

take place from 7 p.m. until 10 p.m. on Sunday, 8:30 a.m. until 5 p.m. on Monday and Tuesday and from 8:30 a.m. until 3:30 p.m. on Wednesday. The meeting will be held at the Holiday Inn Rosslyn at Key Bridge, 1900 North Fort Myer Drive, Arlington, Virginia. The purpose of this meeting is to discuss the Federal Depository Library Program. All sessions are open to the public.

A limited number of rooms are being held for Council attendees at the rate of \$150 (plus tax). Reservations can be made by dialing toll free, 1-800-368-3408 or the hotel directly at 703-807-2000. The rate is good for the meeting dates as well as the three (3) days prior to the meeting and the three (3) days after the meeting. To receive the Government rate, you must make your reservation no later than September 20, 2002, and mention Code: DLC. After that date, rooms will be subject to availability at the best obtainable rate.

Michael F. DiMario,

Public Printer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Program Support Center; Agency Information Collection Activities: Proposed Collections; Comment Request

The Department of Health and Human Services, Program Support Center (PSC) will periodically publish summaries of proposed information collection projects and solicit public comments in compliance with the requirements of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995. To request more information on the project or to obtain a copy of the information collection plans and instruments, call the PSC Reports Clearance Officer on (301) 443-0433.

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.

1. HHS Payment Management System Forms (PSC-270 and PSC-272)—0937-0200—Extension. The PSC-270, Request for Advance or Reimbursement, is used to make advances or reimbursement payments to grantees. It serves in place of the SF-270. *Respondents:* State and local governments; profit and nonprofit businesses and organizations receiving grants from HHS. *Total Number of Respondents:* 100. *Frequency of Response:* monthly. *Average Burden per Response:* 15 minutes. *Estimated Annual Burden:* 300 hours. The PSC-272, Federal Cash Transactions Report, is used to monitor Federal cash advances to grantees and obtain Federal cash disbursement data. It serves in place of the SF-272. *Respondents:* State and local governments, profit and nonprofit businesses and institutions receiving grants from HHS. *Total Number of Respondents:* 15,325. *Frequency of Response:* quarterly. *Average Burden per Response:* 3 hours. *Estimated Annual Burden:* 183,900 hours. *Total Burden:* 184,200 hours.

Send comments to Irene West, PSC Reports Clearance Officer, Room 17A39, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: September 3, 2002.

Mike Blank,

Deputy Assistant Secretary for Program Support.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY-49-02]

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) 498-1210. 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

Perceptions of Tuberculosis Among Foreign Born Persons—New—National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC). CDC proposes to conduct an ethnographic study to assess the attitudes, beliefs, and practices of selected foreign born persons regarding tuberculosis (TB). The purpose of this two-year effort is to provide formative research findings to use when designing future surveys, planning interventions, and evaluating programs to improve TB screening and adherence to therapy among foreign born persons. This research will also identify program gaps in addressing the special needs of these populations. A review of published data and consensus among TB researchers suggest that elimination of TB in the United States will depend largely upon reducing the impact of the disease among the foreign born. Currently, almost half of all domestic TB cases occur among foreign-born persons, and this proportion is growing. Providing culturally appropriate and responsive services to people from a variety of ethnic and cultural backgrounds is a challenge for local TB control programs and has been identified as a priority area in TB elimination activities.

Recognizing this challenge, the CDC Working Group on Tuberculosis Among Foreign Born Persons in 1998 developed recommendations for increasing emphasis on prevention and control of TB in foreign-born populations. The recommendations highlighted the need to utilize operational and behavioral research to gain a better understanding of relevant barriers to diagnosis and care. While few studies have examined these issues with the goal of developing practical tools to enhance TB services, a New York State research project, conducted among Vietnamese refugees, created a valid research method for assessing TB issues among this population. The project resulted in policy change that increased this group's adherence to therapy.

The proposed two year study will build upon this research with Vietnamese refugees but will incorporate several cultural groups in four U.S. cities with a high burden of foreign-born TB patients. In depth ethnographic interviews will be conducted with 200 adults from the four ethnic/cultural groups, 50 per site. The information will be gathered by trained professional, multilingual/multi-cultural interviewers who will be rendered by the contracting agent. The data collection instrument will be comprised of semi-structured and open-