Grants Management, One Massachusetts Avenue, Washington, DC.

Instructions for electronic mailing of grant applications are available at *http://www.aoa.gov/egrants*.

Dated: March 7, 2003.

Josefina G. Carbonell,

Assistant Secretary for Aging.

[FR Doc. 03–5863 Filed 3–11–03; 8:45 am]

BILLING CODE 4154–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–03–50]

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 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: Special Exposure Cohort Petitions—NEW—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

On October 30, 2000, the Energy Employees Occupational Illness Compensation Program Act of 2000 (EEOICPA), 42 U.S.C. 7384–7385 [1994, supp. 2001] was enacted. It established a compensation program to provide a lump sum payment of $150,000 and medical benefits as compensation to covered employees suffering from designated illnesses incurred as a result of their exposure to radiation, beryllium, or silica while in the performance of duty for the Department of Energy and certain of its vendors, contractors and subcontractors. This legislation also provided for payment of compensation for certain survivors of these covered employees.

EEOICPA instructed the President to designate one or more Federal Agencies to carry out the compensation program. Accordingly, the President issued Executive Order 13179 (''Providing Compensation to America's Nuclear Weapons Workers'') on December 7, 2000 (65 FR 77487), assigning primary responsibility for administration of the compensation program to the Department of Labor (DOL). The executive order directed the Department of Health and Human Services (HHS) to perform several technical and policymaking roles in support of the DOL program.

Among other duties, the executive order directed HHS to establish and implement procedures for considering petitions by classes of nuclear weapons workers to be added to the ''Special Exposure Cohort'' (the ''Cohort''), various groups of workers selected by Congress whose claims for cancer under EEOICPA can be adjudicated without demonstrating that their cancer was ''at least as likely as not'' caused by radiation doses they incurred in the performance of duty. In brief, EEOICPA authorizes HHS to designate such classes of employees for addition to the Cohort when NIOSH lacks sufficient information to estimate with sufficient accuracy the radiation doses of the employees, if HHS also finds that the health of members of the class may have been endangered by the radiation dose the class potentially incurred. HHS must also obtain the advice of the Advisory Board on Radiation and Worker Health (the ''Board'') in establishing such findings. On March 7, 2003, HHS proposed procedures for adding such classes to the Cohort in a notice of proposed rulemaking at 42 CFR part 83.

The proposed HHS procedures would authorize a variety of individuals and entities to submit petitions, as specified under § 83.7. Petitioners would be required to provide the information specified in § 83.9 to qualify their petitions for a complete evaluation by HHS and the Board. HHS has developed two petition forms to assist the petitioners in providing this required information efficiently and completely. Petition Form A is a one-page form to be used by EEOICPA cancer claimants for whom NIOSH will have attempted to conduct dose reconstructions and will have determined that available information is not sufficient to complete the dose reconstruction the majority of petitioners. The form addresses the informational requirements specified under § 83.9(a) and (b). NIOSH expects these claimant-petitions will comprise the majority of petitions. Petition Form B, accompanied by separate instructions, is intended for all other petitioners. The form addresses the informational requirements specified under § 83.9(a) and (c). Forms A and B can be submitted electronically as well as in hard copy. Petitioners should be aware that HHS is not *requiring* petitioners to use the forms. Petitioners can choose to submit petitions as letters or in other formats, but petitions must meet the informational requirements referenced above. NIOSH expects, however, that all petitioners for whom Form A would be appropriate will actually make use the form, since NIOSH will provide it to them upon determining that their dose reconstruction cannot be completed and encourage them to submit the petition. NIOSH expects the large majority of petitioners for whom Form B would be appropriate will also use the form, since it provides a simple, organized format for addressing the informational requirements of a petition.

NIOSH will use the information obtained through the petition for the following purposes; to: (a) Identify the petitioner(s), obtain their contact information, and establish that the petitioner(s) is qualified and intends to petition HHS; (b) establish an initial definition of the class of employees being proposed to be considered for addition to the Cohort; (c) determine whether there is justification to require HHS to evaluate whether or not to designate the proposed class as an addition to the Cohort (such an evaluation involves potentially extensive data collection, analysis, and related deliberations by NIOSH, the Board, and HHS); and, (d) target an evaluation by HHS to examine relevant potential limitations of radiation monitoring and/or dosimetry-relevant records and to examine the potential for related radiation exposures that might have endangered the health of members of the class.

Finally, under § 83.16, petitioners may contest the proposed decision of the Secretary to add or deny adding classes of employees to the cohort by submitting evidence that the proposed decision relies on a record of either

factual or procedural errors in the implementation of these procedures. NIOSH estimates that the time to prepare and submit such a challenge is 45 minutes. Because of the uniqueness of this submission, NIOSH is not providing a form. The submission should be in a letter format.

There are no costs to petitioners unless a petitioner chooses to purchase the services of a expert in dose reconstruction, an option provided for under 42 CFR part 83, § 83.9(c)(2)(iii). In such cases, HHS estimates a report by such an expert may cost between $640 and $6,400, depending on the scope of the petition and access to relevant information. This is based on an estimate of costs of $80 per hour for contractual services by a health physicist, who NIOSH estimates would be employed within a range of eight to eighty hours to conduct and prepare a report on the required assessment.

CFR reference	Respondents	Number of respondents	Number of responses per respondent	Average burden per respondent (in hours)	Total burden (in hours)
83.9	Form A	80	1	3/60	4
83.9	Form B	8	1	300/60	40
83.9	Without Form B	2	1	330/60	11
83.16	Appeals of proposed decisions	12	1	45/60	9
Total		90			64.0

Dated: March 6, 2003.

Thomas Bartenfeld,

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

[FR Doc. 03–5855 Filed 3–11–03; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day–03–49]

Proposed Data Collections Submitted for Public Comment and Recommendations

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Proposed Project: Influences on Child Beverage Consumption Survey—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Overweight and obesity have become a serious problem in the United States among children as well as adults (The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity, 2001). As a result, children are experiencing a higher incidence of obesity-related diseases, such as type 2 diabetes, and are at increased risk for high blood pressure and elevated lipid and insulin profiles. In recent years, a growing number of researchers have recognized the potential impact of beverage consumption on this problem. This survey will provide information on parental influences on children's beverage consumption. A nationally-representative sample of 1,690 parents or guardians of children between the ages of 3 and 7 will be questioned by telephone using a computer-assisted telephone interviewing (CATI) methodology. The respondents will be asked about their young children's beverage consumption, and their own related behavior, knowledge, and attitudes. This one-time survey is expected to take place over 2 to 3 months. There is no cost to respondents.

Data collection	Numbers of respondents	Number of respondents/ respondent	Average burden/response (in hours)	Total burden (in hours)
Screener Survey Respondents	2,113	1	2/60	70
Parent Survey Respondents	1,690	1	20/60	563
Total				633