who will perform the work, and a management plan with description of the systems and procedures which will be used to manage the progress, budget and operations of the project.

4. *Evaluation (15 points):* Detailed plans for evaluating the degree to which the program achieves the purpose of the cooperative agreement (as listed in the purpose section, and above in the description of the scope of plan.) Measures must be objective and quantitative and must measure the intended outcome. The submission of these measures shall be a data element to be submitted with, or incorporated into the semiannual progress reports.

5. *Budget (reviewed, but not scored):* There is an upper limit of $250,000. An application submitted with a budget over $250,000, will be reviewed and, if awarded, only partially funded. The budget will be reviewed to determine the extent to which it is reasonable, clearly justified, consistent with the intended use of the funds, and allowable. All budget categories should be itemized.

I. Other Requirements

Technical Reporting Requirements

Provide CDC with original plus two copies of:

1. Interim progress report, no less than 90 days before the end of the budget period. The progress report will serve as your non-competing continuation application, and must contain the following elements:

a. Current Budget Period Activities Objectives.

b. Current Budget Period Financial Progress.

c. New Budget Period Program Proposed Activity Objectives.

d. Detailed Line-Item Budget and Justification.

e. Additional Requested Information.

2. Financial status report, no more than 90 days after the end of the budget period.

3. Final financial and performance reports, no more than 90 days after the end of the project period.

Send all reports to the Grants Management Specialist identified in the ''Where to Obtain Additional Information'' section of this announcement.

Additional Requirements

The following additional requirements are applicable to this program. For a complete description of each, see Attachment I of the program announcement, as posted on the CDC Web site.

AR–4 HIV/AIDS Confidentiality Provisions
AR–5 HIV Program Review Panel Requirements
AR–7 Executive Order 12372 Review
AR–9 Paperwork Reduction Act Requirements
AR–10 Smoke-Free Workplace Requirements
AR–11 Healthy People 2010
AR–12 Lobbying Restrictions
AR–14 Accounting System Requirements
AR–21 Small, Minority, and Women-Owned Business
AR–22 Research Integrity

J. Where To Obtain Additional Information

This and other CDC announcements, the necessary applications, and associated forms can be found on the CDC Web site, Internet address: *http://www.cdc.gov.* Click on ''Funding'' then ''Grants and Cooperative Agreements''.

For general 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 business management and budget assistance, contact: Carlos Smiley, Grants Management Specialist, Procurement and Grants Office, Centers for Disease Control and Prevention, 2920 Brandywine Road, Atlanta, GA 30341–4146, Telephone: 770–488–2722, E-mail address: *anx3@cdc.gov.*

For program technical assistance, contact: Margaret A. Lampe, RN, Project Officer, Division of HIV/AIDS Prevention, Centers for Disease Control and Prevention, 1600 Clifton Road, Mailstop E–45, Atlanta, GA 30333, Telephone: 404–639–5189, E-mail address: *m1ampe@cdc.gov.*

Dated: June 7, 2003.

Sandra R. Manning,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–03–78]

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

Delayed symptoms associated with the convalescent period of a dengue infection.—New—National Center for Infectious Diseases (NCID)—Centers for Disease Control and Prevention (CDC). Dengue is a vector-borne febrile disease of the tropics transmitted most often by the mosquito *Aedes aegypti.* Symptoms of the acute disease include fever, headache, rash, retro-orbital pain, myalgias, arthralgias, vomiting, abdominal pain and hemorrhagic manifestations.

Many symptoms are mentioned in the medical literature as associated with the convalescent period (three-eight weeks) after dengue infection, including depression, dementia, loss of sensation, paralysis of lower and upper extremities and larynx, epilepsy, tremors, manic psychosis, amnesia, loss of visual acuity, hair loss, and peeling of skin. No epidemiologic study has been conducted to define the timing, frequency, and risk factors for these symptoms. The objective of this study is to examine the incidence and characteristics of mental health disorders and other delayed complications associated with dengue infection and convalescence. The study will be conducted in Puerto Rico, where dengue is endemic and causes severe sporadic epidemics. Laboratory positive confirmed cases of dengue, laboratory

negative suspected dengue cases, and neighborhood controls will be prospectively enrolled in the study. Person-to-person interviews with adults (age 18 years or greater), will be conducted and information will be collected regarding symptoms experienced during the convalescent phase of the infection. There are no costs to respondents.

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden (in hrs.)
Laboratory positive confirmed dengue	200	2	60/60	400
Dengue negative control	200	2	60/60	400
Neighborhood control	200	2	60/60	400
Total				1200

Dated: June 10, 2003.

Thomas A. Bartenfeld,

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

[30 DAY–47–03]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 498–1210. Send written comments to CDC, Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503 or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

A Research Program to Develop Optimal NIOSH Alerts in Farming (OMB No. 0920–0501)—REVISION—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

The mission of the National Institute for Occupational Safety and Health (NIOSH) is to promote ''safety and health at work for all people through research and prevention.'' Alerts are some of the primary publications by which NIOSH communicates health and safety recommendations to at-risk workers. Each Alert is mailed to workers affected by a particular health or safety hazard and contains information about the nature of the hazard, as well as recommendations for avoiding or controlling it. Despite the important role of Alerts in conveying health and safety information to workers, these publications have not been routinely pretested and evaluated for effectiveness. Therefore, it is important to continue research that examines the degree to which the NIOSH Alerts produce risk awareness, as well as comprehension, acceptance and use of the recommended health and safety measures.

The OMB-approved project, ''A Research Program to Develop Optimal NIOSH Alerts in Farming'' (0920–0501), applied theoretical advances in communication research to the development of NIOSH Alerts to ensure maximal effectiveness in conveying health and safety information to workers. This project applied psychology and communication theories to experimentally manipulate features of the NIOSH Alerts and examine the effects of these manipulations on the effectiveness of the Alert. To design these theory-based Alerts, the concepts of goal attainment imagery and risk imagery were applied. Goal attainment imagery asks the readers to imagine themselves carrying out the safety recommendations provided in the Alert, while risk imagery asks the readers to imagine themselves in a high risk situation where the safety recommendations are not followed.

Field research from the project, which applied these two types of imagery, has shown that farmers who received an Alert containing goal attainment imagery found the Alert easier to visualize, stronger, more convincing and more attention getting than a standard Alert. Farmers who received an Alert with goal attainment imagery reported heightened perceptions of risk awareness and more positive attitudes toward engaging in safety recommendations. In addition, they reported that they would be more likely to pass the information on to other farmers. No differences were found between farmers who received Alerts containing risk imagery and farmers who received a standard Alert. Therefore, goal attainment imagery seemed to have the strongest effect when included in the Alerts.

The original OMB-approved protocol proposed that a national mail-out survey would be conducted in order to test the generalizability of the data collected in the field. Farmers would receive an experimental (high imagery) or a standard version of an Alert along with a survey to complete and return to NIOSH. However, based on results from similar projects, we have learned that mail surveys generate low response rates. We propose changing the data collection format from a mail survey to a telephone survey. Farmers would receive an experimental version of the Alert and then be contacted approximately two weeks later to complete a telephone survey.

This change to the data collection format would serve three purposes. It is expected that the response rate for the telephone survey would be considerably higher than the response rate for the mail survey. Also, surveying a national sample of farmers would allow us to generalize the results to the broader population of farmers. Finally, the distribution of the experimental Alerts is similar to the way in which NIOSH Alerts are distributed to at risk workers and would present an opportunity to test the effectiveness of this distribution method. The annual burden for this data collection is 133 hours.