(3) Employed the use of a Government travel card to pay for travel expenses to reduce the Government's cash flow.

c. GSA is issuing the guidelines contained in this bulletin to inform agencies that, although a final decision has not been made, SF 1169 may become obsolete.

d. GSA's final review is anticipated by September 30, 2000.

e. Final action is anticipated early in the calendar year 2001.

4. *What are the guidelines?* To continue on the road of improvement, Federal agencies are encouraged to:

a. Focus attention on eliminating outdated methods of payment for passenger transportation services by adopting such payment methods as:

(1) Direct centrally billed accounts arranged through the Government travel card program,

(2) Direct charge to an employee's individual Government travel card, and

(3) Use of electronic fund payments.

b. Seek innovative ideas for ways to:

(1) Pay for passenger transportation services, and

(2) Eliminate the use of the GTR to the maximum extent possible.

5. *Why should the GTR be eliminated?* The GTR should be eliminated because:

a. Most travelers are not familiar with the form and process,

b. It is an accountable form and must be controlled,

c. The administrative burden of reconciling charges, unused tickets, and refund applications is significant,

d. The form and the process are outdated, and

e. There are better and more efficient ways for the Government to pay for commercial passenger transportation services.

6. *Why is elimination of SF 1169 in the interest of the Government?* If agencies can and will adopt best business practices for the payment of passenger transportation services, the Government can eliminate a significant Policy, General Services Administration, Washington, DC 20405; telephone, (202) 501–0483; e-mail, *jim.harte@gsa.gov*.

Dated: June 22, 1999.

Becky Rhodes,

Acting Associate Administrator, Office of Governmentwide Policy.

[FR Doc. 99–16502 Filed 6–28–99; 8:45 am]

BILLING CODE 6820–34–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Statement of Organization, Functions and Delegations of Authority; Program Support Center

Part P (Program Support Center) of the Statement of Organization, Functions and Delegations of Authority for the Department of Health and Human Services (60 FR 51480, October 2, 1995 as amended most recently at 64 FR 9996, March 1, 1999) is amended to reflect changes in Chapter PB within Part P, Program Support Center, Department of Health and Human Services. The Program Support Center is reorganizing and realigning the division level structure of the *Human Resources Service*, specifically the *Training and Career Development Division. The Training and Career Development Division* is being abolished and its functions are being realigned within the *Division of Personnel Operations—Parklawn* and the *Division of Personnel Operations—Switzer.*

Program Support Center

Under *Part P, Section P–20, Functions,* change the following: Under *Chapter PB, Human Resources Service (PB),* delete the title and functional statement for the *Training and Career Development Division (PBO)* in its entirety.

Under the heading *Division of Personnel Operations—Parklawn (PBS),* add the following new item after item (8): ''(9) Administers comprehensive training and career development services for the Program Support Center, and other external customers.''

Under the heading *Division of Personnel Operations—Switzer (PBT),* add the following new item after item (11): ''(12) Administers comprehensive training and career development services for the Office of the Secretary, the Office of the Inspector General, the Administration on Aging, and other external customers.

Dated: June 18, 1999.

Lynnda M. Regan,

Director, Program Support Center.

[FR Doc. 99–16443 Filed 6–28–99; 8:45 am]

BILLING CODE 4168–17–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 99129]

Enhanced Surveillance for Newly Vaccine Preventable Diseases; 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 a New Vaccine Surveillance Network (NVSN). This program will compliment existing local, State, and national surveillance efforts and will facilitate research on issues related to new vaccine introduction and impact. This program addresses the ''Healthy People 2000'' priority area, Immunization and Infectious Diseases. The purpose of the program is to create a surveillance network that can provide surveillance and data collection on new vaccine use and impact through enhanced surveillance, applied epidemiologic research, and investigator initiated studies to investigate the impact of new vaccines on the overall vaccination program.

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 nonprofit organizations, State and local governments or 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 $900,000 is available in FY 1999 to fund two awards of approximately $450,000 each. 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 five 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 Interest

As new vaccines are licensed and recommended for use in children, new strategies are needed for surveillance and monitoring. CDC has identified several areas that are considered programmatic priorities: (1) Improving identification of cases, for some conditions using enhanced diagnostic testing; (2) monitoring outpatient reports of clinical diagnoses (such as otitis media) or inpatient conditions (such as lobar pneumonia or diarrhea and dehydration); (3) evaluating immunological responses to new vaccines and laboratory testing of isolates from patients with vaccine preventable diseases; and (4) assessing the impact of new vaccines on clinical practices. CDC also values the flexibility to respond to emerging issues as new vaccines are introduced and new questions arise.

E. 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 listed under 2. (CDC Activities).

1. Recipient Activities

A. Establish and operate a NVSN site. The site should have the following characteristics:

1. Be established in a defined population, which could include either an entire State or a geographically defined area (or areas) within a State. (A minimum population base of approximately 500,000 may be necessary to accomplish the objectives of certain NVSN activities.)

2. Have the capacity to conduct up to four concurrent projects; accommodate changes in specific projects and priorities as the public health system's need for information changes or new vaccines are licensed and implemented into the vaccination program; and function effectively as part of a network to further local, State, and national efforts to monitor introduction of new vaccines.

3. Maintain participation of pediatric care providers and all facilities providing inpatient pediatric care. This provider network should participate in required surveillance activities (see D.1.–D.3. below), enroll patients in studies and participate in health services research (D.4. and D.5. below).

B. Develop plans for obtaining additional support to supplement assistance from CDC.

C. Establish collaboration in accomplishing program activities between public and private organizations that have an interest in addressing public health issues relating to new vaccines.

D. Conduct activities addressing sections D.1.-D.3. below, and either D.4 or D.5 below. Specific protocols for the activities to be conducted at all surveillance sites will be developed jointly by investigators at those sites and CDC.

1. Impact of incorporation of new vaccines on provider policies, practices, and utilization. Collect data from the network of pediatric care providers to document the impact of rotavirus and other new vaccines recommended for routine use among children (including combination vaccines).

2. Enhance surveillance for vaccine preventable diseases, including reporting of specific clinical diagnoses from the network of pediatric care providers, improving diagnosis through enhanced etiological diagnostic testing, and reporting of all hospitalizations for vaccine preventable diseases at inpatient facilities in the surveillance area.

3. Conduct serologic surveillance of 2-year-old children who received recommended childhood vaccines as part of routine pediatric care in an ongoing evaluation of the immunogenicity of vaccines administered as part of the recommended childhood immunization series.

4. Develop and conduct other applied epidemiologic research projects. See Appendix II for examples of potential projects.

5. Develop and conduct health services research. See Appendix II for examples of potential projects.

E. Routinely evaluate progress in achieving the purpose of this program.

F. Analyze and interpret data from NVSN projects, and publish and disseminate findings.

2. CDC Activities

A. Assist in the development of a research protocol for IRB review by all cooperating institutions participating in the research project. The CDC IRB will review and approve the protocol initially and on at least an annual basis until the research project is completed.

B. Provide consultation, scientific, and technical assistance in designing and conducting individual NVSN projects.

C. Assist with analysis and interpretation of data, dissemination of findings.

D. As needed and arranged with investigators, perform laboratory evaluation of specimens or isolates (e.g., molecular epidemiologic studies, evaluation of diagnostic tools) obtained in NVSN projects; and assist with integrating results with data from other NVSN site.

E. As needed, store serum specimens at the CDC specimen bank, arrange for routine serological testing of a sample of isolates, and bank specimens for later evaluations, as appropriate.

F. Application Content

Use the information in the Program Requirements, Other Requirements, and Evaluation Criteria sections to develop the application. Your application will be evaluated on the criteria listed, so it is important to follow them in preparing your program plan. The narrative (excluding budget, appendices, and required forms) should be no more than 30 double-spaced pages, printed on one side, with one inch margins, and unreduced font. Only the following information should be presented in appendices: Letters of support, documentation of bona fide agent status, curricula vitae of key project personnel, and budget. Letters of support should clearly indicate collaborators' willingness to be participants in the NVSN activities. All other materials or information that should be included in the narrative will not be accepted if placed in the appendices.

Applicants should propose a total of 4 projects from the list of activities provided in Program Requirements, 1. Recipient Activities, paragraphs D.1. through D.5. Projects described in paragraphs D.1. through D.3., above, must be proposed along with one project as described in D.4. and D.5. Each specific project proposal should be clearly identified in a distinct portion of the Operational Plan and should not exceed 5 pages. Although the specific activities described address distinct issues and needs, they may be implemented in an integrated manner such that staff members work on more than one activity and supplies and equipment are shared, etc.

Since enhanced surveillance will be done in collaboration with the other NVSN site, the project should be designed so that data can be integrated with data from the other site.

Applicants should detail a plan for establishing collaboration between public and private organizations that have an interest in addressing public health issues relating to new vaccines. Such a plan should document meaningful collaboration in accomplishing project objectives including developing inpatient and outpatient surveillance networks, collecting data, and analyzing results.

In describing the impact of incorporation of new vaccines on provider policies, practices, and utilization (Recipient activities, D.1.), applicants may include but need not be limited to description of the number of vaccines and injections offered at visits during the first two years of life; vaccine-specific coverage rates of all recommended vaccines at specified ages, before and after incorporating new vaccines; the number of visits used to complete administration of all recommended vaccines by ages 1 and 2; and revenues and costs associated with incorporating new vaccines in practice.

In describing plans to enhance surveillance for newly vaccine preventable diseases (Recipient activities, D.2.), applicants may include but need not be limited to a description of approaches to collecting outpatient data from the network of pediatric care providers who can report specified clinical diagnoses, therapy, and outcome, and enhance etiological diagnosis of infections such as rotavirus, pertussis, and/or influenza; enhancing laboratory diagnosis which could be conducted as an ongoing or periodic activity (e.g., one day per week) depending on the needed sample size; and estimating the completeness of case detection using an appropriate method such as focused chart reviews. Detection and reporting of inpatient conditions may include but need not be limited to data on all children in the surveillance area hospitalized for varicella, gastroenteritis, pneumonia, and documented pneumococcal or influenza infections. In addition, applicants should describe approaches to obtaining additional data on etiological diagnosis (where available), demographic data, and clinical course (for example, through chart reviews), and data on vaccination status.

In describing plans for serological testing (Recipient activity D.3.), applicants description may include but need not be limited to an approach to recruiting through the provider network; age group of children tested (e.g., 20–28 months); plans for phlebotomy, storage and shipping of serum samples to CDC; and plans for providing additional doses of vaccine to children who are found to have less than protective levels of antibody for one or more vaccines (where good correlates of protection exist). An illustrative sample size calculation should be included recognizing that data from 2 sites will be aggregated for analysis.

Budget Instructions

For each line-item (as identified on the Form 424a of the application), show both Federal and non-Federal (e.g., State or other funding) shares of total cost for the NVSN. For each staff member listed under the Personnel line item, indicate their specific responsibilities relative to each of the proposed projects. Include provisions for travel of the principal investigator and one NVSN participant to two meetings at CDC in Atlanta during the first year of the program.

G. Submission and Deadline

Letter of Intent (LOI)

In order to assist CDC with planning, your letter of intent should include: (1) Name and address of institution, and (2) name, address, and telephone number of contact person. The letter of intent must be submitted on or before July 16, 1999, to the Grants Management Specialist identified in the ''Where to Obtain Additional Information'' section of this announcement.

Application

Submit the original and two copies of PHS 5161–1. Forms are available in the application kit. On or before August 18, 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; or

(b) Sent on or before the deadline date and received in time for submission to the review panel. (Applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier of 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 (a) or (b) above a considered late applications, will not be considered, and will be returned to the applicant.

H. Evaluation Criteria

Each application will be evaluated individually against the following criteria by an independent review group appointed by CDC.

1. *Understanding the objectives of the NVSN (5 points)*

a. Demonstration of a clear understanding of the background and objectives of this cooperative program.

b. Demonstration of a clear understanding of the requirements, responsibilities, problems, constraints, and complexities that may be encountered in establishing and operating the NVSN site.

c. Demonstration of a clear understanding of the roles and responsibilities of participation in the NVSN network.

2. *Description of the population base and the vaccine providers in the NVSN site. (10 points)*

a. Clear definition of the geographic area and population base in which the NVSN site will operate. Detailed description of the demographics of the proposed population base.

b. Clear description of various special populations within the defined population base as they relate to the proposed activities of the NVSN site. Extent to which the population base is diverse in terms of demographics and special populations.

c. Description of vaccination providers within the NVSN site and the representativeness of the providers and patient populations included in the study network.

3. *Description of existing capacity to implement new vaccines and assess their impact: (15 points)*

a. Description of applicant's past experience in conducting studies of vaccines including monitoring coverage, disease, and impact; and in applied epidemiologic research and health services research, in general.

b. Demonstration of applicant's ability to develop and maintain strong cooperative relationships with both public and private vaccine providers at the NVSN site, public health agencies, academic centers, managed care organizations, and community organizations. Evidence of applicant's ability to solicit and secure programmatic collaboration, and financial and technical support from such organizations.

c. Demonstration of support from non-applicant participating agencies, institutions, organizations, laboratories, individuals, consultants, etc., indicated in applicant's operational plan.

4. *Operational plan (30 points)*

a. The extent to which the applicant's plan for establishing and operating the NVSN site clearly describes the proposed organizational and operating structure/procedures and clearly identifies the roles and responsibilities of all participating agencies, organizations, institutions, and individuals. The extent to which the applicant describes plans for collaboration with the other NVSN site and CDC in the establishment and operation of the NVSN and individual NVSN projects, including project design/development (e.g., protocols), management and analysis of data, and synthesis and dissemination of findings.

b. Description of a plan to solicit and secure financial and technical assistance from other public and private organizations (e.g., schools of public health, university medical schools, public health laboratories, community-based organizations, other Federal and State government agencies, research organizations, foundations, etc.) to supplement the proposed funding from CDC.

c. Quality of the proposed projects regarding consistency with public health needs, intent of this program, feasibility, methodology/approach, and collaboration/participation of partner organizations. 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: (1) The proposed plan for the inclusion of both sexes and racial and ethnic minority populations for appropriate representation; (2) The proposed justification when representation is limited or absent; (3) A statement as to whether the design of the study is adequate to measure differences when warranted; and (4) 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.

5. *Collaborative relationships (15 points)*

If applicant is a state or local health department, description of applicant's partnerships with necessary and appropriate non-governmental organizations for establishing and operating the proposed NVSN and for conducting individual NVSN projects. If applicant is a non-governmental organization, description of applicant's plans for collaboration with State public health officials for establishing and operating the proposed NVSN and for conducting individual NVSN projects.

6. *Personnel qualifications and management plan (15 points)*

a. Identification of applicant's key professional personnel to be assigned to the NVSN site and NVSN projects. Clear identification of their respective roles in the management and operation of the NVSN site. Descriptions of their experience in conducting work similar to that proposed in this announcement.

b. Identification of key professional personnel from other participating or collaborating institutions, agencies, organizations outside of the applicant's agency that will be assigned to NVSN activities. Clear identification of their respective roles.

c. Description of all support staff and services to be assigned to the NVSN.

d. Description of approach to maintaining sufficiently flexible NVSN staffing to accommodate the likelihood that the requirements of NVSN projects will change from time to time due to changes in the public health system's need for information or licensure of new vaccines.

7. *Evaluation (10 points)*

a. Quality of plan for monitoring and evaluating the quality of vaccine coverage data, the completeness of case ascertainment, and the scientific and operational accomplishments of the NVSN site and of individual NVSN projects

b. Quality of plan for monitoring and evaluating progress in achieving the purpose and overall goals of this cooperative program.

8. *Budget (not scored)*

If requesting funds for any contracts, provide the following information for each proposed contract: (1) Name of proposed contractor, (2) breakdown and justification for estimated costs, (3) description and scope of activities to be performed by contractor, (4) period of performance, and (5) method of contractor selection (e.g., sole-source or competitive solicitation).

9. *Human Subjects (not scored)*

Does the application adequately address the requirements of Title 45 CFR Part 46 for the protection of human subjects?

I. Other Requirements

Technical Reporting Requirements

Provide CDC with original plus two copies of:

1. Semiannual progress reports. The first semiannual report is required with each year's continuation application and should cover program activities from beginning of the current budget period to date of report/application preparation. The second semiannual report is due 90 days after the end of each budget period and should cover activities for the entire budget period.

2. Financial Status Report (FSR), no more than 90 days after the end of the budget period; and

3. Final FSR 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–1 Human Subjects Requirements

AR–2 Requirements for Inclusion of Women and Racial and Ethnic Minorities in Research

AR–7 Executive Order 12372 Review

AR–9 Paperwork Reduction Act Requirements

AR–10 Smoke-Free Workplace Requirements

AR–11 Healthy People 2000

AR–12 Lobbying Restrictions

J. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under sections 301(a) and 317(k)(1),(2) of the Public Health Service Act (42 U.S.C. sections 241(a) and 247b(k)(1),(2)), as amended. The Catalog of Federal Domestic Assistance number is 93.185.

K. Where To Obtain Additional Information

Copies of this and other announcements and application forms may be downloaded from the CDC homepage address on the Internet: http://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 your name and address and you 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: Sharron Orum, Grants Management Specialist, Grants Management Branch, Procurement & Grants Office, Announcement 99129, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Room 3000, Atlanta, GA 30341–4146, Telephone: (770) 488–2716, Fax: (770) 488–2716, E-mail: spo2@cdc.gov

For program technical assistance, contact: Benjamin Schwartz, M.D., or Melinda Wharton, M.D., Epidemiology and Surveillance Division, National Immunization Program, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE, Mailstop E–61, Atlanta, GA 30333, Telephone: (404) 639–8254 and (404) 639–8253, E-mail: bxs1@cdc.gov and mew2@cdc.gov

Dated: June 23, 1999.

John L. Williams,

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

[FR Doc. 99–16475 Filed 6–28–99; 8:45 am]

BILLING CODE 4163–18–P