

Presidential election and following transition. The prior paperwork burden estimate was 260 forms per year. The estimated average amount of time to complete the report form, including review of the instructions and gathering of needed information, remains the same at three hours. Thus, the overall estimated annual public burden for the SF 278 for the private citizen/representative nominee, candidate and terminee report forms processed at the Office of Government Ethics is being adjusted to 1,347 (from 780) hours.

The Office of Government Ethics estimates, based on the agency ethics program questionnaire responses for 1999–2001 (the 2002 figures are not yet available), that some 21,200 SF 278 report forms are filed annually at departments and agencies throughout the executive branch. Most of those executive branch filers are current Federal employees at the time they file, but certain candidates for President and Vice President, nominees, new entrants and terminees complete the form either before or after their Government service. The percentage of private citizen filers branchwide is estimated at no more than 5% to 10%, or some 1,060 to 2,120 per year at most.

On January 7, 2003 OGE published its first round notice of the forthcoming request for paperwork clearance for the proposed unmodified SF 278. See 68 FR 782–783. The Office of Government Ethics did not receive any comments in response to that notice, though one individual requested a copy of the form.

In this second notice, public comment is again invited on the proposed unmodified SF 278 as set forth in this notice, including specifically views on: the need for and practical utility of this proposed continued collection of information; the accuracy of OGE's burden estimate; the enhancement of quality, utility and clarity of the information collected; and the minimization of burden (including the use of information technology). The Office of Government Ethics, in consultation with OMB, will consider all comments received, which will become a matter of public record.

Approved: June 20, 2003.

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Director, Office of Government Ethics.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 03098]

Cooperative Agreement for the Development and Support of Core Public Health Functions Related to Injury Prevention and Control; Notice of Availability of Funds

Application Deadline: July 28, 2003.

A. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under sections 301(a), 391, 392, and 393 of the Public Health Service Act, (42 U.S.C. sections 241(a), 247b, 280b, 280b–1, and 280b–1a), as amended, including Public Law 104–166. The Catalog of Federal Domestic Assistance number is 93.136.

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 the Development and Support of Core Public Health Functions Related to Injury Prevention and Control. This program addresses the “Healthy People 2010” focus areas of Injury and Violence Prevention.

The purpose of the program is to determine and respond to the training, information, education, research, surveillance, program implementation, and evaluation needs required to build or expand public health injury prevention and control capacity at the State and territorial level.

Measurable outcomes of the program will be in alignment with one or more of the following performance goals for the National Center for Injury Prevention and Control (NCIPC):

- Increase the capacity of injury prevention and control programs to address the prevention of injuries and violence.
- Monitor and detect fatal and non-fatal injuries.

C. Eligible Applicants

Applications may be submitted by public and private nonprofit and for profit organizations and by governments and their agencies; that is, universities, colleges, technical schools, research institutions, hospitals, other public and private nonprofit and for profit organizations, community-based organizations, faith-based organizations, state and local governments or their bona fide agents, including 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, federally recognized Indian tribal governments, Indian tribes, or Indian tribal organizations, and small, minority, and/or women-owned businesses.

Minimum applicant qualification:

- Experience conducting reviews of State/Territorial public health injury prevention and control programs against defined standards.

Note: Title 2 of the United States Code section 1611 states that an organization described in section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant or loan.

D. Funding

Availability of Funds

Approximately \$383,898 is available in FY 2003 to fund one award. It is expected that the award will begin on or about September 15, 2003 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.

Recipient Financial Participation

Matching funds are not required for this program.

E. Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities listed in 1. Recipient Activities, and CDC will be responsible for the activities listed in 2. CDC Activities.

1. Recipient Activities:

a. Assess current, and anticipate future, State injury program and staff training needs and assist in the development of regional and national training programs in areas such as injury evaluation capacity, surveillance and data needs, policy development, translation of proven interventions, and program implementation.

b. Develop, refine, and update models for State injury prevention and control programs, identifying both minimum capability and structure and definition of advanced State injury control components. Measure State and territorial injury prevention capacity against standards derived from these models.