

sites performing rapid testing for HIV antibodies. This program will offer laboratories/testing sites an opportunity for:

- (1) Assuring that the laboratories/testing sites are providing accurate tests through external quality assessment;
- (2) Improving testing quality through self-evaluation in a non-regulatory environment;

(3) Testing well characterized samples from a source outside the test kit manufacturer;

(4) Discovering potential testing problems so that laboratories/testing sites can adjust procedures to eliminate them;

(5) Comparing individual laboratory/testing site results to others at a national and international level, and consulting with CDC staff to discuss testing issues.

Participants in the MPEP HIV Rapid Testing program will be required to complete a laboratory practices questionnaire survey annually. In addition, participants will be required to submit results twice/year after testing mailed performance evaluation samples. The annual burden hours are estimated to be 175.

Forms	No. of respondents	Frequency of responses	Average burden/response (in hours)
HIV Rapid Testing Questionnaire .....	300	1	15/60
HIV Rapid Testing Results Booklet .....	300	2	10/60

Dated: May 21, 2003.

**Thomas A. Bartenfeld,**

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

[FR Doc. 03-13376 Filed 5-28-03; 8:45 am]

**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[Program Announcement 03053]

**Expansion of HIV Voluntary Counseling and Testing, Prevention of Mother-to-Child Transmission Studies, and HIV Surveillance in the Republic of South Africa; Notice of Intent To Fund Single Eligibility Award**

**A. Purpose**

The Centers for Disease Control and Prevention (CDC) announces the intent to fund fiscal year (FY) 2003 funds for a cooperative agreement program for the expansion of HIV Voluntary Counseling and Testing (VCT), Prevention of Mother-To-Child Transmission (PMTCT) services and HIV/AIDS surveillance in the Republic of South Africa. The Catalog of Federal Domestic Assistance number for this program is 93.941.

**B. Eligible Applicant**

Assistance will be provided only to the National Department of Health (NDOH) South Africa. The South Africa NDOH is the only appropriate and qualified organization to conduct a specific set of activities supportive of the CDC GAP's technical assistance to South Africa because:

1. The South Africa NDOH is uniquely positioned, in terms of legal authority, and commitment to the development and implementation of model VCT, PMTCT services and national HIV/AIDS surveillance in South Africa.

2. The NDOH already has established mechanisms to develop and implement VCT, PMTCT services and HIV/AIDS surveillance throughout all nine provinces enabling it to become engaged immediately in the activities listed in this announcement.

3. Guidelines and standards for VCT, PMTCT testing, counseling, training, referral services and HIV/AIDS surveillance have been developed and disseminated.

4. The purpose of the announcement is to build upon the existing framework of HIV prevention activities that the NDOH itself has developed or initiated.

5. The NDOH is mandated by the South African government to coordinate and implement HIV Prevention activities. This includes increased access to VCT, PMTCT and HIV/AIDS surveillance within South Africa.

6. No other institution has the capacity, legal mandate or expertise to accomplish these tasks.

**C. Funding**

Approximately \$700,000 is available in FY 2003 to fund this award. It is expected that the award will begin on or before September 1, 2003 and will be made for a 12-month budget period within a project period of up to five years. Funding estimates may change.

**D. Where To Obtain Additional Information**

For general comments or questions about this announcement, contact: Technical Information Management, CDC Procurement and Grants Office,

2920 Brandywine Road, Atlanta, GA 30341-4146, Telephone: 770-488-2700.

For technical questions about this program, contact: Jamie W. Legier, Grants Management Specialist, Procurement and Grants Office, Centers for Disease Control and Prevention, 2920 Brandywine Road, Atlanta, GA 30341-4146, Telephone: (770) 488-2635, E-mail address: *bz13@cdc.gov*.

Dated: May 22, 2003.

**Sandra R. Manning,**

*Director, Procurement and Grants Office, Centers for Disease Control and Prevention.*

[FR Doc. 03-13379 Filed 5-28-03; 8:45 am]

**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Submission for OMB Review; Comment Request**

*Title:* Refugee Unaccompanied Minor Placement Report (ORR-3), Refugee Unaccompanied Minor Progress Report (ORR-4)

*OMB No.:* 0970-0034

*Description:* The two reports collect information necessary to administer the Refugee Unaccompanied Minor Program. The ORR-3 (Placement Report) is submitted to the Office of Refugee Resettlement (ORR) by the service provider agency at initial placement and whenever there is a change in the child's status, including termination from the program. The ORR-4 (Progress Report) is submitted annually and records the child's progress toward the goals listed in the child's case plan.

*Respondents:* State governments.