of incorporating message framing into health interventions and the importance of promoting issue involvement through occupation-specific messages. At an average wage of $10.00/hour, the total cost to respondents is $22,800.

Respondents	Phase	Number of respondents	Number of responses/ respondent	Avg. burden per response (in hrs.)	Total burden (in hrs.)
Taxicab drivers	Pretesting Phase I	60	1	1	60
Taxicab drivers	Pretesting Phase II	60	.....	.....	60
Taxicab drivers	Pretesting Phase III	15	1	2	30
Taxicab drivers	Pilot Test	300	1	.5	150
Taxicab drivers	Study	1,500	4	.33	1,980
Total	.....	.....	.....	.....	2,280

Dated: February 4, 2000.

Charles W. Gollmar,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY–15–00]

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) 639–7090. Send written comments to CDC, Desk Officer; Human Resources and Housing Branch, New Executive Office Building, Room 10235; Washington, DC 20503. Written comments should be received within 30 days of this notice.

Proposed Project

1. *National Vital Statistics Report Forms (0920–0213)—Revision—National Center for Health Statistics (NCHS).* The compilation of national vital statistics dates back to the beginning of this century and has been conducted since 1960 by the Division of Vital Statistics of the National Center for Health Statistics, CDC. The collection of the data is authorized by 42 USC 242k. The National Vital Statistics Report (renamed from the Monthly Vital Statistics Report in January 1998) provides counts of monthly occurrences of births, deaths, infant deaths, marriages, and divorces following the end of each month. Similar data have been published since 1937 and are the sole source of these data at the national level. The data are used by the Department of Health and Human Services and by other government, academic, and private research organizations in tracking changes in trends of vital events.

Respondents for the Monthly Vital Statistics Report Form are registration officials in each State and Territiory, the District of Columbia, and New York City; in addition, 60 local (county) officials in New Mexico who record marriages occurring and divorces and annulments granted in each county of New Mexico will use this Form. There are no direct costs to respondents; the data are routinely available in each reporting office as a by-product of ongoing activities. Earlier OMB approvals of this data collection involved four separate forms, all of which are combined into a single multi-purpose form for this current approval request. The total annual burden hours are 418.

Respondents	Number of respondents	Responses/ respondent	Avg. burden/response (in hrs.)
State and Territory Registration Officials	57	12	0.2
New Mexico County Officials	60	12	0.1

Dated: February 2, 2000.

Nancy Cheal,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY–14–00]

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) 639–7090. Send written comments to CDC, Desk Officer; Human Resources and Housing Branch, New Executive Office Building, Room 10235; Washington, DC 20503. Written comments should be received within 30 days of this notice.

Proposed Project

1. National Coal Workers' Autopsy Study Consent Release and History Form—(0920–0021)—Extension—National Institute for Occupational Safety and Health (NIOSH)—Under the Federal Coal Mine Health & Safety Act of 1977, PL91–173 (amended the

Federal Coal Mine & Safety Act of 1969), the Public Health Service has developed a nationwide autopsy program (NCWAS) for underground coal miners. The Consent Release and History Form is primarily used to obtain written authorization from the next-of-kin to perform an autopsy on the deceased miner. The study is a service program to aid surviving relatives in establishing eligibility for black lung compensation. Because a basic reason for the post-mortem exam is research (both epidemiological and clinical), included are a minimum of essential information regarding the deceased miner, his occupational history, and his smoking history. The data collected will be used by the staff at NIOSH for research purposes in defining the diagnostic criteria for coal workers' pneumoconiosis (black lung) and will be correlated with pathologic changes and x-ray findings.

It is estimated that only 5 minutes is required for the pathologist to put a statement on the invoice affirming that no other compensation is received for the autopsy. From past experience, it is estimated that 15 minutes is required for the next-of-kin to complete form CDC/NIOSH 2.6. In as much as an autopsy report is routinely completed by a pathologist, the only additional burden is the specific request of abstract of terminal illness and final diagnosis relating to pneumoconiosis. Therefore, only 5 minutes of additional burden is estimated for the autopsy report. The total annual burden hours are 62.5.

Respondents	Number of respondents	Number of responses/ respondent	Avg. burden of response (in hrs.)
Pathologist:			
Invoice	150	1	5/60
Report	150	1	5/60
Next-of-Kin	150	1	15/60

Dated: February 2, 2000.

Nancy Cheal,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 00033]

Childhood Lead Poisoning Prevention Programs (CLPPP); Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2000 funds for a cooperative agreement program for new State and competing continuation State and local programs to develop and improve Childhood Lead Poisoning Prevention activities which include building Statewide capacity to conduct surveillance of blood lead levels in children. This program addresses the ''Healthy People 2000'' priority area of Environmental Health.

The purpose of this program is to provide the impetus for the development, implementation, expansion, and evaluation of State and local childhood lead poisoning prevention program activities which include Statewide surveillance capacity to determine areas at high risk for lead exposure. Also, this cooperative agreement is to carry out the core public health functions of Assessment, Policy Development, and Assurance in childhood lead poisoning prevention programs.

Funding for this program will be to:

1. Develop and/or enhance a surveillance system that monitors all blood lead levels.

2. Assure screening of children who are potentially exposed to lead and follow-up care for children who are identified with elevated blood lead levels (BLLs).

3. Assure awareness and action among the general public and affected professionals in relation to preventing childhood lead poisoning.

4. Expand primary prevention of childhood lead poisoning in high-risk areas in collaboration with other government and community-based organizations.

As programs shift emphasis from providing direct screening and follow-up services to the core public health functions, cooperative agreement funds may be used to support and emphasize health department responsibilities to screen high risk children and provide appropriate follow-up services. This includes improving coalitions and partnerships; conducting better and more sophisticated assessments; developing and evaluating policies, program performance, and effectiveness based on established goals and objectives.

B. Eligible Applicants

Applicant eligibility is divided into Part A (New Applicants), Part B (Competing Continuation), and Part C (Supplemental Funding for Alternative Surveillance Assessment/Screening Recommendation Evaluation) defined in the following section. In the future, CDC plans to shift its program emphasis toward State funding for childhood lead poisoning prevention activities. However, the top five metropolitan statistical areas (SMSAs)/largest cities will be eligible for direct funding for childhood lead poisoning prevention activities indefinitely. They are New York City, Los Angeles, Chicago, Philadelphia, and Houston.

Part A: Eligible applicants are State health departments or other State health agencies or departments not currently funded by CDC and any eligible SMSA not currently receiving direct funding from CDC for childhood lead poisoning prevention activities. Also eligible are health departments or other official organizational authority (agency or instrumentality) of the District of Columbia, the Commonwealth of Puerto Rico, any territory or possession of the United States, and all federally-recognized Indian tribal governments. Please note: Local health departments are not eligible to apply for cooperative agreement funding under Part A of this program announcement.

Applicants encouraged to apply under Part A are: Alaska; Arkansas; Georgia; Hawaii; Idaho; Kansas; Kentucky; Mississippi; Nevada; North Dakota; Oklahoma; South Dakota; Tennessee; Texas and Wyoming.

Part B: Eligible applicants are those currently funded by the Centers for Disease Control and Prevention whose project period will expire June 30, 2000. These applicants are: Alabama; Arizona; California; Delaware; Detroit, MI; Houston, TX; Indiana; Iowa; Maine; Marion County, IN; Michigan; New Hampshire; Pinellas County, FL; Salt