

comments should be received within 30 days of this notice.

Proposed Project: National Survey of Endoscopic Capacity (SECAP)—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC), proposes to conduct a study to provide a national assessment of the current capacity to conduct colorectal cancer (CRC) screening and follow-up examinations for average risk persons aged 50 and older. Colorectal cancer is the second leading cause of cancer-related deaths in the United States. While there is strong scientific evidence that screening for CRC reduces incidence and mortality from this disease, rates of use of screening tests are currently low. Efforts

to promote widespread screening for CRC are intensifying among local, state, and federal health agencies and professional organizations nationwide. However, limited information is available regarding the number of health care personnel currently trained and available to perform screening and follow-up examinations.

The proposed study will be conducted through the implementation of a survey which will be mailed to a random sample of 1,800 providers known to possess flexible sigmoidoscopes and colonoscopes, based upon lists provided by major endoscopic equipment manufacturers. The sampling frame will be designed to include providers from all regions of the country and all physician specialists

who may be screening for CRC. The survey will provide information on the types of health care providers who are performing CRC screening and follow-up examinations, the equipment currently being used for screening and follow-up examinations, and current reimbursement rates for these tests. The results of the analysis will be used to (1) Identify deficits in the medical infrastructure, (2) guide the development of training initiatives and educational programs for health care providers, and (3) provide critical baseline information for local, state and federal policy makers for the planning of national initiatives to increase colorectal cancer screening.

The total annualize burden for this data collection is 880 hours.

Respondents	Number of respondents	Responses per respondent	Hours per response
Screening Phone Call	1,800	1	5/60
Mailed Survey	1,750	1	25/60

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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
[30DAY–54–01]
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: An Assessment of the Feasibility and Need for Support of Cervical Cancer Screening Services in Publicly Funded Sexually Transmitted Disease (STD) Clinics—New—National Center for Chronic Disease Prevention

and Health Promotion (NCCDPHP), Centers for Disease Control Prevention (CDC).

The National Center for Chronic Disease Prevention and Health Promotion, Division of Cancer Prevention and Control (DCPC) in collaboration with the National Center for HIV, STD, and TB Prevention, Division of STD Prevention proposes to evaluate the need for and suitability of delivering cervical cancer screening services to women receiving health care in public STD clinics. STD clinics provide health services to a population of women considered to be at high risk for human papillomavirus (HPV) infection. Certain HPV types cause abnormal Pap smears and are etiologically linked to cervical cancer. Many women who seek medical attention from STD clinics have limited access to other sources of health care. Moreover, there is limited published information about the cervical cancer screening behaviors or magnitude of cervical dysplasia in this at-risk population. CDC is conducting this project in response to a Congressional mandate encouraging the exploration of alternative strategies and methods to increase access to cervical cancer screening services among medically underserved women.

To determine if STD clinics are an appropriate venue to identify women in need of cervical cancer screening services, DCPC will recruit and enroll a projected sample of 22,680 women

attendees of eight publicly funded clinics. Four of the participating clinics will offer cervical cancer screening services and four will not provide these services. To estimate the need for cervical cancer screening among STD clinic attendees, women who meet the project enrollment criteria at all participating clinics will be asked to participate in a brief interview regarding their recent cervical cancer screening history and their need for screening.

For women attending publicly funded STD clinics offering cervical cancer screening services, data will be collected on the results of the screening examination, results of the diagnostic assessments of abnormal screening tests, and the costs associated with cervical cancer screening and follow-up. For women attending clinics not offering cervical cancer screening, attendees determined to be in need of screening will be referred to local providers offering these services.

A sub-study, verifying attendees reports of recent cervical screening services will be conducted on a sample of clinic attendees. Official Pap smear reports will be collected for those women who indicate a Pap smear was performed during the preceding 12 months. Clinic staff and health care provider activities will involve interviewing attendees, determining attendees eligibility status, and verifying Pap test results. The total annualized burden for this data collection is 9,969 hours.

Respondents	Activity	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)
STD clinic clients—one time visit	Screening	22,680	1	5/60
	Consent Form	18,144	1	5/60
	Survey	18,144	1	10/60
	Release Form	8,709	1	5/60
Repeat STD clinic clients	Screening	2,250	2	5/60
	Consent Form	2,016	2	5/60
	Survey—1st visit	2,016	1	10/60
	Survey—2nd visit	2,016	1	5/60
	Release Form	968	1	5/60
Healthcare Providers	Copy/mail reports	7,742	1	10/60
Clinic Staff—Baseline Visit	1st meeting	10	8	30/60
	Clinic Dir.	1	8	120/60
	Med. Director	1	8	30/60
	Provider	3	8	30/60
	Outreach staff	3	8	30/60
	Clerical	3	8	30/60
Clinic Staff—4 followup visits—clinic performing cervical cancer screening.	1st meeting	10	4	30/60
	Clinic Dir.	1	4	120/60
	Medical Dir.	1	4	30/60
	Provider	3	4	30/60
	Outreach staff	3	4	30/60
	Clerical	2	4	60/60
Clinic Staff—4 followup visits—clinic not performing cervical cancer screening.	1st meeting	10	4	30/60
	Clinic Dir.	1	4	60/60
	Medical Dir.	1	4	30/60
	Provider	2	4	30/60
	Outreach staff	1	4	30/60
	Clerical	1	4	60/60

Dated: December 5, 2001.

Nancy E. Cheal,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[Program Announcement No. OCS-02-03]

Fiscal Year 2002 Family Violence Prevention and Services Discretionary Funds Program; Availability of Funds and Request for Applications

AGENCY: Office of Community Services, ACF, DHHS.

ACTION: Announcement of the availability of funds and request for applications under the Office of Community Services Family Violence Prevention and Services Discretionary Funds Program.

SUMMARY: The Office of Community Services (OCS) announces its Family Violence Prevention and Services discretionary funds program for fiscal year (FY) 2002. Funding for grants

under this announcement is authorized by the Family Violence Prevention and Services Act, Public Law 102-295, as amended, governing discretionary programs for family violence prevention and services. Applicants should note that the award of grants under this program announcement is subject to the availability of funds. This announcement contains all forms and instructions for submitting an application.

CLOSING DATE: The closing date for submission of applications is February 11, 2002. Applications postmarked after the closing date will be classified as late. Applicants are cautioned to request a legibly dated U.S. Postal Service postmark or to obtain a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks shall not be accepted as proof of timely mailing. Detailed application submission instructions, including the addresses where applications must be received, are found in Part IV of this announcement.

Hand delivered applications are accepted during the normal working hours of 8 a.m. to 4:30 p.m. EST at the Family Violence Operations Center: 1815 North Fort Myer Drive, Suite 300, Arlington, VA 22209 between Monday and Friday (excluding Federal

holidays). (Applicants are cautioned that express/overnight mail services do not always deliver as agreed.)

MAILING ADDRESS: Applications should be mailed to Family Violence Operations Center, 1815 North Fort Myer Drive, Suite 300, Arlington, VA 22209; Attention: Application for Family Violence Prevention and Services Program.

Number of Copies Required: One signed original application and four copies are required at the time of initial submission. (OMB-0970-0062, expiration date 01/29/2002.)

Acknowledgement of Receipt: An acknowledgement will be mailed to all applicants with an identification number which will be noted on the acknowledgement. This number must be referred to in all subsequent communications with OCS concerning the application. If an acknowledgment is not received within three weeks after the application deadline, applicants must notify the Family Violence Operations Center by telephone at (703) 351-7676. The applicant should also submit a mailing label for the acknowledgement.

Note: To facilitate receipt of this acknowledgement from ACF, applicant should include a cover letter with the application containing an e-mail address and