

better meet its overall room night demand, and allow travelers to find lodging close to where they need to conduct business. After an analysis of this additional data, the maximum lodging amount published in the **Federal Register** at 67 FR 56160, August 30, 2002 and amended at 67 FR 69634, November 18, 2002, and 68 FR 25034, May 9, 2003, is being changed in the following location:

*State of California*

- City of San Diego.

## B. Change in standard procedure

Since per diem rates frequently change, effective April 28, 2003 (68 FR 22314), the Office of Governmentwide Policy (OGP), GSA, will issue/publish the CONUS per diem rates, formerly published in Appendix A to 41 CFR Chapter 301, solely on the internet at <http://www.qsa.gov/perdiem>. This new process will ensure more timely increases or decreases in per diem rates established by GSA for Federal employees on official travel within CONUS. This notice advises agencies of revisions in per diem rates prescribed by OGP for CONUS. Notices published periodically in the **Federal Register**, such as this one, now constitute the only notification of revisions in CONUS per diem rates to agencies.

Dated: May 20, 2003.

**David A. Drabkin,**

*Acting Associate Administrator.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[Program Announcement 03032]

### Addressing Asthma From a Public Health Perspective; Notice of Availability of Funds

*Application Deadline:* July 14, 2003.

#### A. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under section 301 and 317 of the Public Health Service Act [42 U.S.C. section 241 and 247b], as amended. The Catalog of Federal Domestic Assistance number is 93.283.

#### B. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2003

funds for a cooperative agreement program for "Addressing Asthma from a Public Health Perspective." This program addresses the "Healthy People 2010" focus areas Environmental Health, Occupational Safety and Health, and Respiratory Diseases.

The purpose of the program is to provide the impetus to begin development of program capacity to address asthma from a public health perspective in order to bring about: (1) A focus of asthma-related activity within the agency; (2) an increased understanding of asthma-related data and its application to program planning through development of an ongoing surveillance system; (3) an increased recognition within the public health structure of the state or territory of the potential to use a public health approach to reduce the burden of asthma; (4) linkages of the agency to the many agencies and organizations addressing asthma in the population; and (5) participation in intervention program activities. Epidemiological surveillance is "the ongoing systematic collection, analysis, and interpretation of health data essential to the planning, implementation, and evaluation of public health practice, closely integrated with the timely dissemination of these data to those who need to know. The final link in the surveillance chain is the application of these data to prevention and control. A surveillance system includes a functional capacity for data collection, analysis, and dissemination linked to public health programs." Refer to Boss, L.; Kreutzer, R.; Luttinger, D.; Leighton, J.; Wilcox, K.; and Redd, S. The Public Health Surveillance of Asthma, *Journal of Asthma*, 38(1), 83-89, 2001.

This program announcement has three parts: (1) Part A: Developing State Capacity to Address Asthma, (2) Part A Enhanced: Enhancing State Capacity to Address Asthma, and (3) Part B: Implementation of State Asthma Plans.

Measurable outcomes of the program will be in alignment with the following performance goal for the National Center for Environmental Health (NCEH): Reduce the burden of asthma.

#### C. Eligible Applicants

Applications may be submitted by:

- Federally recognized Indian tribal governments.

- Indian tribes.
- Indian tribal organizations.
- State public health departments or their bona fide agents (this includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands,

American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau).

*Part A: Developing State Capacity to Control Asthma.* Eligible applicants are those entities listed above that do not have a final, approved, comprehensive, asthma plan or a well-developed asthma surveillance system. Grantees currently funded by CDC Announcement #99109, #01106, or #02085 are not eligible to apply because they have already received funds to conduct activities in Part A: Developing State Capacity to Control Asthma. See Attachment II for a list of states funded by these announcements. All attachments referenced in this announcement are posted with the announcement on the CDC Web site, Internet address: <http://www.cdc.gov>, click on "Funding", then click on "Grants and Cooperative Agreements."

*Part A Enhanced: Enhancing State Capacity to Address Asthma.* Eligible applicants are those entities that are currently funded by CDC Announcement #99109, are in the latter stages of finishing the capacity building process, and are preparing to begin implementing interventions. These states are Colorado, Iowa, Maine, New Jersey, New Mexico, Rhode Island, and Vermont.

Applicants for Part A Enhanced: Enhancing State Capacity to Address Asthma must:

1. Submit a copy of the final, approved, comprehensive State Asthma Plan. Approval can be documented with a letter from the Agency's Health or Medical Director and letters from key partners or by appropriate sign-offs on the asthma plan. Plans that are pending final approval may be accepted if the draft plan is accompanied by letters from the Agency's Health or Medical Director and key partners stating their commitment to and approval of the plan, a time frame for final approval, as well as a description of the plan's approval process status.

2. Have an operational surveillance system for asthma. This may be demonstrated through submission of your most recent and comprehensive published surveillance report that describes asthma within the jurisdiction, including, if available, a report on asthma in the Medicaid population.

Applications for Part A Enhanced: Enhancing State Capacity to Address Asthma that fail to submit evidence requested will be considered non-responsive and returned without review.