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 for other forms of information technology. Send comments to Wilma Johnson, CDC Reports Clearance Officer, 1600 Clifton Road, MS–D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Projects

1. A Survey to Assess The Knowledge, Attitudes And Practices of Health Care Providers Serving Pregnant Women Regarding HIV Counseling and Testing and the Use Of Zidovudine (ZDV) During Pregnancy—New—This is a new data collection. The purpose of this survey is to assess the knowledge, attitudes, and practices of health care providers serving pregnant women regarding HIV counseling and testing and use of ZDV during pregnancy. Data will be collected and reported to CDC to describe: (1) Providers' current practices in providing prenatal care to HIV-infected women, offering HIV counseling and testing to pregnant women, and offering ZDV to HIV-infected pregnant women; (2) providers' knowledge of the ACTG 076 results and PHS perinatal transmission guidelines; (3) providers' attitudes regarding HIV counseling and testing of pregnant women; and, (4) providers' knowledge and experience in the use of ZDV in treating HIV-infected pregnant women.

The intended population to be studied is physicians and nurse-midwives providing prenatal care in four areas (State of Connecticut, potential population approximately 685; State of North Carolina, potential population approximately 1,500; Dade County, FL, potential population approximately 500; Brooklyn, NY, potential population approximately 260) where institutions are currently conducting a CDC-funded study related to implementation of the PHS guidelines to prevent perinatal transmission of HIV. The total estimated cost to respondents is $40,370.

Respondents	Number of respondents	Number of responses/respondent (in hrs.)	Total burden (in hrs.)
Census: Secretaries	2,800	1	46
Census: Midwives	350	1	6
Pilot: Midwives	15	1	2.5
Pilot: Doctors	240	1	40
Survey: Midwives	350	1	58.3
Survey: Doctors	2,000	1	333.3
Total	.....	.....	486.1

Dated: April 22, 1997.

Wilma G. Johnson,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY–7–97]

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 Office on (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

1. Information Collection Procedures for Requesting Public Health Assessments—(0923–0002)—Extension—The Agency for Toxic Substances and Disease Registry is announcing the request for a 3-year extension of the OMB approval for the Information Collection Procedures for Requesting Public Health Assessments. ATSDR is authorized to accept and respond to petitions from the public that request public health assessments of sites where there is a threat of exposure to hazardous substances (42 USC 9604(i)(6)(B)). The Agency conducts public health assessments of releases or facilities for which individuals provide information that people have been exposed to a hazardous substance, and for which the source of such exposure is a release, as defined under CERCLA. The general administrative procedures for conducting public health assessments, including the information that must be submitted with each request, is described at 42 CFR 90.3, 90.4, and 90.5. Procedures for responding to petitions, decision criteria, and methodology for determining priorities may be found at 57 FR 37382–89.

ATSDR anticipates approximately 36 requests will be received each year. This estimate is based on the number of requests received since the enabling legislation was enacted and the expressions of interest (via telephone, letter, etc.) from members of the public, attorneys, and industry representatives. The total annual burden hours are 18.

Respondents	Number of respondents	Number of responses/respondent	Avg. burden/response (in hrs.)
General Public	36	1	.50

Dated: April 22, 1997.

Wilma G. Johnson,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Announcement Number 733]

Year-Long Estimation of the Frequency of Bacterial Contamination of Blood Products in the United States

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of funds in fiscal year (FY) 1997 for a cooperative agreement program to conduct a year-long study to estimate the frequency of bacterial contamination of blood and blood products in the United States (U.S.).

CDC is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority areas of Immunization and Infectious Diseases and HIV Infection. (For ordering a copy of Healthy People 2000, see the section Where to Obtain Additional Information.)

In addition, the Public Health Service (PHS) in Addressing Emerging Infectious Disease Threats: A Prevention Strategy for the United States, emphasizes the need for identification and prevention of new and emerging infections. Some of these newly identified infections have been associated with the transfusion of blood and blood products. This announcement is related to the national identification of bacterially contaminated blood products in the U.S. blood supply and to ensuring the safety of the U.S. blood supply.

Authority

This program is authorized by Section 301(a) of the Public Health Service Act, as amended [42 U.S.C. 241(a)]. Applicable program regulations are found in 42 CFR Part 52, Grants for Research Projects.

Smoke-Free Workplace

CDC strongly encourages all grant recipients to provide a smoke-free workplace and to promote the nonuse of all tobacco products, and Public Law 103–227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, and early childhood development services are provided to children.

Eligible Applicants

Assistance will be provided only to national nonprofit organizations that coordinate multiple blood collection sites for the purpose of collecting and distributing blood and blood products nationwide. Status as a national organization will be determined if the organization coordinates blood collection sites in a majority of the States in the U.S. The applicant must indicate the number of States in which they coordinate blood collection sites. For nonprofit organizations, 501(c)(3) status is required. For-profit organizations are *not* eligible for this program.

Only national nonprofit organizations that coordinate the collection and distribution blood and blood products nationwide will be considered eligible applicants because of the need to generalize data to the entire nation and to ensure that no duplication of data occur. Only these organizations have the capability to initiate a nationwide study to develop standardized definitions of adverse transfusion reactions, to increase clinical nursing and medical staff awareness of these reactions and of bacterial contamination as a mechanism for these reactions, and to prospectively determine the rates of bacterial contamination of blood products (RBC, whole blood, and platelets) in the U.S.

Note: Effective January 1, 1996, Public Law 104–65 states that an organization described in section 501(c)(4) of the Internal Revenue Code of 1986 which engages in Lobbying activities shall not be eligible for the receipt of Federal funds constituting an award, grant (cooperative agreement), contract, loan, or any other form.

Availability of Funds

Approximately $150,000 will be available in FY 1997 to fund approximately two to three awards. It is expected that awards will range from $40,000 to $75,000 with an average award of $50,000. It is expected that awards will begin on or about August 1, 1997, and will be made for a 12-month budget period within a one year project period. Funding estimates may vary and are subject to change. No specific matching funds are required.

Use of Funds

Cooperative agreement funds shall *not* be used for the collection or delivery of blood or blood products. They will be used for developing: (1) educational materials, and (2) data collection materials and systems.

Restrictions on Lobbying

Applicants should be aware of restrictions on the use of HHS funds for lobbying of Federal or State legislative bodies. Under the provisions of 31 U.S.C. Section 1352 (which has been in effect since December 23, 1989), recipients (and their subtier contractors) are prohibited from using appropriated Federal funds (other than profits from a Federal contract) for lobbying Congress or any Federal agency in connection with the award of a particular contract, grant, cooperative agreement, or loan. This includes grants/cooperative agreements that, in whole or in part, involve conferences for which Federal funds cannot be used directly or indirectly to encourage participants to lobby or to instruct participants on how to lobby.

In addition, the FY 1997 HHS Appropriations Act, which became effective October 1, 1996, expressly prohibits the use of 1997 appropriated funds for indirect or ''grass roots'' lobbying efforts that are designed to support or defeat legislation pending before State legislatures. This new law, Section 503 of Pub. L. No. 104–208, provides as follows:

> Sec. 503(a) No part of any appropriation contained in this Act shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress, * * * except in presentation to the Congress or any State legislative body itself.
>
> (b) No part of any appropriation contained in this Act shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State legislature.

Department of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 1997, as enacted by the Omnibus Consolidated Appropriations Act, 1997, Division A, Title I, Section 101(e), Pub. L. No. 104–208 (September 30, 1996).

Background

Each year over 20 million units of blood products are transfused in the United States. Although safety has improved through improved donor screening and testing by the blood product industry in response to the human immunodeficiency virus (HIV)