and interim outcomes to larger, retrospective projects that assess the ultimate outcomes/impact of AHCPR activities on the health care system.

### **AHCPR Customers**

The AHCPR research agenda is designed to be responsive to the needs of its customers/stakeholders and what they value in health care. These include consumers and patients; clinicians and other providers; institutions; plans; purchasers; and policymakers in all sectors (e.g., Federal, State, and local governments: voluntary associations: international organizations; and foundations). All of these customers require evidence-based information to inform health policy decisions. Health policy choices in this context represent three general levels of decisionmaking: (1) Clinical Policy Decisions-Information is used every day by clinicians, consumers, patients, and health care institutions to make choices about what works, for whom, when, and at what cost. (2) Health Care System Policy Decisions-Health plan and system administrators and policymakers are confronted daily by choices on how to improve the health care system's ability to provide access to and deliver high-quality, high-value care. (3) Public Policy Decisions—Information is used by policymakers to expand their capability to monitor and evaluate the impact of system changes on outcomes, quality, access, cost, and use of health care and to devise policies designed to improve the performance of the system. These decisions include those made by Federal, State, and local policymakers and those that affect the entire population or certain segments of the public.

In summary, AHCPR seeks suggestions for agency activities within the framework of priorities set out in the AHCPR strategic plan goals, activities, and customers, as described above.

Dated: March 31, 1999.

### John M. Eisenberg,

Administrator.

[FR Doc. 99–9445 Filed 4–14–99; 8:45 am] BILLING CODE 4160–90–M

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 99040]

Cooperative Agreement for the Development of a National Public Health Information Infrastructure Notice of Availability of Funds

# A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year FY 1999 funds for a cooperative agreement program for the development of a national public health information infrastructure. This program addresses the "Healthy People 2000" priority area of Educational and Community-Based Programs.

The purpose of this program is to provide State health departments with local and national access to news media for coverage of health emergencies and opportunities to tell the stories of prevention; identify methods to provide health communication to State health departments; and to elicit the coordination and cooperation of other national, public, private, and voluntary agencies in promoting public health information.

### B. Eligible Applicant

Assistance may be submitted by public and private nonprofit organizations and by governments and their agencies; that is, universities, colleges, research institutions, hospitals, other public and private nonprofit organizations, State and local governments and their bona fide agents, and federally recognized Indian tribal governments, Indian tribes, or Indian tribal organizations.

**Note:** Pub. L. 104–65 states that an organization described in section 501 (c)(4) of the Internal Revenue Code of 1986 that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant, cooperative agreement, contract, loan or any other form.

### C. Availability of Funds

Approximately \$200,000 is available in FY 1999 to fund this cooperative agreement. It is expected that the award will begin on or about September 30, 1999, and will be made for a 12-month budget period within a project period of up to 5 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 as evidenced by required reports and the availability of funds.

## **D.** Cooperative Activities

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities under 1., below, and CDC will be responsible for conducting activities under 2., below:

- 1. Recipient Activities:
- a. Plan, conduct, and evaluate an annual national conference and, as required, regional conferences. The purpose of these conferences is to provide a forum for continuing education opportunities in public health communications.
- b. Publish periodic newsletters to keep State Health Departments informed of the programs, initiatives, and activities of interest to the States related to communication intervention programs that enrich and improve public health.
- c. Assess electronic communication networking among State health departments and provide recommendations to States on equipment and financial needs to strengthen communication efforts.
- d. Evaluate the media training available for public health professionals and provide recommendations for workshops to all State health departments. Provide assistance to those State health departments wishing to implement media training.
- e. Network with key national public health groups and schools to evaluate existing public information material relating to public health programs such as, but not limited to, immunization, tobacco control, tuberculosis, violence and bioterrorism. As needs are identified, regional awareness campaigns will be designed through State health departments.
- f. Develop National health communication campaigns and disseminate campaign updates and material to State health departments.
  - 2. CDC Activities:
- a. Provide technical assistance and consultation in the area of program development, implementation, and health communication campaigns.
- b. Provide technical assistance in the development of an annual conference for State, regional and national exchange of public health information.
- c. Provide technical assistance in defining the scope of training needs and proposed training materials to address those needs.

# **E. Application Content**

Use the information in the Cooperative Activities, Other Requirements, and Evaluation Criteria sections to develop the application content. Your application will be evaluated on the criteria listed, so it is important to follow them in laying out your program plan. The narrative should be no more than 25 double-spaced pages, printed on one side, with one inch margins, and unreduced font.

# F. Application Submission and Deadline

Submit the original and two copies of PHS 5161 (OMB Number 0937–0189). Forms are in the application kit. On or before June 21, 1999, submit the application to: Joanne Wojcik, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement Number 99040, Centers for Disease Control and Prevention, 2920 Brandywine Road, Suite 3000, Atlanta, Georgia 30341–

Deadline: Application shall be considered as meeting the deadline if it is:

- 1. Received on or before the deadline date; or
- 2. Sent on or before the deadline date and received in time for orderly processing. (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.)

G. Evaluation Criteria

The application will be evaluated against the following criteria (maximum

100 total points):

1. Background, Need, and Capacity (25 percent): The extent to which the applicant presents data and information documenting the capacity to accomplish the program, positive progress in related past or current activities or programs, and, as appropriate, need for the program. The extent to which current resources demonstrate capability to conduct the program.

2. Goals and Objectives (15 percent): The extent to which the applicant includes goals which are relevant to the purpose of the proposal and feasible to accomplish during the project period, and the extent to which these are specific and measurable. The extent to which the applicant has included objectives which are feasible to accomplish during the budget period and project period, and which address all activities necessary to accomplish the purpose of the proposal.

3. Methods and Staffing (25 percent): The extent to which the applicant provides: (1) A detailed description of proposed activities which are likely to achieve each objective and overall program goals, and which includes

designation of responsibility for each action undertaken; (2) a reasonable and complete schedule for implementing all activities; and (3) a description of the roles of each unit, organization, or agency, and evidence of coordination, supervision, and degree of commitment of staff, organizations, and agencies involved in activities.

- 4. Evaluation (25 percent): The extent to which the proposed evaluation system is detailed, addresses goals and objectives of the program, and will document program process, effectiveness, and impact. The extent to which the applicant demonstrates potential data sources for evaluation purposes and methods to evaluate the data sources, and documents staff availability, expertise, experience, and capacity to perform the evaluation. The extent to which a feasible plan for reporting evaluation results and using evaluation information for programmatic decisions is included.
- 5. Collaboration (10 percent): The extent to which relationships between the program and other organizations, agencies, and health department units that will relate to the program or conduct related activities are clear, complete and provide for complementary or supplementary interactions. The extent to which coalition membership and roles are clear and appropriate.
- 6. Budget and Justification (not scored): The extent to which the applicant provides a detailed budget and narrative justification consistent with stated objectives and planned program activities.

# H. Other Requirements

Technical Reporting Requirements Provide CDC with the original plus two copies of:

1. Semiannual Progress reports;

2. Financial status report, no more than 90 days after the end of the budget period;

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

Send all reports to: Joanne Wojcik, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention 2920 Brandywine Road, Suite 3000, Atlanta, Georgia 30341–4146.

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

AR-5 HIV Program Review Panel Requirements

AR-10 Smoke-Free Workplace Requirements

AR-11 Healthy People 2000 AR-12 Lobbying Restrictions AR-20 Conference Support

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

This program is authorized under Section 1704 [42 U.S.C. 300u–3] of the Public Health Service Act, as amended. The Catalog of Federal Domestic Assistance Number is 93.283.

# J. Where to Obtain Additional Information

This announcement and other announcements may be downloaded from www.cdc.gov (click on funding)

To receive additional written information and to request an application kit, call 1-888-GRANTS4 (1–888 472–6874). You will be asked to leave you name and address and will be instructed to identify the Announcement number of interest. Please refer to Program Announcement 99040 when you request information. For a complete program description, information on application procedures, an application package and business management technical assistance, contact: Joanne Wojcik, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement 99040, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Suite 3000, Atlanta, GA., 30341-4146, Telephone (404) 488-2717, Email address icw6@cdc.gov.

For program technical assistance, contact: Linda Leake, Administrative Officer, Office of Communication, Centers for Disease Control and Prevention 1600 Clifton Road, NE, MS D25, Atlanta, Georgia 30333, Telephone: (404) 639–7994, E Mail: ldll@cdc.gov.

Dated: April 9, 1999.

### John L. Williams,

Director, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 99–9379 Filed 4–14–99; 8:45 am] BILLING CODE 4163–18–P

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 99N-0671]

Bestblood, Ltd.; Opportunity for Hearing on a Proposal to Revoke U.S. License No. 1116

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Food and Drug Administration (FDA) is announcing an