

Machinery Leasing Company of North America, Inc., Nashville, Tennessee, and thereby engage in leasing activities, pursuant to § 225.28(b)(3) of Regulation Y. The co-venturer is Sky Masters, LLC, Nashville, Tennessee.

**B. Federal Reserve Bank of San Francisco** (Maria Villanueva, Manager of Analytical Support, Consumer Regulation Group) 101 Market Street, San Francisco, California 94105-1579:

1. *Dai-Ichi Kangyo Bank, Limited*, Tokyo, Japan; to acquire Newcourt Credit Group, Inc., Toronto, Canada, and thereby engage in extending credit and servicing loans, pursuant to § 225.28(b)(1) of Regulation Y; engaging in activities related to the extension of credit, pursuant to § 225.28(b)(2) of Regulation Y; leasing personal or real property or acting as agent, broker, or adviser in leasing such property, pursuant to § 225.28(b)(3) of Regulation Y; financial and investment advisory activities, pursuant to § 225.28(b)(6) of Regulation Y; and providing agency transactional services for customer investments, pursuant to § 225.28(b)(7) of Regulation Y.

Board of Governors of the Federal Reserve System, May 12, 1999.

**Robert deV. Frierson,**

*Associate Secretary of the Board.*

[FR Doc. 99-12407 Filed 5-17-99; 8:45 am]

BILLING CODE 6210-01-F

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control And Prevention**

[INFO-99-18]

**Proposed Data Collections Submitted for Public Comment and Recommendations**

In compliance with the requirement of Section 3506 (c) (2) (A) of the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention is providing opportunity for public comment on proposed data collection projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 639-7090.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques for other forms of information technology. Send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received with 60 days of this notice.

**Proposed Project**

1. School Health Policies and Programs Study 2000 (SHPPS 2000)—(0920-0445)—Revision—The National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). The purpose of this request is to obtain OMB clearance to conduct the main data collection studies and the validity/reliability studies. The pilot portion of the data collection was approved in April. Upon the completion of the pilot this package will be submitted for OMB review for the remainder of the survey. The studies involve school health policies and programs in elementary, middle/junior, and senior high schools nationwide. A similar study was conducted in 1994 (OMB No. 0920-0340). SHPPS 2000 will assess the characteristics of eight components of school health programs at the elementary, middle/junior, and senior high school levels: health education, physical education and activity, health services, food service, school policy and environment, mental health and social services, faculty and staff health promotion, and family and community involvement. SHPPS 2000 data will be used to provide end-of-decade measures for 18 national health objectives for 2000 and as a baseline measure for at least 17 draft objectives for 2010. No other national source of data exists for these 2000 and draft 2010 objectives. The data also will have significant implications for policy and program development for school health programs nationwide. The total estimated cost to respondents \$602,664.

**ANNUAL BURDEN HOURS FOR SHPPS 2000 MAIN DATA COLLECTION, SPRING 2000**

Questionnaire/activity	Respondent	Number of respondents	Burden hours per respondent	Total burden hours
State Health Education .....	State officials .....	51	1.00	51.0
State Physical Education and Activity .....	State officials .....	51	1.00	51.0
State Health Services .....	State officials .....	51	1.00	51.0
State Food Service .....	State officials .....	51	1.00	51.0
State Questionnaire on School Policy and Environment.	State officials .....	51	1.25	63.8
State Mental Health and Social Services .....	State officials .....	51	1.00	51.0
State Faculty and Staff Health Promotion .....	State officials .....	51	0.50	25.5
Assist with identifying state level respondents and with recruiting districts and schools.	State officials .....	51	1.00	51.0
District Health Education .....	District officials .....	1148	1.00	1148.0
District Physical Education and Activity .....	District officials .....	1148	1.00	1148.0
District Health Services .....	District officials .....	1148	1.00	1148.0
District Food Service .....	District officials .....	1148	1.00	1148.0
District Questionnaire on School Policy and Environment.	District officials .....	1148	1.25	1435.0
District Mental Health and Social Services .....	District officials .....	1148	1.00	1148.0
District Faculty and Staff Health Promotion .....	District officials .....	1148	0.50	574.0
Assist with identifying district and school level respondents and with recruiting schools.	District officials .....	350	1.00	350.0

ANNUAL BURDEN HOURS FOR SHPPS 2000 MAIN DATA COLLECTION, SPRING 2000—Continued

Questionnaire/activity	Respondent	Number of respondents	Burden hours per respondent	Total burden hours
Assist with identifying and scheduling school level respondents.	School officials .....	1539	1.00	1539.0
School Health Education .....	Health education lead teachers, principals, or designees.	1539	1.00	1539.0
School Physical Education and Activity .....	Physical education lead teachers, principals, or designees.	1539	1.00	1539.0
School Health Services .....	School nurses, principals, or designees .....	1539	1.00	1539.0
School Food Service .....	Food service managers, principals, or designees	1539	1.00	1539.0
School Questionnaire on School Policy and Environment.	Principals or designees .....	1539	1.50	2308.5
School Mental Health and Social Services .....	Counselors, principals, or designees .....	1539	1.00	1539.0
School Faculty and Staff Health Promotion .....	Principals or designees .....	1539	0.50	769.5
Health Education Classroom Teacher .....	Health education teachers (Average 1.5 per school).	2309	0.80	1847.2
Physical Education and Activity Classroom Teacher.	Physical education teachers (Average 2 per school).	3078	0.80	2462.4
Total .....	.....	26,493	.....	25,115.9

ANNUAL BURDEN HOURS FOR VALIDITY/RELIABILITY STUDY, SPRING 2000

Questionnaire	Respondent	Number of respondents	Burden hours per respondent	Total burden hours
State Health Education .....	State officials .....	32	0.25	8.0
State Physical Education and Activity .....	State officials .....	32	0.25	8.0
State Health Services .....	State officials .....	32	0.20	6.4
State Food Service .....	State officials .....	32	0.20	6.4
State Questionnaire on School Policy and Environment.	State officials .....	32	0.40	12.8
State Mental Health and Social Services .....	State officials .....	32	0.25	8.0
State Faculty and Staff Health Promotion .....	State officials .....	32	0.20	6.4
District Health Education .....	District officials .....	82	0.25	20.5
District Physical Education and Activity .....	District officials .....	82	0.25	20.5
District Health Services .....	District officials .....	82	0.20	16.4
District Food Service .....	District officials .....	82	0.20	16.4
District Questionnaire on School Policy and Environment.	District officials .....	82	0.40	32.8
District Mental Health and Social Services .....	District officials .....	82	0.25	20.5
District Faculty and Staff Health Promotion .....	District officials .....	82	0.40	32.8
School Health Education .....	Health education lead teachers, principals, or designees.	82	0.80	65.6
School Physical Education and Activity .....	Physical education lead teachers, principals, or designees.	82	0.80	65.6
School Health Services .....	School nurses, principals, or designees .....	82	0.80	65.6
School Food Service .....	Food service managers, principals, or designees	82	0.80	65.6
School Questionnaire on School Policy and Environment.	Principals or designees .....	82	1.25	102.5
School Mental Health and Social Services .....	Counselors, principals, or designees .....	82	0.80	65.6
School Faculty and Staff Health .....	Principals or designees .....	82	0.40	32.8
Promotion Health Education Classroom Teacher	Health education teachers (Average 1.5 per school).	82	0.80	65.6
Physical Education and Activity Classroom Teacher.	Physical education teachers (Average 2 per school).	82	0.80	65.6
Total .....	.....	1,536	.....	810.4

ANNUAL BURDEN HOURS ACROSS ALL SHPPS 2000 STUDY COMPONENTS

Study component	Number of respondents	Total burden hours
Main Study Data Collection, Spring 2000 .....	26,493	25,115.9
Validity/Reliability Study, Spring 2000 .....	1,536	810.4
Total .....	28,029	25,926.3

Dated: May 12, 1999.

**Nancy Cheal,**

*Acting Associate Director for Policy Planning and Evaluation, Centers for Disease Control and Prevention.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[Program Announcement 99109]

**Addressing Asthma from a Public Health Perspective**

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 titled "Addressing Asthma from a Public Health Perspective". This program addresses the "Healthy People 2000" priority area of Environmental Health.

The purpose of this program is to provide the impetus to begin development of program capacity to address asthma from a public health perspective with the purpose to bring about: (1) A focus of asthma-related activity within the agency; (2) an increased understanding of asthma-related data and its application to program planning through development of an ongoing surveillance system; (3) an increased recognition within the public health structure of the state or territory of the potential to use a public health approach to reduce the burden of asthma; (4) linkages of the health agency to the many agencies and organizations addressing asthma in the population; and (5) participation in intervention program activities.

**B. Eligible Applicants**

Assistance will be provided only to the health departments of States or their bona fide agents, including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, federally recognized Indian tribal governments, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

**C. Availability of Funds**

Approximately \$600,000 is available in FY 1999 to fund approximately three

awards. It is expected that the average award will be \$200,000 and will begin on or about September 30, 1999 for a 12-month budget period within a project period of up to three years. Funding estimates may change. Continuation awards within an approved project period will be made on the basis of satisfactory progress as evidenced by required reports and the availability of funds.

**D. Program Requirements**

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

**1. Recipient Activities**

a. Develop an asthma surveillance system and begin the statewide intervention program;

b. Develop and organize collaborative linkages with appropriate agencies and organizations statewide to together (1) systematically describe the asthma problem in the state; (2) identify available resources; (3) in conjunction with collaborative agencies/organizations, develop a plan and begin implementation of that plan.

c. Evaluate all activities and document lessons learned;

**2. CDC Activities:**

a. Collaborate with the recipient in all stages of the project and coordinate joint activities among all grantees;

b. Provide programmatic technical assistance as appropriate.

**E. Application Content**

Use the information in the Program Requirements, 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 30 double-spaced typewritten pages, printed on one side, with one inch margins, and un-reduced font (10 or 12 point font only). Should graphics, maps overlays, etc. be used, they should be in black and white and meet the above criteria.

Include each of the following sections:

**1. Description of Problem**

Describe what is known of the asthma problem in the state or jurisdiction and efforts to date to begin to systematically address the problem;

**2. Collaborative Relationships**

Describe experiences with collaborative relationships around asthma or with other chronic or environmentally-related disease problems requiring extensive collaborative relationships both within and outside of the agency;

**3. Program Purpose**

Provide specific objectives for the proposed activity that are realistic, time-phased, measurable and reflect the three-year period of this solicitation. (Note that a statewide approach is encouraged; if a focus on only a part of the state's population is desired, that choice must be explained and justified.)

**4. Management and staffing plan**

Describe the qualifications and roles of a trained public health professional(s) to serve as asthma coordinator for the agency's program and develop asthma surveillance activities, and a supervisor who will assure support for the project staff. Include a plan to expedite filling of the staff position(s) and assure that they have been or will be approved by the applicant's personnel system. Where current staff already fill these roles and federal resources are not to be used for their support, information on the position and the qualifications of the person filling the position should be provided. Other support-level positions may also be proposed.

**5. Program Plan**

Submit a plan that describes how the project objectives will be achieved. Each objective should be clearly related to a specific objective in #3 above. The plan must address the following topics:

a. Describe the primary roles and responsibilities for the project staff over the three-year grant period, also specific staff activities that will contribute to meeting each objective;

b. Describe the organizational location of the proposed staff, their relation to the state's "asthma contact", and the support within the organizational structure for the activities defined for the project staff;

c. Describe existing or planned collaborative relationships and specifically define the approach to be used (particularly the role of the asthma coordinator) to establish/further develop these relationships. (Examples of collaborating groups: voluntary organizations; key medical care groups such as managed care organizations, major (particularly pediatric) urgent care facilities and hospitals; key city/county health agencies; and school groups; state level professional organizations. Demonstration of