

purports to measure) of the measure; or (3) The measure has been developed, adopted, adapted, or endorsed by an organization that promotes rigorous development and use of clinical performance measures. Such an organization may be at the international, National, regional, State or local levels (e.g., a multi-state consortium, a State Medicaid agency, or a health organization or delivery system). **Note**—Adapted measures are those measures developed by one organization, and then subsequently adopted and modified in some way by another organization.

5. The measure must be in current use or currently in pilot testing and must be the most recent version if the measure has been revised. A measure is in current use if at least one health care organization has used the measure to evaluate or report on quality of care within the previous three years.

Dated: August 15, 2002.

Carolyn M. Clancy,

Acting Director.

[FR Doc. 02–21326 Filed 8–20–02; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 02039]

Expansion of HIV/AIDS/STD Prevention and Support in the Royal Government of Cambodia; Notice of Award of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the award of fiscal year (FY) 2002 funds for a Cooperative Agreement with the Ministry of Health (MOH), Royal Government of Cambodia (Cambodia), for the improvement and expansion of HIV/AIDS/STD prevention and support activities in Cambodia.

The purpose of this cooperative agreement is to improve and expand laboratory capacity and coordination of HIV prevention activities with the MOH and among non-governmental organizations (NGOs) in Cambodia. This will be accomplished through cooperation between CDC Cambodia, the MOH, National Center for HIV/AIDS Dermatology and STDs (NCHADS), National Clinic for Dermatology and STIs, as well as the MOH National Institute of Public Health (NIPH) to:

(1) Expand the national reference laboratory capacity for HIV and STD at the National Institute of Public Health.

(2) Develop national referral laboratory capacity at NCHADS.

(3) Pilot a program to integrate the various technical strategies of the Global AIDS Program at either the operational health district or the provincial health district level.

These collaborative activities could profoundly impact the scope and intensity of the implementation of the National AIDS Policy, which calls for multi-sectoral action on many fronts. Successful implementation and expansion of laboratory capacity building could substantially increase the MOH's ability to provide high quality reference and referral laboratory service and strengthen ties between NGOs and government HIV/AIDS-related programs. Successful implementation of a pilot integration project through cooperative efforts of MOH, NGOs, and CDC could eventually lead to significant improvements in coordination of HIV/AIDS prevention and care activities country-wide.

B. Eligible Applicants

The MOH is the only appropriate and qualified organization to fulfill the requirements set forth for Cambodia in this announcement because:

1. The MOH is uniquely positioned, in terms of legal authority, experience and credibility among Cambodian citizens to provide health sector HIV/AIDS/STD Prevention Activities.

2. The purpose of the announcement is to build upon an existing framework of health information and activities for which the MOH has the responsibility for implementing.

3. The MOH has been mandated by the National AIDS Authority (NAA) to coordinate and implement health sector activities necessary for the control of the HIV/AIDS epidemic in Cambodia.

4. The MOH already has established mechanisms to access health information enabling it to immediately become engaged in the activities listed in this announcement.

C. Funds

Approximately \$810,000 is being awarded in FY2002. The award will begin on or about August 1, 2002 and will be made for a 12-month budget period within a five-year project period.

D. Where to Obtain Additional Information

To obtain business management technical assistance, contact: Angelia D. Hill, Lead Grants Management Specialist, International & Territories

Acquisition & Assistance Branch, Procurement and Grants Office, Centers for Disease Control and Prevention, 2920 Brandywine Road, MS E-09, Atlanta, GA 30341–4146. Telephone number: (770) 488–2785. FAX: (770) 488–2866. E-mail address: aph8@cdc.gov.

For program technical assistance, contact: Jack N. Spencer, Global AIDS Program (GAP), Cambodia Country Team, National Center for HIV/STD/and TB Prevention, Centers for Disease Control & Prevention, Cambodia-CDC AIDS Project Team, AmEmbassy Phnom Penh, Phnom Penh, Cambodia. Telephone: 011–855 23 217640. E-mail: jns1@cdc.gov.

Dated: August 14, 2002.

Sandra R. Manning,

CGFM, Director, Procurement & Grants Office, Centers for Disease Control & Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Potential Health Effects Involving Use of Perchloroethylene; Notice of Meeting

National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC) announces the following meeting:

Name: Potential Health Effects Involving Use of Perchloroethylene (PCE) in Dry-cleaning and Other Industries: Scientific Presentations and Information-gathering Meeting.

Time and Date: 9 a.m.–5 p.m., September 25, 2002.

Place: Alice Hamilton Building, Conference Room C, NIOSH, CDC, 5555 Ridge Avenue, Cincinnati, Ohio 45213.

Status: Forum will include scientists and representatives from various government agencies and independent groups, and is open to the public, limited only by the space available. The meeting room accommodates 80 people. Due to limited space, notification of intent to attend the meeting must be made with Judy Curless no later than September 13, 2002. Ms. Curless can be reached by telephone at 513/533–8314 or by e-mail jcc4@cdc.gov. Requests to attend will be accommodated on a first come basis.

Purpose: To discuss current research with PCE and identify partners for exchange of information and data on occupational exposure to PCE and potential health effects. A panel of invited participants will present data. Presentations and discussion will focus on health effects related to occupational exposures to PCE as well as data from studies of carcinogenicity and other effects in