includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act. Unless otherwise noted, nonbanking activities will be conducted throughout the United States.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than August 11, 1997.

A. Federal Reserve Bank of Atlanta (Lois Berthaume, Vice President) 104 Marietta Street, N.W., Atlanta, Georgia 30303-2713:

1. Peoples Community Bancshares, Inc., Colquitt, Georgia; to acquire 100 percent of the voting shares of Farmers Bank of Malone, Malone, Florida.

B. Federal Reserve Bank of Minneapolis (Karen L. Grandstrand, Vice President) 250 Marquette Avenue, Minneapolis, Minnesota 55480-2171:

1. Marquette Bancshares, Inc., Minneapolis, Minnesota; to acquire 100 percent of the voting shares of Marquette Bank Rochester, N.A., Rochester, Minnesota.

Board of Governors of the Federal Reserve System, July 14, 1997.

Jennifer J. Johnson,

Deputy Secretary of the Board.

[FR Doc. 97–18878 Filed 7–16–97; 8:45 am]

BILLING CODE 6210–01–F

FEDERAL RESERVE SYSTEM

Notice of Proposals To Engage in Permissible Nonbanking Activities or To Acquire Companies That are Engaged in Permissible Nonbanking Activities

The companies listed in this notice have given notice under section 4 of the Bank Holding Company Act (12 U.S.C. 1843) (BHC Act) and Regulation Y, (12 CFR Part 225) to engage *de novo*, or to acquire or control voting securities or assets of a company that engages either directly or through a subsidiary or other company, in a nonbanking activity that is listed in § 225.28 of Regulation Y (12 CFR 225.28) or that the Board has determined by Order to be closely related to banking and permissible for bank holding companies. Unless otherwise noted, these activities will be conducted throughout the United States.

Each notice is available for inspection at the Federal Reserve Bank indicated. The notice also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the question whether the proposal complies with the standards of section 4 of the BHC Act.

Unless otherwise noted, comments regarding the applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than August 1, 1997.

A. Federal Reserve Bank of Cleveland (Jeffery Hirsch, Banking Supervisor) 1455 East Sixth Street, Cleveland, Ohio 44101-2566:

1. KeyCorp, Cleveland, Ohio; to acquire Key Capital Markets, Inc., Cleveland, Ohio and thereby engage in underwriting and dealing in all types of debt and equity securities (other than ownership interests in open-end investment companies) on a limited basis and to provide such services as are a necessary incident thereto; *See J.P. Morgan & Co., Inc., The Chase Manhattan Corp., Bankers Trust New York Corp, Citicorp and Security Pacific Corp.*, 75 Fed. Res. Bull. 192 (1989); and in providing certain financial and investment advisory services, providing certain agency transactional services for customer investments and engaging in certain investment transactions and principal, pursuant to §§ 225.28(b)(6), (7), and (8) of the Board's Regulation Y.

Board of Governors of the Federal Reserve System, July 14, 1997.

Jennifer J. Johnson,

Deputy Secretary of the Board.

[FR Doc. 97–18879 Filed 7–16–97; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Announcement Number 787]

Research and Demonstration Programs in Surveillance, Prevention, and Control of Healthcare-Associated Infections and Antimicrobial Resistant Infections at Children's Hospitals

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of funds in fiscal year (FY) 1997 for a cooperative agreement program to develop research and demonstration programs in the surveillance, prevention, and control of healthcare-associated infections, antimicrobial resistant infections, and outcomes research at children's hospitals.

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 area of Immunization and Infectious Diseases. (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, as amended [42 U.S.C. 241(a) and 247b(k)(2)]. Applicable program regulations are found in 42 CFR Parts 51b and 52, Grants for Preventive Health Service and Grants for Research Projects.

Smoke-Free Workplace

CDC strongly encourages all grant recipients to provide a smoke-free workplace and to 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

Assistance will be provided only to public and private nonprofit organizations whose members include representatives of children's hospitals that have an interest in infection control, hospital epidemiology, antimicrobial use and resistance, and development and evaluation of benchmark or outcome measurements for patients at children's hospitals. These organizations must include members involved with hospitals, health systems, academic medical centers, and other entities which provide both hospital-based medical care and ambulatory care to a defined pediatric population.

Applicants should demonstrate that they have a close relationship with a large number (N>40) of children's hospitals and that infection control personnel at these member hospitals are interested in participating in collaborative research studies to improve infection control programs in children's hospitals. Documentation of eligibility status including 501(c)(3) certification and listing of 10 or more relationships with children's hospitals must appear in the Abstract or Background and Need sections of Application Content.

Note: Effective January 1, 1996, Public Law 104–65 states that an organization described in section 501(c)(4) of the Internal Revenue Code of 1986 which engages in Lobbying activities shall not be eligible for the receipt of Federal funds constituting an award, grant

(cooperative agreement), contract, loan, or any other form.

Availability of Funds

Approximately $200,000 will be available in FY 1997 to fund one award. It is expected that the award will begin on or about September 30, 1997, for a 12-month budget period within a project period of up to 3 years. Funding estimate may vary and is subject to change.

Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds. There are no matching or cost participation requirements; however, the applicant's anticipated contribution to the overall program costs, if any, should be provided on the application.

Use of Funds

Restrictions on Lobbying

Applicants should be aware of restrictions on the use of Department of Health and Human Services (HHS) funds for lobbying of Federal or State legislative bodies. Under the provisions of 31 U.S.C. Section 1352 (which has been in effect since December 23, 1989), recipients (and their subtier contractors) are prohibited from using appropriated Federal funds (other than profits from a Federal contract) for lobbying Congress or any Federal agency in connection with the award of a particular contract, grant, cooperative agreement, or loan. This includes grants/cooperative agreements that, in whole or in part, involve conferences for which Federal funds cannot be used directly or indirectly to encourage participants to lobby or to instruct participants on how to lobby.

In addition, the FY 1997 Departments of Labor, HHS, and Education, and Related Agencies Appropriations Act, which became effective October 1, 1996, expressly prohibits the use of 1997 appropriated funds for indirect or ''grass roots'' lobbying efforts that are designed to support or defeat legislation pending before State legislatures. Section 503 of this new law, as enacted by the Omnibus Consolidated Appropriations Act, 1997, Division A, Title I, Section 101(e), Pub. L. No. 104–208 (September 30, 1996), provides as follows:

Sec. 503(a). No part of any appropriation contained in this Act shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress, * * * except in presentation to the Congress or any State legislative body itself.

(b) No part of any appropriation contained in this Act shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State legislature.

Background

Children's hospitals serve a unique population which have very special needs. The patient populations served by children's hospitals range in age from birth to adulthood and have a variety of underlying diseases which are very different from those seen in adult populations. Furthermore, the infectious diseases which this population acquire and the distribution of antimicrobials which they receive differ from that seen in adult populations. Thus, the infections control, infectious disease, and quality assurance needs of children's hospitals differ from those of general acute care facilities, whose patients are primarily adults.

The epidemiology of nosocomial infections in children differ from adults in both the distribution of infections by site and by pathogen. Furthermore, the risk factors for nosocomial infection differ in children from adults because of the different types of exposures which children have which adults may not have. For instance, neonates in intensive care units frequently have umbilical artery or venous catheters but seldom have urinary catheters whereas adults often have urinary catheters and never have umbilical catheters. Despite the unique and special needs of children's hospital personnel, most infection control guideline recommendations, the national infection control surveillance system, recommendations for antimicrobial use, and quality of care benchmarks have either been developed in or written for general acute care facilities and their patient populations which are mostly adults.

Because of the differences in the epidemiology of nosocomial infections, types of care given, infectious disease which occur, and antimicrobials which these patients receive, there is an urgent need for the establishment of a pediatric network so that children's hospital infection control and quality assurance personnel can develop children-specific infection surveillance and control programs, identify cost-effective infection control prevention interventions, design systems to improve antimicrobial use, and develop national benchmarking programs so that standards can be developed and used to assess the adequacy of infection control and patient care programs at children's hospitals.

One of the major challenges to infectious disease and infection control personnel at children's hospitals is the increase in antimicrobial resistant pathogens and the increasing widespread use of antimicrobials. One of the patient populations with the greatest antimicrobial exposure is the pediatric age group, particularly infants and young children. In some reports, over 50 percent of the antimicrobials used in this population are inappropriate. Others have reported that ≤50 percent of infants and children with viral syndromes receive antimicrobials. Concomitant with this widespread use (and misuse) of antimicrobials have been increasing reports of the emergence of antimicrobial resistance in bacterial pathogens colonizing/infecting this population. In hospitalized children, methicillin-resistant *Staphylococcus aureus* (MRSA), penicillin-resistant *Streptococcus pneumoniae* (PRP), and vancomycin-resistant enterococcus (VRE) colonizations/infections are increasing and nosocomial outbreaks have been reported. For all of these pathogens, antimicrobial use has been a risk factor for colonization/infection. Furthermore, the emergence of antimicrobial resistant pathogens in the hospitalized pediatric patient can lead to further transmission (and vice versa) in the community, particularly day care centers.

Despite the fact that antimicrobial use is a risk factor for colonization/infection with resistant bacteria, virtually no studies have been conducted assessing the appropriateness of antimicrobial use in the pediatric inpatient setting. Such an assessment could lead to targeted intervention programs to reduce inappropriate antimicrobial use and reduce the pressure for emergence of antimicrobial pathogens in this population. Conduct of such projects in a group of children's hospitals will lesson the pressure to misuse such antimicrobials at any one institution and provide a program for all other children's hospitals to follow.

Currently, there is no multicenter pediatric hospital study or surveillance system to monitor the use of antimicrobials, determine the prevalence of antimicrobial resistant pathogens, evaluate the risk factors for colonization/infection with these organisms, or develop, implement, or assess the efficacy of preventive interventions in reducing the emergence and transmission of these pathogens in pediatric settings. Although there has been a great interest in the pediatric infectious diseases, infection control,

and quality assurance community for such a network, sufficient financial support for such a project has been lacking and there has been the need for strong technical assistance from those with expertise in pediatric infectious diseases, infection control and quality assurance. A variety of pediatric infectious diseases groups have urged the Hospital Infections Program (HIP) of CDC to provide the technical support for the establishment of such a network. Such a network would be very beneficial to the children's hospital community, pediatric infectious diseases and infection control personnel and patients receiving care in these facilities.

Such a network would have a major influence on pediatric infectious diseases, infection control, and quality assurance at all hospitals providing care for large numbers of pediatric patients. For the first time, through coordination of multiple children's hospitals, recommendations could be made to personnel at all facilities where pediatric patients receive care. These recommendations would include: (1) methods for surveillance, 2) clinical practices which improve patient care and reduce adverse outcomes, and (3) appropriate antimicrobial use. These national benchmark rates will permit accurate and reliable inter-and intra-hospital comparisons; also, those facilities which are outliers can evaluate differences in practices which may lead to elevated rates of adverse events. Such a network would have an enormous impact on improving pediatric patient care in the United States. Current pediatric organizations which are very interested in initiating such a network require the technical expertise of the HIP of CDC in surveillance, benchmark development, analytic epidemiology and antimicrobial use evaluation. Through partnership between the HIP and a group of children's hospitals, where the interest in developing specific standards and prevention interventions for pediatric patients exists, this cooperative agreement can have a major impact on reducing morbidity and mortality in children at these hospitals and in providing this community with pediatric-specific surveillance methods, antimicrobial use guidelines, benchmarks, and prevention interventions. This would be the first and only network established specifically for the benefit of children's hospitals and their special population.

Purpose

The purpose of this cooperative agreement is to provide assistance in establishing a center for research and demonstration to improve the surveillance, prevention, and control of healthcare-associated infections and antimicrobial resistant infections in children's hospitals.

Program Requirements

In conducting activities to achieve the purpose of this program, the recipients will be responsible for conducting activities under Item A., below, and CDC will be responsible for conducting activities under Item B., below:

A. Recipient Activities

1. Establish a surveillance system for antimicrobial resistant pathogens at children's hospitals.

2. Assess the relationship between antimicrobial use and the emergence of antimicrobial resistance, develop prevention interventions, and assess the efficacy of these interventions.

3. Develop and administer educational programs to decrease misuse and improve the appropriateness of antimicrobial use by clinicians.

4. Analyze and publish research findings.

Activities listed below are *optional*:

5. Assess the relationship between health care worker (i.e., nursing, physician, infection control, etc.) staffing levels and nosocomial infection risk.

6. Conduct cost, cost efficacy and cost-benefit studies to identify the most useful infection control measures.

7. Develop nosocomial infection outcome benchmark measurement methods to permit valid interhospital comparison of infection rates.

8. Determine risk factors for nosocomial infection, develop prevention interventions, introduce the interventions, and assess their efficacy.

9. Study the effectiveness of traditional hospital-based infection control methods and practice in integrated health care delivery systems.

10. Develop and study innovative approaches to infection surveillance, prevention, and control that will maximize effectiveness.

11. Develop and study improved evaluation methodologies to assess the effectiveness of prevention and control methods for healthcare-associated infections and antimicrobial resistant infections.

B. CDC Activities

1. Provide technical assistance in the design and conduct of research activities, in the design and implementation of innovative approaches to hospital epidemiologic and infection control practice and in the design of educational and training strategies and the dissemination of educational and training materials.

2. Provide assistance to recipients regarding development of study protocols, data collection methods, and analyses as necessary.

3. Assist in the development of data management processes and protocols.

4. Assist in the analysis of research information and dissemination of research findings.

Technical Reporting Requirements

An original and two copies of an annual performance report and financial status report are required no later than 90 days after the end of each budget period. A final performance report and financial status report are due no later than 90 days after the end of the project period. Please send all reports and other correspondence to: Sharron P. Orum, Grants Management Officer, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Mailstop E–18, Room 300, Atlanta, Georgia 30305.

Application Process

Intent Letter

In order to assist CDC in planning for and executing the evaluation of applications submitted under this Program Announcement, all parties intending to submit an application are requested to inform CDC of their intention to do so at their earliest convenience prior to the application due date. Notification should include: (1) Name and address of institution and (2) name, address, and telephone number of contact person. Notification should be provided by facsimile, postal mail, or Email to Sharron Orum, Grants Management Officer, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Mailstop E–18, Room 300, Atlanta, Georgia 30305, facsimile (404) 842–6513.

Application Content

All applicants must develop their applications in accordance with the PHS Form 5161–1 (OMB Number 0937–0189), information contained in this announcement, and the instructions outlined below.

General Instructions

1. All pages must be clearly numbered.

2. A complete index to the application and its appendixes must be included.

3. The original and two copies of the application must be submitted unstapled and unbound. No bound materials will be accepted.

4. All materials must be typewritten, single spaced, and in unreduced type (no smaller than font size 12) on 8½″ by 11″ white paper, with at least 1″ margins, headers, and footers.

5. All pages must be printed on one side only.

Specific Instructions

The application narrative must not exceed 10 pages (excluding budget and appendices). Unless indicated otherwise, all information requested below must appear in the narrative. Materials or information that should be part of the narrative will not be accepted if placed in the appendices. The application narrative must contain the following sections in the order presented below:

1. Abstract: Provide a brief (two pages maximum) abstract of the project including documentation of eligibility status. State the length of the project period (maximum is 3 years) for which assistance is being requested (see the section Availability of Funds for additional information).

2. Background and Need: Discuss the background and need for the proposed project. Demonstrate a clear understanding of the purpose and objectives of this cooperative agreement program. Illustrate and justify the need for the proposed project that is consistent with the purpose and objectives of this cooperative agreement program.

3. Capacity and Personnel: Describe applicant's past experience in conducting projects/studies similar to that being proposed. Describe applicants resources, facilities, and professional personnel that will be involved in conducting the project. Include in an appendix curriculum vitae for all professional personnel involved with the project. Describe plans for administration of the project and identify administrative resources/personnel that will be assigned to the project. Provide in an appendix letters of support from all key participating non-applicant organizations, individuals, etc., which clearly indicate their commitment to participate as described in the operational plans. Do not include letters of support from CDC personnel. Letters of support from CDC will not be accepted in the application.

4. Objectives and Technical Approach: Describe specific objectives for the proposed project which are measurable and time-phased and are consistent with the purpose and goals of this cooperative agreement. Present a detailed operational plan for initiating and conducting the project which clearly and appropriately addresses Recipient Activities (1–4) and any optional Activities (if proposing a multi-year project, provide a detailed description of first-year activities and a brief overview of activities in subsequent years. Clearly state the proposed length of the project period.) Clearly identify specific assigned responsibilities for all key professional personnel. Include a clear description of applicant's technical approach/methods which are directly relevant to the study objectives. Describe specific study protocols or plans for the development of study protocols. Describe the nature and extent of collaboration with CDC and/or others during various phases of the project. Describe in detail a plan for evaluating study results and for evaluating progress toward achieving project objectives.

5. Budget: Provide in an appendix a budget and accompanying detailed justification for the first year of the project that is consistent with the purpose and objectives of this program. Also, provide estimated total budget for each subsequent year. If requesting funds for any contracts, provide the following information for each proposed contract: (a) Name of proposed contractor, (b) breakdown and justification for estimated costs, (c) description and scope of activities to be performed by contractor, (d) period of performance, and (e) method of contractor selection (e.g., sole-source or competitive solicitation).

6. Human Subjects: Whether or not exempt from Department of Health and Human Services (DHHS) regulations, if the proposed project involves human subjects, describe in an appendix adequate procedures for the protection of human subjects. Also, ensure that women, racial and ethnic minority populations are appropriately represented in applications for research involving human beings.

Evaluation Criteria

The applications will be reviewed and evaluated according to the following criteria: (Total 100 points)

1. Background and Need (20 points): Extent to which applicant's discussion of the background for the proposed project demonstrates a clear understanding of the purpose and objectives of this cooperative agreement program. Extent to which applicant illustrates and justifies the need for the proposed project that is consistent with the purpose and objectives of this cooperative agreement program.

2. Capacity (40 points total): a. Extent to which applicant describes adequate resources and facilities (both technical and administrative) for conducting the project. (10 points)

b. Extent to which applicant documents that professional personnel involved in the project are qualified and have past experience and achievements in research related to that proposed as evidenced by curriculum vitae, publications, etc. (20 points)

c. Extent to which applicant includes letters of support from non-applicant organizations, individuals, etc. Extent to which the letters clearly indicate the author's commitment to participate as described in the operational plan. (10 points).

3. Objectives and Technical Approach (40 points total): a. Extent to which applicant describes specific objectives of the proposed project which are consistent with the purpose and goals of this cooperative agreement program and which are measurable and time-phased. (10 points)

b. Extent to which applicant presents a detailed operational plan for initiating and conducting the project, which clearly and appropriately addresses all Recipient Activities. Extent to which applicant clearly identifies specific assigned responsibilities for all key professional personnel. Extent to which the plan clearly describes applicant's technical approach/methods for conducting the proposed studies and extent to which the plan is adequate to accomplish the objectives. Extent to which applicant describes specific study protocols or plans for the development of study protocols that are appropriate for achieving project objectives. The degree to which the applicant has met the CDC policy requirements regarding the inclusion of women, ethnic, and racial groups in proposed research. This includes: (1) The proposed plan for the inclusion of both sexes and racial and ethnic minority populations for appropriate representation; (2) the proposed justification when representation is limited or absent; (3) a statement as to whether the design of the study is adequate to measure differences when warranted; and (4) documentation of plans for recruitment and outreach for study participants that includes the process of establishing partnerships with community(ies) and recognition of mutual benefits. (15 points)

c. Extent to which applicant describes adequate and appropriate collaboration with CDC and/or others during various phases of the project. (10 points)

d. Extent to which applicant provides a detailed and adequate plan for evaluating study results and for evaluating progress toward achieving project objectives. (5 points)

4. Budget (not scored): Extent to which the proposed budget is reasonable, clearly justifiable, and consistent with the intended use of cooperative agreement funds.

5. Human Subjects Research (not scored): If the proposed project involves human subjects, whether or not exempt from the DHHS regulations, the extent to which adequate procedures are described for the protection of human subjects. Note: Objective Review Group (ORG) recommendations on the adequacy of protections include: (a) protections appear adequate and there are no comments to make or concerns to raise, (b) protections appear adequate, but there are comments regarding the protocol, (c) protections appear inadequate and the ORG has concerns related to human subjects, (d) 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

This program is not subject to review by Executive Order 12372.

Public Health System Reporting Requirement

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

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 ten 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. The applicant will be responsible for providing evidence of this assurance in accordance with the appropriate guidelines and form provided in the application kit.

Women, Racial and Ethnic Minorities

It is the policy of the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) to ensure that individuals of both sexes and the various racial and ethnic groups will be included in CDC/ATSDR-supported research projects involving human subjects, whenever feasible and appropriate. Racial and ethnic groups are those defined in OMB Directive No. 15 and include American Indian, Alaskan Native, Asian, Pacific Islander, Black and Hispanic. Applicants shall ensure that women, racial and ethnic minority populations are appropriately represented in applications for research involving human subjects. Where clear and compelling rationale exist that inclusion is inappropriate or not feasible, this situation must be explained as part of the application. This policy does not apply to research studies when the investigator cannot control the race, ethnicity and/or sex of subjects. Further guidance to this policy is contained in the **Federal Register**, Vol. 60, No. 179, pages 47947–47951, dated Friday, September 15, 1995.

Application Submission and Deadline

The original and two copies of the application Form PHS–5161–1 (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., Mailstop E–18, Atlanta, Georgia 30305, on or before August 22, 1997.

1. *Deadline:* Applications will be considered to meet 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 independent 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 will not be acceptable proof of timely mailing.)

2. *Late Applications:* Applications which do not meet the criteria in 1.a. or 1.b. above, will be considered late applications. Late applications will not be considered and will be returned to the applicant.

Where To Obtain Additional Information

To receive additional written information call (404) 332–4561. You will be asked to leave your name, address, and telephone number and will need to refer to Announcement Number 787. You will receive a complete program description, information on application procedures, and application forms.

If you have questions after reviewing the contents of all documents, business management technical assistance may be obtained from Locke Thompson, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Mailstop E–18, Room 300, Atlanta, Georgia 30305, telephone (404) 842–6595 or through the Internet or CDC WONDER electronic mail at: lxt1@cdc.gov. Programmatic technical assistance may be obtained from William R. Jarvis, M.D., Hospital Infections Program, National Center for Infectious Diseases, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, Mailstop A–07, Atlanta, Georgia 30333, telephone (404) 639–6413.

You may obtain this and other CDC announcements from one of two Internet sites on the actual publication date: CDC's homepage at http://www.cdc.gov or at the Government Printing Office homepage (including free on-line access to the **Federal Register** at http://www.access.gpo.gov).

Please refer to Program Announcement Number 787 when requesting information and submitting an application on the Request for Assistance.

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: July 11, 1997.

Joseph R. Carter,

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

[FR Doc. 97–18819 Filed 7–16–97; 8:45 am]

BILLING CODE 4163–18–P