National Capital Region) Regional Privacy Act Coordinator, General Services Administration, 100 Penn Square East, Philadelphia, PA 19107

Southeast Sunbelt Region (includes Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee), Regional Privacy Act Coordinator, General Services Administration, Summit Building, 401 West Peachtree Street, Atlanta, GA 30365–2550

Great Lakes Region (includes Illinois, Indiana, Michigan, Ohio, Minnesota, and Wisconsin), Regional Privacy Act Coordinator, General Services Administration, 230 South Dearborn Street, Chicago, IL 60604–1696

The Heartland Region (includes Iowa, Kansas, Missouri, and Nebraska), Regional Privacy Act Coordinator, General Services Administration, 1500 East Bannister Road, Kansas City, MO 64131–3088

Greater Southwest Region (includes Arkansas, Louisiana, Oklahoma, New Mexico, and Texas), Regional Privacy Act Coordinator, General Sercices Administration, 819 Taylor Street, Fort Worth, TX 76102

Rocky Mountain Region (includes Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming), Regional Privacy Act Coordinator, General Services Administration, Denver Federal Center, Bldg 41, Lakewood, CO 80011

Pacific Rim Region 9includes Arizona, California, Hawaii, and Nevada), Regional Privacy Act Coordinator, General Services Administration, 450 Golden Gate Avenue, San Francisco, CA 94102–3488

Northwest/Arctic Region (includes Alaska, Idaho, Oregon, and Washington), Regional Privacy Act Coordinator, General Services Administration, 400 15th Street SW, Auburn, WA 98001–6599

National Capital Region (includes the District of Columbia; the counties of Montgomery and Prince George's in Maryland; the city of Alexandria, Virginia; and the counties of Arlington, Fairfax, Loudoun, and Prince William in Virginia), Regional Privacy Act Coordinator, General Services Administration, 7th and D Streets, SW, Washington, DC 20407

Dated: June 4, 1999.

Daniel K. Cooper,

Director, Administrative, Services Division.

[FR Doc. 99–14645 Filed 6–8–99 8:45 am]

BILLING CODE 6820–34–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Meeting of the Secretary's Advisory Committee on Genetic Testing

AGENCY: Office of the Secretary, DHHS.

ACTION: Meeting notice.

Pursuant to Public Law 92–463, notice is hereby given of the first meeting of the Secretary's Advisory Committee on Genetic Testing (SACGT), U.S. Public Health Service. The meeting will be held from 9 a.m. to 5 p.m. on June 30, 1999 at the National Institutes of Health, Building 31, C Wing, Conference Room 10; 9000 Rockville Pike, Bethesda, MD 20892. The meeting will be open to the public from 9 a.m to adjournment with attendance limited to space available. The first SACGT meeting will be for orientation and organizational purposes. There will be a limited period of time provided for public comment and interested individuals should contact the SACGT Executive Secretary as shown below.

Under authority of 42 U.S.C. 217a, section 222 of the Public Health Service Act, as amended, the Department of Health and Human Services established the SACGT to advise and make recommendations to the Secretary through the Assistant Secretary for Health on all aspects of the development and use of genetic tests. The SACGT is directed to (1) recommended policies and procedures for the safe and effective incorporation of genetic technologies into health care; (2) assess the effectiveness of existing and future measures for oversight of genetic tests; (3) and identify research needs related to the Committee's purview. The establishment of the SACGT was recommended by the Task Force on Genetic Testing (TFGT) of the NIH-DOE Working Group on the Ethical, Legal, and Social Implications (ELSI) of the Human Genome Project as well as the Joint NIH-DOE Committee to Evaluate the ELSI Program of the Human Genome Project.

The SACGT is composed of 13 non-governmental experts in relevant medical, scientific, and professional fields, including genetic testing, medical genetics, genetic counseling, primary health care, public health, clinical laboratory management, diagnostic technology, ethics, law, psychology, and social sciences, as well as patient/consumer advocates. Since the Clinical Laboratory Improvement Advisory Committee (CDC) and the Medical Devices Advisory Committee (FDA) have relevant roles in ensuring the quality and safety of genetic testing laboratories and genetic test kits, one current member of each of these committees serve on the SACGT. The heads, or their designees, of six DHHS agencies are nonvoting, *ex officio* members of the SACGT. The agencies are the Agency for Health Care Policy and Research; Centers for Disease Control and Prevention; Food and Drug Administration; Health Care Financing Administration; Health Resources and Services Administration; and National Institutes of Health.

The draft meeting agenda and other information about the SACGT will be available at the following web site: *http://www.nih.gov/od/orda/sacgtdocs.htm*. Individuals who wish to provide public comments or who plan to attend the meeting and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the SACGT Executive Secretary, Ms. Sarah Carr, by telephone at 301–496–9838 or E-mail at *sc112c@nih.gov*. The SACGT office is located at 6000 Executive Boulevard, Suite 302, Bethesda, Maryland 20892.

Dated: June 2, 1999.

David Satcher,

Assistant Secretary for Health and Surgeon General.

[FR Doc. 99–14531 Filed 6–8–99; 8:45 am]

BILLING CODE 4160–17–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 99130]

Improving Effectiveness of Tuberculosis; Prevention and Control Programs in Developing Countries 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 grant to provide education and technical assistance to improve the quality, efficiency, and effectiveness of programs for the prevention and control of tuberculosis (TB) in Central America, Southeast Asia, and Africa. This program addresses the ''Healthy People 2000'' priority areas of HIV Infection and Immunization and Infectious Diseases.

The purpose of this grant is to assist the recipient in providing technical assistance and conducting training

programs in countries of mutual interest to the CDC and the recipient. This project is designed primarily for TB control program managers working with TB control programs in developing countries whose TB situation is of strategic interest to the United States including Central America (Mexico) and Southeast Asia (Vietnam and the Philippines).

B. Eligible Applicants

Applications 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 organizations, State and local governments or their bonafide agents, and federally recognized Indian tribal governments, Indian tribes or Indian tribal organizations.

Note: 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 $125,000 is available in FY 1999 to fund one award. The award is anticipated to begin on or about September 1, 1999, for a 12-month budget period within a five-year project period. The funding estimate is subject to change. Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.

D. Program Requirements

1. Assess the TB-related public health infrastructure, TB informational needs, and training needs of health care providers and TB control program personnel in developing countries with a high rate of TB and that are contributing to the U.S. immigrant population, especially Mexico, Vietnam, and the Philippines.

2. Encourage collaboration between TB control programs in the Unites States that have a high prevalence of TB among the foreign-born and developing countries in their TB control efforts.

3. Identify and propose project activities in response to findings in 1 and 2 above. Activities may include support of regional and international meetings designed to improve information transfer on a regional or international basis, and program assessments that can be used to improve the diagnosis and treatment of TB and improve TB control in developing countries contributing to the U.S. immigrant population, especially Mexico, Vietnam, and the Philippines.

4. Disseminate publications developed by international TB controllers throughout the world in developing countries, such as documents related to TB epidemiology.

5. Facilitate the incorporation of epidemiologic principles in TB international prevention and control programs and expedite the dissemination of epidemiologic findings in order to improve these programs.

6. Provide technical support for the North American Region Meetings regarding issues of international TB issues, such as programmatic research, training, and new technology transfer in international TB strategies.

7. Provide technical support of CDC Sponsored/Co-Sponsored Symposia at international conferences, including the 1999 conference in Madrid, Spain in the form of programmatic research, training, and new technology transfer in international TB strategies.

8. Support travel to meetings of selected staff from countries with extremely high TB rates, who will actively participate in these meetings by developing agendas, providing presentations on international TB topics and coordinating and participating in training seminars. These areas should include countries that are having an impact on U.S. morbidity, such as the Philippines and Vietnam, in addition to the top ten countries on the World Health Organization's (WHO) list of 22 high burden countries.

9. Develop a training program (mini-fellowship) to train international TB Control staff and other key personnel working in TB control activities and provide technical assistance to countries of mutual interest to the CDC and the recipient.

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 35 double-spaced pages, printed on one side, with one inch margins, and 12 CPI font.

1. *Understanding of the Project:* Describe the problems to be addressed with the requested assistance and briefly propose a programmatic plan for each.

2. *Objectives and Operational Plan:* Establish long-(five year) and short-term (one year) objectives for programmatic plans. Objectives must be specific, measurable, time phased, and realistic. Describe the operational plan for achieving each objective. Concisely describe each component or major activity and how it will be carried out. Include a time line for completing each component or major activity.

3. *Evaluation Plan:* Discuss the plan for monitoring progress toward each of the objectives.

4. *Program Management:* Describe the professional personnel involved in the management of this project, their qualifications, and past achievements.

5. *Budget:* Submit a detailed budget and line-item justification that is consistent with the program purpose and proposed activities.

F. Submission and Deadline

Submit the original and two copies of the application PHS Form 5161–1 (Revised 7/92, OMB Control Number 0937–0189). Forms are available at the following Internet address: www.cdc.gov/...Forms, or are in the application kit. On or before July 12, 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 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 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

Applications will be reviewed and evaluated by a CDC appointed review committee according to the following criteria:

1. Extent to which the applicant understands the requirements, problems, objectives, complexities, and interactions required of this project (20 Points).

2. Degree to which the proposed objectives are clearly stated, realistic, time phased, and related to the purpose of this project (20 Points).

3. Adequacy of the plans for administering the project. (30 Points)

4. Extent to which the professional personnel proposed to be involved in this project are qualified, including evidence of past achievements appropriate to this project. In addition, the extent to which the applicant demonstrates having a large, world-wide constituency. (30 Points)

5. Budget: Consideration will be given to the extent to which the budget is reasonable, clearly justified, and consistent with the intended use of funds. (Not scored)

H. Other Requirements

Technical Reporting Requirements

Provide CDC with original plus two copies of:

1. Annual progress reports. Progress reports must include the following for each program, function, or activity involved:

a. a comparison of actual accomplishments to the goals established for the period;

b. the reasons for slippage if established goals were not met; and

c. other pertinent information including, when appropriate, analysis and explanation of unexpected high costs for performance.

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

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

Send all reports to the Grants Management Specialist identified in the ''Where to Obtain Additional Information'' section of this announcement.

The following additional requirements are applicable to this program. For a complete description of each, see Attachment I in the application kit.

AR–6 Patient Care

AR–9 Paperwork Reduction Act Requirements

AR–10 Smoke-Free Workplace Requirements

AR–11 Healthy People 2000

AR–12 Lobbying Restrictions

I. Authority and Catalog of Federal Domestic Assistance

This program is authorized under section 301(a), 317(k)(1) and 317(k)(2) of the PHS Act, as amended [42 U.S.C. 241(a), 247b(k)(1) and 247b(k)(2)]. The Catalog of Federal Domestic Assistance Number is 93.947, TB Demonstration, Research, Public and Professional Education Projects.

J. Where To Obtain Additional Information

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 your name and address and will be instructed to identify the Announcement number of interest.

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from: Juanita Crowder, Grants Management Specialist, Grants Management Branch, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Room 3000, Atlanta, GA 30341–4146; Telephone (770) 488–2734; Email address: JDD2@CDC.GOV.

See also the CDC home page for this and other announcements on the Internet: http://www.cdc.gov. You may also download applications forms at this site.

Programmatic technical assistance may be obtained from: Harry Stern, Division of Tuberculosis Elimination, National Center for Prevention Services, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE., Mailstop E–10, Atlanta, GA 30333; Telephone (404) 639–8120; Email Address: HAS3@CDC.GOV.

Dated: June 3, 1999.

John L. Williams,

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

[FR Doc. 99–14543 Filed 6–8–99; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Center for Disease Control and Prevention

Meeting; National Institute for Occupational Safety and Health

The National Institute for Occupational Safety and Health (NIOSH) of the Center for Disease Control and Prevention (CDC) announces the following meeting.

Name: Developing a NIOSH Strategic Plan for Surveillance of Occupational Diseases, Injuries, and Hazards.

Time and Date: 9 a.m.–4:30 p.m., July 29, 1999.

Place: Hubert H. Humphrey Building, 200 Independence Avenue, SW, Washington, DC 20201.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 70 people. Seating will be limited to approximately 50 people.

Purpose: The purpose of this meeting is to request public advice in identifying gaps in the NIOSH's surveillance activities of occupational diseases, injuries, and hazards.

NIOSH is developing a strategic plan to guide its surveillance activities. NIOSH is one of several Federal agencies mandated to contribute to the development of an effective national surveillance system for occupational diseases, injuries, and hazards. Two separate, but interrelated activities are underway. One is the development of a NIOSH strategic plan for occupational disease and injury surveillance of the nation's work force. The second one is the development of a plan specific for the ongoing surveillance of hazards in the workplace (prior similar efforts include the National Occupational Hazard Survey [1972–74], the National Occupational Exposure Survey [1981–83] and the National Occupational Hazard Survey of Mining [1984–89]). To obtain input from occupational health and safety practitioners, researchers, and interested organizations, we plan to have a meeting where NIOSH will ask the attendees for their views on what specific surveillance objectives should be incorporated into the NIOSH Surveillance Strategic Plan.

Notice: In the interest of security, the Department has instituted stringent procedures for entrance to the Hubert H. Humphrey Building by non-government employees. Thus, persons without a government identification card should plan to arrive at the building each day either between 8 and 8:30 a.m. or 12:30 and 1 p.m. so they can be escorted to the meeting. Entrance to the meeting at other times during the day cannot be assured.

Contact Persons for Additional Information: Lawrence J. Fine, M.D., Dr.P.H., NIOSH, CDC, M/S R12, 4676 Columbia Parkway, Cincinnati, Ohio 45226, telephone 513/841–4428, and DeLon Hull, Ph.D., NIOSH, CDC, M/S R12, 4676 Columbia Parkway, Cincinnati, Ohio 45226, telephone 513/841–4366.

The Director, Management Analysis and Services office has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: June 2, 1999.

Carolyn J. Russell,

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

[FR Doc. 99–14544 Filed 6–8–99; 8:45 am]

BILLING CODE 4163–19–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Food Advisory Committee; Notice of Meeting

AGENCY: Food and Drug Administration, HHS.