increased rapidly over the past decade. The general public while seemingly well informed and concerned about some relevant food safety issues, appear unknowledgeable or ill-informed about emerging issues. The *Food Safety Survey* data suggest that information provided to consumers at the point of purchase may be a fruitful means of educating the public about food safety, and analyses of consumer purchase data indicate that health-related information provided at the point of purchase can make significant long-term changes in purchasing behavior.

While providing health-related information about food has been the focus of major policy initiatives in the last few years, little empirical economic research has attempted to understand the market and welfare effects of different health information policies. In addition, previous research does not address the distribution of effects across different consumers. Policy makers and food manufacturers cannot provide labels that satisfy everyone's information desires while simultaneously catering to consumers' cognitive and time constraints. As a result, policy makers need to understand how different sectors of the consumer population will be affected, particularly those members of the population who face relatively high food safety risks.

The lack of information hinders policy makers from making informed decisions on the proper allocation of resources in this area since the benefits or reducing the risk of illness are not well known. Not having the information readily available makes cost-effectiveness and cost-benefit analyses difficult to do as well as resource-intensive. This data collection effort, then will reduce this burden by making data available to researchers for use in program and policy evaluation. If this data collection effort were not to take place, agencies will either have to continue to piece together data when conducting economic analyses of food safety policies and regulations, or they will fund a large-scale effort like the one being proposed. Another large-scale effort would be a waste of public funds. Providing consumers information about the risks and about protective measures allows consumers to more accurately assess how much they would pay for reductions in this risk, but more importantly, it also informs the consumer as to what the risks are and how they can protect themselves. This information is important since the consumer is the last line of defense in the campaign against foodborne illnesses. There are no costs to respondents.

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Survey respondents	5,000	1	30/60	2,500
Virtual shopping respondents	1,200	1	1	1,200
Total				3,700

Dated: May 23, 2001.

Nancy Cheal,

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

[FR Doc. 01–13578 Filed 5–30–01; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 01162]

Disability and Health Screening Programs; Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2001 funds for grant programs entitled ''Disability and Health Screening Programs.'' This program addresses the ''Healthy People 2010'' focus areas of Disability and Secondary Conditions, Environmental Health, and Maternal, Infant, and Child Health. The purpose of the programs is: (1) To establish and enhance screening, follow-up, and referral for Glaucoma and other visual acuity problems and diseases of the eye, and (2) to investigate intestinal motility disorders in children.

B. Eligible Applicants

Assistance will be provided only to the Congressional Glaucoma Caucus Foundation and to Children's Hospital of Buffalo. No other applications are solicited. Eligibility is limited to these applicants because FY 2001 Federal appropriations specifically directs CDC to award these grant funds for the following glaucoma screening and intestinal motility disorder programs:

1. Congressional Glaucoma Caucus Foundation, Whitestone, NY. The Foundation is a non-partisan organization of members of the U.S. Congress whose purpose is to educate their communities about the risks of glaucoma and other blindness-causing eye diseases, and to provide diagnostic screening opportunities for high risk groups in their home districts across the nation.

2. Children's Hospital of Buffalo, Buffalo, NY. Established in 1892, the Children's Hospital of Buffalo is a regional center for comprehensive, specialized pediatric and women's health services. They provide a variety of clinical services for children and see more than 128,000 outpatients per year.

Note: Title 2 of the United States Code, Chapter 26, Section 1611 states that an organization described in section 501(c)(4) of the Internal Revenue Code of 1986 that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant, cooperative agreement, contract, loan, or any other form.

C. Availability of Funds

Approximately $441,856 is available in FY 2001 to fund one award to the Congressional Glaucoma Caucus Foundation and approximately $176,592 is available to fund one award to the Children's Hospital of Buffalo. It is expected that each award will begin on or about September 1, 2001, and will be made for a 12-month budget period within a one year project period. Funding estimates may change.

D. Where To Obtain Additional Information

For business management technical assistance, contact: Nancy B. Pillar, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement Number 01162, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Room 3000, MS E–13, Atlanta,

GA 30341–4146, Telephone: (770) 488–2721, Email Address: nfp6@cdc.gov.

For program technical assistance for the Congressional Glaucoma Caucus Foundation, contact: Joseph B. Smith, National Center on Birth Defects and Developmental Disabilities, 4770 Buford Highway, NE, MS F–35, Atlanta, Georgia 30341, Telephone: (770) 488–7082, Email Address: jos4@cdc.gov.

For program technical assistance for the Children's Hospital of Buffalo, contact: William A. Paradies, National Center on Birth Defects and Developmental Disabilities, 4770 Buford Highway, NE, MS F–45, Atlanta, Georgia 30341, Telephone: (770) 488–4704, Email Address: wep2@cdc.gov.

Dated: May 24, 2001.

Henry S. Cassell III

Acting Director, Procurement and Grant Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 01–13616 Filed 5–30–01; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772–76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 66 FR 20148–20149, dated April 12, 2001) is amended to retitle and revise the functional statement of the Division of Quarantine (DQ), National Center for Infectious Diseases (NCID).

Section C–B, Organization and Functions, is hereby amended as follows:

Delete in its entirety the title and functional statement for the Division of Quarantine (CR2) and insert the following:

Division of Global Migration and Quarantine (CR2). (1) Administers a national quarantine program to protect the United States against the introduction of diseases from foreign countries; (2) administers an overseas program for the medical examination of immigrants and others with inadmissible health conditions that would pose a threat to public health and impose a burden on public health and hospital facilities; (3) maintains liaison with and provides information on quarantine matters to other Federal agencies, State and local health departments, and interested industries; (4) provides liaison with international health organizations, such as the Pan American Health Organization and the World Health Organization, and participates in the development of international agreements affecting quarantine; (5) conducts studies to provide new information about health hazards abroad, measures for their prevention, and the potential threat of disease introduction into the United States; and (6) provides logistic support to other programs of the Centers for Disease Control and Prevention in the distribution of requested biologicals and movement of biological specimens through U.S. ports of entry.

Office of the Director (CR21). (1) Manages directs, and coordinates the activities of the Division; (2) provides leadership in development of Division policy, program planning, implementation, and evaluation; (2) identifies needs and resources for new initiatives and assigns responsibilities for their development; (4) coordinates liaison with other Federal agencies, State and local health departments, and interested industries; (5) coordinates liaison with international health organizations; (6) provides administrative services, including procurement, property and supply management, travel arrangements, space and facilities maintenance, and timekeeper coordination; (7) provides budgeting and fiscal management for the Division; (8) provides personnel support to the Division, both for Civil Service and Commissioned Corps employees, and assures that Division is in compliance with HRMO regulations for all personnel matters; (9) reviews and evaluates all administrative services for both headquarters and Quarantine Stations and provides policy procedures and guidance on such matters; (10) provides statistical and information systems consultation for study design and protocol development; (11) provides user and technical support for Local Area Network (LAN) and other designated software and hardware, and maintains LAN and other information systems in accordance with CDC guidelines; (12) designs and implements database management systems in support of Division projects; (13) provides data analysis and statistical consultation in support of Division projects; (14) assists in production of and provides graphics support for presentations and publications related to Division objectives; and (15) evaluates new software and hardware for statistical analysis, database management, graphics production, geographic information systems, and other functions related to Division objectives.

Dated: May 18, 2001.

Jeffrey P. Koplan,

Director.

[FR Doc. 01–13672 Filed 5–30–01; 8:45 am]

BILLING CODE 4160–18–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 01N–0063]

Agency Information Collection Activities; Submission for OMB Review; Comment Request; Medical Devices; Current Good Manufacturing Practice Quality System Regulation

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that the proposed collection of information listed below has been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995.

DATES: Submit written comments on the collection of information by July 2, 2001.

ADDRESSES: Submit written comments on the collection of information to the Office of Information and Regulatory Affairs, OMB, New Executive Office Bldg., 725 17th St. NW., rm. 10235, Washington, DC 20503, Attn: Wendy Taylor, Desk Officer for FDA.

FOR FURTHER INFORMATION CONTACT: Peggy Schlosburg, Office of Information Resources Management (HFA–250), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–827–1223.

SUPPLEMENTARY INFORMATION: In compliance with 44 U.S.C. 3507, FDA has submitted the following proposed collection of information to OMB for review and clearance.

Medical Devices; Current Good Manufacturing Practice (CGMP) Quality System (QS) Regulation—21 CFR Part 820 (OMB Control No. 0910–0073)—Extension

Under section 520(f) of the Federal Food, Drug, and Cosmetic Act (the act) (21 U.S.C. 360j(f)), the Secretary of the Department of Health and Human Services has the authority to prescribe regulations requiring that the methods used in, and the facilities and controls used for, the manufacture, preproduction design validation (including a process to assess the performance of a device but not including an evaluation of the safety and effectiveness of a device), packing, storage, and installation of a device conform to CGMP, as described in such regulations, to assure that the device