

FINANCIAL STATUS REPORT AOA SUPPLEMENTAL FORM TO SF-269—TITLE III—Continued

Item 10 r Column III, Disbursed Program Income using the additional alternative (cumulative amount):

Part B	\$	Part D \$
Part C-1	\$	Part E \$
Part C-2	\$	

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Disease Control and Prevention**

[60Day-01-47]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 639-7090.

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. Send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Project

Human Exposure to Cyanobacterial (blue-green algal) Toxins in Drinking Water: Risk of Exposure to Microcystin from Public Water Systems—New—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

Cyanobacteria (blue-green algae) can be found in terrestrial, fresh, brackish, or marine water environments. Some species of cyanobacteria produce toxins that may cause acute or chronic illnesses (including neurotoxicity, hepatotoxicity, and skin irritation) in humans and animals (including other mammals, fish, and birds). A number of human health effects, including gastroenteritis, respiratory effects, skin irritations, allergic responses, and liver damage are associated with the ingestion of or contact with water containing cyanobacterial blooms. Although the balance of evidence, in conjunction with data from laboratory animal research, suggests that cyanobacterial toxins are responsible for a range of human health effects, there

have been few epidemiologic studies of this association. We plan to recruit 100 people whose tap water comes from a source with a current cyanobacteria bloom (i.e., *M. aeruginosa*) and who report drinking unfiltered tap water. We also plan to recruit 100 people who report drinking unfiltered tap water but whose tap water source is groundwater that has not been contaminated with cyanobacteria. This population will serve as our referent population for the analysis of microcystins in blood and for the clinical assays. We will administer a questionnaire and collect blood samples from all study participants. Blood samples will be analyzed using a newly developed molecular assay for levels of microcystins—the hepatotoxin produced by *Micocystis aeruginosa*. We also will analyze blood samples for levels of liver enzymes (a biological marker of hepatotoxicity) and for a number of clinical parameters including hepatitis infection (a potential confounder in our study). We will evaluate whether we can (1) detect low levels of microcystins (<10 ng/ml of blood), in the blood of people who are exposed to very low levels of this toxin in their drinking water, (2) utilize clinical endpoints such as blood liver enzyme levels as biomarkers of exposure and biological effect, and (3) compare the analytical results for the exposed population with the results from the referent population. 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)
Telephone Contact	300	1	10/60	50
Interview	200	1	1	200
Blood Samples Collection	200	1	20/60	67
Tap Water Sample Collection	200	1	30/60	100
Total				417

Dated: June 4, 2001.

Nancy 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

Centers for Disease Control and Prevention

[Program Announcement 01133]

National Programs to Support Healthy Aging; 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 a cooperative agreement program for "National Programs to Support Healthy Aging". This program addresses the "Healthy People 2010" focus areas of Access to Quality Health Services, Educational and Community Based Programs, and Physical Activity and Fitness.

The purpose of the program is to establish national partnerships to enhance health and quality of life for older adults through a broad national strategy to: (1) Promote oral, physical, and mental health and healthy behaviors and practices, (2) reduce the impact of injuries and chronic diseases, and (3) maintain function and independence for older Americans.

This program consists of four parts. Furthermore, Parts I, II, and IV have additional Special Emphasis Areas. To qualify for funding under a Special Emphasis Area, the applicant must apply and be approved for funding under the respective part (i.e., Part I, II, or IV).

Part I—to strengthen and enhance collaborations between health departments at the state and local level and community organizations/networks that focus on older adults to promote behaviors and practices that lead to improved oral, physical, and mental health and more fulfilling and satisfying lives.

Part I, Special Emphasis Area One—to expand activities that promote physical activity in older adults.

Part I, Special Emphasis Area Two—to expand activities that promote immunizations for older adults.

Part II—to strengthen the capacity of national, state, and/or local agencies to conduct and evaluate culturally-appropriate programs that improve oral, physical, and mental health, reduce the

impact of injuries and chronic diseases, and maintain function and independence for older Americans.

Part II, Special Emphasis Area—to identify programmatic best practices in community-based health promotion and disease prevention.

Part III—to support a planning committee and conduct a workshop/conference to assess the public health impact of the aging of America's workforce.

Part IV—to develop consumer education tools and strategies to improve oral, physical, and mental health, reduce the impact of disease and injury, and delay disability and the need for long-term care among older adults, including those in minority and other under-served communities.

Part IV, Special Emphasis Area—to assess the knowledge and beliefs specific to falls, fall risks, driving safely, and driving cessation.

B. Eligible Applicants

Assistance will be provided only to private, not-for-profit 501(c)(3) national organizations whose mission is to serve the health and well-being of older Americans. Affiliate offices and local, state, or regional membership constituencies may not apply in lieu of, or on behalf of, their national office.

Eligible applicants will be national voluntary organizations and must have established working relationships with affiliate offices or chapters or local, state, or regional membership constituencies in states and territories in order to provide nationwide geographical coverage for the dissemination of aging information and programs.

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 \$500,000 is available in FY 2001 to fund the following categories:

Part I—Approximately \$100,000 will be available to fund one award.

Part I, Special Emphasis Area One—Approximately \$50,000 will be available to fund one award.

Part I, Special Emphasis Area Two—Approximately \$50,000 will be available to fund one award.

Part II—Approximately \$50,000 will be available to fund one award.

Part II, Special Emphasis Area—Approximately \$50,000 will be available to fund one award.

Part III—Approximately \$50,000 will be available to fund one award.

Part IV—Approximately \$100,000 will be available to fund one award.

Part IV, Special Emphasis Area—Approximately \$50,000 is available to fund one award.

It is expected that the awards will begin on or about September 30, 2001, and will be made for a 12-month budget period within a project period of up to five years. Funding estimates may change.

Continuation awards within an approved project period will be made on the basis of satisfactory progress as evidenced by required reports and the availability of funds.

D. Program Requirements

In conducting activities to achieve the purposes of this program, the recipient will be responsible for the activities under 1. (Recipient Activities), and CDC will be responsible for the activities listed under 2. (CDC Activities).

1. Recipient Activities

The applicant should propose activities in one or more of the following four areas:

Part I—Develop mechanisms to:

a. Provide resources to health departments at the state and local level and community organizations/networks that focus on older adults to promote healthy behaviors and practices;

b. Develop communications resources for use by community organizations and older adults, including but not limited to information, materials and toolkits;

c. Develop tools to help communities inventory and publicize their resources; and

d. Integrate health plans and other health care resources into community demonstration projects.

Part I, Special Emphasis Area One: Develop mechanisms described above that:

a. Focus on promotion of physical activity in older adults;

b. Promote active community environments that allow people in all ranges of abilities to have opportunities for safe and active travel and recreation (of particular importance is that communities be walkable and bikable);

c. Help agencies improve communications with older adults about physical activity;

d. Assist communities in improving the walkability of their built environment; and

e. Promote inter-generational programs.

Part I, Special Emphasis Area Two: Develop mechanisms described above that: