

22.8% and tobacco use results in \$1,273,000,000 in excess health care expenditures or \$389 per capita.

The Connecticut Partners Project will be developed by the Centers for Disease Control and Prevention (CDC), the American Association of Health Plans (AAHP), and four health plans in Connecticut. The four health plans are Anthem Blue Cross/Blue Shield, ConnectiCare, Health Net of the Northeast, Inc., and the Oxford Health Plan.

The objectives of the Project are as follows:

- Determine the feasibility of providing tobacco cessation counseling through case management programs within managed care.
- Assess the feasibility and costs of delivering cessation counseling in a local setting that allows evaluation.
- Determine whether counselor training through a standardized web based initiative impacts the quality of counseling.

- Evaluate the delivery and impact of the interventions as well as their cost.

The Project will provide an opportunity to assess the value and cost of providing tobacco cessation counseling through health plan case management strategies. At present there are only a handful of health plans that provide comprehensive tobacco control interventions. The proposed project will determine if there is a value to a smaller targeted approach with high-risk individuals. This could improve the reach of tobacco control efforts within managed care for a smaller, but important target population.

A major component of this project will be a survey of health plan members. The goal of the member survey will be to evaluate the success and relative effectiveness of the smoking cessation interventions implemented within each of the health plan's disease management programs. The survey will contain approximately 35 questions and will

include questions that assess patients' smoking status, readiness to quit, knowledge of adverse health effects of smoking, and use of smoking cessation resources. The survey will be sent to members identified as smokers in the commercial population within the health plans' disease management programs. The survey will be conducted on approximately 300 participants per health plan, for a total of 1,200 participants.

An independent evaluation vendor will be hired to field the survey. To achieve the highest possible response rate, the survey will be implemented in a mixed mode design, using both a self-administered mail survey followed by a telephone interview of non-respondents. Aggregated data will be reported to CDC and the health plans participating in the study. In addition, the reported results will be blinded as to the plans, but each plan will have access to its own data. There is no cost to respondents.

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Anthem .....	300	1	20/60	100
ConnectiCare .....	300	1	20/60	100
Health Net .....	300	1	20/60	100
Oxford .....	300	1	20/60	100
Total .....	.....	.....	.....	400

Dated: September 15, 2003.

**Nancy E. 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**

**Substance Abuse and Mental Health Services Administration**

**Agency Information Collection Activities: Proposed Collection; Comment Request**

In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (301) 443-7978.

Comments are invited on: (a) Whether the proposed collections of information are 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.

*Proposed Project:* National Community Anti-Drug Coalition Institute Annual Coalition Survey and Database—New—The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention has established the National Community Anti-Drug Coalition Institute through a grant to the Community Anti-Drug Coalitions of America (CADCA). The purpose of the Annual Coalition Survey and Database project is to collect and report on data which identify and describe the types of community

coalitions across our nation, and the activities in which they are involved. This information will help SAMHSA encourage and assist in the development of effective community coalitions and strategies designed to prevent illicit drug and underage alcohol and tobacco use. These data will also permit SAMHSA to address its responsibilities and measure performance as delineated in the HP2010 objective 26-23: to increase the number of communities using partnerships or coalition models to conduct comprehensive substance abuse prevention efforts.

To track progress in achieving this objective, SAMHSA will use these data to develop a national inventory of anti-drug coalitions and partnerships that can be updated annually in order to determine the number of community anti-drug coalitions in operation. Based on the coalition literature and input from the field, the inventory will include information on important characteristics, such as operational status, organizational type, target population served, funding sources, geographic location, and major community sector involvement, including faith, business, school,

service, and law sectors. The “snowball” method will be employed to obtain lists of local anti-drug coalitions who will be asked to complete the web based survey. The proposed project will yield an electronic directory, developed by experts, to describe the range of operational definitions of “community

anti-drug coalitions.” The inventory will be based on a variety of typologies of coalitions and partnerships (including the coalitions who receive grants from the Drug Free Communities Support Program that will encompass the breadth of coalition activities. It is anticipated that the resulting electronic

directory will be made available to the field through a web-based database that will be managed, maintained, and updated by the Institute.

The annual burden associated with this survey is summarized in the following table.

Number of respondents	Responses/respondent	Burden/response (hrs.)	Total burden hours
4,000	1	.75	3,000

Send comments to Nancy Pearce, SAMHSA Reports Clearance Officer, Room 16–105, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: September 15, 2003.

**Anna Marsh,**

*Acting Executive Officer, Substance Abuse and Mental Health Services Administration.*

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## DEPARTMENT OF HOMELAND SECURITY

### Federal Emergency Management Agency

#### Agency Information Collection Activities: Proposed Collection; Comment Request

**AGENCY:** Federal Emergency Management Agency, Emergency Preparedness and Response Directorate, U.S. Department of Homeland Security.  
**ACTION:** Notice and request for comments.

**SUMMARY:** The Federal Emergency Management Agency (FEMA), as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other agencies to take this opportunity to comment on a proposed revision of a currently approved information collection. In accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. 3506(c)(2)(A)), this notice seeks comments concerning the sale of mobile homes to eligible disaster applicants at prices that are fair and equitable.

**SUPPLEMENTARY INFORMATION:** Public Law 93–288, as amended by Section 408 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Pub. L. 100–707), authorizes the FEMA to provide temporary housing assistance to victims of federally declared disasters. This type of assistance could be in the form of mobile homes, travel trailers, or

other readily fabricated dwelling. In the event this assistance is used, and other alternate housing is not available; the law provides for the sale of mobile homes to eligible disaster applicants at prices that are fair and equitable. A provision has been made which includes a formula for adjustments in the sale price when there is a need to purchase the unit as a primary residence because all other housing resources have been exhausted. This provision also takes into account that in addition to the purchaser’s own resources, he/she cannot obtain sufficient funds through insurance proceeds, disaster loans, grants, and commercial lending institutions to cover the sales price.

#### Collection of Information

*Title:* Request for Loan Information Verification.

*Type of Information Collection:* Revision of a currently approved collection.

*OMB Number:* 1660–0012.

*Form Numbers:* FEMA Form 90–68, Request for Loan Information Verification.

*Abstract:* FEMA uses FEMA Form 90–68 to obtain information from disaster victims who want to purchase a mobile home and lending institutions to determine a fair and equitable sales price of a mobile home to a disaster victim. The ability to borrow money commercially is an important factor in determining the final sales price.

*Affected Public:* Individuals or Households and Business or Other For Profit.

*Number of Respondents:* 375.

(Applicants—125 + Lenders—250).

*Frequency of Response:* On Occasion. (Applicants—2 forms per submission; lenders—one form per submission).

*Hours Per Response:* 10 minutes. (Applicants—5 minutes; Lenders—5 minutes).

*Estimated Total Annual Burden Hours:* 42 hours.

*Estimated Cost:* The cost estimated for respondents is approximately \$0.88 to complete and mail the form back to

FEMA. The annual cost to respondents is estimated to be \$0.88 × 500 responses = \$440 annual cost.

*Comments:* Written comments are solicited to (a) evaluate whether the proposed data collection is necessary for the proper performance of the agency, including whether the information shall have practical utility; (b) evaluate the accuracy of the agency’s estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (c) enhance the quality, utility, and clarity of the information to be collected; and (d) minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses. Comments should be received within 60 days of the date of this notice.

**ADDRESSES:** Interested persons should submit written comments to Muriel B. Anderson, Chief, Records Management Branch, Information Resources Management Division, Information Technology Services Directorate, Federal Emergency Management Agency, Emergency Preparedness and Response Directorate, U.S. Department of Homeland Security, 500 C Street, SW., Room 316, Washington, DC 20472, or e-mail address: [InformationCollections@fema.gov](mailto:InformationCollections@fema.gov).

**FOR FURTHER INFORMATION CONTACT:** Contact David L. Porter, Program Specialist, Recovery Division at (202) 646–3883 or Carl Hallstead at (202) 646–3654 for additional information. You may contact Ms. Anderson for copies of the proposed collection of information at facsimile number (202) 646–3347 or at the above e-mail address.