D. The Office of Information Technology Development is responsible for:

1. Leading Departmental efforts to develop and utilize electronic methods for conducting business among all components of the Department, all agencies of the Federal government, and all parties involved in accomplishing Departmental program objectives (including State Governments, contractors, grantees, other service providers, and the general public). This includes provision of existing documents in electronic format on the Internet in support of electronic dissemination to the public.

2. Manage and support the HHS Internet Information Management Council, as the focal point for Internet information management and dissemination issues and Departmental policies to guide HHS's expanding Internet presence.

3. Identify key emerging, enabling technologies, especially Internet and database innovations, and coordinate, manage, or direct pilot projects in these areas to establish proof of concept, confirm return on investment, or implement initial production implementations in support of agency IT business requirement.

4. Supporting implementation of a general purpose, standards-based IT architecture, promoting and coordinating implementation of data standards for information integration across application systems, utilizing distributed computing environments consisting of data communications networks, data base management systems, and information processing platforms.

5. Assisting ASMB/OS managers to implement and maintain database applications to increase the value and quality of their services and to control risks associated with systems integration, technological obsolescence, software development, and migration to standards-based technologies, especially for systems automating common administrative and management service.

6. Representing the Department through participation on interagency and Departmental work groups and task forces.

Dated: May 26, 1998.

John J. Callahan,

Assistant Secretary for Management and Budget.

[FR Doc. 98–15387 Filed 6–9–98; 8:45 am]

BILLING CODE 4150–04–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Announcement 98058]

National Institute for Occupational Safety and Health: Cooperative Agreement To Identify the Incidence of Occupational Asthma; Notice of Availability of Funds for Fiscal Year 1998

Introduction

The Centers for Disease Control and Prevention (CDC), the Nation's prevention agency, announces the availability of funds for fiscal year (FY) 1998 for a cooperative agreement program to identify incident cases of occupational asthma in a defined population, in order to calculate the incidence of occupational asthma for the defined population and by specific industries and occupations within that population.

CDC is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority area of Occupational Safety and Health. (For ordering a copy of Healthy People 2000, see the section WHERE TO OBTAIN ADDITIONAL INFORMATION.)

Authority

This program is authorized under Sections 20(a) and 22(e)(7) of the Occupational Safety and Health Act of 1970 [29 U.S.C. 669(a) and 671(e)(7)].

Smoke-Free Workplace

CDC strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products, and Pub. L. 103–227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, and early childhood development services are provided to children.

Eligible Applicants

Applications may be submitted by public and private, nonprofit and for-profit organizations and governments and their agencies. Thus, universities, colleges, research institutions, hospitals, other public and private organizations, State and local governments or their bona fide agents, federally recognized Indian tribal governments, Indian tribes or Indian tribal organizations, and small, minority and/or woman-owned businesses are eligible to apply.

Note: Pub. L. 104–65, dated December 19, 1995, prohibits an organization described in section 501(c)(4) of the IRS Code of 1986, that engages in lobbying activities shall not be eligible for the receipt of Federal funds constituting an award, grant, contract, loan, or any other form of funding.

Availability of Funds

Approximately $200,000 is available in FY 1998 to fund one or two awards. If one award is made, the award will be funded up to $200,000. If two awards are funded, the average award will be $100,000. The amount of funding available may vary and is subject to change. This award is expected to begin on or about September 30, 1998. The award will be made for a 12-month budget period within a project period not to exceed 3 years. Continuation awards within the project period will be made on the basis of satisfactory progress and availability of funds.

Use of Funds

Restrictions on Lobbying

Applicants should be aware of restrictions on the use of HHS funds for lobbying of Federal or State legislative bodies. Under the provisions of 31 U.S.C. Section 1352 (which has been in effect since December 23, 1989), recipients (and their subtier contractors) are prohibited from using appropriated Federal funds (other than profits from a Federal contract) for lobbying Congress or any Federal agency in connection with the award of a particular contract, grant, cooperative agreement, or loan. This includes grants/cooperative agreements that, in whole or in part, involve conferences for which federal funds cannot be used directly or indirectly to encourage participants to lobby or to instruct participants on how to lobby.

In addition, the current HHS Appropriations Act expressly prohibits the use of appropriated funds for indirect or ''grass roots'' lobbying efforts that are designed to support or defeat legislation pending before state legislatures. Section 503 of the law provides as follows:

Sec. 503(a) No part of any appropriation contained in this Act shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress, or any State legislature, except in presentation to the Congress or any State legislative body itself.

(b) No part of any appropriation contained in this Act shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State legislature.

Department of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 1997, as enacted by the Omnibus Consolidated Appropriations Act, 1997, Division A, Title I, Section 101(e), Pub. L. No. 104–208 (September 30, 1996).

Background

A useful operational definition of occupational asthma (OA) was developed as part of the NIOSH-sponsored Sentinel Event Notification System for Occupational Risks (SENSOR). CDC Occupational disease surveillance: occupational asthma. MMWR 1990; 39:119–123). For the purposes of this announcement, OA is considered to encompass many different types of cases in which asthma is associated with occupational exposures. OA is intended to include asthma cases whose onset is attributed to workplace exposures/conditions, preexisting asthma cases whose symptoms have been quiescent but are initiated anew by workplace exposures/conditions, and ongoing cases of preexisting asthma whose illness is made significantly worse by workplace exposures/conditions or for whom an increase in treatment to maintain clinical stability is due to workplace exposures/conditions. Also, there are a variety of workplace exposures/conditions that can initiate or exacerbate asthma: (a) sensitizing agents (e.g., small or large molecular weight compounds); (b) brief, high-level irritant exposures (e.g., as with reactive airways dysfunction syndrome, or RADS); (c) repeated low-level irritant exposures; (d) broncho-constricting pharmacologic agents (e.g., as with byssinosis or polymer fume fever); (e) physical stimuli (e.g., exercise or exposure to cold).

Occupational asthma is the most common lung disease seen in occupational health clinics in the United States based on data from the Association of Occupational and Environmental Clinics for 1991–1996. Accurate estimates of incidence are needed to evaluate the medical, social, and economic impact of this disease. Unfortunately, incidence estimates are few and vary widely, ranging from 5 to 710 cases/10^6/year. NIOSH has funded surveillance for OA since 1987 through the SENSOR program. Estimates of incidence based on SENSOR activities range from a low of 5 cases/10^6/year in Massachusetts during 1988–1992 to a high of 44 cases/10^6/year in Michigan during 1993. However, SENSOR activities have the primary goal of identifying and improving dangerous worksites rather than providing a complete count of cases. Consequently, incidence figures based on SENSOR data underestimate the actual number of diagnosed cases.

The episodic nature of asthma symptoms makes it difficult to obtain objective evidence of work-relatedness. The difficulty of this task and limits on patient-contact time discourage the routine investigation of work-relatedness by many health care providers. In fact, two recent studies report that over 80% of providers fail to explore work-relatedness of adult asthma. This observation has at least two implications for measuring the frequency of OA. First, enhancement of existing surveillance activities to identify all diagnosed OA would still exclude the cases who have gone unnoticed because their health care providers did not explore the work-relatedness of asthma. Second, studies that attempt to count incident OA cases must include evaluation of work-relatedness of symptoms for all cases of asthma in adults, and not rely on health care providers to explore this possible association.

The fact that OA can be initiated by over 200 agents used in hundreds of different processes argues for a population-based rather than industry-specific approach to measuring incidence. In the absence of nationalized health care in the United States, health maintenance organizations (HMOs) provide unique opportunities for population-based studies of asthma. The feasibility of using HMO data to measure OA incidence was demonstrated in a recent study. The investigators estimated the incidence of asthma attributable to occupation was 710 cases/10^6/year, a figure over 16 times greater than the highest SENSOR estimate.

An indirect estimate of OA incidence is derived by knowing both the incidence of adult-onset asthma and the proportion of cases that are work-related. The incidence of new onset asthma among adults during the years from 1971–1974 to 1982–1984 was estimated at 2100 cases/10^6/year by the NHANES–1 Epidemiologic Follow-up Survey. The proportion of incident cases due to occupation can be estimated by using the same proportion estimated for prevalent asthma cases, which ranges from 0.03 to 0.20 based on studies in the United States. The product of this range of proportions and the asthma incidence from the NHANES study yields estimates of OA incidence 63 to 420 cases/10^6/year. Even the low estimate of 63 cases/10^6/year exceeds the highest estimate of 44 cases/10^6/year reported by the SENSOR program. These indirect estimates and the estimate of 710 cases/10^6/year from the HMO study suggest that OA is a more common condition in the United States than previously thought.

Additional research is needed to elaborate the incidence of occupational asthma and the industries and occupations at highest risk. By having accurate estimates of incidence, it will be possible to make appropriate allocation of resources to address this problem. Knowledge of the industries and occupations at highest risk will assist future planning for focused studies or preventive interventions.

Purpose

The purpose of this program is to: 1. evaluate the work-relatedness of incident asthma cases in a defined population (e.g., an HMO) during a minimum 12-month period (in order to account for seasonal variation of incidence), and calculate (a) the incidence of occupational asthma for the defined population; (b) the incidence of occupational asthma for specific industries and/or occupations in the defined population; and (c) the proportion of all incident asthma cases that are associated with workplace exposures; and 2. encourage the use of population-based data to investigate the impact of occupational diseases.

Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for activities under A. (Recipient Activities), and CDC/NIOSH will be responsible for the activities listed under B. (CDC/NIOSH Activities).

A. Recipient Activities

1. Develop and implement a research protocol.

2. Develop, field test, and revise data collection instruments.

3. Analyze data and interpret findings.

4. Disseminate research results to the scientific community.

5. Collaborate with CDC/NIOSH on these activities, and the activities listed below.

6. Meet annually at CDC/NIOSH to coordinate planned efforts and review progress.

B. CDC/NIOSH Activities

1. Provide scientific, epidemiologic, engineering, environmental, industrial hygiene, and clinical technical assistance.

2. Collaborate on the development of the research protocol(s).

3. Provide technical assistance on the development and evaluation of the data collection instruments.

4. Collaborate with awardee(s) on data analysis, and interpretation of findings.

5. Provide technical assistance to awardees (if more than one award is made) to ensure that the methods used are similar enough so that data can be meaningfully combined.

6. Provide assistance for the dissemination of information resulting from this project.

7. Facilitate an annual meeting between awardee(s) and CDC/NIOSH to coordinate planned efforts and review progress.

Technical Reporting Requirements

An original and two copies of a progress report are required semi-annually. Timelines for the semi-annual reports will be established at the time of award. Final financial status and performance reports are required no later than 90 days after the end of the project period. All reports are submitted to the Grants Management Branch, Procurement and Grants Office, CDC.

The semi-annual progress report should include:

A. A brief program description.

B. A listing of program goals and objectives accompanied by a comparison of the actual accomplishments related to the goals and objectives established for the period.

C. If established goals and objectives to be accomplished were delayed, describe both the reason for the deviation and anticipated corrective action or deletion of the activity from the project.

D. Other pertinent information, including the status of completeness, timeliness and quality of data.

Application Content

The entire application, including appendices, should not exceed 40 pages and the Proposal Narrative section contained therein should not exceed 25 pages. Pages should be clearly numbered and a complete index to the application and any appendices included. The original and each copy of the application must be submitted unstapled and unbound. All materials must be typewritten, double-spaced, with unreduced type (font size 12 point) on 8½″ by 11″ paper, with at least 1″ margins, headers, and footers, and printed on one side only. Do not include any spiral or bound materials or pamphlets.

A. Title Page

The heading should include the title of grant program, project title, organization, name and address, project director's name address and telephone number.

B. Abstract

A one page, singled-spaced, typed abstract must be submitted with the application. The heading should include the title of grant program, project title, organization, name and address, project director and telephone number. This abstract should include a work plan identifying activities to be developed, activities to be completed, and a time-line for completion of these activities.

C. Proposal Narrative

The narrative of each application must:

1. Briefly state the applicant's understanding of the need or problem to be addressed, the purpose, and goals over the 3 year period of the cooperative agreement.

2. Describe in detail the objectives and the methods to be used to achieve the objectives of the project. The objectives should be specific, time-phased, measurable, and achievable during each budget period. The objectives should directly relate to the program goals. Identify the steps to be taken in planning and implementing the objectives and the responsibilities of the applicant for carrying out the steps.

3. Provide the name, qualifications, and proposed time allocation of the Project Director who will be responsible for administering the project. Describe staff, experience, facilities, equipment available for performance of this project, and other resources that define the applicant's capacity or potential to accomplish the requirements stated above. List the names (if known), qualifications, and time allocations of the existing professional staff to be assigned to (or recruited for) this project, the support staff available for performance of this project, and the available facilities including space.

4. Document the applicant's expertise, and extent of experience in the areas of asthma, occupational lung diseases, and population-based studies.

5. Provide letters of support or other documentation demonstrating collaboration where collaboration is necessary for the conduct of the investigation.

6. Human Subjects: State whether or not Humans are subjects in this proposal. (See *Human Subjects* in the Evaluation Criteria and Other Requirements sections.)

7. Inclusion of women, ethnic, and racial groups:

Describe how the CDC policy requirements will be met regarding the inclusion of women, ethnic, and racial groups in the proposed research. (See *Women, Racial and Ethnic Minorities* in the Evaluation Criteria and Other Requirements sections.)

D. Budget

Provide a detailed budget which indicates anticipated costs for personnel, equipment, travel, communications, supplies, postage, and the sources of funds to meet these needs. The applicant should be precise about the program purpose of each budget item. For contracts described within the application budget, applicants should name the contractor, if known; describe the services to be performed; and provide an itemized breakdown and justification for the estimated costs of the contract; the kinds of organizations or parties to be selected; the period of performance; and the method of selection. Place the budget narrative pages showing, in detail, how funds in each object class will be spent, directly behind form 424A. Do not put these pages in the body of the application. CDC may not approve or fund all proposed activities.

Evaluation Criteria

The application will be reviewed and evaluated according to the following criteria:

A. Understanding of the Problem (10%)

Responsiveness to the objectives of the cooperative agreement including (1) the applicant's understanding of the general objectives of the proposed cooperative agreement, and (2) relevance of the proposal to the objectives.

B. Program Personnel (20%)

1. Applicant's technical experience and understanding (e.g., in the areas of asthma, occupational lung diseases, and population-based studies).

2. Qualifications and time allocation of the professional staff to be assigned to this project.

3. Extent to which the management staff and their working partners are clearly described.

C. Goals, Objectives, and Study Design (Total 60%)

1. The extent to which the proposed goals and objectives are clearly stated and measurable. Adequacy of the study design and methodology for accomplishing the stated goals and objectives. A description of the study methodology, data to be collected, and the respective responsibilities of the applicant for carrying out these steps. The degree to which efficient and innovative approaches are proposed to address the problems. Issues of specific concern to this project include the adequacy of the applicant's (a) evidence of access to an appropriate study population; (b) description of the study population, including the occupation/industry mix; (c) operational definitions for asthma and occupational asthma; (d) methods for identifying incident asthma cases and assessing work-relatedness of asthma. The extent to which the applicant's plans and schedule proposed for accomplishing the activities to be carried out in this project are clearly stated, are realistic given the length of the funding period, and can be achieved within the proposed budget.

2. The degree to which the applicant has met the CDC policy requirements regarding the inclusion of women, ethnic, and racial groups in the proposed project. This includes: (a) The proposed plan for the inclusion of both sexes and racial and ethnic minority populations for appropriate representation; (b) The proposed justification when representation is limited or absent; (c) A statement as to whether the design of the study is adequate to measure differences when warranted; and (d) A statement as to whether the plan for recruitment and outreach for study participants includes the process of establishing partnerships with community(ies) and recognition of mutual benefits.

D. Facilities and Resources (10%)

The adequacy of the applicant's facilities, equipment, and other resources available for performance of this project.

E. Human Subjects (Not scored)

Whether or not exempt from the Department of Health and Human Services (DHHS) regulations, are procedures adequate for the protection of human subjects? Recommendations on the adequacy of protections include: (1) protections appear adequate, and there are no comments to make or concerns to raise, (2) protections appear adequate, but there are comments regarding the protocol, (3) protections appear inadequate and the Objective Review Group has concerns related to human subjects or (4) disapproval of the application is recommended because the research risks are sufficiently serious and protection against the risks are inadequate as to make the entire application unacceptable.

F. Budget Justification (Not Scored)

The budget will be evaluated to the extent that it is reasonable, clearly justified, and consistent with the intended use of funds.

Executive Order 12372 Review

The applicant is not subject to review under Executive Order 12372 Review.

Public Health System Reporting Requirements

The applicant is not subject to review under the Public Health System Reporting Requirements.

Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance number is 93.957.

Other Requirements

Paperwork Reduction Act

Projects that involve the collection of information from ten or more individuals and funded by this cooperative agreement will be subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

Human Subjects

If the proposed project involves research on human subjects, the applicant must comply with the DHHS Regulations, 45 CFR Part 46, regarding the protection of human subjects. Assurance must be provided to demonstrate the project will be subject to initial and continuing review by an appropriate institutional review committee. The applicant will be responsible for providing assurance in accordance with the appropriate guidelines and form provided in the application kit.

In addition to other applicable committees, Indian Health Service (IHS) institutional review committees also must review the project if any component of IHS will be involved or will support the research. If any American Indian community is involved, its tribal government must also approve that portion of the project applicable to it.

Confidentiality

All personal identifying information obtained in connection with the delivery of services provided to any person in any program carried out under this cooperative agreement cannot be disclosed unless required by a law of a State or political subdivision or unless such a person provides written, voluntary informed consent.

A. Nonpersonal identifying, unlinked information, which preserves the individual's anonymity, derived from any such program may be disclosed without consent:

1. In summary, statistical, or other similar form, or

2. For clinical or research purposes.

B. Personal identifying information: Recipients of CDC funds who must obtain and retain personally identifying information as part of their CDC-approved work plan must:

1. Maintain the physical security of such records and information at all times;

2. Have procedures in place and staff trained to prevent unauthorized disclosure of client-identifying information;

3. Obtain informed client consent by explaining the risks of disclosure and the recipient's policies and procedures for preventing unauthorized disclosure;

4. Provide written assurance to this effect including copies of relevant policies; and

5. Obtain assurances of confidentiality by agencies to which referrals are made.

Assurance of compliance with these and other processes to protect the confidentiality of information will be required of all recipients. A DHHS certificate of confidentiality may be required for some projects.

Women, Racial and Ethnic Minorities

It is the policy of the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) to ensure that individuals of both sexes and the various racial and ethnic groups will be included in CDC/ATSDR-supported research projects involving human subjects, whenever feasible and appropriate. Racial and ethnic groups are those defined in OMB Directive No. 15 and include American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, and Native Hawaiian or other Pacific Islander. Applicants shall ensure that women, racial and ethnic minority populations are appropriately represented in applications for research involving human subjects. Where clear and compelling rationales exist that inclusion is inappropriate or not feasible, this situation must be explained as part of the application. This policy does not apply to research

studies when the investigator cannot control the race, ethnicity and/or sex of subjects. Further guidance to this policy is contained in the **Federal Register**, Vol. 60, No. 179, pages 47947–47951, and dated Friday, September 15, 1995.

Application Submission and Deadlines

A. Preapplication Letter of Intent

Although not a prerequisite of application, a non-binding letter of intent-to-apply is requested from potential applicants. The letter should be submitted to Victoria F. Sepe, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, CDC at the address listed in this section. It should be postmarked no later than July 2, 1998. The letter should identify program announcement number 98058, and name of the principal investigator. The letter of intent does not influence review or funding decisions, but it will enable CDC to plan the review more efficiently and will ensure that each applicant receives timely and relevant information prior to application submission.

B. Application

The original and two copies of the application PHS Form 5161–1 (Revised 7/92, OMB Number 0937–0189) must be submitted to Victoria Sepe, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE, Room 321, Atlanta, GA 30305, on or before July 31, 1998.

1. Deadline: Applications will 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 objective review group. (The applicants must request a legibly dated U.S. Postal Service postmark or obtain a receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks will not be acceptable as proof of timely mailing.)

2. Late Applicants: Applications that do not meet the criteria in 1.(a) or 1.(b) above are considered late applications. Late applications will not be considered in the current competition and will be returned to the applicants.

Where To Obtain Additional Information

To receive additional written information call 1–888–GRANTS4. You will be asked to leave your name, address, and phone number and will need to refer to NIOSH Announcement 98058. You will receive a complete program description, information on application procedures, and application forms. CDC will not send application kits by facsimile or express mail. PLEASE REFER TO NIOSH ANNOUNCEMENT NUMBER 98058 WHEN REQUESTING INFORMATION AND SUBMITTING AN APPLICATION.

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from Victoria Sepe, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), Mailstop E–13, Room 321, 255 East Paces Ferry Road, NE., Atlanta, GA 30305, telephone (404) 842–6804, Internet: vxw1@cdc.gov.

Programmatic technical assistance may be obtained from Paul K. Henneberger, MPH, ScD, Research Epidemiologist, Division of Respiratory Disease Studies, National Institute for Occupational Safety and Health, Center for Disease Control and Prevention (CDC), Mailstop 234, 1095 Willowdale Road, Morgantown, WV 26505, telephone 304–285–6161, or Internet: pkh0@.cdc.gov.

This and other CDC announcements are available through the CDC homepage on the Internet. The address for the CDC homepage is: http://www.cdc.gov.

Potential applicants may obtain a copy of Healthy People 2000 (Full Report, Stock No. 017–001–00474–0) or Healthy People 2000 (Summary Report, Stock No. 017–001–00473–1) through the Superintendent of Documents, Government Printing Office, Washington, DC 20402–9325, telephone (202) 512–1800.

The National Occupational Research Agenda

Copies of this publication may be obtained from The National Institute of Occupational Safety and Health, Publications Office, 4676 Columbia Parkway, Cincinnati, OH 45226–1998 or phone 1–800–356–4674, and is available through the NIOSH Home Page; ''http:/www.cdc.gov/niosh/nora.html''.

Dated: June 2, 1998.

Diane D. Porter,

Acting Director, National Institute For Occupational Safety and Health Centers For Disease Control and Prevention (CDC).

[FR Doc. 98–15359 Filed 6–9–98; 8:45 am]

BILLING CODE 4163–19–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of Organization functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772–76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 63 FR 2256, dated January 14, 1998) is amended to reflect the restructuring of the Office of the Director, National Center for Infectious Disease, Centers for Disease Control and Prevention. The functional statement for the Office of the Director is being revised accordingly.

Section C–B, Organization and Functions, is hereby amended as follows:

Delete the functional statement for the *Office of the Director (CR1)* and insert the following:

(1) Directs and manages the programs and activities of the National Center for Infectious Diseases (NCID); (2) provides leadership for the implementation of the Emerging Infections Plan to enhance the prevention and control of infectious diseases nationally and internationally; (3) provides leadership and guidance on policy, program planning and development, program management, and operations; (4) provides NCID-wide administrative and program services, and coordinates or assures coordination with the appropriate CDC staff offices on administrative and program matters; (5) provides liaison with other Governmental agencies, international organizations, including the World Health Organization, and other outside groups; (6) coordinates, in collaboration with the appropriate NCID and CDC components, international health activities relating to the prevention and control of infectious diseases; (7) advises the Director, CDC, on policy matters concerning NCID programs and activities; (8) coordinates development and review of regulatory documents and congressional reports; (9) analyzes health programs and proposed legislation with respect to NCID's programs, goals and objectives; (10) provides leadership and support for NCID Programs in the areas of statistics, information technology, and database management.

Delete the title and functional statement for the *Office of Planning and*