

www.gao.gov/govaud/ybk01.htm. Printed copies will be available from the U.S. Government Printing Office. Also posted on the Web site is a list of major changes from the 1994 edition.

FOR FURTHER INFORMATION CONTACT:

Marcia Buchanan, Assistant Director, Government Auditing Standards, 202-512-9321.

Jeanette M. Franzel,

Director, Financial Management and Assurance.

[FR Doc. 03-16716 Filed 7-1-03; 8:45 am]

BILLING CODE 1610-03-M

**GENERAL SERVICES
ADMINISTRATION**

**Notice of Intent To Prepare an
Environmental Impact Statement for
the San Ysidro Border Station
Expansion**

AGENCIES: General Services Administration (GSA), California Department of Transportation (CalTrans), and Federal Highway Administration (FHWA).

ACTION: Notice of intent to prepare an Environmental Impact Statement (EIS) for the upgrade and expansion of the existing San Ysidro Border Station.

SUMMARY: The action to be evaluated by this EIS is the upgrade and expansion of the existing San Ysidro Border Station, located in San Ysidro, California, to relieve the substantial increase of traffic congestion at the southern terminus of I-5; to implement new mandated border entry/exit programs, in accordance with the legislative requirements of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996; to further the reorganization of the Federal Inspection Services into an agency of Homeland Security; and, to maintain control over ever present illegal activities at the border.

Alternatives

Four build alternatives for the proposed project are currently under consideration and will be analyzed in the EIS for potential environmental impacts. In addition, as required by NEPA, the "No Build" alternative will be analyzed. In an effort to provide effective border control services to both Mexico and the United States (U.S.), and to streamline traffic along I-5 between Mexico and the U.S., several potential developments outside of the scope of this project are being taken into consideration during the planning stages of the proposed project. One of these potential developments involves

the Mexican Federal Government's plan to develop a new non-commercial port of entry at El Chaparral, located directly south of the decommissioned U.S. Virginia Avenue Commercial Vehicle Inspection facility. The San Ysidro Border Station would need to align with, or connect to, the El Chaparral facility. A second local area project which would affect the development of the proposed project is the San Ysidro Intermodal Transportation Center, which will improve the trolley terminus to the east of the existing San Ysidro Border Station. The proposed transportation center also includes general hardscape and landscape improvements, as well as upgrades to existing parking lots and roadways. This development would establish the area east of the existing San Ysidro Border Station as the main hub for the local population and any individuals wishing to cross the U.S./Mexico border.

Public Involvement

The views and comments of the public are necessary in determining the scope and content of the environmental analysis in connection with the proposed project. A scoping meeting for the proposed project will be held on Wednesday, July 23, 2003 from 3 p.m. to 7 p.m. at the San Ysidro Multi-Cultural Center, located at 4345 Otay Mesa Road in San Ysidro, CA. Interested parties may attend to present questions and concerns that they believe should be addressed in the EIS. Release of the Draft EIS for public comment and the public meeting will be announced in the local news media as these dates are established.

FOR FURTHER INFORMATION CONTACT:

General Services Administration, Pacific Rim Region, Ramón D. Riesgo, Border Station Program, Desert Service Center, 401 West "A" Street, Suite 2075, San Diego, CA 92101-8843, (619) 557-5092.

Steve J. Scavo,

Acting Director, Desert Service Center.

[FR Doc. 03-16784 Filed 7-1-03; 8:45 am]

BILLING CODE 6620-27-M

**DEPARTMENT OF HEALTH AND
HUMAN SERVICES**

**Centers for Disease Control and
Prevention**

[60 Day-03-88]

**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) 498-1210.

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 Seleda Perryman, 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: Hemostatic Disorders in Families—New—National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC). Disorders of hemostasis are primarily due to alteration in the balance of the normal hemostatic mechanism, which provides for the appropriate formation and breakdown of the clot. Disruption in this balance causes bleeding disorders and thrombotic disorders, both of which are multifactorial, resulting from the interaction of genetic and environmental risk factors. Disorders that are transmitted in families, such as hemophilia and protein S deficiency, are due to specific mutations, but many different mutations are known to cause each disease. Since different mutations may cause variation in severity and clinical course of the disease, population studies capture a heterogeneous group. Modification of the primary gene defect by acquired factors and by action of other genes to produce further variability in clinical expression of the disease may be less apparent in populations. Study of family members allows for control of one significant parameter, gene defect, in order for the effects of other variables to be examined.

Diagnosis of a hemostatic disorder through measurement of coagulation factors or genetic testing is not always predictive of clinical disease, yet

individuals given such a diagnosis may undergo prospective treatment for surgical procedures or even lifelong anticoagulation. The reasons that some individuals with a particular gene defect experience symptoms while others with the same defect do not is poorly understood. An understanding of additional risk factors involved would result in more appropriate targeting of therapy and reduce unnecessary treatment with blood products or drugs with significant side effects.

The primary objective of this study is to identify risk factors related to intra-familial differences in manifestations of hemostatic diseases, including bleeding disorders, such as von Willebrand disease and platelet storage pool disease, and thrombotic disorders, such

as protein C deficiency and protein S deficiency.

This is a descriptive study of families with bleeding or thrombotic disorders. The goal is to identify families with 5–10 members affected with a bleeding or thrombotic disorder. Family members who have the same abnormal gene will be compared as to their clinical symptoms or lack thereof and differences in physiologic and genetic markers which may be related to the disorder under study. Data will be collected for at least five years for descriptive and hypothesis generating purposes.

Ten families a year will qualify for this study; up to 100 members will be enrolled. Participants will be asked to be interviewed by a trained interviewer

with questions on demographics, medical history, behavioral and lifestyle factors, and family history; have 35 milliliters (about 2.5 tablespoons) of blood drawn from a vein in the arm. The blood will undergo testing of appropriate coagulation parameters and physiologic variables such as blood groups. The tests chosen will depend upon the disorder present in the family. Participants will also be asked to give study staff access to previous laboratory results collected at other institutions or at CDC, provide contact information for family members thought to have symptoms of bleeding or clotting, and allow his or her diagnosis to be disclosed to family members. There is no cost to the respondents.

| Respondents | No. of respondents | No. of responses per respondent | Average burden per response (in hours) | Total burden (in hours) |
|--------------|--------------------|---------------------------------|--|-------------------------|
| Male | 50 | 2 | 30/60 | 50 |
| Female | 50 | 2 | 30/60 | 50 |
| Total | | | | 100 |

Thomas A. Bartenfeld,

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

[FR Doc. 03–16676 Filed 7–1–03; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 03032]

Addressing Asthma From a Public Health Perspective; Notice of Availability of Funds Amendment

A notice announcing the availability of fiscal year (FY) 2003 funds for cooperative agreements for “Addressing Asthma From a Public Health Perspective” published in the **Federal Register** on May 28, 2003, Volume 68, Number 102, pages 31707–31720. The notice is amended as follows:

On page 31707, third column, at the end of the first paragraph, insert the following, “If the applicant is not the State health department, but is another department responsible for the State asthma program, or a *bona fide* agent of the State health department, they must include documentation to indicate their status. This documentation should include: (1) A letter from the State health department designating the applicant organization as their *bona fide*

agent, or as the organization responsible for asthma programs within the State; and/or (2) any official documentation showing that the applicant organization maintains responsibility for the State asthma program. The documentation must be placed directly behind the face page of the application form.”

Dated: June 26, 2003.

Edward Schultz,

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

[FR Doc. 03–16681 Filed 7–1–03; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 03102]

Expanding Existing Surveillance Systems To Include Pfiesteria, Other Harmful Algal Blooms, and Marine Toxins; Notice of Availability of Funds

Application Deadline: August 1, 2003

A. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under section 301 of the Public Health Service Act, [42 U.S.C. section 241], as amended. The Catalog of Federal Domestic Assistance number is 93.283.

B. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2003 funds for a cooperative agreement program for Expanding Existing Surveillance Systems to Include Pfiesteria, Other Harmful Algal Blooms, and Marine Toxins. This program addresses the “Healthy People 2010” focus area Environmental Health.

The purpose of the program is to assist state and local public health departments with expanding surveillance activities for adverse human health outcomes and exposure to waters contaminated with not only Pfiesteria, but also other harmful algae, their toxins, or other marine toxins.

Measurable outcomes of the program will be in alignment with the following performance goal for the National Center for Environmental Health (NCEH): Increase the capacity of state and local health departments to deliver environmental health services in their communities.

C. Eligible Applicants

Applications may be submitted by: state and local governments or their *bona fide* agents (this includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the