Small and Non Hub=2 pts.
Commercial Service Airports=3 pts.

General Aviation Airports Aircraft/ Operations

100 or 50,000=1 pt.
50 or 20,000=2 pts.
20 or 8,000=3 pts.
≤20 or ≤8,000=6 pts.

The ACIP is used to help make AIP fund allotment decisions for each airport/development type. Funds are allotted to regions through two mechanisms: Commitments and Priorities. Commitments are projects that are believed to merit funding regardless of their relative priority calculation. These projects typically include Letters of Intend (LOI) and ''phased'' projects where it is important to complete a development program to derive an acceptable level of benefit for both the airport and the national system. Funds for Commitment projects are ''set aside'' for each airport/development category. The remainder of the available discretionary funds are distributed to the highest priority projects which remain unfunded in the ACIP. Priority distribution uses a priority ''cut-off'' for each airport/development category.

Issued in Washington, DC on May 2, 1996.

Stan Lou,

Manager, Programming Branch.

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National Highway Traffic Safety Administration

Discretionary Cooperative Agreements To Support the Demonstration and Evaluation of the Patterns for Life Program

AGENCY: National Highway Traffic Safety Administration (NHTSA), DOT.

ACTION: Announcement of discretionary cooperative agreements to support the demonstration and evaluation of the Patterns for Life Program.

SUMMARY: The National Highway Traffic Safety Administration (NHTSA) announces the availability of FY 1996 discretionary cooperative agreements to demonstrate the effectiveness of using health/medical organizations to establish an infrastructure of credible program efforts pertaining to child passenger safety, child pedestrian safety and bicycle helmet safety. This notice solicits applications from national health and medical related organizations that are interested in developing and implementing community partnerships with local law enforcement, fire and rescue, child care providers, state and local governments, educational institutions, local child safety seat distributors and trainers to establish an infrastructure of knowledgeable and skilled partners at the state and local level.

DATES: Applications must be received at the office designated below on or before July 10, 1996.

ADDRESSES: Applications must be submitted to the National Highway Traffic Safety Administration, Office of Contracts and Procurement (NAD–30), Attention: Karen S. Brockmeier, 400 7th Street SW., Room 5301, Washington DC 20590. All applications submitted must include a reference to NHTSA Cooperative Agreement Program Number DTNH22–96–H–05194, and identify the program approach for which the application is submitted. Interested applicants are advised that no separate application package exists beyond the contents of this announcement.

FOR FURTHER INFORMATION CONTACT: General administrative questions may be directed to Karen S. Brockmeier, Office of Contracts and Procurement, at (202) 366–9567. Programmatic questions relating to this cooperative agreement program should be directed to Ms. Cheryl Neverman, National Organizations Division, Office of Occupant Protection, (NTS–11) NHTSA, 400 7th Street SW., Room 5118, Washington, DC 20590 (202) 366–2696.

SUPPLEMENTARY INFORMATION:

Background

The need to establish a community infrastructure that can accommodate on-going training needs as child transportation technology and issues change has emerged as a priority for the nation. The Department of Transportation, NHTSA, is initiating a new program effort, Patterns for Life, in FY 1996 to provide outreach to state and local communities on issues focused on child passenger, pedestrian, and bicycle helmet safety. The goal of this program effort is to establish lifelong safety habits that set a pattern of safety for children. The health/medical community is often the first and most continuous contact that new or expectant parents have when pregnant and during the first formative years of a child's life. It is at this time that ''patterns'' of behavior are established which may have lasting impact on a child's lifetime safety habits.

Under this cooperative agreement program, the effectiveness of using health and medical organizations to conduct child traffic safety initiatives shall be demonstrated and evaluated to determine the impact on reducing motor vehicle injuries and associated costs to the community. Specific objectives for this cooperative agreement are as follows:

- Increasing the public's awareness of the importance of child passenger, child pedestrian and helmet safety through community partnerships;
- Performing aggressive community outreach service through dedicated support (e.g. paid advertising) and earned media (e.g. articles in newspaper, story on evening news);
- Maintaining partnerships in order to preserve existing child safety programs;
- Increasing the correct use of child restraints, safety belts, and bicycle helmets;
- Providing comprehensive education and outreach to high-risk, underserved, and culturally diverse populations using updated educational materials and new publications;
- Encouraging vigorous enforcement of existing child passenger safety, safety belt, and bicycle helmet use laws;
- Encouraging the enactment of bicycle helmet laws and upgrades of existing laws to cover children in all vehicle seating positions with correct restraint use;
- Increasing public awareness and education of the benefits and the dangers of air bags; especially as they interact with children who are unrestrained, improperly restrained, or in rear-facing child seats;
- Measuring program effectiveness and sharing success stories to encourage public use and support; and
- Establishing and maintaining a health/medical infrastructure at the community level which can serve as an on-going resource for the community and contact for future educational and technological messages.

As the result of high visibility in the media about issues such as child seat misuse and increased distribution of safety products, such as the free child seat distribution made possible through the settlement between General Motors and the Department of Transportation, the public is seeking more answers to questions about these safety issues. Similar programs exist for the distribution of free or reduced-price bicycle helmets. Hundreds of state and local programs have become distribution sites for these efforts, but little effort has been made to assure that those involved in the distribution have easy access to updated training and are able to maintain a source of future information. Additionally, the strong enforcement of traffic safety laws and the need to upgrade existing laws or

implement new laws demands an infrastructure which can provide the outreach, advocacy and knowledge necessary for success and strong public support. The health/medical community has been and continues to be one of the most effective national and community-level leaders in supporting new legislative efforts. It is also the group that is most likely to have access to the largest variety of populations, from low-income to special needs children, especially those considered at high risk in traffic crashes.

The area of child passenger safety has some unique considerations. Research has demonstrated that child safety seats, when correctly used, can reduce fatalities among children less than 5 years of age by 71 percent. This makes child safety seats one of the most effective safety innovations ever developed. As a result of improvements in the convenience of the seats, increased availability of free or reduced-price seats, upgrades and increased enforcement of child passenger safety laws and public education, the use of child safety seats has increased dramatically over the past ten years. However, the use rate for children involved in fatal crashes shows that as many as 40 percent of these children are still totally unrestrained. Recent studies confirm the fact that as a child's age increases, the use of any occupant restraint decreases, as does the use of an occupant restraint appropriate for a given height and weight. A number of national program efforts are making child safety seats more available to low-income and special needs families. Under an agreement with the Department of Transportation, General Motors will donate a total of eight million dollars to qualified and selected national organizations to purchase and distribute child safety seats and ensure that proper use information is provided to the family recipients. Other community-based programs featuring free or reduced price child seats offered by business partners in the local community include the Midas Project Safe Baby program and Operation Baby Buckle through the SAFE America Foundation.

In the area of misuse, the degree of compatibility between use of child restraints and motor vehicles and improper installation are important in determining the level of effectiveness of the child safety seat in providing optimum protection in a crash. Even though a child restraint may perform adequately during compliance testing, if it is not used properly in or is not compatible with the vehicle seat belts or seat, its effectiveness in a real crash may be reduced. As technology changes, the need for maintaining current training for educators of the public and the media continues to increase. Educational materials produced just a few years ago may need updating. The Blue Ribbon Panel on Child Restraint and Vehicle Compatibility, a group made up of child seat, auto, and equipment manufacturers and child safety practitioners and advocates, was named by NHTSA Administrator Ricardo Martinez in 1995 to review child restraint misuse and compatibility concerns. The Panel announced twenty-seven major recommendations in June of 1995 including the need to conduct an intensive educational campaign on correct use and installation of child safety seats and to make the public aware of emerging incompatibility issues such as air bags and rear-facing child seats and other common misuses and compatibility problems. The report encouraged the government to work collaboratively with groups such as health care and emergency medical service providers. The efforts are to emphasize training for child safety professionals who are in a position to reach out to populations less likely to be reached by a more generic public information approach.

Public information and education efforts are offered on an on-going basis through long-time partners such as the American Academy of Pediatrics. Newer partners, such as Morton, International, an air bag supplier, have made great strides in developing new educational materials. New curricula have been developed and training efforts have been implemented with law enforcement, emergency medical service providers, child care providers, and child safety advocates such as local SAFE KIDS coalitions. However, despite many such efforts, the need remains high to reach out to the local infrastructure and provide a lasting means of maintaining a network of trainers and educators who can reach the people who still don't provide proper occupant protection for their children. In part because of non-use and incorrect use, child safety seats are not currently saving as many lives as they could save.

Current issues and concerns about safe transportation for children can be summarized as follows:

—Approximately 40 percent of young children are not protected by child restraints, with the use rate dropping dramatically as the child grows older.
—New technology, such as air bags, and compatibility issues resulting from design changes in vehicle belt and seat systems demand updated training for those who interact with children and their families.
—Recent studies in patterns of misuse of child seats conform anecdotal information from advocates conducting child seat clinics and checkpoints showing misuse rates to be as high as 80 percent. (The studies did not provide a national misuse rate, nor did they rank the misuse modes as they would relate to seriousness of potential injury.)
—While all states have primary child passenger safety laws, a number of states have significant gaps in their child passenger safety and safety belt laws, allowing children to ride unprotected without threat of citation.
—As more new vehicles with dual air bags enter the market, there are increased concerns about children who are riding unrestrained, incorrectly restrained, or in rear-facing child seats in the front seat of passenger-side air bag equipped vehicles.

The importance of pedestrian and bicycle safety issues must not be overlooked when developing community traffic safety initiatives. Children become pedestrians with their very first step, and their first mode of transportation is usually a bicycle.

In 1994, 5,472 pedestrians were killed in traffic crashes in the United States. Of these deaths, 1,082 were young people under the age of twenty. On average, pedestrians are killed in traffic crashes every ninety-six minutes. Furthermore, the fatality rate for bicyclists is just as tragic. More than one-third of the bicyclists killed in traffic crashes were children between five and fifteen years old.

Educating young people about pedestrian and bicycle safety rules, including always using a certified bicycle helmet, could prevent some of these tragedies. Few schools provide quality pedestrian safety and street crossing training, even though the material is readily available. Increasing age-specific bicycle helmet laws can also prevent needless deaths and injuries. In fact, as of July 1995, thirteen states and more than twenty jurisdictions had enacted age-specific bicycle helmet laws. The stage is set. It is up to those working within the community infrastructure to establish an outreach system that incorporates education and training to help young people set a lifelong pattern of healthy traffic safety habits. This is one of the agency's greatest concerns.

Community outreach centers were identified and the first training and

community outreach materials were provided. Each community center was provided with basic instruction to enable it to effectively perform its role as a community child safety seat educator and distribution point. Concurrent training and outreach programs were conducted among the national networks of law enforcement, fire and rescue, and health and safety advocates to prepare local affiliates of these groups to become partners in community child safety coalitions. Peer-to-peer outreach programs were established within the law enforcement and fire and rescue communities to promote participation in Patterns for Life training and outreach activities. Linkages between these community partners and the child seat distribution points were initiated.

As these training and outreach efforts were being implemented, new and updated educational materials were developed. New training materials include an updated comprehensive child safety seat technical manual and a complete set of manufacturers' instructions for correct use of child safety seats. New public information materials include information on child pedestrian safety and bicycle helmet safety.

Community outreach was further enhanced through cooperative agreements with several national health and medical organizations. These agreements provided additional community partnerships and resources by mobilizing the organizations' state and community affiliates to directly support local child safety program efforts or to contribute indirect support, such as endorsement of strong traffic laws and aggressive law enforcement.

FY 1996 Program

In FY 1996, NHTSA intends to establish cooperative agreements with national health and medical organizations that have mechanisms to reach constituencies that can address the program approaches described below. One cooperative agreement will be awarded for each of these three (3) program approaches. An applicant organization could be awarded cooperative agreements for two program approaches, if qualified in both and based upon submitting two separate applications and budgets. More than one agreement could be awarded for a program approach if additional funding becomes available. Following is a description of the program approaches:

1. Economically Disadvantaged Populations

To achieve NHTSA's goal of educating all American consumers about the benefits of correctly using child safety seats and bicycle helmets, and teaching pedestrian safety, additional emphasis is being placed on reaching individuals who have been identified as being at higher than average risk of suffering the effects of non-use or incorrect use of protective devices. Death rates of motor vehicle occupants are greatest in geographic areas with lowest per capita income. Income, education and other variables form profiles called socio-economic status (SES). Recent surveys conducted by NHTSA support previous findings that individuals who fall into lower SES profiles are less likely to practice safe transportation habits, which in turn affects their children's use and misuse levels.

The goal of this program is to identify and develop community partnerships which can have a significant impact on effectively reaching these populations with traffic safety education and access to safe equipment. The program further seeks to explore the means to maintain this level of community education, awareness, and advocacy as an on-going effort. This includes identifying how child transportation safety issues can fit into a health/medical organization's overall mission, and exploring innovative and long lasting delivery mechanisms.

2. Community-Based Child Passenger Safety

The national promotion of child passenger safety presents unique program challenges. The rapid turnover of the child passenger safety audience and educators demands that public education efforts be intensive and consistent. Each day, new parents (and other child caretakers) enter the audience and need to be reached with the child passenger safety message. New technology and emerging issues require maintaining an on-going means of educating the trainers. It is essential that we reach each parent quickly and effectively to ensure that the child is best protected while traveling.

Parents (and other caretakers) need to understand risks and potential consequences of both non-use and misuse of child occupant protection. They need to receive education concerning proper seat selection and specific technical advice pertaining to child seat compatibility with vehicle belts and seats.

NHTSA has found that health care providers are among the most credible of educators for parents and the ones most likely to reach the new parent and to have continued contact through well-child contacts. Health care providers also serve well as prominent support for upgrading child passenger safety laws and supporting enhanced enforcement of these laws.

The goal of this program is to develop a community-based child passenger safety education and training campaign. The specific objectives include: Facilitating parent education in health/medical settings; providing training for patient educators; developing or adapting appropriate program materials for dissemination through the organizational network; designing a program effort which encourages the institutionalization of these educational activities; and providing for strong advocacy efforts which support legislative and enforcement goals.

3. Safe Communities Partnerships for Child Transportation Safety

Local community partnerships, formed by public and private sector groups under the strong leadership of the health/medical community, can be an effective means of establishing a lasting infrastructure which will provide on-going educational and advocacy efforts for child transportation safety issues. Other organizations in the community would benefit by the health/medical leadership in identifying needs at the community level and working together to fill gaps in education and in availability of proper safety devices at an affordable level, in showing solidarity in legislative and enforcement support, and in providing access to ongoing, current technological information.

The goal of this program approach is to form lasting community partnerships to work together to reduce injuries and deaths related to child passenger, bicycle and pedestrian safety. The specific objectives are: to establish or work to enhance a local coalition of community leaders who will collaborate on efforts to prevent child injuries and fatalities in motor vehicle crashes; to find innovative means at the local level to maintain the training needs of the local child safety educators; to develop effective child transportation safety campaigns that serve the individual needs of the community, to develop or modify existing materials as appropriate; to expand the outreach of health/medical professionals to incorporate traffic safety education and awareness programs; and to measure the

effectiveness of local efforts on reducing child injuries.

Innovative Approaches

Applicant organizations are encouraged to develop and propose innovative strategies within these program approaches that are appropriate for their constituencies. Some examples of activities follow that have been conducted in the past by national organizations and others involved in the occupant protection program. These examples are provided only to stimulate thinking and should not be viewed as required activities: identify members of the organization (and their family members) that qualify for ''Saved By the Child Seat/Helmet Club'' recognition and publicize these survivor stories in organizational publications; identify materials needed to conduct the project (this could include handbooks, manuals, brochures, posters, audio-visuals, etc.); publish articles in organizational newsletters, magazines, and/or journals; encourage and assist organizations in adopting a national policy resolution for child transportation safety.

NHTS Involvement

The National Highway Traffic Safety Administration (NHTSA), Office of Occupant Protection (OOP), will be involved in all activities undertaken as part of the cooperative agreement program and will:

1. Provide a Contracting Officer's Technical Representative (COTR) to participate in the planning and management of the cooperative agreement and to coordinate activities between the organization and OOP;

2. Provide information, educational materials and curricula, and technical assistance from government sources within available resources and as determined appropriate by the COTR;

3. Provide liaison with other government/private agencies as appropriate; and

4. Stimulate the exchange of ideas and information among cooperative agreement recipients through periodic meetings.

Period of Support

Subject to the availability of funds, satisfactory performance and continued demonstrated need, cooperative agreements may cover a total project period of up to two (2) years. An application should be submitted for an initial funding period of 12 months and should address what will be accomplished during that initial period. The application and budget for the initial project period should cover only the first 12 months of effort. To obtain funding after the initial 12 month period, an updated application must be submitted for approval for any subsequent year. The updated application will not be subjected to competitive review, but must demonstrate that the continuation effort will effectively and efficiently continue to fulfill program objectives.

Anticipated funding level for FY 1996 projects will be $66,000.00 for each of the three program approaches. Federal funds should be viewed as seed money to assist organizations in the development in traffic safety initiatives. Monies allocated for cooperative agreements are not intended to cover all of the costs that will be incurred in the process of completing the projects. Applicants should demonstrate a commitment of financial or in-kind resources to the support of proposed projects.

Eligibility Requirements

In order to be eligible to participate in this cooperative agreement program, a national health and medical organization must meet the following requirements:

- Have exclusive membership within the health and medical professional field; provide medical care and/or advice to patients and educate members.
- Have an established membership structure with state/local chapters in all regions of the country; and
- Have formal organizational communication mechanisms established for use in informing and motivating members and other constituents to become involved in child safety at the state and local levels. Such communication mechanisms may include organizational newsletters, journals, quarterly reports, and scheduled conferences/conventions.

Application Procedure

Each applicant must submit one original and two (2) copies of its application package to NHTSA, Office of Contracts and Procurement (NAD–30), Attention: Karen S. Brockmeier, 400 7th Street SW., room 5301, Washington, DC 20590. Submission of two additional applications will expedite processing but is not required. Applications must be typed on one side of the page only. Applications must include a reference to NHTSA Cooperative Agreement Program Number DTNH22–96–H–05194 and identify the program approach for which the application is submitted. Applicants may apply for more than one program approach, however, a separate application and budget must be submitted for each program area approach. Only complete applications received on or before July 10, 1996, shall be considered.

Application Content

1. The application package must be submitted with OMB Standard Form 424 (Rev. 4–88, including 424A and 424B), Applications for Federal Assistance, with the required information filled in and the certified assurances included. While Form 424–A deals with budget information, and Form 424B identifies Budget Categories, the available space does not permit a level of detail which is sufficient to provide for a meaningful evaluation of the proposed costs. A supplemental sheet shall be provided which presents a detailed breakdown of the proposed costs, as well as any costs which the applicant indicates will be contributed by the organization or its local affiliates and partners.

2. Applications shall include a program narrative statement which addresses the following in separately labeled sections:

a. *Technical Approach:* A description of the organizational membership and purpose, demonstrating the need for the assistance, and stating the principal goals and subordinate objectives of the project, as well as the anticipated results and benefits. This section shall describe any unusual features, such as design or technological innovations, reductions in cost or time, or extraordinary social/community involvement. Supporting documentation from concerned interests other than the applicant can be used. Any relevant data based on planning studies should be included or footnoted. (Evaluation Factor #1)

b. *Implementation Plan:* A description of the program approach, including a plan of action pertaining to the scope and detail of the proposed work. This section shall include the reasons for taking this plan of action as opposed to others. The Implementation Plan shall include a presentation at one or more national meetings (e.g. Moving Kids Safely, Lifesavers or others.) (Evaluation Factor #2)

c. *Project Management and Staffing:* Quantitative projections of the accomplishments to be achieved, if possible, or lists of activities in chronological order to show the schedule of accomplishments and their target dates. This section shall list each organization, corporation, consultant or other individuals who will work on the project along with a short description of the nature of the individual's effort or contribution and relevant experience. (Evaluation Factor #3)

d. *Evaluation Plan:* A description of the kinds of data to be collected and maintained and the criteria to be used to evaluate the results. This section shall explain the methodology that will be used to determine if the needs identified and discussed are being met, and if the results and benefits identified are being achieved. (Evaluation Factor #4)

Evaluation Criteria and Review Process

Initially, all applications will be reviewed to confirm that the applicant is an eligible recipient and to assure that the application contains all of the information required by this notice. Each complete application from an eligible recipient will then be evaluated by an Evaluation Committee. The Evaluation Committee will include one non-NHTSA staff specialist from the Children's Safety Network. The application will be evaluated using the following criteria:

1. Understanding of the Problem and the Relationship to the Health/Medical Community (40%). The extent to which the applicant has demonstrated an understanding of the child transportation safety issues. The extent to which the applicant is knowledgeable about data sources, community linkages, the need for a coordinated approach to controlling child traffic injuries using the health/medical field as leaders, and his demonstrated the organization's affiliate's willingness to commit to and participate in the program. The extent to which the applicant has access to the potential target populations in the community.

2. Goals, Objectives, and Implementation Plan (40%). The extent to which the applicant's goals are clearly articulated and the objectives are time-phased, specific, measurable and achievable. The extent to which the Implementation Plan will achieve an outcome oriented result that will reduce child-related traffic injuries and deaths. The Implementation Plan will be evaluated with respect to its feasibility, realism, and ability to achieve the desired outcomes.

3. Project Management and Staffing (10%). The reasonableness of the applicant's plan for accomplishing the objectives of the project within the time frame set out in this announcement. The skill and experience of proposed staff, including project management and program staff and proposed affiliates, and ability to accomplish the program objectives.

4. Evaluation Plan (10%). The extent to which the proposed methods for measuring the processes and outcomes of the proposed interventions (countermeasures) will assess the effectiveness of the use of the Health/Medical Community in reaching the desired target populations.

Special Award Selection Factors

While not a requirement, applicants are strongly urged to consider the use of other available organizational resources, including other sources of financial support. Preference may be given, for those applicants that are evaluated as meritorious for consideration of award, for those who show commitment on the part of the Health/Medical organization by committing other organizational resources or seeking additional outside partners (cost-sharing strategies).

Terms and Conditions of the Award

1. Prior to award, each recipient must comply with the certification requirements of 49 CFR Part 20, Department of Transportation New Restriction or Lobbing, and 49 CFR Part 29 Department of Transportation Government-wide Department and Suspension (Nonprocurement) and Government-wide Requirements for Drug-Free Workplace (Grants).

2. Performance Requirements and Deliverables:

(a) The grantee shall arrange to meet with the Contracting Officer's Technical Representative (COTR) within 2 weeks of the award of the cooperative agreement to discuss the implementation plan, including milestones and deliverables.

(b) The grantee shall supply Quarterly Progress Reports every ninety days, in a format to be determined at the time of award. Quarterly Progress Reports are to include a summary of the previous quarter's activities and accomplishments, as well as proposed activities for the upcoming quarter. Any decisions and actions required in the upcoming quarter should be included in the report.

(c) Draft Final Report. The grantee shall prepare a Draft Final Report that includes a description of the intervention strategies, program implementation, and findings from the program evaluation. It is important, for purposes of future programs, to know what worked and did not work, under what circumstances, and what can be done to avoid potential problems in replicating similar programs. The grantee shall submit the Draft final report to the COTR 30 days prior to the end of the performance period. The COTR will review the document and provide comments within 2 weeks of receipt of the document.

(d) Final Report. The grantee shall revise the draft final report to reflect the COTR's comments. The revised document shall be delivered to the COTR on or before the end of the performance period. The grantee shall supply the COTR on computer disk copy in WordPerfect format, and four additional hard copies of the revised document.

3. Meetings and Briefings. The grantee shall plan for the initial planning meeting in Washington, DC with the COTR, as well as an interim briefing approximately midway through the project, a final briefing at the end of the project period, and a presentation at one or more national meetings, (e.g. Moving Kids Safety, Lifesavers or other).

4. During the effective performance period of cooperative agreements awarded under this announcement, the agreement shall be subject to the National Highway Traffic Safety Administration's General Provisions for Assistance Agreements.

Issued on: May 22, 1996.

James Hedlund,

Associate Administrator for Traffic Safety Programs.

[FR Doc. 96–13344 Filed 5–28–96; 8:45 am]

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DEPARTMENT OF VETERANS AFFAIRS

Advisory Committee on Geriatrics and Gerontology, Notice of Meeting

The Department of Veterans Affairs gives notice that a meeting of the Geriatrics and Gerontology Advisory Committee (GGAC) will be held on June 11–12, 1996 by the Department of Veterans Affairs, in Room 1105 of VA TechWorld located at 801 I Street NW., Washington, DC. The purpose of the GGAC is to advise the Secretary of Veterans Affairs and the Under Secretary for Health relative to the care and treatment of the aging veterans, and to evaluate the Geriatric Research, Education, and Clinical Centers. The Committee will convene at 9:00 a.m. (EST) on June 11 and will adjourn at Noon (EST) on June 12.

The agenda for June 11 will begin with updates for the Office of Geriatrics and Extended Care. The first day's agenda will also cover an overview of activities in the offices of Research and Development; Geriatric and Grants Management Service; Patient Care Services, Academic Affiliations; and Extended Care Service.

On June 12 the Committee will plan the programs and activities for future GGAC projects as well as plan review of the GRECC (Geriatric Research, Education, and Clinical Centers).