	854
84.1103/Labeling	61	7	2	854
Total	97,783

Dated: February 28, 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

Administration for Children and Families

[Program Notice No. ACF/ACYF/RHYP 2001-01]

Notice of Availability of Financial Assistance for the Runaway and Homeless Youth Programs

AGENCY: Family and Youth Services Bureau, ACF, DHHS.

ACTION: This Notice announces the availability of financial assistance for the FY 2001 Basic Center Program for

Runaway and Homeless Youth (BCP) and FY 2001 Street Outreach Program (SOP).

This Notice announces the availability of the official FY 2001 Program Announcement. The official announcement must be used to apply for grant funding under the competitive grant areas and is available by calling or writing the ACTF Operations Center (address below) or by downloading the announcement for the FYSB website at <http://www.acf.dhhs.gov/programs/FYSB?fund-anncmt.htm>.

Legislative Authority: Grants for Runaway and Homeless Youth programs