

Animal Subjects

If the proposed project involves research on animal subjects, the applicant must comply with the "PHS Policy on Humane Care and Use of Laboratory Animals by Awardee Institutions." An applicant organization proposing to use vertebrate animals in PHS-supported activities must file an Animal Welfare Assurance with the Office for Protection from Research Risks at the National Institutes of Health.

Application Submission and Deadline

Applicants are strongly encouraged to submit the original and five complete copies of application PHS Form 398 (Revised 5/95, OMB Control Number 0925-0001) to Sharron P. Orum, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E-18, Atlanta, GA 30305, on or before October 1, 1998.

1. Deadline: Applications shall be considered as meeting the deadline if they are either:

a. Received on or before the deadline date; or

b. Sent on or before the deadline date and received in time for submission to the objective review group. (Applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.)

2. Late Applications: Applications which do not meet the criteria in 1.a. or 1.b. above are considered late applications. Late applications will not be considered and will be returned to the applicant.

Where To Obtain Additional Information

To receive additional written information and to request an application kit, call 1-888-GRANTS (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. (Please refer to Announcement Number 99003.) You will receive a complete program description, information on application procedures and application forms.

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from Oppie M. Byrd, Grants Management Specialist, Grants Management Branch,

Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 314, Mailstop E-18, Atlanta, GA 30305, telephone (404) 842-6546, Facsimile (404) 842-6513, Internet oxb3@cdc.gov. Programmatic technical assistance may be obtained from Anne Schuchat, M.D., National Center for Infectious Diseases, Division of Bacterial and Mycotic Diseases, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE., Mailstop C-23, Atlanta, GA 30333, telephone (404) 639-4720, Internet acs1@cdc.gov.

Please refer to Announcement Number 99003 when requesting information regarding this program.

You may obtain this announcement from one of two Internet sites on the actual publication date: CDC's Home Page at <http://www.cdc.gov> or at the Government Printing Office Home Page (including free on-line access to the **Federal Register** at <http://www.access.gpo.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) referenced in the Introduction through the Superintendent of Documents, Government Printing Office, Washington, D.C. 20402-9325, telephone (202) 512-1800.

Dated: July 1, 1998.

Joseph R. Carter,

Acting Associate Director for Management and Operations, Centers for Disease Control and Prevention (CDC).

[FR Doc. 98-18018 Filed 7-7-98; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Announcement Number 99005]

Applied Research Program in Emerging Infections Correlation of Environmental Monitoring of Microbial Agents With Disease Control; Notice of Availability of Funds for Fiscal Year 1999

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1999 funds for competitive grants and/or cooperative agreements to support applied research on emerging infections. This announcement specifically addresses the correlation of

environmental monitoring of microbial agents with disease control.

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 Immunization and Infectious Diseases. (For ordering a copy of Healthy People 2000, see the section Where to Obtain Additional Information.)

Authority

This program is authorized under Sections 301(a) and 317(k)(2) of the Public Health Service Act, as amended [42 U.S.C. 241(a) and 247b(k)(2)].

Smoke-Free Workplace

CDC strongly encourages all grant recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products, and Public Law 103-227, the Pro-Children's 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 organizations and governments and their agencies. Thus, universities, colleges, research institutions, hospitals, other public and private nonprofit organizations, including State and local governments or their bona fide agents are eligible to apply.

Note: An organization described in Section 501(c)(4) of the Internal Revenue Code of 1986 which engages in lobbying activities shall not be eligible to receive Federal funds constituting an award, grant, contract, loan, or any other form.

Only one application will be accepted from any single applicant, organization, government, or agency.

Availability of Funds

Approximately \$500,000 is available in FY 1999 to fund one to three awards, ranging from \$100,000 to \$500,000. It is expected the award(s) will begin on or about March 1, 1999, and will be made for a 12-month budget period within a project period of up to three years. (The funding amounts listed above are for the first 12-month budget period and include both direct and indirect costs.) Funding estimates may vary and are subject to change.

Continuation awards within an approved project period will be made on the basis of satisfactory progress and availability of funds.

Determination of Which Instrument to Use

Applicants must specify the type of award for which they are applying, either grant or cooperative agreement. CDC will review the applications in accordance with the evaluation criteria. Before issuing awards, CDC will determine whether a grant or cooperative agreement is the appropriate instrument based upon the need for substantial CDC involvement in the project.

To assist applicants in making a determination as to which type of award to apply for, the following information is provided:

1. Grants

A research project grant is one in which substantial programmatic involvement by CDC is not anticipated by the recipient during the project period. Applicants for grants must demonstrate an ability to conduct the proposed research with minimal assistance, other than financial support, from CDC. This would include possessing sufficient resources for clinical, laboratory, and data management services and a level of scientific expertise to achieve the objectives described in their research proposal without substantial technical assistance from CDC.

2. Cooperative Agreements

A research project cooperative agreement is one in which CDC will assist recipients in conducting the proposed research. The application should be presented in a manner that demonstrates the applicant's ability to address the research problem in a collaborative manner with CDC.

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 FY 1998 "Department of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act" (Public Law 105-78) states in Section 503 (a) and (b) that no part of any appropriation contained in this Act shall be used, other than for normal and recognized executive-legislative relations, 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 legislature itself. 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.

Background

Once expected to be eliminated as a public health problem, infectious diseases remain the leading cause of death worldwide. In the United States (U.S.) and elsewhere, infectious diseases increasingly threaten public health and contribute significantly to the escalating costs of health care.

In 1992, the Institute of Medicine of the National Academy of Sciences published a report entitled *Emerging Infections, Microbial Threats to Health in the United States* highlighting the threat of emerging infections and making specific recommendations to address the threat. This report emphasized a critical leadership role for CDC in a national effort to detect and control infectious disease threats.

In partnership with other Federal agencies, State and local health departments, academic institutions, and others, CDC has developed a plan for revitalizing the nation's ability to identify, contain, and prevent illness from emerging infectious diseases. The plan, *Addressing Emerging Infectious Disease Threats; A Prevention Strategy for the United States*, includes applied research as a major objective, stressing the importance of integrating laboratory science and epidemiology to optimize public health practice in the U.S. CDC has developed an Extramural Applied Research Program in Emerging Infections (EARP) designed to fill gaps in existing support for research in emerging infectious disease surveillance, epidemiology, and prevention. This announcement specifically addresses the correlation of

environmental monitoring of microbial agents with disease control.

The microorganisms present in the environment have played a role in the transmission of infectious diseases. *Legionella*, *Cryptosporidia*, *Cyclospora*, *Aspergillus*, and vancomycin-resistant enterococci are just a few examples of agents with public health significance. There are very few situations where the results of environmental monitoring have been correlated with disease control. A good example of a situation where correlation has been done is the microbial quality of water and dialysate in hemodialysis units. Here it has long been established that once bacteria (and in some instances endotoxin) go above certain concentrations (2,000 CFU/ml in dialysate, 200 CFU/ml in water, or 5 EU/ml in water used to reprocess hemodialyzers) the risk of patients developing bacteremia or a "pyrogenic" reaction during dialysis increases substantially. However, the correlation of environmental monitoring of microbial agents with disease control in other situations is unclear.

Legionnaires' disease (LD) occurs when an aerosol of water containing *Legionella* spp. is inhaled. There are 8,000-18,000 cases of LD that occur each year in the U.S., and 23 percent of case-patients reported to the CDC appear to have acquired the infection in a health-care facility. Recent investigations have demonstrated that nosocomial transmission from colonized hot water systems can occur for years or even decades unless the illness is recognized and the organism is eradicated. Case-fatality rates among patients with nosocomial LD may reach > 30 percent, particularly in immunocompromised individuals. In 1997, a survey of 253 National Nosocomial Infections Surveillance System (NNIS) hospitals indicated that 31 percent have identified cases of nosocomial LD since 1990 and in 41 percent of hospitals legionellae were recovered from the potable water systems. However, many hospitals with cases had done little to reduce colonization and prevent further transmission. Current CDC guidelines only state that an environmental investigation and intervention should be done after nosocomial cases are identified.

Vancomycin-resistant enterococci (VRE) were first reported in 1989 and have increased rapidly in incidence and prevalence in the interim. At 189 hospitals reporting to the NNIS system, the percentage of enterococcal isolates from all body sites that were resistant to vancomycin increased from 0.3 percent in 1989 to 10.5 percent in 1995.

Numerous hospital VRE outbreaks have been reported and contamination of environmental surfaces (e.g., bed rails, countertops) with VRE has been documented. Since VRE may survive routine cleaning and disinfection procedures, contamination of environmental surfaces may contribute to nosocomial transmission of VRE. There is a need to document the extent of environmental contamination with this organism, the extent to which such contamination contributes to nosocomial transmission, and the cleaning/disinfection procedures necessary to remove VRE.

Invasive aspergillosis is a threat to patients with compromised macrophage or neutrophil function (i.e., patients with neutropenia, receiving high-dose corticosteroid therapy) or with underlying chronic lung disease. *Aspergillus* spp., are ubiquitous and are routinely isolated from tap water, soil, decaying vegetation, wet paint, food, dust, and even sanitizing agents used in hospitals. Several outbreaks of aspergillosis have occurred during periods of construction in and around hospitals. Current recommendations are directed at controlling the production of aerosols during these periods. Additionally, there is evidence that higher aspergillosis spore counts contribute to higher rates of invasive disease among immunocompromised patients. However, there is not consensus about whether there should be a benchmark spore count or on the best methods to purify air.

Outbreaks of child-care-associated illness may be caused by many different agents and involve several different modes of transmission. The environment can play an important role in these outbreaks. Most environmental studies in child care settings have focused on enteric diseases. Toys and surfaces become contaminated either directly or indirectly by feces and body secretions from ill children. The incidence of diarrhea has been associated with isolation of fecal coliforms from hands of children and staff and from various environmental surfaces in child-care centers. Levels of environmental fecal coliforms have also been linked with diaper type and the use of over clothing in classes of non-toilet-trained children in child-care centers. Cytomegalovirus has also been isolated from hands and toys in a classroom with a high prevalence of infected children. Although respiratory infections account for the majority of illness episodes among children in child-care facilities, relatively little work has been done on the

environmental aspects of these infections.

The relationship between results of environmental monitoring of microbial agents and the risk of infection from these agents in the environment remains largely undefined. In addressing this issue, it is necessary to consider the following requirements for environmental transmission of disease to take place: (1) presence of a microbial agent in the environment, (2) the organism must have sufficient virulence, (3) relatively high numbers of organisms, (4) mechanism of transmission from the environment to the host, (5) a successful portal of entry, and (6) a susceptible host.

Purpose

The purpose of the EARP is to provide financial and technical assistance for applied research projects on emerging infections in the U.S. As a component of EARP, the purpose of this grant/cooperative agreement announcement is to provide assistance for one or more projects addressing the correlation of environmental monitoring of microbial agents with disease control. Environmental monitoring may play an important role in infectious disease control. However, additional studies are needed to correlate results of environmental monitoring with human disease. Examples of areas needing attention include, but are not limited to, *Legionella* and *Cryptosporidia* in water, *Aspergillus* spores in air, vancomycin-resistant enterococci and other agents in hospital and child-care environments. Where appropriate, projects proposed may include interventions to evaluate detection methods.

Program Requirements

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

A. Recipient Activities

1. Identify a microbial agent of increasing public health importance that has a known environmental reservoir (air, water, etc).
2. Conduct surveillance for human infections in a particular setting, e.g., child-care facilities, health-care facilities (hospitals, clinics, long-term care facilities), etc.
3. Define the relationship between finding the target organism in the environment and the risk of human disease in the target setting.

4. If feasible, determine the cost effectiveness of different options for microbial detection and disease control; determine interventions where appropriate.

5. Publish and/or otherwise disseminate study findings.

B. CDC Activities (Cooperative Agreements)

1. Provide technical assistance in the design and conduct of the research.
2. Perform selected laboratory tests, as appropriate and necessary.
3. Participate in data management, the analysis of research data, and the interpretation and presentation of research findings.
4. Provide biological materials (e.g., strains, reagents, etc.) as necessary for studies.

Technical Reporting Requirements

Narrative progress reports are required semiannually. The first semiannual report is required with the first noncompeting continuation application and should cover program activities from date of award. The second semiannual report is due 90 days after the end of each budget period and should cover activities from the date of previous report. Progress reports should summarize tasks completed, problems encountered, and plans for continued research activities. Reports should also include copies of any publications resulting from the project.

An original and two copies of a Financial Status Report (FSR) are required not later than 90 days after the end of each budget period.

A final performance report and FSR are due not later than 90 days after the end of the project period. All reports are to be submitted to the Grants Management Branch, CDC.

Application

1. Pre-application Letter-of-Intent

In order to enable CDC to plan the review of applications submitted under this Program Announcement, all parties intending to submit application(s) are requested to inform CDC of their intention to do so as soon as possible but not later than 30 business days prior to the application due date. Notification should include: (1) this program announcement number (99005), (2) name and address of institution, and (3) name, address, and phone number of contact person. Notification can be provided by Facsimile, postal mail, or electronic mail (E-mail) to: Matthew Arduino, Dr. P.H., National Center for Infectious Diseases, Centers for Disease Control and Prevention (CDC) 1600

Clifton Road, NE., Mailstop C-1,
Atlanta, GA 30333, Facsimile (404) 639-
3822, E-mail mja4@cdc.gov.

2. Application Content

Applicants are strongly encouraged to develop applications in accordance with PHS Form 398 information contained in this grant/cooperative agreement announcement, and the instructions outlined below.

The original and five (5) complete copies of the application must be UNSTAPLED and UNBOUND. ALL pages must be clearly numbered, and a complete index to the application and its appendices must be included. All typewritten materials must be single-spaced, using a font no smaller than size 12. All supplemental pages of the application (i.e., in addition to the 398 forms) must be on the 8½" by 11" white paper. All pages must be printed on ONE side only, with at least 1" margins, headers, and footers.

The application narrative must not exceed 12 pages (excluding budget and appendices). Unless indicated otherwise, all information requested below must appear in the narrative. Materials or information that should be part of the narrative will not be accepted if placed in the appendices. The application narrative must contain the following sections in the order presented below:

a. Abstract

Provide a brief (two pages maximum) abstract of the project. Clearly identify the project period proposed (not to exceed maximum of 3 years as indicated in Availability of Funds Section). Clearly identify the type of award that is being applied for, grant or cooperative agreement.

b. Background and Need

Discuss the background and need for the proposed project. Demonstrate a clear understanding of the purpose and objectives of this program announcement. Discuss and demonstrate how the proposed project addresses an important gap which is of public health importance.

c. Capacity and Personnel

Describe applicant's past experience in conducting activities similar to that being proposed. Describe applicant's resources, facilities, and professional personnel that will be involved in conducting the project. Clearly identify specific assigned responsibilities for all key professional personnel. Include in an appendix curriculum vitae for all professional personnel involved with the project. Describe plans for

administration of the project and identify administrative resources/personnel that will be assigned to the project. Provide in an appendix letters of support from all key participating non-applicant organizations, individuals, etc. (if any), which clearly indicate their commitment to participate as described in the operational plan. (Do not include letters of support from CDC personnel—they will not be accepted.)

d. Objectives and Technical Approach

Present specific objectives for the proposed project which are measurable and time-phased and are consistent with the Purpose and Program Requirements (Recipient Activities) sections of this announcement. Present a detailed operational plan for initiating and conducting the project which clearly and appropriately addresses these objectives (if proposing a multi-year project, provide a detailed description of first-year activities and a brief overview of subsequent-year activities). Include a clear description of applicant's technical approach/methods which are directly relevant to the above objectives. Describe specific study protocols or plans for the development of study protocols. Describe the nature and extent of collaboration with CDC (if proposing a cooperative agreement) and/or others during various phases of the project. Describe in detail a plan for evaluating progress toward achieving process and outcome project objectives. If the project will employ a particular research subject population, describe characteristics of the patient population and how research in this subject group will yield generalizable information. Describe contingency plans which acknowledge how the project will address likely obstacles and assure that the proposed task(s) can still be completed. Include sample size calculations where appropriate to assure that measurable objectives can be evaluated.

e. Budget

Provide a line-item budget and accompanying detailed, line-by-line justification for the first year of the project that demonstrates the request is consistent with the purpose and objectives of this program. If requesting a multi-year project, provide estimated total budget (direct plus indirect) for subsequent years. 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).

f. Human Subjects

Whether or not exempt from DHHS regulations, if the proposed project involves human subjects, describe in an appendix adequate procedures for the protection of human subjects. Also, ensure that women, racial and ethnic minority populations are appropriately represented in applications for research involving human subjects.

Evaluation Criteria

Applications will be reviewed and evaluated according to the following criteria:

1. Background and Need (15 Points)

Extent to which applicant demonstrates a clear understanding of the background, purpose, and objectives of the project and the extent to which the proposed project addresses an area of public health importance not adequately addressed in ongoing programs.

2. Capacity (30 Points)

Extent to which applicant describes adequate resources and facilities (both technical and administrative) for conducting the project. Extent to which applicant documents that professional personnel involved in the project are qualified and have past experience and achievements in research related to that proposed as evidenced by curriculum vitae, publications, etc. Extent to which applicant clearly identifies specific assigned responsibilities of all key professional personnel. If applicable, extent to which applicant includes letters of support from non-applicant organizations, individuals, etc., and the extent to which such letters clearly indicate the author's commitment to participate as described in the operational plan.

3. Objectives and Technical Approach (55 Points Total)

a. Extent to which applicant describes objectives of the proposed project which are consistent with the purpose of this announcement and which are measurable and time-phased. (15 points)

b. Extent to which applicant presents a detailed operational plan for initiating and conducting the project which clearly and appropriately addresses all Recipient Activities. Extent to which the plan clearly describes applicant's technical approach/methods for conducting the proposed studies and extent to which the approach/methods are appropriate and adequate to

accomplish the objectives. Extent to which applicant describes specific study protocols or plans for the development of study protocols that are appropriate for achieving project objectives. Extent to which applicant describes adequate and appropriate collaboration with CDC (if proposing a cooperative agreement) and/or others during various phases of the project. If the proposed project involves human subjects, whether or not exempt from the HHS regulations, the extent to which adequate procedures are described for the protection of human subjects, and the extent that women, racial and ethnic minority populations are appropriately represented in applications involving human research. (35 points)

c. Extent to which applicant provides a detailed and adequate plan for evaluating progress toward achieving project process and outcome objectives. (5 points)

4. Budget (Not Scored)

Extent to which the proposed budget is reasonable, clearly justifiable, and consistent with the intended use of grant/cooperative agreement funds.

Executive Order 12372 Review

This program is not subject to Executive Order 12372 Review.

Public Health System Reporting Requirements

This program is not subject to the Public Health System Reporting Requirements.

Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance Number is 93.283.

Other Requirements

Paperwork Reduction Act

Projects that involve the collection of information from ten or more individuals and funded by the grant/cooperative agreement will be subject to review 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 Department of Health and Human Services Regulations (45 CFR Part 46) regarding the protection of human subjects. Assurance must be provided to demonstrate that the project will be subject to initial and continuing review by an appropriate institutional review committee. The applicant will be

responsible for providing evidence of this 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 the Native American community is involved, its tribal government must also approve that portion of the project applicable to it.

Women, Racial and Ethnic Minorities

It is the policy of the 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 or Alaska Native, Asian, Black or African American, Hispanic or Latino, 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 rationale 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.

Animal Subjects

If the proposed project involves research on animal subjects, the applicant must comply with the "PHS Policy on Humane Care and Use of Laboratory Animals by Awardee Institutions." An applicant organization proposing to use vertebrate animals in PHS-supported activities must file an Animal Welfare Assurance with the Office for Protection from Research Risks at the National Institutes of Health.

Application Submission and Deadline

The original and five complete copies of each application PHS Form 398 must be submitted to Sharron P. Orum, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East

Paces Ferry Road, NE., Room 300, Mailstop E-18, Atlanta, GA 30305, on or before October 1, 1998.

1. Deadline: Applications shall be considered as meeting the deadline if they are either:

a. Received on or before the deadline date; or

b. Sent on or before the deadline date and received in time for submission to the objective review group. (Applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.)

2. Late Applications: Applications which do not meet the criteria in 1.a. or 1.b. above are considered late applications. Late applications will not be considered and will be returned to the applicant.

Where To Obtain Additional Information

To receive additional written information and to request an application kit, call 1-888-GRANTS (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. (Please refer to Announcement Number 99005.) You will receive a complete program description, information on application procedures and application forms.

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from Oppie M. Byrd, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 314, Mailstop E-18, Atlanta, GA 30305, telephone (404) 842-6546, Facsimile (404) 842-6513, Internet oxb3@cdc.gov.

Programmatic technical assistance may be obtained from Matthew J. Arduino, M.S., Dr.P.H., National Center for Infectious Diseases, Hospital Infections Program, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE., Mailstop C-01, Atlanta, GA 30333, telephone (404) 639-2318, Internet mja4@cdc.gov.

You may obtain this announcement from one of two Internet sites on the actual publication date: CDC's homepage at <http://www.cdc.gov> or at the Government Printing Office homepage (including free on-line access to the **Federal Register** at <http://www.access.gpo.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) referenced in the Introduction through the Superintendent of Documents, Government Printing Office, Washington, D.C. 20402-9325, telephone: (202) 512-1800.

Dated: July 1, 1998.

Joseph R. Carter,

Acting Associate Director for Management and Operations, Centers for Disease Control and Prevention (CDC).

[FR Doc. 98-18017 Filed 7-7-98; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention (CDC)

[Announcement 98043]

National Partnership for Human Immunodeficiency; Virus (HIV) Prevention; Notice of Availability of Funds for Fiscal Year 1998 Amendment

A notice announcing the availability of Fiscal Year 1998 funds for grants to support National Partnerships for Human Immunodeficiency Virus (HIV) Prevention Program was published in the **Federal Register** on June 3, 1998, [Vol. 63 FR No. 106]. The notice is amended as follows:

On page 30233, third column, under "Eligible Applicants", the first paragraph, line 12 should read: "Tax-exempt status is determined by the Internal Revenue Service (IRS) Code, Section 501(c). Tax-exempt status may be proved by either providing a copy of the pages from the IRS' most recent list of 501 (c) tax-exempt organizations or a copy of the current IRS Determination Letter."

On page 30238, second column, under "Submission and Deadline", the second paragraph should read: "On or before August 7, 1998, submit the application to: Julia Valentine Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement 98043, Centers for Disease Control and Prevention (CDC), Room 300, 255 East Paces Ferry Road, NE, M/S E15, Atlanta, GA 30305-2209.

All other information and requirements of the notice remain the same.

Dated: July 1, 1998.

John L. Williams,

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

[FR Doc. 98-18015 Filed 7-7-98; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 98085]

Young People in Alternative Education Settings: Preventing HIV and Other Sexually Transmitted Diseases Notice of Availability of Fiscal Year 1998 Funds; Amendment

A notice announcing the availability of fiscal year (FY) 1998 funds for cooperative agreements for the prevention of human immunodeficiency virus (HIV), and other sexually transmitted diseases (STDs) among young people in alternative educational settings was published in the **Federal Register** on June 24, 1998, [Vol. 63 FR Number 121]. The notice is amended as follows:

On page 34432, third column, under "Application Submission and Deadline", the second paragraph should read: "An original and two copies of the application PHS Form 5161-1 (Revised 5/96, OMB Number 0937-0189) must be submitted to Sharron P. Orum, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), Room 300, Mail Stop E-18, 255 East Paces Ferry Road, NE., Atlanta, GA 30305, on or before August 15, 1998."

All other information and requirements of the notice remain the same.

Dated: July 01, 1998.

John L. Williams,

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

[FR Doc. 98-18023 Filed 7-7-98; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Advisory Committees; Filing of Annual Reports

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that, as required by the Federal Advisory Committee Act, the agency has filed with the Library of Congress the annual reports of those FDA advisory committees that held closed meetings during fiscal year 1995, 1996, and 1997. FDA apologizes for the lateness in the filing of these reports due to circumstances beyond the agency's control.

ADDRESSES: Copies are available from the Dockets Management Branch (HFA-305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852, 301-443-1751.

FOR FURTHER INFORMATION CONTACT:

Donna M. Combs, Committee Management Office (HFA-306), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301-827-4820.

SUPPLEMENTARY INFORMATION: Under section 13 of the Federal Advisory Committee Act (5 U.S.C. app. 2) and 21 CFR 14.60(c), FDA has filed with the Library of Congress the annual reports for the following FDA advisory committees that held closed meetings during the period October 1, 1994, through September 30, 1995: Center for Biologics Evaluation and Research:

Allergenic Products Advisory Committee,
Biological Response Modifiers Advisory Committee,
Blood Products Advisory Committee,
Vaccines and Related Biological Products Advisory Committee,
Center for Drug Evaluation and Research:

Anesthetic and Life Support Drugs Advisory Committee,
Anti-Infective Drugs Advisory Committee,
Antiviral Drugs Advisory Committee,
Arthritis Advisory Committee,
Drug Abuse Advisory Committee,
Endocrinologic and Metabolic Drugs Advisory Committee,
Generic Drugs Advisory Committee,
Medical Imaging Drugs Advisory Committee,
Nonprescription Drugs Advisory Committee,
Oncologic Drugs Advisory Committee,
Center for Devices and Radiological Health:

Medical Devices Advisory Committee (consisting of reports for the Anesthesiology and Respiratory Therapy Devices Panel; Circulatory System Devices Panel; Clinical Chemistry and Clinical Toxicology