- Sean O'Keefe, Deputy Director, Office of Management and Budget
- Senator David Pryor (retired), Director, Institute of Politics, Harvard University
- Stan Z. Soloway, President, Professional Services Council
- Robert M. Tobias, Distinguished Adjunct Professor, and Director of the Institute for the Study of Public Policy Implementation, American University
- Director, Office of Personnel Management
- Department of Defense representative (to be designated at a later date)

During the course of its work, the panel will hold several public hearings. Interested parties are encouraged to attend these hearings to provide their perspective on outsourcing issues. The schedules for these hearings will be announced in a later **Federal Register** notice. In addition, the GAO issued a notice on March 23, 2001, 66 FR 16245, seeking submission of comments identifying significant sourcing issues, as well as references to or copies of written materials related to these issues. Although it would be most useful to receive responses by May 7, 2001, comments received at any time will be considered.

Dated: April 12, 2001.

David M. Walker,

Comptroller General of the United States.

[FR Doc. 01–9509 Filed 4–16–01; 8:45 am]

BILLING CODE 1610–02–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day–01–30]

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 Anne O'Connor, 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: Gonococcal Isolate Surveillance Project (GISP) (0920–0307)—Extension—The National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC) proposes to continue data collection for the Gonococcal Isolate Surveillance Project (OMB No. 0920–0307). This request is a three-year extension of clearance.

The purposes of the Gonococcal Isolate Surveillance Project (GISP) are (1) to monitor trends in antimicrobial susceptibility of strains of *Neisseria gonorrhoeae* in the United States and (2) to characterize resistant isolates. GISP provides critical surveillance for antimicrobial resistance, allowing for informed treatment recommendations. GISP was begun in 1986 as a voluntary surveillance project and now involves five regional laboratories and 26 publicly funded sexually transmitted disease (STD) clinics around the country. The STD clinics submit up to 25 gonococcal isolates per month to the regional laboratories, which measure susceptibility to a panel of antibiotics. Limited demographic and clinical information corresponding to the isolates are submitted directly by the clinics to CDC.

Data gathered through GISP are used to alert the public health community to changes in antimicrobial resistance in *Neisseria gonorrhoeae* which may impact treatment choices, and to guide recommendations made in CDC's STD Treatment Guidelines, which are published periodically.

Under the GISP protocol, clinics are asked to provide 25 isolates per month. However, due to low volume at some sites, clinics submit an average of 17 isolates per clinic per month, providing an average of 88 isolates per laboratory per month. The estimated time for clinic personnel to abstract data is 11 minutes per response. Based on previous laboratory experience in analyzing gonococcal isolates, we estimate 88 gonococcal isolates per laboratory each month. The estimated burden for each participating laboratory is one hour per response. Averaged over 88 isolates per laboratory per month, the estimated time for recording control strain data is 0.34 minutes per response. There is no cost to respondents.

Respondents	No. of respondents	No. of respondents/response	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Laboratory	5	1,056 (12×88)	1.006	5,312
Clinic	26	204 (12×17)	11/60	972
Total	31			6,284

Dated: April 11, 2001.

Nancy E. Cheal,

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

[FR Doc. 01–9453 Filed 4–16–01; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Tribal TANF (Temporary Assistance to Needy Families) Experience: Problems, Solutions, and Lessons Learned.

OMB Number: New collection.

Description: The proposed research has four objectives: (1) To develop national-level research-based information on tribal TANF that is responsive to the needs of the tribal governments in making decisions on initiating their own TANF programs, as well as the needs of policymakers at federal, state, and local levels; (2) to develop objective performance measures for tribal TANF programs; (3) to develop a decision-support system to help tribal officials assess the advantages, disadvantages, risks and opportunities associated with operating a TANF program; and (4) to develop a tribal TANF Handbook that incorporates the experiences, best practices, and lessons learned.

Support Services International, Incorporated (SSI), an Indian-owned consulting firm, shall develop the data collection instruments and conduct the study. Data will be collected through (1) telephone surveys with staff at all current tribal TANF programs (a total of 27), a sample of 10 non-TANF tribes, and relevant officials in 20 states; (2) in-depth interviews with program staff on site visits to 9 tribes (7 TANF tribes and 2 non-TANF tribes); and (3) focus groups of 6–9 TANF recipients at each of the 7 tribal TANF sites visited. Four respondents at each site will be included in the telephone survey, and four in each in-dept on-site interview. The non-TANF tribes included in the research samples are from a group of tribes that have considered the option of developing and operating their own tribal-specific TANF programs; but have declined to do so.

Respondents: Individuals.

Annual Burden Estimates:

Data collection instrument	Estimated number of respondents	Responses per respondent	Average burden hour per interview *	Total burden hrs
Telephone Interview Guide	228	1	0.50 hr (30 minutes)	114 hr (6840 min)
Personal Interview Guide	36	1	1.0 hr (60 minutes)	36 hr (2160 min)
Focus Group Notes	53	1	0.8 (50 minutes)	44 hr (2650 min)
Estimated Total Annual Burden Hours				194 Hours

There are no Capital Costs, Operating Costs and/or Maintenance Costs to report for this information collection.

Additional Information: You are invited to submit written comments or suggestions on one or more of the following points: (a) Whether the information collection activity 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) 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.

Copies of the proposed collection may be obtained by writing to The Administration for Children and Families, Office of Information Services, 370 L'Enfant Promenade, S.W., Washington, DC 20447, Attn: ACF Reports Clearance Officer.

OMB Comments

The Office of Management and Budget (OMB) is required to make a decision concerning this information collection between 30 and 60 days after publication of this document in the **Federal Register.** Therefore, a comment is best assured of having its best effect if OMB receives it within 30 days of this publication. Written comments and recommendations for the proposed information collection should be sent directly to the following address: Office of Management and Budget, Paperwork Reduction Project, 725 17th Street, NW., Washington, DC 20503, Attn: Desk Officer for ACF.

Dated: April 11, 2001.

Bob Sargis,

Reports Clearance Officer.

[FR Doc. 01–9402 Filed 4–16–01; 8:45 am]

BILLING CODE 4184–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 00D–1033]

Agency Information Collection Activities; Announcement of OMB Approval; Information Program on Clinical Trials for Serious and Life-Threatening Diseases; Correction

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice, correction.

SUMMARY: The Food and Drug Administration (FDA) is correcting a notice that appeared in the **Federal Register** of March 23, 2001 (66 FR 16251). The document announced that a collection of information entitled ''Information Program on Clinical Trials for Serious and Life-Threatening Diseases'' had been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. The document was