

Board of Governors of the Federal Reserve System, May 28, 2003.

**Robert deV. Frierson,**

*Deputy Secretary of the Board.*

[FR Doc. 03-13889 Filed 6-2-03; 8:45 am]

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## GENERAL SERVICES ADMINISTRATION

[OMB Control No. 3090-0274]

### Office of the Chief Architect; Art in Architecture Program National Artist Registry

**AGENCY:** Public Buildings Service, GSA.

**ACTION:** Notice of request for comments regarding an extension to an existing OMB clearance.

**SUMMARY:** Under the provisions of the Paperwork Reduction Act of 1995 (44 U.S.C. chapter 35), the General Services Administration has submitted to the Office of Management and Budget (OMB) a request to review and approve an extension of a currently approved information collection requirement regarding the Art in Architecture Program National Artist Registry form. A request for public comments was published at 68 FR 11395, March 10, 2003. No comments were received.

The Art in Architecture Program is the result of a policy decision made in January 1963 by GSA Administrator Bernard L. Boudin, who had served on the Ad Hoc Committee on Federal Office Space in 1961-62. The program has been modified over the years, most recently in 1996 when a renewed focus on commissioning works of art that are an integral part of the building's architecture and adjacent landscape was instituted. The program continues to commission works of art from living American artists. One half of one percent of the estimated construction cost of new or substantially renovated Federal buildings and U.S. courthouses is allocated for commissioning works of art.

Public comments are particularly invited on: Whether this collection of information is necessary and whether it will have practical utility; whether our estimate of the public burden of this collection of information is accurate, and based on valid assumptions and methodology; ways to enhance the quality, utility, and clarity of the information to be collected; and ways in which we can minimize the burden of the collection of information on those who are to respond, through the use of appropriate technological collection techniques or other forms of information technology.

**DATES:** Submit comments on or before: July 3, 2003.

#### FOR FURTHER INFORMATION CONTACT:

Susan Harrison, Public Buildings Service, Office of the Chief Architect, Art in Architecture, Room 3341, 1800 F Street, NW., Washington, DC 20405.

**ADDRESSES:** Submit comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Ms. Jeanette Thornton, GSA Desk Officer, OMB, Room 10236, NEOB, Washington, DC 20503, and a copy to General Services Administration, Regulatory and Federal Assistance Publications Division (MVA), 1800 F Street, NW., Room 4035, Washington, DC 20405. Please cite OMB Control Number 3090-0274.

#### SUPPLEMENTARY INFORMATION:

##### A. Purpose

The Art in Architecture Program actively seeks to commission works from the full spectrum of American artists, and strives to promote new media and inventive solutions for public art. The GSA Form 7437, Art In Architecture Program National Artist Registry, will be used to collect information from artists across the country to participate and to be considered for commissions.

##### B. Annual Reporting Burden

*Respondents:* 360.

*Responses Per Respondent:* 1.

*Hours Per Response:* .25.

*Total Burden Hours:* 90.

##### *Obtaining Copies of Proposals:*

Requesters may obtain a copy of the information collection documents from the General Services Administration, Regulatory and Federal Assistance Publications Division (MVA), 1800 F Street, NW., Room 4035, Washington, DC 20405, telephone (202) 208-7312, or by faxing your request to (202) 501-4067. Please cite OMB Control No. 3090-0274, Art in Architecture Program National Artist Registry, in all correspondence.

Dated: May 28, 2003.

**Michael W. Carleton,**

*Chief Information Officer.*

[FR Doc. 03-13861 Filed 6-2-03; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Request for Applications for a Cooperative Agreement Demonstration Project for the Medical Reserve Corps, Citizens Corps, USA Freedom Corps

**AGENCY:** Department of Health and Human Services, Office of the Secretary, Office of Public Health and Science, Office of the Surgeon General.

**ACTION:** Notice.

**Authority:** This program is authorized by section 301 of the Public Health Service Act, as amended, 42 U.S.C.; and, funded under Public Law 108-007.

*CFDA Number:* 93.008.

**SUMMARY:** To provide funding for a demonstration project to demonstrate approaches to establishment of community-based, citizen volunteer Medical Reserve Corps (MRC) units. Awards will provide funding to community-based organizations under the terms of cooperative agreements. The Cooperative Agreement (CA) will facilitate start-up of MRC units and provide insights into best practices in such areas as: (1) Structure and organization, (2) recruitment and verification of credentials, (3) community-level partnership building, (4) competency levels for effective action, (5) training, (6) risk assessment, and (7) strategy development and planning.

The community-based, volunteer MRC units are intended to supplement existing community emergency medical response systems as well as contribute to meeting the public health needs of the community throughout the year. MRC units are not intended to replace or substitute for local, existing emergency response systems. MRC units should help provide additional response capacity during the initial hours following an emergency before assistance from other geographic localities may arrive and, as needed, to help local authorities provide assistance to the community following an emergency in the effort to return to normalcy.

The local MRC unit is intended to provide an organized framework which will attract volunteers and provide them with planned assignments as well as skills needed to work effectively in emergency situations. An MRC unit will help to ensure that MRC volunteers are deployed locally in a manner that is fully planned and coordinated with broader emergency and medical response plans of the communities in which they are located. Moreover, the MRC unit will serve as a mechanism for