

**MATTERS TO BE CONSIDERED:**

1. Approval of the minutes of the June 17, 1996, Board meeting.
2. Thrift Savings Plan activity report by the Executive Director.
3. Discussion of additional or different system developer selection criteria, if any.
4. Review of KPMG Peat Marwick audit reports:

(a) "Pension and Welfare Benefits Administration Review of ADP Hardware Operations Management of the Thrift Savings Plan at the United States Department of Agriculture, National Finance Center".

(b) "Pension and Welfare Benefits Administration Review of the Thrift Savings Plan Forfeiture and Forfeiture Restoration Operations and Interfund Transfer Process at the United States Department of Agriculture, National Finance Center".

(c) "Pension and Welfare Benefits Administration Review of the Thrift Savings Plan Loan Operations at the United States Department of Agriculture, National Finance Center".

(d) "Pension and Welfare Benefits Administration Review of the Thrift Savings Plan System Enhancements and Software Change Controls at the United States Department of Agriculture, National Finance Center".

**CONTACT PERSON FOR MORE INFORMATION:**  
Thomas J. Trabucco, Director, Office of External Affairs (202) 942-1640.

Dated: July 1, 1996.

Roger W. Mehle,

*Executive Director, Federal Retirement Thrift Investment Board.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[Announcement 651]

#### 1996 Demonstration Sites for State Pregnancy and Pediatric Nutrition Surveillance Systems

##### Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1996 funds for a cooperative agreement for Demonstration Sites for Pediatric Nutrition Surveillance Systems (PedNSS) and State Pregnancy Nutrition Surveillance Systems (PNSS) to improve data quality and to add additional questions to these systems.

The CDC is committed to achieving the health promotion and disease prevention objectives of "Healthy People 2000," a national activity to reduce morbidity and mortality and improve the quality of life. This

announcement is related to the priority areas of Nutrition, Maternal and Infant Health, and Surveillance and Data Systems. (For ordering a copy of "Healthy People 2000", see the section "Where To Obtain Additional Information.")

##### Authority

This program is authorized under sections 301(a) and 317(k)(2) of the Public Health Service Act [42 U.S.C. 241(a) and 247b(k)(2)], as amended.

##### Smoke-Free Workplace

CDC strongly encourages all grant recipients to provide a smoke-free workplace and promote the nonuse of all tobacco products, and Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, and early childhood development services are provided to children.

##### Eligible Applicants

Eligible applicants are the official public health agencies of States or their bona fide agents. This includes the District of Columbia, American Samoa, the Commonwealth of Puerto Rico, the Virgin Islands, the Federated States of Micronesia, Guam, the Northern Mariana Islands, the Republic of the Marshall Islands, the Republic of Palau, and federally recognized Indian tribal governments.

##### Eligible applicants must:

1. Provide evidence that the State is currently participating in, and submitting data for, items indicated below in the PedNSS and/or PNSS:
  - a. If applying to work with the PedNSS system, a minimum of 4 of the 5 data items listed in Appendix A should have no more than 40% missing data. (A copy of Appendix A will be included in the application kit.)
  - b. If applying to work with the PNSS system, a minimum of 14 of the 18 data items listed in Appendix B should have no more than 40% missing data. (A copy of Appendix B will be included in the application kit.)

2. Provide written documentation that each demonstration site includes:
  - a. A minimum of 1,000 children enrolled in Women, Infants, and Children (WIC) are seen in each of at least 10 potential demonstration sites per year (PedNSS system only).
  - b. A minimum of 300 women enrolled in WIC are seen in each of at least 10 potential demonstration sites per year (PNSS system only).

3. Provide written documentation that each demonstration site includes:
  - a. A minimum of 1,000 children enrolled in Women, Infants, and Children (WIC) are seen in each of at least 10 potential demonstration sites per year (PedNSS system only).
  - b. A minimum of 300 women enrolled in WIC are seen in each of at least 10 potential demonstration sites per year (PNSS system only).

##### Availability Of Funds

Approximately \$350,000 is available in FY 1996 to fund approximately 4

awards, no more than two of which will be made to applicants who participate in PedNSS only. It is expected that the average award will range from \$80,000 to \$100,000. It is expected that the awards will begin on or about September 30, 1996, and will be made for a 12-month budget period within a project period of up to 3 years. Funding estimates may vary and are subject to change. Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.

##### Purpose

These awards are to establish demonstration test clinic sites to improve the quality of the PedNSS and/or PNSS surveillance; collect high quality data; process, analyze, and disseminate data; add new data items; and enhance the ability of these systems to monitor nutrition-related problems of women and children.

##### Program Requirements

In conducting activities to achieve the purpose of this program, the recipient shall be responsible for conducting activities under A, and CDC shall be responsible for conducting activities under B.

##### A. Recipient Activities

1. Establish demonstration sites to: (a) improve the quality of data collected by the PedNSS and/or PNSS; (b) expand the PedNSS and/or PNSS to include additional data items that are routinely collected in public health clinics; and (c) develop standardized questions to add to the PedNSS and/or PNSS on two of the following topics: food security, dietary information, and physical activity.

2. Choose potential demonstration sites (clinics, county, or agency) based on clinic size, current data quality, geographic representation, and ethnic diversity.

3. Document equipment used, current practices of measuring health parameters, and data collection procedures using standard qualitative research methods such as focus groups, key informant interviews, etc.

4. Develop and carry out a plan to assure standardized equipment and measurement techniques, training procedures, and data collection forms in accordance with guidelines to be provided by CDC.

5. Include in the surveillance system, information on type of formula fed to infants, whether the infant's mother participates in WIC (PedNSS only), and risk factors contributing to WIC eligibility. Add new standardized

questions to the data collection form on two of the following three topics: food security, dietary information, and physical activity. The recipient should be willing to consider including other data items as the need arises.

6. Develop and implement a plan to monitor data collection activities.

7. Develop a plan to assess data quality on an ongoing basis and revise practices and techniques as needed.

8. Evaluate the project in terms of: (a) improvement of data quality, (b) feasibility of collecting new data items, and (c) usefulness of new data items.

9. Prepare and disseminate procedures used and findings through presentation and publication in appropriate forums.

#### *B. CDC Activities*

1. Provide technical support to evaluate current practices of data collection and develop a plan to improve data quality.

2. Collaborate in the design of standardized data items, definitions, procedures, and methods to collect the desired surveillance information.

3. Provide technical support for monitoring data collection and data quality, data processing and analysis, and the distribution of tasks between State and clinic offices.

#### Evaluation Criteria (100 Points)

Applications will be reviewed and evaluated according to the following criteria:

##### *A. Statement of Need (5 Points)*

The need for State-specific, high-quality data on data items currently collected and new data items.

##### *B. Goals and Objectives (5 Points)*

The appropriateness of goals, objectives, and activities stated in the overall plan, and whether objectives are specific, measurable, time-phased, and feasible.

##### *C. Operational Plan (45 Points)*

The extent and adequacy of the plan to use qualitative methods, assure use of standardized equipment and operational procedures, monitor data collection activities, assess data quality, revise practices and techniques, and add new standardized questions to the data collection.

##### *D. Capability (35 Points)*

1. The extent and appropriateness of the existing surveillance system for PedNSS and/or PNSS.

2. The extent to which project staff appear to have the skills to provide training on data collection, data quality assessment and data processing.

3. Evidence that adding new data items and software to analyze data quality to the existing computerized surveillance systems will be feasible.

##### *E. Project Evaluation (10 Points)*

The appropriateness of the evaluation to assess improvements to data quality and feasibility of collecting new data items.

##### *F. Budget (Not Weighted)*

The extent to which the budget clearly relates to proposed objectives and activities.

##### *G. Human Subjects: (Not Scored)*

Whether or not exempt from the DHHS regulations, procedures are to be adequate for the protection of human subjects. Recommendations on the adequacy of protections include: (1) protections appear adequate and there are no comments to make or concerns to raise, (2) protections appear adequate, but there are comments regarding the protocol, (3) protections appear inadequate and the ORG has concerns related to human subjects, or (4) disapproval of the application is recommended because the research risks are sufficiently serious and protection against the risks are inadequate as to make the entire application unacceptable.

#### Executive Order 12372 Review

Applications are subject to Intergovernmental Review of Federal Programs as governed by Executive Order (E.O.) 12372. E.O. 12372 sets up a system for State and local government review of proposed Federal assistance applications. Applicants (other than federally recognized Indian tribal governments) should contact their State Single Point of Contact (SPOC) as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC of each affected State. A current list of SPOCs is included in the application kit. If SPOCs have any State process recommendations on applications submitted to CDC, they should send them to Sharron P. Orum, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 314, Mail Stop E-18, Atlanta, Georgia 30305, no later than 30 days after the receipt date of the application.

The appropriation for this financial assistance program was received late in

the fiscal year and would not allow for an application date which would accommodate the 60-day State recommendation process period. The Program Announcement Number and Program Title should be referenced on the document. The granting agency does not guarantee to "accommodate or explain" State process recommendations it receives after that date.

Indian tribes are strongly encouraged to request tribal government review of the proposed application. If tribal governments have any tribal process recommendations on applications submitted to CDC, they should forward them to Sharron P. Orum, Grants Management Office, Grants Management Branch, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 314, Mail Stop E-18, Atlanta, Georgia 30305. This should be done no later than 30 days after the receipt date of the application. The granting agency does not guarantee to "accommodate or explain" for tribal process recommendations it receives after that date.

#### Public Health System Reporting Requirements

This program is not subject to the Public Health System Reporting Requirements.

#### Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance number is 93-283.

#### Other Requirements

##### *Paperwork Reduction Act*

Projects that involve the collection of information from 10 or more individuals and funded by the cooperative agreement will be subject to review by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

##### *Human Subjects*

If the proposed project involves research on human subjects, the applicant must comply with the Department of Health and Human Services Regulations, 45 CFR Part 46, regarding the protection of human subjects. Assurance must be provided to demonstrate that the project will be subject to initial and continuing review by an appropriate institutional review committee. In addition to other applicable committees, Indian Health Service (IHS) institutional review committees also must review the project if any component of IHS will be involved or will support the research. If any American Indian community is

involved, its tribal government must also approve that portion of the project applicable to it. The applicant will be responsible for providing assurance in accordance with the appropriate guidelines and form provided in the application kit.

Should human subjects review be required, the proposed workplan should incorporate timelines for such development and review activities.

#### Application Submission and Deadline

The original and two copies of the application PHS Form 5161-1 (Revised 7/92, OMB Number 0937-0189) must be submitted to Sharron P. Orum, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 314, Mail Stop E-18, Atlanta, Georgia 30305, on or before August 2, 1996.

1. **Deadline:** Applications shall be considered as meeting the deadline if they are either:

(a) Received on or before the deadline date; or

(b) Sent on or before the deadline date and received in time for submission to the objective review group. (Applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.)

2. **Late Application:** Applications that do not meet the criteria in 1.(a) or 1.(b) above are considered late applications. Late applications will not be considered in the current competition and will be returned to the applicant.

#### Where To Obtain Additional Information

A complete program description, information on application procedures, application package, and business management technical assistance may be obtained from Albertha Carey, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 314, Mail Stop E-18, Atlanta, Georgia 30305, telephone (404) 842-6508, fax (404) 842-6513, or Internet or CDC WONDER electronic mail at <ayc1@opspgo1.em.cdc.gov>.

Technical assistance may be obtained from Diane Clark, Public Health Nutritionist, Division of Nutrition, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC), Mail Stop K-25, 4770

Buford Highway, NE., Atlanta, Georgia 30341-3724, telephone (770) 488-4913, fax (770) 488-4728, or Internet or CDC WONDER electronic mail at <ldc2@ccddn1.em.cdc.gov>.

Please refer to Announcement 651 when requesting information and submitting an application.

Potential applicants may obtain a copy of "Healthy People 2000" (Full Report; Stock No. 017-001-00474-0) or "Healthy People 2000" (Summary Report; Stock No. 017-001-00473-1) referenced in the "Introduction" through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325, telephone (202) 512-1800.

Dated: June 28, 1996.

Joseph R. Carter,

*Acting Associate Director for Management and Operations, Centers for Disease Control and Prevention (CDC).*

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#### Statement of Organization, Functions, and Delegations of Authority

Part C (Centers of Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772-76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 60 FR 52199, October 5, 1995) is amended to (1) establish the National Center for HIV, STD, and TB Prevention (NCHSTP) within the Centers for Disease Control and Prevention (CDC) to strengthen and enhance the ability to prevent and control the spread of HIV/AIDS in the United States and throughout the world, and (2) abolish the National Center for Prevention Services.

Section C-B, *Organization and Function*, is hereby amended as follows:

After the functional statement for the *Immunization Services Division (CJ4)*, *National Immunization Program (CJ)*, insert the following:

*National Center for HIV, STD, and TB Prevention (CK)*. The mission of this organization is to provide leadership in preventing and controlling human immunodeficiency virus infection, other sexually transmitted diseases, and tuberculosis by collaborating with community, state, national, and international partners and applying well integrated, multi-disciplinary programs of research, surveillance, technical assistance, and evaluation. In carrying out this mission, the National Center for HIV, STD, and TB Prevention

(NCHSTP): (1) coordinates the development of CDC short- and long-range plans for preventing the spread of HIV infection in the United States; (2) allocates and tracks CDC resources for HIV prevention programs; (3) conducts national public information and awareness activities; (4) coordinates HIV prevention activities with other Federal agencies and with international organizations, including the World Health Organization in conjunction with the Associate Director for International Health; (5) plans, directs, and coordinates national programs of assistance involving preventive health services to state and local health agencies; (6) assists state and local health agencies in integrating and coordinating preventive services delivered by private and public organizations in the community and in assuring delivery of preventive services to all persons regardless of socioeconomic status; (7) assists states and localities in specifying major health problems in the community and in formulating technical theories on which intervention strategies can be based; (8) serves as the primary focus for assisting states and localities through grants and other mechanisms, in establishing and maintaining prevention and control programs directed toward health problems related to acquired immunodeficiency syndrome, sexually transmitted diseases, and tuberculosis; (9) maintains operational knowledge of the nature, scope, and occurrence of preventable health problems; (10) conducts operational research to improve the assistance programs; (11) assesses program operations and public health practices and provides technical assistance to states in the operation of preventive health service programs; (12) maintains liaison with other U.S. governmental agencies, state and local health agencies, national organizations, and educational institutions; (13) provides technical assistance to other nations; (14) in carrying out the above functions, collaborates, as appropriate, with other Centers, Institute, and Offices (CIOs) of the CDC.

*Office of the Director (CKI)*. (1) Provides leadership and guidance on the development of goals and objectives, policies, program planning and development, program management and operations of the activities of the NCHSTP; (2) manages, directs, coordinates, and evaluates the Center's activities; (3) facilitates closer linkages between HIV, STD, and TB surveillance activities and prevention programs at all levels; (4) facilitates collaboration, integration, and multi-disciplinary