TABLE 1.—FINAL SUBSTANCE—SPECIFIC PRIORITY DATA NEEDS (PDNs) FOR THIRD SET OF 10 PRIORITY HAZARDOUS SUBSTANCES—Continued

Substance	PDN ID	Priority data needs
	42E	Reproductive toxicity studies assessing male and female end points following inhalation exposure.
	42F	Developmental toxicity studies following oral exposure.
	42G	Immunotoxicology battery of tests following oral exposure.
	42H	Battery of neurobehavioral tests following inhalation exposure.
	42I	Children's susceptibility.
	42J	Exposure levels in humans living near hazardous waste sites.
	42K	Exposure levels in children.
	42L	Potential candidate for subregistry of exposed persons.
Ethylbenzene*	43A	Dose-response data for acute-duration exposure by the inhalation route.
	43B	Dose-response data for chronic-duration exposure by the inhalation route.
	43C	Dose-response data for acute- and intermediate-duration exposure by the oral route; the study of intermediate-duration exposure should include an evaluation of clinical signs of neurotoxicity and histopathology of reproductive organs, endocrine glands, and nervous system.
	43D	Multigeneration toxicity study examining reproductive end points and indicators of endocrine disruption following inhalation exposure.
	43E	Two-species developmental study with continued assessment of offspring during postnatal development following oral exposure.
	43F	Studies for comparative toxicokinetics.
	43G	Exposure levels in humans living near hazardous waste sites.
	43H	Exposure levels in children.
	43I	Potential candidate for subregistry of exposed persons.
Pentachlorophenol	44A	Comparative toxicokinetic studies.
	44B	Exposure levels in humans living near hazardous waste sites.
	44C	Exposure levels in children through play activities near contaminated environmental media.
	44D	Potential candidate for subregistry of exposed persons.
1,1,2,2–Tetrachloroethane	45A	Two-species developmental toxicity study by the oral route.
	45B	Immunotoxicity battery following oral exposure.
	45C	Mammalian *in vivo* genotoxicity assays.
	45D	Exposure levels in humans living near hazardous waste sites.
	45E	Exposure levels in children.
	45F	Potential candidate for subregistry of exposed persons.
Total xylenes	46A	Dose-response data for chronic-duration exposure by the oral route. This study should be done in conjunction with the neurotoxicology battery of tests.
	46B	Neurotoxicology battery of tests following oral exposure.
	46C	Two-generation reproductive study following oral exposure.
	46D	Developmental toxicity study that includes neurodevelopmental end points following oral exposure.
	46E	Exposure levels in humans living near hazardous waste sites.
	46F	Exposure levels in children.
	46G	Potential candidate for subregistry of exposed persons.

*Some of the toxicity priority data needs may potentially be filled by individual industry groups working under specific EPA programs.

[FR Doc. 03–9300 Filed 4–28–03; 8:45 am]
BILLING CODE 4163–70–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–03–62]

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

Data Collection, Management, Reporting, and Evaluation for the Minority AIDS Initiative (MAI)—New—Centers for Disease Control and Prevention (CDC). CDC is requesting OMB approval to collect data to assess the HIV prevention and capacity-building activities of community-based organizations (CBOs) and other not-for-profit organizations funded under the MAI. The essence of this initiative is to implement an approach to HIV Prevention for communities of color

through three strategies: (1) Support of CBOs to deliver HIV prevention services; (2) community coalition development (CCD) projects to increase access to a linked network of HIV, STD, TB, and substance abuse services; and (3) capacity-building assistance (CBA) to sustain, improve, and expand HIV prevention services.

CDC requires MAI grantees to evaluate their programs. CDC has the responsibility to support these evaluation efforts by assisting grantees in the design and implementation of their program evaluation activities, including the provision of evaluation forms and conducting an overall evaluation of the MAI. The data collected during this evaluation will allow CDC to (1) Address accountability needs, (2) provide necessary information to the MAI grantees for improving their programs, and (3) provide a context for understanding the effectiveness of programs targeting African Americans and other racial and ethnic minorities.

Data collection will include self-administered questionnaires, which will be submitted quarterly, document reviews, and interviews with directors of community-based organizations, collaborating organizations, other community organizations, and community members served by these organizations. The first wave of data collection is planned for the summer of 2003. Subsequent waves of data collection are planned for 2004.

Total cost to respondents is their time to submit the requested data. The total burden in hours is estimated at 255.

Data collection forms	Number of respondents	Number of responses per respondent	Average burden response (in hours)	Total burden per response (in hours)
Community-Based Organization Questionnaire	136	1	60/60	136
HIV Counseling, Testing, and Referral Questionnaire:				
Part I	54	1	10/60	9
Part II	54	4	10/60	36
Capacity-Building Assistance Questionnaire:				
Part I	1	1	5/60	.08
Part II	16	1	10/60	3
Part III	17	1	20/60	6
Part IV	17	4	15/60	17
Community Coalition Development Questionnaire:				
Part I	16	1 per year	60/60	16
Part II	16	4 per year	30/60	32
Total				255

Dated: April 23, 2003.

Thomas A. Bartenfeld,

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

[FR Doc. 03–10504 Filed 4–28–03; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 03021]

Fetal Alcohol Syndrome Prevention; Notice of Availability of Funds

Application Deadline: June 30, 2003.

A. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under section 301 and 317(C) of the Public Health Service Act, (42 U.S.C. 241 and 247b–4, 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 Fetal Alcohol Syndrome (FAS) Prevention. This program addresses the ''Healthy People 2010'' focus areas of Substance Abuse and Maternal, Infant, and Child Health.

The purpose of the program is to develop, implement, and evaluate population-based and targeted prevention programs for FAS including the identification of high prevalence geographic areas and/or selected subpopulations of childbearing-age women at high-risk for an alcohol exposed pregnancy; establishing or enhancing prenatal and preconceptional intervention programs to serve these populations; and establishing or utilizing existing systems for monitoring the impact of prevention programs. Monitoring programs must include a plan for ensuring that children identified with FAS have access to appropriate services within the community.

Measurable outcomes of the program will be in alignment with FAS-related performance goals for the National Center for Birth Defects and Developmental Disabilities (NCBDDD) that include establishing new, or enhancing, prevention programs that reduce the prevalence of FAS, reduce prenatal exposure to alcohol, and improve and/or link children currently affected by FAS to health services.

C. Eligible Applicants

Assistance will be provided only to the health departments of states or their bona fide agents, including 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, the Republic of Palau, and federally recognized Indian tribal governments.

If the applicant is not the state health agency, the applicant must provide a letter from the appropriate state health agency designating the applicant as a bona fide agent. This information should be placed directly behind the cover letter of the application. Applications that fail to submit the evidence requested above will be considered non-responsive and returned without review.

Only one application from each organization may be submitted for this announcement.

To be eligible, applicants must:

1. Identify a geographic area with high proportions of childbearing-age women at risk for an alcohol-exposed pregnancy (a minimum of five percent of the prenatal population reporting frequent or binge drinking); a minimum of 15 percent of non-pregnant, childbearing-age women (aged 12–44 years) reporting