request, as required by the Privacy Act and GSA's implementing regulations, 41 CFR part 105–64. If the ACES contractor determines that an amendment is inappropriate, the contractor shall submit the request to the System Manager for a determination by GSA whether to grant or deny the request for amendment and direct response to the requester.

RECORD SOURCES CATEGORIES:

The sources for information in the system are the individuals who apply for digital signature certificates, GSA ACES contractors using independent sources to verify identities, and internal system transactions designed to gather and maintain data needed to manage and evaluate the ACES program.

PRIVACY ACT EXEMPTIONS CLAIMS FOR THE SYSTEM:

None.

Dated: May 21, 1999.

Daniel K. Cooper,

Director, Administrative Services Division.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[INFO–99–20]

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 (CDC) 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 10 days of this notice.

Proposed Project

1. Application for Training for the CDC Distance Learning Program, Laboratory Training, and Other Training—(0920–0017)—Reinstatement—The Public Health Practice Program Office (PHPPO) is requesting an emergency clearance to resume data collection for the training forms associated with this clearance. We also plan on modifying/revising segments of the application forms. PHPPO in conjunction with the Public Health Training Network (PHTN) and the National Laboratory Training Network (NLTN) at CDC includes the Distance Learning Program which offers self-study, computer-based training, satellite broadcast, video courses, instructor-led field courses, and lab courses related to public health professionals worldwide. Employees of hospitals, universities, medical centers, laboratories, state and federal agencies, and state and local health departments apply for training in an effort to learn up-to-date public health procedures. The ''Application for Training'' forms are the official applications used for all training activities conducted by the CDC.

The Continuing Education (CE) Program, which includes CDCs accreditation to provide Continuing Medical Education (CME), Continuing Nurse Education (CNE) and Continuing Education Unit (CEU) for almost all training activities, requires a unique identifying number, preferably the respondent's Social Security Number (SSN), to positively identify and track individuals who have been awarded CE credit. It is often necessary to identify individuals currently enrolled in courses, or to retrieve historical information as to when a particular individual completed a course or several courses over a time period. This information provides the basis for producing a requested transcript or determining if a person is enrolled in more than one course. The use of the SSN is the only positive way of assigning a unique number to a unique individual for this purpose. However, the use of the SSN is voluntary; if a student chooses not to submit a SSN, CDC assigns a unique identifier. The reason the SSN, rather than an arbitrary assigned number is preferred, is because students are not likely to remember an arbitrary number. A student's participation in the curriculum of self-study courses sometimes spans a number of years. The SSN is necessary for eliminating duplicate enrollments; for properly crediting students with completed course work who have similar names or have changed addresses; for generating transcripts of previous completed course work on a cumulative basis. Due to the volume of enrollments, CDC Form 36.5 has been previously approved and used for years as an optical mark scan form. Use of this form, along with the use of the Social Security Number, greatly enhances CDC's capability to process a much greater volume of enrollments in less time with much greater accuracy. There is no cost to the respondents.

Respondents	Number of respondents	Number of responses/ respondent	Average burden/response (in hrs.)	Total burden (in hrs.)
Application for Training—CDC 0.759A	6,300	1	0.0833	525
Application for Laboratory Training—CDC 32.1	10,000	1	0.0833	833
Application for Distance Learning Program—CDC 36.5	40,000	1	10/60	6,667
Total				8,025

Dated: May 21, 1999.

Nancy Cheal,

Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention (CDC).

[FR Doc. 99–13601 Filed 5–27–99; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 99151]

Notice of Availability of Funds; Innovative Technology Development Grant for the Detection and Monitoring of Diabetic Hypoglycemia by Non- or Minimally-Invasive Techniques

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1999 funds for an innovative technology development grant program for the development of technology for the non-invasive or minimally-invasive detection and monitoring of diabetic hypoglycemia (low blood sugar) in children, adults, and the elderly. This program addresses the ''Healthy People 2000'' priority areas of Diabetes and Chronic Disabling Conditions; Maternal and Infant Health; Unintentional Injuries; and Heart Disease and Stroke. The purpose of the program is to stimulate the development, commercialization, and application of innovative technology for monitoring diabetics, especially insulin dependent diabetics, who are at risk of developing hypoglycemia, a condition which can result in reduced alertness, temporary inability to communicate, loss of consciousness, seizures, coma, injury, or death.

B. Eligible Applicants

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

Public Law 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 $700,000 is available in FY 1999 to fund up to three (3) awards. It is expected that the average award will be $230,000, ranging from $100,000 to $700,000. It is expected that the awards 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 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. Programmatic Interests

Programmatic interest is focused on:

1. Research and development leading to an appropriate technology for detecting and/or monitoring hypoglycemia, conditions related to hypoglycemia, or indicators of pre-hypoglycemia in diabetic patients during normal daily living. The objective of the technology should be aimed at detecting or monitoring the physiologic condition of hypoglycemia (e.g. Measurement of blood glucose concentration measurement, monitoring rates of change of blood glucose concentrations, measurement of metabolic products related to diabetes, monitoring changes in bodily radiant energy, or detection of deviations from typical individual patient characteristics using ''smart'' biosensor technology).

2. Development of the technology from research and development, through product testing, clinical evaluation, production, marketing, and technical support. Research which results ONLY in findings of academic interest with no practical application to the objectives of the grant will not be considered.

Proposals for research and development should address technology that is:

1. Non-intrusive to the patient's lifestyle.

2. Non- or minimally-invasive(i.e., totally external to the body or very minimal intrusion through the skin barrier).

3. Simple to operate, rugged, durable, and reliable.

4. Sensitive enough to detect or alarm a hypoglycemic condition in time for the patient or caregiver to take effective action, but not prone to excessive false alarms.

5. Capable of being attached to or placed near a sleeping infant, child, or elderly person in such a manner that normal movements during sleep will not dislodge or deactivate the device or cause a false alarm.

6. Available at cost such that the typical diabetic patient or parent of a diabetic child can afford to purchase or lease the monitoring system.

The research and development proposed should demonstrate an understanding of the value of collaboration with other researchers, partnerships, contracts, venture capital relationships, etc., to accomplish the objectives of this project.

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.

F. Submission and Deadline

Application

Submit the original and five copies of PHS 398 (OMB Number 0925–0001). On or before July 22, 1999, submit the application to the Grants Management Specialist identified in the ''Where to Obtain Additional Information'' section of this announcement.

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 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.)

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

G. Evaluation Criteria

Each application will be evaluated individually against the following criteria by a Special Emphasis Panel appointed by CDC.

1. Evidence of Technical Expertise and Research Capacity (30%)

The applicant's ability to plan, implement, and conduct a successful research and development program aimed at clinical measurement systems including the development and validation of analytical methods and/or instruments.