

over the intermeeting period relative to the currencies of several Asian developing countries, but it has registered only a small increase on average in relation to the currencies of major industrial nations.

M2 and M3 continued to grow at relatively rapid rates in December and apparently also in January. From the fourth quarter of 1996 to the fourth quarter of 1997, M2 expanded at a rate somewhat above the upper bound of its range for the year and M3 at a rate substantially above the upper bound of its range. Total domestic nonfinancial debt expanded in 1997 at a pace somewhat below the middle of its range.

The Federal Open Market Committee seeks monetary and financial conditions that will foster price stability and promote sustainable growth in output. In furtherance of these objectives, the Committee at this meeting established ranges for growth of M2 and M3 of 1 to 5 percent and 2 to 6 percent respectively, measured from the fourth quarter of 1997 to the fourth quarter of 1998. The range for growth of total domestic nonfinancial debt was set at 3 to 7 percent for the year. The behavior of the monetary aggregates will continue to be evaluated in the light of progress toward price level stability, movements in their velocities, and developments in the economy and financial markets.

In the implementation of policy for the immediate future, the Committee seeks conditions in reserve markets consistent with maintaining the federal funds rate at an average of around 5-1/2 percent. In the context of the Committee's long-run objectives for price stability and sustainable economic growth, and giving careful consideration to economic, financial, and monetary developments, a slightly higher federal funds rate or a slightly lower federal funds rate might be acceptable in the intermeeting period. The contemplated reserve conditions are expected to be consistent with some moderation in the growth in M2 and M3 over coming months.

By order of the Federal Open Market Committee, April 6, 1998.

**Donald L. Kohn,**

*Secretary, Federal Open Market Committee.*  
[FR Doc. 98-9886 Filed 4-14-98; 8:45 am]

BILLING CODE 6210-01-F

## FEDERAL RESERVE SYSTEM

### Sunshine Act Meeting

**TIME AND DATE:** 11:00 a.m., Monday, April 20, 1998.

**PLACE:** Marriner S. Eccles Federal Reserve Board Building, 20th and C Streets, N.W., Washington, D.C. 20551.

**STATUS:** Closed.

#### MATTERS TO BE CONSIDERED:

1. Personnel actions (appointments, promotions, assignments, reassignments, and salary actions) involving individual Federal Reserve System employees.

2. Any items carried forward from a previously announced meeting.

**CONTACT PERSON FOR MORE INFORMATION:** Joseph R. Coyne, Assistant to the Board; 202-452-3204.

**SUPPLEMENTARY INFORMATION:** You may call 202-452-3206 beginning at approximately 5 p.m. two business days before the meeting for a recorded announcement of bank and bank holding company applications scheduled for the meeting; or you may contact the Board's Web site at <http://www.bog.frb.fed.us> for an electronic announcement that not only lists applications, but also indicates procedural and other information about the meeting.

Dated: April 10, 1998.

**Jennifer J. Johnson,**

*Deputy Secretary of the Board.*

[FR Doc. 98-10042 Filed 4-10-98; 4:30 pm]

BILLING CODE 6210-01-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Advisory Committee on Immunization Practices; Charter Renewal

This gives notice under the Federal Advisory Committee Act (Pub. L. 92-463) of October 6, 1972, that the Advisory Committee on Immunization Practices (ACIP), Centers for Disease Control and Prevention (CDC), Department of Health and Human Services, has been renewed for a 2-year period beginning April 1, 1998, through April 1, 2000.

For further information, contact Dixie E. Snider, Jr., M.D., Executive Secretary, ACIP, CDC, 1600 Clifton Road, NE, (M/S D-50), telephone 404/639-7240 or fax 404/639-7342.

Dated: April 9, 1998.

**Nancy C. Hirsch,**

*Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).*

[FR Doc. 98-9912 Filed 4-14-98; 8:45 am]

BILLING CODE 4861-18-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[Announcement 98023]

#### Human Immunodeficiency Virus (HIV), Sexually Transmitted Diseases (STDs), and Tuberculosis (TB) Related Applied Research Projects

##### A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of funds beginning in fiscal year (FY) 1998 for cooperative agreements to conduct human immunodeficiency virus (HIV), sexually transmitted diseases (STDs), and tuberculosis (TB) related applied research into the control and prevention of HIV, STDs and TB. The purpose of this program is to encourage new and innovative methods to further the prevention of HIV, STDs and TB infection. Projects that will be considered for funding are applied research into the control and prevention of HIV, STDs, or TB. This program addresses the "Healthy People 2000" priority area(s) HIV Infection, Sexually Transmitted Diseases, and Immunization and Infectious Diseases.

##### National Program Goals

CDC's national strategic goals for the programs supported by the National Center for HIV, STDs and TB Prevention are:

1. Increase public understanding of, involvement in, and support for HIV, STDs, and TB prevention.
2. Ensure completion of therapy for persons identified with active TB or TB infection.
3. Prevent or reduce behaviors or practices that place persons at risk for HIV and STDs infection or, if already infected, place others at risk.
4. Increase individual knowledge of HIV serostatus and improve referral systems to appropriate prevention and treatment services.
5. Assist in building and maintaining the necessary State, local, and community infrastructure and technical capacity to carry out necessary prevention programs.
6. Strengthen the current systems and develop new systems to accurately monitor HIV, STDs, and TB, as a basis for assessing and directing prevention programs.

##### B. Eligible Applicants

Eligible applicants will include universities, colleges, research institutions, hospitals, public and

private non-profit organizations, community-based, national, and regional organizations, State and local governments or their bona fide agents or instrumentalities, federally recognized Indian Tribal governments, Indian tribes or organizations, and small, minority- and/or women owned non-profit businesses.

**Note:** Organizations described in section 501(c)(4) of the Internal Revenue Code of 1986 that engage in lobbying are not eligible to receive Federal grant/cooperative agreement funds.

### C. Availability of Funds

Approximately \$500,000 is available in FY 1998 to fund approximately four awards. It is expected that the average award will be \$150,000, ranging from \$100,000—\$300,000. Funding estimates are subject to change. It is expected that awards will begin in September, 1998 and will be made for a 12 month budget period within a project period of up to three years. Funding will be available during the fiscal year for applications submitted that are consistent with the National Center for HIV, STD, and TB Prevention (NCHSTP) National Program Goals. Funding estimates are subject to change. Continued support in future years will be based on the availability of funds and success in demonstrating progress toward achievement of objectives.

#### *Program Priority Areas*

1. The impact of managed care on TB control activities.
2. The impact of behavioral intervention in correctional settings on the community at large or the impact of corrections, public health, and substance abuse collaborations on the health of the community.
3. The impact of peer and community education programs on health seeking behaviors of high risk populations, women, youth, and substance abusers.
4. Correctional health care, especially the impact of managed care or privatized care providers, and its impact on health care utilization in the community.
5. The relationship between drug and alcohol use and sexual behavior and high risk sexual behavior among IDUs, sexual partners of IDUs, women, adolescents, and men who have sex with men.
6. The evaluation of non-abstinence based strategies for drug users who cannot or are unwilling to stop drug use.
7. The development, piloting, evaluation, or technology transfer of innovative behavioral interventions designed to reduce the transmission or

acquisition of HIV among vulnerable populations.

8. The development of new methods for estimating HIV incidence, assessment of HIV incidence in selected, high-risk populations or social networks in geographically-defined communities where HIV incidence is known or expected to be high, or use of HIV incidence data for evaluating prevention interventions.

9. The development, evaluation, or improvement of HIV prevention interventions.

10. Develop a knowledge base to improve access to care of HIV-infected persons and to reduce HIV-associated morbidity and mortality among persons in care.

11. Among HIV-infected persons in care, prevent development of opportunistic infections and prevent/delay progression to AIDS and death.

CDC may announce additional priority areas through both the **Federal Register** and the Internet.

### D. Program Requirements

1. Recipient activities to achieve the purposes of this program will vary by project. CDC will be responsible for the activities under CDC Activities.

#### *1. Recipient Activities*

A. Complete the development of the research protocol.

B. Carry out the activities according to the approved protocol.

C. Ensure that appropriate approvals are secured for the protection of human subjects, Office of Management and Budget and Paperwork Reduction Act, privacy, confidentiality, and data security.

D. Compile and disseminate findings.

#### *2. CDC Activities*

A. Monitor and evaluate scientific and operational accomplishments of the project through periodic site visits, frequent telephone calls, and review of technical reports and interim data analysis.

B. For recipients whose project involves collaboration with a State or local health department, CDC will assist in facilitating the planning and implementation of the necessary linkages with local or State health departments and assist with the developmental strategies for applied clinical or prevention oriented research programs.

C. Facilitate the technological and methodological dissemination of successful prevention and intervention models among appropriate target groups, such as, State and local health departments, community based

organizations, and other health professionals.

D. Participate in planning, implementing, and evaluating strategies and protocols.

### E. Application Content

#### *1. Letter of Intent (LOI)*

Potential applicants must submit an original and two copies of a two-page typewritten Letter of Intent (LOI) that briefly describes the title of the project, purpose and need for the project as well as its relationship to the National Program Goals, the estimated total cost of the proposed project, and the dollar amount and percentage of the total cost being requested from CDC. Current recipients of CDC funding must provide the award number and title of the funded programs. No attachments, booklets, or other documents accompanying the LOI will be considered.

LOI's will be reviewed by CDC program staff and an invitation to submit a full application will be made based on the documented need for the proposed project, contribution to the NCHSTP National Program Goals, and the availability of funds. LOI's may focus individually on HIV, STD, or TB, or may address more than one programmatic priority area.

An invitation to submit a full application does not constitute a commitment by CDC to fund the applicant.

#### *2. Application*

Applications may be submitted only after a Letter of Intent has been approved by CDC and a written invitation from CDC has been extended to the prospective applicant. Applicants who are invited to submit a full application must use Form PHS 398 (OMB Number 0925-0001), and submit an original and five copies. The application narrative should consist of:

A. Abstract (Not to exceed 1 page): An executive summary of your program covered under this announcement.

B. Program Plan (Not to exceed 10 pages): In developing the application under this announcement, please review the recipient activities and, in particular, evaluation criteria and respond concisely and completely.

C. Budget: Submit an itemized budget and supporting justification that is consistent with your proposed program plan.

## F. Submission Requirements and Deadlines

### 1. Letter of Intent (LOI)

ONE ORIGINAL AND TWO COPIES of the LOI must be postmarked on or before May 18, 1998. (FACSIMILES ARE NOT ACCEPTABLE.)

### 2. Application

ONE ORIGINAL AND FIVE COPIES of the invited applications must be submitted on Form PHS 398 (OMB Number 0925-0001) and must be postmarked on or before July 20, 1998.

### 3. Address for Submission of Letter of Intent and Invited Application

Juanita Dangerfield, Grants Management Specialist, Grants Management Branch, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road NE., Room 300, Mailstop E-15, Atlanta, Georgia 30305

### 4. Application Deadline

Letters of Intent and Applications shall be considered as meeting the deadline if they are either:

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

### 5. Late Applications and Letters of Intent

Applications that do not meet the criteria in 4a or 4b are considered late applications and will be returned to the applicant without review.

## G. Evaluation Criteria

Applications responding to this announcement will be evaluated individually according to the following criteria.

1. The inclusion of a brief review of the scientific literature pertinent to the study being proposed and specific research questions or hypotheses that will guide the research. The originality and need for the proposed research, the extent to which it does not replicate past or present research efforts, and how findings will be used to guide prevention and control efforts. (20 points)

2. The quality of the plans to develop and implement the study, including the degree to which the applicant has met

the CDC Policy requirements regarding the inclusion of women, ethnic, and racial groups in the proposed research. This includes:

- a. The proposed plan for the inclusion of both sexes and racial and ethnic minority populations for appropriate representation.

- b. The proposed justification when representation is limited or absent.

- c. A statement as to whether the design of the study is adequate to measure differences when warranted.

- d. A statement as to whether the plans for recruitment and outreach for study participants include the process of establishing partnerships with community(ies) and recognition of mutual benefits. (20 points)

3. Extent to which proposed objectives will further the NCHSTP National Program Goals. (20 points)

4. Extent to which proposed activities, if well executed, are capable of attaining project objectives. (20 points)

5. Extent to which personnel involved in this project are qualified, including evidence of past achievements appropriate to the project and realistic and sufficient percentage-time commitments. Evidence of adequacy of facilities and other resources needed to carry out the project. (20 points)

6. Other (not scored)

- a. Budget: Will be reviewed to determine the extent to which it is reasonable, clearly justified, consistent with the intended use of the funds, and allowable. All budget categories should be itemized.

- b. Human Subjects: Whether or not exempt from the Department of Health and Human Services regulations, are procedures adequate for the protection of human subjects? Recommendations on the adequacy of protections include the following:

- (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 Objective Review Group (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.

Funding decisions on approved applications will depend on the area of interest of the proposals, their relationship to NCHSTP National Program Goals, the specific research questions being proposed, and the quality of the application.

## H. Other Requirements

### Technical Reporting Requirements

Provide CDC with original plus two copies of:

1. An annual progress report,
2. Financial status report, no more than 90 days after the end of the budget period, and

3. Final financial report and performance report, no more than 90 days after the end of the project period.

Send all reports to Juanita Dangerfield, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement 98023, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Mail Stop E-15, Room 300, Atlanta, GA 30305-2209.

For descriptions of the following Other Requirements, see Attachment I:

1. AR98-1—Human Subjects Requirements
2. AR98-2—Inclusion of Women and Racial and Ethnic Minorities in Research Requirements
3. AR98-4—HIV/AIDS Confidentiality Provisions
4. AR98-5—HIV Program Review Panel Requirements
5. AR98-6—Patient Care Prohibitions
6. AR98-9—Paperwork Reduction Act Requirements
7. AR98-10—Smoke-Free Workplace Requirements
8. AR98-11—Healthy People 2000
9. AR98-12—Lobbying Restrictions

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

This program is authorized under the Public Health Service Act, sections 317(k)(2) (42 U.S.C. 247b(k)(2)), 317E (42 U.S.C. 247b-6) and 318 of the Public Health Service Act, (42 U.S.C. 247c), as amended. Regulations governing grants for STD research are codified in part 51b, subparts A and F of Title 42, Code of Federal Regulations. The Catalog of Federal Domestic Assistance numbers are 93.941, HIV Demonstration, Research, Public and Professional Education; 93.943, Epidemiologic Research Studies of Acquired Immunodeficiency Virus (AIDS) and Human Immunodeficiency Virus (HIV) Infection in Selected Population Groups; 93.947, Tuberculosis Demonstration, Research, Public and Professional Educations; and 93.978, Prevention Health Services—Sexually Transmitted Diseases Research, Demonstrations, and Public Information and Education Grants.

## J. Where to Obtain Additional Information

To receive additional written information, call 1-888-472-6874. You will be asked to leave your name, address, and phone number, and refer to Announcement Number 98023. You will receive a complete program announcement. CDC will not send application kits by facsimile or express mail unless the cost for the latter is paid by the addressee.

This and other CDC announcements are also available through the CDC homepage on the Internet. The address for the CDC homepage is <http://www.cdc.gov>.

Business management technical assistance may be obtained from Juanita Dangerfield, Grants Management Specialist, Grants Management Branch, Centers for Disease Control and Prevention (CDC), Procurement and Grants Office, 255 East Paces Ferry Road NE., Room 300, Mailstop E-15, Atlanta, GA 30305, telephone (404) 842-6577, or facsimile at (404) 842-6513, or INTERNET address: [jdd2@cdc.gov](mailto:jdd2@cdc.gov).

Programmatic technical assistance may be obtained from the National Center for HIV, STDs and TB Prevention, Centers for Disease Control and Prevention (CDC), Atlanta, GA 30303, for HIV, contact Carol Aloisio, telephone (404) 639-0902; for STD, contact Sevgi Aral, telephone (404) 639-8259; for TB, contact Bess Miller, telephone (404) 639-8120.

Please refer to Announcement 98023 when requesting information and submitting an application.

Dated: April 9, 1998.

**Joseph R. Carter,**

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

[FR Doc. 98-9909 Filed 4-14-98; 8:45 am]

BILLING CODE 4163-18-P

*Times and Dates:* 10 a.m.-5:30 p.m., April 30, 1998. 8:30 a.m.-2:30 p.m., May 1, 1998.

*Place:* CDC, Auditorium B, 1600 Clifton Road, NE, Atlanta, Georgia 30333.

*Status:* Open to the public, limited only by the space available.

*Purpose:* The Board of Scientific Counselors, NCID, provides advice and guidance to the Director, CDC, and Director, NCID, in the following areas: program goals and objectives; strategies; program organization and resources for infectious disease prevention and control; and program priorities.

*Matters To Be Discussed:* Agenda items will include:

1. NCID Update
2. Program Updates:
  - Division of Quarantine
  - Division of Viral and Rickettsial Diseases
  - Division of Bacterial and Mycotic Diseases
  - Division of AIDS, Tuberculosis, and STD Laboratory Research
3. Emerging Infectious Disease Plan—Update
4. Core Capabilities for Public Health Laboratories
5. Update: Rift Valley Fever
6. Scientific Updates: Late Breakers
7. Discussion and Recommendations

Other agenda items include announcements/introductions; follow-up on actions recommended by the Board in December 1997; and consideration of future directions, goals, and recommendations.

Agenda items are subject to change as priorities dictate.

Written comments are welcome and should be received by the contact person listed below prior to the opening of the meeting.

*Contact Person for More Information:* Diane S. Holley, Office of the Director, NCID, CDC, Mailstop C-20, 1600 Clifton Road, NE, Atlanta, Georgia 30333, telephone 404/639-0078.

Dated: April 8, 1998.

**Nancy C. Hirsch,**

*Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).*

[FR Doc. 98-9910 Filed 4-14-98; 8:45 am]

BILLING CODE 4163-18-P

Universities in Partnership with Head Start and Early Head Start Grantees.

**SUMMARY:** The Administration for Children and Families, Administration on Children, Youth and Families announces the availability of funds for Head Start Training Partnerships with Historically Black Colleges and Universities. The purpose is to utilize the capabilities of these institutions of higher education to improve the quality and long-term effectiveness of Head Start and Early Head Start by developing models of academic training and forming partnerships between the HBCUs and Head Start and Early Head Start.

**DATES:** The closing date for receipt of applications is 5:00 p.m. EST June 15, 1998.

**ADDRESSES:** Applications, including all necessary forms can be downloaded from the Head Start web site at: [www.acf.dhhs.gov/programs/hsb](http://www.acf.dhhs.gov/programs/hsb).

Hard copies of the program announcement and application kit may be obtained by writing or calling: Head Start Partnerships with Historically Black Colleges and Universities (HBCUs), Administration on Children, Youth and Families Operations Center, 1225 Jefferson Davis Highway, Suite 415, Arlington, VA 22202. The telephone number is 1-800-351-2293.

**FOR FURTHER INFORMATION:** Same address and telephone number as indicated under addresses above.

*Eligible Applicants:* Historically Black Colleges and Universities as defined in Executive Order 12677 which offer courses of study in the areas of human services delivery, early childhood education and care, health care services, community development and/or human resource development. Current grantees are not eligible to apply for this wave of applications.

*Project Duration:* Awards, on a competitive basis will be for a one-year budget period; project periods will be for four years.

*Federal Share of Project Costs:* The maximum Federal share for each project is not to exceed \$125,000 per year. The annual budget should include the cost for two staff members to attend a conference in the Washington, DC area. Although there are no matching requirements, applicants are encouraged to provide non-Federal contributions to the project.

*Estimated Number of Projects To Be Funded:* It is anticipated that up to five projects will be funded.

**Statutory Authority:** The Head Start Act, as amended, 42 U.S.C. 9801 *et seq.*

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Board of Scientific Counselors, National Center for Infectious Diseases: Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces the following committee meeting.

*Name:* Board of Scientific Counselors, National Center for Infectious Diseases (NCID).

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

[CFDA 93.600 Head Start, Head Start Act as Amended]

#### Fiscal Year 1998 Discretionary Announcement for Head Start Partnerships With Historically Black Colleges and Universities

**AGENCY:** Administration on Children, Youth and Families, ACF, DHHS.

**ACTION:** Notice of announcement of the availability of funds and request for applications for training grants for Historically Black Colleges and