Unless otherwise noted, comments regarding the applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than July 1, 1998.

A. Federal Reserve Bank of New York (Betsy Buttrill White, Senior Vice President) 33 Liberty Street, New York, New York 10045-0001:

1. J.P. Morgan & Co. Incorporated, New York, New York (''JPM''), to engage *de novo* through its subsidiaries, including J.P. Morgan Investment Management Inc., New York, New York, in acting as a commodity pool operator (''CPO'') for certain closed-end private investment funds that are exempt from registration under the Investment Company Act of 1940 (15 U.S.C. § 80a-1 *et seq.*). *See Dresdner Bank AG*, 84 Fed. Res. Bull. 361 (1998).

In connection with its proposal, JPM also seeks to act as CPO for certain open-end investment funds. JPM submits that the funds will be managed by an independent board that will be responsible for the overall management of the funds. JPM states that the independent board, and not JPM, will control the funds and will perform the activities typically associated with being a CPO. However, to avoid the administrative burdens associated with each individual board member having to register as CPO, JPM will register as a CPO itself.

In publishing this proposal for comment, the Board does not take a position on the issue raised by the notice. Notice of the proposal is published solely to seek the views of interested parties on the issues presented and does not represent a determination by the Board that the proposal meets, or is likely to meet, the standards of the BHC Act.

Notificants' proposal is available for immediate inspection at the Federal Reserve Bank of New York and the offices of the Board in Washington, D.C. Interested persons may express their views on the proposal in writing, including on whether the proposed activities ''can reasonably be expected to produce benefits to the public, such as greater convenience, increased competition, or gains in efficiency, that outweigh possible adverse effects, such as undue concentration of resources, decreased or unfair competition, conflicts of interests, or unsound banking practices.'' 12 U.S.C. § 1843(c)(8).

Board of Governors of the Federal Reserve System, June 11, 1998.

Robert deV. Frierson,

Associate Secretary of the Board.

[FR Doc. 98–16001 Filed 6–15–98; 8:45 am]

BILLING CODE 6210–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 99011]

Notice of Availability of Funds; Emerging Infections Program

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1999 funds for a cooperative agreement program to establish an Emerging Infections Program (EIP) to join a national network of EIPs. This program will assist in local, State, and national efforts to conduct surveillance and applied epidemiologic and laboratory research in emerging infectious diseases and to pilot and evaluate prevention measures. This program addresses the ''Healthy People 2000'' priority area of Immunization and Infectious Diseases.

The purpose of the program is to assist State health departments to establish new EIPs as part of the national network. EIPs will be population-based centers designed to assess the public health impact of emerging infections and to evaluate methods for their prevention and control.

Activities of the EIPs will fall into the general categories of: (1) active surveillance; (2) applied epidemiologic and applied laboratory research; and (3) implementation and evaluation of pilot prevention/intervention projects.

The EIPs will maintain sufficient flexibility to accommodate changes in projects as required by the emergence of public health infectious disease problems. EIPs will be strategically located to serve a variety of geographical areas, diverse groups and difficult-to-reach populations—e.g., under-served women and children, the homeless, immigrants and refugees, and persons infected with HIV. They will enlist the participation of local health departments, academic institutions, and other public and private organizations with an interest in addressing public health issues relating to emerging infectious diseases, and will seek support from sources, in addition to CDC, to operate the EIP.

B. Eligible Applicants

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

The following States already participating in the EIP cooperative agreement program should not apply to this announcement: California, Connecticut, Georgia, Maryland, Minnesota, New York, and Oregon.

C. Availability of Funds

Up to $1,000,000 is available in FY 1999 to fund two awards. The average award will be about $500,000. This amount is for both direct and indirect costs. It is expected that the awards will begin on or about October 1, 1998, and will be made for a 12-month budget period within a project period of up to five years. The funding estimate 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.

Note: Per instructions in Evaluation Criteria section below, the application should include proposals for four projects. CDC will select from one to four of those projects to fund based on the capacity of the applicant, priorities of the EIP network, and availability of resources.

Funding Preferences

EIPs are currently established in the seven following states: California, Connecticut, Georgia, Maryland, Minnesota, New York, and Oregon. To achieve appropriate geographical representation in the EIP network, for one of the two potential awards made under this announcement, funding preference may be given to approved applications from States in Standard Federal Regions VI, VII, and VIII.

Region VI: Arkansas, Louisiana, New Mexico, Oklahoma, Texas

Region VII: Iowa, Kansas, Missouri, Nebraska

Region VIII: Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming

D. Program Requirements

Recipient Activities

1. Establish and operate an EIP to further local, State, and national efforts to address emerging infectious diseases:

a. Organize the EIP so that it will have the capacity to conduct approximately three concurrent projects.

b. Organize the EIP so that it will maintain the ability to accommodate changes in specific projects and priorities as the public health system's need for information changes or new health problems emerge.

c. Operate the EIP so that it can function effectively as part of a national network of EIPs. Collaborate with CDC and other EIP sites, through the EIP steering committee and otherwise, to coordinate project priorities and to assure that important emerging infections issues are addressed appropriately.

d. Establish the EIP in a defined population, which could include either an entire State or a geographically defined area (or areas) within a State. To accomplish the objectives of certain EIP activities, a minimum population base of approximately 1,000,000 may be necessary.

2. Obtain technical and financial assistance to supplement the core assistance from CDC.

3. Collaborate with other public and private organizations that have an interest in addressing public health issues relating to emerging infectious diseases (e.g., local public health agencies, schools of public health, university medical schools, medical examiners, health care providers, clinical laboratories, community-based organizations, other Federal and State government agencies, research organizations, medical institutions, foundations, etc.).

4. Propose and conduct emerging infections activities in collaboration with appropriate partner organizations. Collaborate with other EIPs, as appropriate, to finalize protocols for and conduct EIP activities.

a. Categories of EIP activities. Activities of the EIP will fall into three categories:

(1) Active population-based surveillance projects. These may include collection and submission of disease-causing infectious agents to State, CDC, or other laboratories. For example, the surveillance case definition for the condition might involve detection of a positive culture or a drug resistant isolate in a microbiology laboratory, a serologic test result, a histopathologic finding, or a clinical syndrome, depending upon the disease or condition under surveillance; the specific approach to surveillance could also vary depending on the disease or condition under surveillance. Surveillance should be comprehensive (e.g., inclusion of audits to assure complete reporting), with active rather than passive case-finding.

(2) Applied epidemiologic and applied laboratory projects. Examples of potential projects include: evaluation of illnesses often not specifically diagnosed for which information about trends and etiology are important (e.g., diarrhea, community-acquired pneumonia); evaluation of clinical outcomes or risk factors for drug resistant infections; and evaluation of the clinical spectrum of influenza and the efficacy of influenza vaccines in target populations.

(3) Implementation and evaluation of pilot prevention/intervention projects for emerging infectious diseases. Examples might include assessment of efforts to promote safe food preparation in the home, evaluation of impact of hand-washing promotion on infectious diseases in child-care facilities, or evaluation of antibiotic prescribing practices in out-patient settings.

b. Specific EIP activities. In the application, propose a total of 4 projects from the following list (see Applicant Content section for details):

Required (propose both):

(1) Active population-based laboratory surveillance for foodborne diseases and related activities (FoodNet).

(2) Active Bacterial Core Surveillance (ABCs) activities.

Optional (select and propose 2 of the following):

(3) Active surveillance for syndromes of possibly infectious etiology (e.g., encephalitis, fulminant hepatitis).

(4) A collaboration with one or more managed-care organizations on a surveillance, risk factor, or pilot prevention project.

(5) A project to quantify or otherwise explore linkages between chronic and infectious diseases.

5. As a part of certain EIP projects, provide specimens such as disease-causing isolates or serum specimens to appropriate organizations (which may include CDC) for laboratory evaluation (e.g., molecular epidemiologic studies, evaluation of diagnostic tools).

6. Manage, analyze, and interpret data from EIP projects, and publish and disseminate important public health information stemming from EIP projects in collaboration with CDC.

7. Monitor and evaluate scientific and operational accomplishments and progress in achieving the purpose of this program.

8. Provide training opportunities at the EIP site (e.g., infectious disease fellows, laboratory fellows, public health students) that are consistent with the purpose of this announcement.

CDC Activities

1. Provide consultation, scientific, and technical assistance in general operation of the EIP and in designing and conducting individual EIP projects.

2. Participate in analysis and interpretation of data from EIP projects. Participate in the dissemination of findings and information stemming from EIP projects.

3. Assist in monitoring and evaluating scientific and operational accomplishments of the EIP and progress in achieving the purpose and overall goals of this program.

4. As needed, perform laboratory evaluation of specimens or isolates (e.g., molecular epidemiologic studies, evaluation of diagnostic tools) obtained in EIP projects and integrate results with other data from EIP projects.

E. 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.

Applications should address the following topics in the order presented:

1. Understanding the objectives of the EIP;

2. Description of the population base for the EIP;

3. Description of existing capacity to assess, control, and prevent emerging infectious diseases;

4. Operational plan (including 4 project proposals as described below);

5. Personnel qualifications and management plan;

6. Evaluation plan; and

7. Budget.

Applicants should propose a total of 4 projects from the following list of activities.

Note: Two of the four projects proposed must be the FoodNet and ABC's projects (numbers 1 and 2 below). The other two should be selected from numbers 3–5 below. Each specific project proposal should be clearly identified in a distinct portion of the Operational Plan and should not exceed 3 pages. Though the activities described below address distinct issues and needs, they may be implemented in an integrated manner such that staff members work on more than one activity (supplies and equipment are shared, etc.):

1. Population-based laboratory surveillance for foodborne diseases and related activities (FoodNet): Conduct population-based laboratory surveillance including completion of case reports (which include demographic information as well as information about the diagnosis and outcome) and collection of disease-causing isolates—for seven bacterial and two parasitic foodborne pathogens (*Salmonella, E. coli* O157, *Campylobacter, Shigella, Listeria, Yersinia, Vibrio, Cryptosporidium and Cyclospora).* Completeness of surveillance should be verified by periodic (at least yearly) audits of area laboratories. In these audits, records in each laboratory should be reviewed and case report form information should be completed on cases not identified through the routine surveillance. Since this core activity will be done in collaboration with other EIP sites and CDC, the project should be designed so that data can be integrated with data from the other EIPs. Additional core activities for foodborne disease surveillance: (a) systematic survey of physician and laboratory practices regarding diagnostic practices for diarrheal pathogens (similar to those done in other sites), (b) active hemolytic uremic syndrome (HUS) surveillance through pediatric nephrologists, (c) pulsed-field gel electrophoresis (PFGE) of all *E. coli* O157 from catchment area, as part of expanding national network, and when the method is ready to be applied, PFGE of *Salmonella typhimurium* isolates, (d) participation in national antimicrobial resistance surveillance, and (e) surveillance for outbreaks of calicivirus gastroenteritis and/or endemic calicivirus gastroenteritis.

2. Active Bacterial Core Surveillance (ABCs) activities: Population-based laboratory surveillance for invasive disease caused by emerging, vaccine preventable, and drug resistant bacterial diseases. Conduct active population-based laboratory surveillance including completion of case reports (which include demographic information as well as information about the diagnosis and outcome) and collection of disease-causing isolates for invasive bacterial disease caused by *Streptococcus pneumoniae, Haemophilus influenzae, Neisseria meningitidis*, groups A and B streptococci, Vancomycin-resistant enterococcus and *Listeria monocytogenes.* Collect additional demographic, medical, and vaccination history information on all invasive *Haemophilus influenzae* cases in persons less than 15 years of age (very small numbers). Collect additional information in cases of early-onset group B streptococcus disease. Completeness of surveillance should be verified by periodic (semiannual) audits of area laboratories. In these audits, records in each laboratory should be reviewed and case report form information should be completed on cases not identified through the routine surveillance. Since this core activity will be done in collaboration with the other EIP sites and CDC, the project should be designed so that data can be integrated with data from the other EIPs.

3. Active surveillance for syndromes of possibly infectious etiology: (For example: encephalitis, fulminant hepatitis, or myocarditis.) Protocols for this project should be developed together with CDC and the EIP sites involved in the current EIP project on Unexplained Deaths and Critical Illnesses Possibly Due to Infections.

4. Collaboration with managed-care organizations. (For example, collaborations with one or more managed-care organizations might include surveillance of infectious syndromes or piloting and evaluation of prevention projects.) Emphasis should be on infectious diseases of public health importance.

5. Linkages between chronic and infectious diseases. (For example, projects might seek to quantify or otherwise explore links between chronic diseases and infectious diseases (e.g., hepatitis C and chronic liver disease; infections due to Chlamydia pneumoniae and atherosclerosis; mycoplasma infections and asthma, human papilloma virus and cervical cancer, genital infections and premature birth, or others.)

Funding in future years may permit implementation of projects which are developed and implemented by individual EIP sites. Briefly describe activities which the applicant would propose to implement in the EIP in the future if given the opportunity.

Page Limitations

The application narrative (excluding budget, appendices, and required forms) must not exceed 25 single-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 vitaes, and budget. All other materials or information that should be included in the narrative will not be accepted if placed in the appendices.

Budget Instructions

For each line-item (as identified on the Form 424a of the application), show both Federal and non-Federal (e.g., State funding) shares of total cost for the EIP. 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 EIP participant to two meetings at CDC in Atlanta during the first year of the program.

Bona Fide Agent Status

If applicant is an agent of a State public health agency and not a State public health agency itself, documentation that applicant is acting as a bona fide agent of a State public health agency should be provided in an appendix. Applicants acting as bona fide agents of a State public health agency are strongly encouraged to consult with CDC's Grants Management Specialist (identified in Section J below) prior to submitting the application for guidance regarding what constitutes acceptable documentation.

F. Submission and Deadline

Notice of Intent To Apply

In order to assist CDC in planning and executing the evaluation of applications submitted under this announcement, all parties intending to submit an application are requested to inform CDC of their intention to do so at least ten (10) days prior to the application due date. Notification should include: (1) name and address of institution, and (2) name, address, and telephone number of contact person. Notification should be provided by facsimile, postal mail, or E-mail, to Laura Conn, National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE., Mailstop C–12, Atlanta, GA 30333, E-mail address lbk1@cdc.gov, Facsimile (404) 639–4197.

Application

Submit the original and two copies of PHS 5161–1 (OMB Number 0937–0189). Forms are provided in the application kit. On or before July 31, 1998, submit the application to: Oppie Byrd, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement 99011, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E–18, Atlanta, GA 30305–2209

If your application does not arrive in time for submission to the independent review group, it will not be considered

in the current competition unless you can provide proof that you mailed it on or before the deadline (i.e., receipt from U.S. Postal Service or a commercial carrier; private metered postmarks are not acceptable).

G. Evaluation Criteria

Each application will be evaluated individually against the following criteria by an independent review group appointed by CDC. Your application should address each section in the order presented below:

1. Understanding the objectives of the EIP (10 points)

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

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

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

2. Description of the population base of the EIP area (10 points).

a. Clear definition of the geographic area and population base in which the EIP 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 EIP, such as the rural or inner city poor, under served women and children, the homeless, immigrants and refugees, and persons infected with HIV.

c. Extent to which the population base is diverse in terms of demographics and special populations.

3. Description of existing capacity to assess, control and prevent emerging infectious diseases: (35 points)

a. Description of applicant's past experience in conducting active surveillance, applied epidemiologic research, applied laboratory research, and prevention research, in general, and on emerging infectious diseases, including antimicrobial drug resistant, foodborne and waterborne, currently or potentially vaccine preventable, and opportunistic diseases.

b. Demonstration of applicant's ability to develop and maintain strong cooperative relationships with both public and private, local and regional, medical, public health, laboratory, academic, 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. Applicant should provide (in an appendix) letters of support which clearly indicate collaborators' willingness to be participants in the EIP. Do not include letters of support from CDC personnel.

4. Operational plan (40 points).

a. The extent to which the applicant's plan for establishing and operating the population-based EIP 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 CDC and other EIP sites in the establishment and operation of the EIP and individual EIP projects, including project design/development (e.g., protocols), management and analysis of data, and synthesis and dissemination of findings.

b. Description of applicant's partnerships with necessary and appropriate organizations for establishing and operating the proposed EIP and for conducting individual EIP projects.

c. Description of plans to provide training opportunities for providers-in-training (e.g., infectious disease fellows, laboratory fellows, public health students).

d. 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 core funding from CDC.

e. Quality of the proposed projects (as requested in the Application Content section above) 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. Personnel qualifications and management plan.

a. Identification of applicant's key professional personnel to be assigned to the EIP and EIP projects (provide curriculum vitae for each in an appendix). Clear identification of their respective roles in the management and operation of the EIP. 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 EIP activities (provide curriculum vitae for each in an appendix). Clear identification of their respective roles.

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

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

6. Evaluation (5 points).

a. Quality of plan for monitoring and evaluating scientific and operational accomplishments of the EIP and of individual EIP projects.

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

7. Budget (not scored).

Extent to which the line-item budget is detailed, clearly justified, and consistent with the purpose and objectives of this program. Extent to which applicant shows both Federal and non-Federal (e.g., State funding) shares of total cost for the EIP.

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).

8. Human Subjects (not scored).

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

____ Yes ____ No

Comments:_____

H. 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 recently completed. This second report may simply be a ''cut/paste'' update of the first semiannual (partial budget period) report to add information from date of first report to the end of the 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: Oppie Byrd, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Rd., NE., Rm. 300, Mailstop E–18, Atlanta, GA 30305–2209.

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

AR98–1 Human Subjects Requirements

AR98–2 Requirements for Inclusion of Women and Racial and Ethnic Minorities in Research

AR98–7 Executive Order 12372 Review

AR98–9 Paperwork Reduction Act Requirements

AR98–10 Smoke-Free Workplace Requirements

AR98–11 Healthy People 2000

AR98–12 Lobbying Restrictions

I. 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 93.283.

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 Oppie Byrd, Grants Management Specialist Grants Management Branch, Procurement and Grants Office, Announcement 99011, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E–18, Atlanta, GA 30305–2209, Telephone (404) 842–6546, E-mail address: oxb3@cdc.gov.

For program technical assistance, contact Robert W. Pinner, M.D., or Pat McConnon, M.P.H., Office of the Director, National Center for Infectious Diseases, Centers for Disease Control and Prevention (CDC), Mailstop C–12, 1600 Clifton Road, NE., Atlanta, GA 30333, Telephone (404) 639–2603, E-mail address for Dr. Pinner: rwp1@cdc.gov/E-mail address for Mr. McConnon: pjm2@cdc.gov.

See also the CDC homepage on the Internet: http://www.cdc.gov

Potential applicants may obtain a copy of ''Addressing Emerging Infectious Disease Threats: A Prevention Strategy for the United States'' through the Centers for Disease Control and Prevention (CDC), National Center for Infectious Diseases, Office of Planning and Health Communication—EP, Mailstop C–14, 1600 Clifton Road, NE., Atlanta, GA 30333. Requests may also be sent by facsimile to (404) 639–3039.

Dated: June 10, 1998.

John L. Williams,

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

[FR Doc. 98–15924 Filed 6–15–98; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Cooperative Agreements for Prevention Research Centers, Program Announcement 98047; Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the following committee meeting.

Name: Disease, Disability, and Injury Prevention and Control SEP: Cooperative Agreements for Prevention Research Centers, Program Announcement 98047.

Times and Dates: 8 a.m.–5 p.m., July 14, 1998; 8 a.m.–5 p.m., July 15, 1998; 8 a.m.–5 p.m., July 16, 1998.

Place: Sheraton Colony Square Hotel, 188 14th Street, N.E., Atlanta, Georgia 30316.

Status: The meeting will be open from 8 a.m.–9 a.m., July 14, 1998; and closed 9 a.m. July 14, 1998, through 5 p.m. July 16, 1998.

Matters to be Discussed: The meeting will include the review, discussion, and evaluation of applications received in response to Program Announcement 98047.

Portions of this meeting will be closed to the public in accordance with provisions set forth in section 552b(c)(4) and (6), Title 5 U.S.C., and the Determination of the Associate Director for Management and Operations, CDC, pursuant to Pub. L. 92–463.

Contact Person for more Information: Michael N. Waller, National Center for Chronic Disease Prevention and Health Promotion, CDC, M/S K30, 4770 Buford Highway, N.E., Atlanta, Georgia 30345, telephone 770/488–5264.

Dated: June 10, 1998.

Carolyn J. Russell,

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

[FR Doc. 98–15926 Filed 6–15–98; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Office of the Director, Centers for Disease Control and Prevention (CDC); Meeting

Name: Guide to Community Preventive Services (GCPS) Task Force Meeting.

Times and Dates: 10 a.m.–5 p.m., June 22, 1998; 8 a.m.–3 p.m., June 23, 1998.

Place: The Wyndham Garden Hotel, 3340 Peachtree Road, NE, Atlanta, Georgia 30326, telephone (404) 231–1234.