

EFFECTIVE DATE: November 15, 2002.

FOR FURTHER INFORMATION CONTACT: Magda Ruiz, Response and Recovery Directorate, Federal Emergency Management Agency, Washington, DC 20472, (202) 646-2705 or Magda.Ruiz@fema.gov.

SUPPLEMENTARY INFORMATION: The notice of a major disaster declaration for the State of Texas is hereby amended to include the following areas among those areas determined to have been adversely affected by the catastrophe declared a major disaster by the President in his declaration of November 5, 2002:

Liberty and Montgomery Counties for Individual Assistance.

(The following Catalog of Federal Domestic Assistance Numbers (CFDA) are to be used for reporting and drawing funds: 83.537, Community Disaster Loans; 83.538, Cora Brown Fund Program; 83.539, Crisis Counseling; 83.540, Disaster Legal Services Program; 83.541, Disaster Unemployment Assistance (DUA); 83.556, Fire Management Assistance; 83.558, Individual and Household Housing; 83.559, Individual and Household Disaster Housing Operations; 83.560 Individual and Household Program-Other Needs, 83.544, Public Assistance Grants; 83.548, Hazard Mitigation Grant Program.)

Joe M. Allbaugh,
Director.

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FEDERAL EMERGENCY MANAGEMENT AGENCY

Open Meeting of the Federal Interagency Committee on Emergency Medical Services (FICEMS)

AGENCY: Federal Emergency Management Agency (FEMA).

ACTION: Notice of open meeting.

SUMMARY: FEMA announces the following open meeting.

Name: Federal Interagency Committee on Emergency Medical Services (FICEMS).

Date of Meeting: December 5, 2002.

Place: Building J, Room 107, National Emergency Training Center (NETC), 16825 South Seton Avenue, Emmitsburg, Maryland 21727.

Time: 10:30 a.m. General Meeting, 1:30 p.m. Counter-terrorism Subcommittee, 2:30 p.m. Ambulance Design Subcommittee.

Proposed Agenda: Review and submission for approval of previous FICEMS Committee Meeting Minutes; Ambulance Design Subcommittee and Technology Subcommittee Reports; Counter-terrorism Subcommittee report;

presentation of member agency reports; and reports of other interested parties.

SUPPLEMENTARY INFORMATION: This meeting will be open to the public with limited seating available on a first-come, first-served basis. See the Response and Security Procedures below.

Response Procedures: Committee Members and members of the general public who plan to attend the meeting should contact Ms. Patti Roman, on or before Tuesday, December 3, 2002, via mail at NATEK Incorporated, 4200-G Technology Court, Chantilly, Virginia 20151, or by telephone at (703) 818-7070, or via facsimile at (703) 818-0165, or via e-mail at proman@natekinc.com. This is necessary to be able to create and provide a current roster of visitors to NETC Security per directives.

Security Procedures: Increased security controls and surveillance are in effect at the National Emergency Training Center. All visitors must have a valid picture identification card and their vehicles will be subject to search by Security personnel. All visitors will be issued a visitor pass which must be worn at all times while on campus. Please allow adequate time before the meeting to complete the security process.

Conference Call Capabilities: If you are not able to attend in person, a toll free number has been set up for teleconferencing. The toll free number will be available from 10:30 a.m. until 4:00 p.m. Members should call in around 10:30 a.m. The number is 1-800-320-4330. The FICEMS conference code is "11." If you plan to call in, you should just enter the number "11"—no need to hit any other buttons, such as the star or pound keys. The same dial in phone number and conference code can be used for the 1:30 p.m. Counter-terrorism Subcommittee and 2:30 p.m. Ambulance Design Subcommittee meetings.

FICEMS Meeting Minutes: Minutes of the meeting will be prepared and will be available upon request 30 days after they have been approved at the next FICEMS Committee Meeting on March 6, 2003. The minutes will also be posted on the United States Fire Administration Web site at <http://www.usfa.fema.gov/ems/ficems.htm> within 30 days after their approval at the March 6, 2003 FICEMS Committee Meeting.

Dated: November 14, 2002.

R. David Paulison,

U.S. Fire Administrator, United States Fire Administration.

[FR Doc. 02-29870 Filed 11-22-02; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-03-14]

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: A Community-based Intervention Model to Promote Neighborhood Participation in the Reduction of *Aedes aegypti* Larval Indices in Puerto Rico—New—National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC). The *Aedes aegypti* mosquito transmits dengue, a mosquito-borne viral disease of the tropics. The symptoms of dengue disease include fever, headache, rash, retro-orbital pain, myalgias, arthralgias, nausea or vomiting, abdominal pain, and hemorrhagic manifestations.

Since there is no vaccine available to prevent dengue, prevention efforts are directed to control the vector mosquito. The limited efficacy of insecticides in preventing disease transmission has prompted the search for new approaches involving community participation.

Research in Puerto Rico, where dengue is endemic and intermittently epidemic, has shown that levels of awareness about dengue are very high in the population and that the next step should be the translation of this knowledge into practice (behavior change). To achieve this goal a model of community participation to prevent and control dengue should be developed. This model of community participation must be an effectively implemented prevention project.

The objective of the dengue prevention project is to develop and evaluate a community-based participation intervention model that will reduce *Aedes aegypti* infestation in

a community in Puerto Rico. To accomplish this two comparable communities in the San Juan, Puerto Rico area will be selected for this study. One community will be a "control community" and the second community will be an "intervened community." Entomologic surveys and person-to-person interviews to assess knowledge, attitudes, and practices (KAP) will be conducted during the project in both communities. The entomologic surveys and person-to-person interviews will be conducted 3 times during the project: the beginning of the project, the end of the first year of the project, and 18 months after the beginning of the project.

An additional interview will also be conducted in the intervened community to assess the function and significance of artificial containers that hold water. An ethnographic assessment will be performed to determine the resources and needs of the intervened community. The specific dengue prevention activities that the intervened community will perform will be based on results of the initial entomologic survey, KAP, function and significance of artificial containers, and the ethnographic assessment of the community. There is no cost to respondents.

Respondents	Number of respondents	Number of responses/respondent	Average burden/response (in hours)	Total burden (in hours)
Intervened Community	100	4	45/60	300
Control Community	100	3	45/60	225
Total				525

Dated: November 15, 2002.

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

Centers for Disease Control and Prevention

[Program Announcement 03017]

Systems-Based Diabetes Prevention and Control Programs (DPCPs); Notice of Availability of Funds

A. Authority and Catalog of Federal Domestic Assistance Number (CFDA)

This program is authorized under section 301(a) and 317(k)(2) of the Public Health Service Act, (42 U.S.C. section 241(a) and 247b(k)(2), as amended). The Catalog of Federal Domestic Assistance number is 93.988.

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 Systems-Based Diabetes Prevention and Control Programs (DPCPs). This program addresses the "Healthy People 2010" focus areas of Diabetes, Immunization, Access to Quality Health Services, Chronic

Kidney Disease, Heart Disease and Stroke, Vision and Hearing, Nutrition and Overweight, Physical Activity and Fitness, and Public Health Infrastructure.

Measurable outcomes of the program will be in alignment with the following performance goal for the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP): Increase the capacity of state diabetes control programs to address the prevention of diabetes and its complications at the community level.

The Program will continue to emphasize prevention of complications and premature mortality among people with diabetes (i.e. secondary and tertiary prevention). Further, the Program will continue to incorporate a model of influence by linking new programs and existing programs that support social and environmental policies for the promotion of wellness in both people with diabetes, and those at risk for diabetes. In the future, CDC plans (pending available resources) to turn increasing attention to the identification and dissemination of lifestyle interventions proven to be effective in preventing or delaying Type 2 diabetes among people with impaired fasting glucose or impaired glucose tolerance.

For additional background information please see attachment II of this announcement as posted on the CDC web site at: www.cdc.gov.

C. Eligible Applicants

Assistance will be provided only to the health departments of states or their *bona fide* agents, and Territories, including 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 Marshall Islands, and the Republic of Palau. Competition is limited to health departments or their *bona fide* agents because they are uniquely positioned to perform, oversee and coordinate diabetes prevention and control activities in public health settings and as part of a larger public health system. All States and Territories are currently receiving funding for diabetes programs under prior CDC announcements 97064, 98034, and/or 99078.

(Note: Throughout this document the use of the term "State" or "statewide" also refers to the Territories described above.)

For the first year, states currently receiving CDC funds for Comprehensive Programs (funded under program announcements 97064, 98034, and 99078) are entitled to apply for Comprehensive Program funding only.

States currently receiving CDC funds for Core Programs (funded under program announcement 99078) are eligible to apply for either Core or Comprehensive Program funding. Applicants will receive only a Core or Comprehensive award.