3. Western Bancorp, Newport Beach, California; to acquire 100 percent of the voting shares of Peninsula Bank of San Diego, San Diego, California.

Board of Governors of the Federal Reserve System, August 28, 1998.

Robert deV. Frierson,

Associate Secretary of the Board.

[FR Doc. 98–23674 Filed 9–1–98; 8:45 am]

BILLING CODE 6210–01–F

GENERAL ACCOUNTING OFFICE

Federal Accounting Standard Advisory Board

AGENCY: General Accounting Office.

ACTION: Notice of public hearing on October 5 and 6 and Board meeting on October 6.

SUMMARY: Pursuant to section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), as amended, notice is hereby given that a public hearing of the Federal Accounting Standards Advisory Board will be held on Monday and Tuesday, October 5 and 6, 1998 from 9:00 a.m. to 5:00 p.m. in room *7C13* of the General Accounting Office, 441 G St., N.W., Washington, D.C.

The purpose of the hearing is to hear testimony from interested parties on the Proposed Statement of Recommended Standards for *Accounting for Social Insurance*, published February 20, 1998. The Standard contains proposed standards for social insurance programs that address accounting for Social Security, Medicare, Railroad retirement benefits, Black Lung benefits, and Unemployment Insurance. The Board wishes to obtain in-depth views on the various issues pertaining to the proposed Statement.

Persons interested in testifying should contact either Wendy Comes, FASAB Executive Director; or Richard Fontenrose, Project Director. Such contact should be made no later than one week prior to the hearing. Also, they should at the same time provide a short biography and written copies of their prepared testimony prior to the hearing.

Following the end of the public hearing on October 6, the Board may meet to discuss a possible amendment to SFFAS No. 5, *Accounting for Liabilities of the Federal Government,* dealing with concerns expressed by some attorneys and auditors regarding legal representation letters.

Any interested persons may attend the hearing and the meeting as an observer. Board discussions and reviews are open to the public.

FOR FURTHER INFORMATION CONTACT: Wendy Comes, Executive Director, 441 G St., N.W., Suite 3B18, Washington, D.C. 20548, or call (202) 512–7357; or Richard Fontenrose, Project Director, at (202) 512–7358. E-Mail to: FontenroseR.fasab@gao.gov.

Authority: Federal Advisory Committee Act. Pub. L. 92–463, Section 10(a)(2), 86 Stat. 770, 774 (1972) (current version at 5 U.S.C. app. section 10(a)(2) (1988); 41 CFR 101–6.1015 (1990).

Dated: August 28, 1998.

Robert W. Bramlett,

Acting Executive Director.

[FR Doc. 98–23655 Filed 9–1–98; 8:45 am]

BILLING CODE 1610–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Announcement 99014]

Grants for Injury Control Research Centers; Notice of Availability Of Funds for Fiscal Year 1999

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces that grant applications are being accepted for Injury Control Research Centers (ICRCs) for fiscal year (FY) 1999.

This program announcement addresses the priority areas of Violent and Abusive Behavior and Unintentional Injuries.

The purposes of this program are:

1. To support injury prevention and control research on priority issues as delineated in: Healthy People 2000; Injury Control in the 1990's: A National Plan for Action; Injury in America; Injury Prevention: Meeting the Challenge; and Cost of Injury: A Report to the Congress;

2. To support ICRCs which represent CDC's largest national extramural investment in injury control research and training, intervention development, and evaluation;

3. To integrate collectively, in the context of a national program, the disciplines of engineering, epidemiology, medicine, biostatistics, public health, law and criminal justice, and behavioral and social sciences in order to prevent and control injuries more effectively;

4. To identify and evaluate current and new interventions for the prevention and control of injuries;

5. To bring the knowledge and expertise of ICRCs to bear on the development and improvement of effective public and private sector programs for injury prevention and control; and

6. To facilitate injury control efforts supported by various governmental agencies within a geographic region.

B. Eligible Applicants

This announcement will provide funding for applicants in regions which do not have funded ICRCs and for applicants in regions which have funded centers which must re-compete for funding.

Eligible applicants are limited to organizations in Region 2 (New Jersey, New York, Puerto Rico, and Virgin Islands), Region 3 (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia), Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee), Region 5 (Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin), Region 6 (Louisiana, New Mexico, Oklahoma, Texas, and Arkansas), Region 9 (Arizona, California, Hawaii, and Nevada) and Region 10 (Alaska, Idaho, Oregon, and Washington).

Eligible applicants include all nonprofit and for-profit organizations in Regions 2, 3, 4, 5, 6, 9, and 10. Thus, universities, colleges, research institutions, hospitals, other public and private organizations, State and local health departments, and small, minority and/or women-owned businesses are eligible for these grants. Non-academic applicant institutions should provide evidence of a collaborative relationship with an academic institution.

Note: ICRC grant awards are made to the applicant institution/organization, not the Principal Investigator.

Note: Effective January 1, 1996, Public Law 104–65 states that 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 (cooperative agreement), contract, loan, or any other form.

C. Availability of Funds

Approximately $3,750,000 is expected to be available FY 1999 to fund a combination of new and re-competing research center projects, depending on the outcome of the review process.

It is expected that the awards will begin on or around September 1, 1999, and will be made for a 12 month budget period within a project period of up to three years for new research centers and five years for re-competing research centers.

Funding estimates may vary and are subject to change. Continuation awards within the project period will be made

on the basis of satisfactory progress and the availability of funds.

New research center awards will not exceed $500,000 per year (total of direct and indirect costs) with a project period not to exceed three years. Depending on availability of funds, re-competing research center awards may range from $750,000 to $1,500,000 per year (total of direct and indirect costs) with a project period not to exceed five years. The range of support provided is dependent upon the degree of comprehensiveness of the center in addressing the phases of injury control (i.e., Prevention, Acute Care, and Rehabilitation) as determined by the Injury Research Grants Review Committee (IRGRC).

Incremental levels within this range for successfully re-competing research centers will be determined as follows:

Core funding (included in figures below)—Up to $750,000
One phase funded ICRC—Up to $1,000,000
(addresses one of the three phases of injury control)
Two phase funded ICRC—Up to $1,250,000
(addresses two of the three phases of injury control)
Comprehensive ICRC—Up to $1,500,000
(addresses all three phases of injury control)

The existing funded centers in Regions 1, 3, 7, and 8 may submit proposals for supplemental awards to expand/enhance existing projects, to add a new phase(s) to an existing ICRC grant, or to add biomechanics project(s) that support one or more phases. The request should not exceed $250,000 per phase (total of direct and indirect costs) per year. Funding is subject to program need and the availability of funds.

Note: The ''Core'' projects, consistent with an ICRC's demonstrated strengths, can relate to any of the phases of injury control, i.e., prevention, acute care, and rehabilitation, as well as biomechanics, and/or epidemiology. These projects (generally 3–5 major projects of 1–5 year's duration) are expected to progress to the level of development to allow for submission for additional and/or alternative funding.

Funding preference will be given to re-competing Injury Control Research Centers. These centers, established and on-going, serve as a resource for Injury Control related issues for their States and regions.

Note: The ICRC model as described in the preceding paragraphs remains valid. It is not anticipated that funding will be available to provide any phase funding for re-competing research centers in FY99. Re-competing research center awards will be for core funding only. If additional funds become available, an announcement will be made soliciting supplemental phase funding proposals or special emphasis projects from existing ICRC's.

D. Program Requirements

The following are applicant requirements:

1. Applicants must demonstrate and apply expertise in at least one of the three phases of injury control (prevention, acute care, or rehabilitation) as a core component of the center. Applicants may choose not to support additional phases with core funding. Comprehensive ICRCs must have all three phases supported by core funding.

2. Applicants must document ongoing injury-related research projects or control activities currently supported by other sources of funding.

3. Applicants must provide a director (Principal Investigator) who has specific authority and responsibility to carry out the project. The director must report to an appropriate institutional official, e.g., dean of a school, vice president of a university, or commissioner of health. The director must have no less than 30 percent effort devoted solely to this project with an anticipated range of 30 to 50 percent.

4. Applicants must demonstrate experience in successfully conducting, evaluating, and publishing injury research and/or designing, implementing, and evaluating injury control programs.

5. Applicants must provide evidence of working relationships with outside agencies and other entities which will allow for implementation of any proposed intervention activities.

6. Applicants must provide evidence of involvement of specialists or experts in medicine, engineering, epidemiology, law and criminal justice, behavioral and social sciences, biostatistics, and/or public health as needed to complete the plans of the center. These are considered the disciplines and fields for ICRCs. An ICRC is encouraged to involve biomechanicists in its research. This, again, may be achieved through collaborative relationships as it is no longer a requirement that all ICRCs have biomechanical engineering expertise.

7. Applicants must have established curricula and graduate training programs in disciplines relevant to injury control (e.g., epidemiology, biomechanics, safety engineering, traffic safety, behavioral sciences, or economics).

8. Applicants must demonstrate the ability to disseminate injury control research findings, translate them into interventions, and evaluate their effectiveness.

9. Applicants must have an established relationship, demonstrated by letters of agreement, with injury prevention and control programs or injury surveillance programs being carried out in the State or region in which the ICRC is located. Cooperation with private-sector programs is encouraged.

10. Applicants should have an established or documented planned relationship with organizations or individual leaders in communities where injuries occur at high rates, e.g., minority communities.

Grant funds will not be made available to support the provision of direct care. Studies may be supported which evaluate methods of care and rehabilitation for potential reductions in injury effects and costs. Studies can be supported which identify the effect on injury outcomes and cost of systems for pre-hospital, hospital, and rehabilitative care and independent living.

Eligible applicants may enter into contracts, including consortia agreements (as set forth in the PHS Grants Policy Statement, dated April 1, 1994), as necessary to meet the requirements of the program and strengthen the overall application.

E. Application Content

Applications for support of an ICRC should follow the PHS-398 (Rev. 5/95) application and Errata sheet, and should include the following information:

1. Face page
2. Description (abstract) and personnel
3. Table of contents
4. Detailed budget for the initial budget period: The budget should reflect the composite figures for the grant as well as breakdown budgets for individual projects within the grant.
5. Budget for entire proposed project period including budgets pertaining to consortium/contractual arrangements.
6. Biographical sketches of key personnel, consultants, and collaborators, beginning with the Principal Investigator and core faculty.
7. Other support: This listing should include all other funds or resources pending or currently available. For each grant or contract include source of funds, amount of funding (indicate whether pending or current), date of funding (initiation and termination), and relationship to the proposed program.
8. Resources and environment.
9. Research plan including:

a. A proposed theme for the ICRC's injury control activities. The proposed activities should be clearly described in terms of need, scientific basis, expected

interactions, and anticipated outcomes, including the expected effect on injury morbidity and mortality. In selecting the theme, applicants should consider the findings in Injury In America and the Year 2000 Objectives for the Nation.

A comprehensive ICRC can address all three phases of injury control within a single theme. For example, an ICRC with a rehabilitation theme can address prevention, acute care, and rehabilitation within the overall theme of rehabilitation.

b. A detailed research plan (design and methods) including hypothesis and expected outcome, value to field, and specific, measurable, and time-framed objectives consistent with the proposed theme and activities for each project within the proposed grant.

Include for each project in the research plan section of the application: These core projects should be described in enough detail to allow for a thorough review (limited to 10–15 pages) but are not expected to be at the fully developed level of detail of an ''Individual Research Grant (RO1).''

- Title of Project.
- Project Director/Lead Investigator,
- Institution(s).
- Categorization as to ''Prevention, Acute Care, Rehabilitation, or Biomechanics.''
- Categorization as to ''Major Project, Developmental Project, Pilot Project, etc.''
- Categorization as to ''New or Ongoing Project.''
- Cost/Year (Estimate).
- Research Training? Names, Degrees of Persons Trained or in Training.
- Key Words.
- Brief Summary of Project (Abstract).

c. A detailed evaluation plan which should address outcome and cost-effectiveness evaluation as well as formative, efficacy, and process evaluation.

d. A description of the core faculty and its role in implementing and evaluating the proposed programs. The applicant should clearly specify how disciplines will be integrated to achieve the ICRC's objectives.

e. Charts showing the proposed organizational structure of the ICRC and its relationship to the broader institution of which it is a part, and, where applicable, to affiliate institutions or collaborating organizations. These charts should clearly detail the lines of authority as they relate to the center or the project, both structurally and operationally. ICRC's should report to an appropriate organizational level (e.g. dean of a school, vice president of a university, or commissioner of health), demonstrating strong institution-wide support of ICRC activity and ensuring oversight of the process of interdisciplinary activity.

f. Documentation of the involved public health agencies and other public and private sector entities to be involved in the proposed program, including letters that detail commitments of support and a clear statement of the role, activities, and participating personnel of each agency or entity.

An applicant organization has the option of having specific salary and fringe benefit amounts for individuals omitted from the copies of the application which are made available to outside reviewing groups. To exercise this option: on the original and five copies of the application, the applicant must use asterisks to indicate those individuals for whom salaries and fringe benefits are not shown; the subtotals must still be shown. In addition, the applicant must submit an additional copy of page four of Form PHS–398, completed in full, with the asterisks replaced by the salaries and fringe benefits. This budget page will be reserved for internal staff use only.

F. Submission and Deadline

Submit the original and five copies of PHS 398 (OMB Number 0925–0001) and adhere to the instructions on the Errata Instruction sheet for PHS 398). Forms are in the application kit.

On or before November 12, 1998, submit to: Lisa T. Garbarino, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement #99014, Centers for Disease Control and Prevention (CDC), Room 300, 255 East Paces Ferry Road, NE, Atlanta, Georgia 30305–2209.

Applications shall be considered as meeting the deadline if they are received at the above address on or before the deadline date; or sent on or before the deadline date, and received in time for the review process. Applicants should request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.

G. Evaluation Criteria

Upon receipt, applications will be reviewed by CDC staff for completeness and responsiveness as outlined under the previous heading Program Requirements. Incomplete applications and applications that are not responsive will be returned to the applicant without further consideration.

Applications which are complete and responsive may be subjected to a preliminary evaluation (triage) by the Injury Research Grants Review Committee (IRGRC) to determine if the application is of sufficient technical and scientific merit to warrant further review by the IRGRC; CDC will withdraw from further consideration applications judged to be noncompetitive and promptly notify the principal investigator/program director and the official signing for the applicant organization. Those applications judged to be competitive will be further evaluated by a dual review process.

Awards will be made based on priority scores assigned to applications by the IRGRC, programmatic priorities and needs determined by a secondary review committee (the Advisory Committee for Injury Prevention and Control), and the availability of funds.

1. Review by the Injury Research Grants Review Committee (IRGRC)

Peer review of ICRC grant applications will be conducted by the IRGRC, which may recommend the application for further consideration or not for further consideration. As a part of the review process, applicants may be asked to travel to CDC for a meeting with the committee.

Factors to be considered by IRGRC include:

a. The specific aims of the application, e.g., the long-term objectives and intended accomplishments.

b. The scientific and technical merit of the overall application, including the significance and originality (e.g., new topic, new method, new approach in a new population, or advancing understanding of the problem) of the proposed research.

c. The extent to which the evaluation plan will allow for the measurement of progress toward the achievement of stated objectives.

d. Qualifications, adequacy, and appropriateness of personnel to accomplish the proposed activities.

e. The soundness of the proposed budget in terms of adequacy of resources and their allocation.

f. The extent of consultation, technical assistance, and training in identifying, implementing, and/or evaluating intervention/control measures that will be provided to public and private agencies and institutions, with emphasis on State and local health departments.

g. Details of progress made in the application if the applicant is submitting a re-competing application. Documented examples of success

include: development of pilot projects; completion of high quality research projects; publication of findings in peer reviewed scientific and technical journals; number of professionals trained; provision of consultation and technical assistance; integration of disciplines; translation of research into implementation; impact on injury control outcomes including legislation, regulation, treatment, and behavior modification interventions.

2. Review by CDC Advisory Committee for Injury Prevention and Control (ACIPC)

Factors to be considered by ACIPC include:

a. The results of the peer review.

b. The significance of the proposed activities as they relate to national program priorities and the achievement of national objectives.

c. National and programmatic needs and geographic balance.

d. Overall distribution of the thematic focus of competing applications; the nationally comprehensive balance of the program in addressing the three phases of injury control (prevention, acute care, and rehabilitation); the control of injury among populations who are at increased risk, including racial/ethnic minority groups, the elderly and children; the major causes of intentional and unintentional injury; and the major disciplines of injury control (such as biomechanics and epidemiology).

e. Budgetary considerations, the ACIPC will establish annual funding levels as detailed under the heading, Availability of Funds.

3. Applications for Supplemental Funding for Existing CDC Injury Centers

Existing CDC Injury Centers may submit an application for supplemental awards to support research work or activities. Applications should be clearly labeled to denote their status as requesting supplemental funding support. These applications will be reviewed by the IRGRC and the ACIPC.

4. Continued Funding

Continuation awards within the project period will be made on the basis of the availability of funds and the following criteria:

a. The accomplishments of the current budget period show that the applicant's objectives as prescribed in the yearly work plans are being met;

b. The objectives for the new budget period are realistic, specific, and measurable;

c. The methods described will clearly lead to achievement of these objectives;

d. The evaluation plan allows management to monitor whether the methods are effective by having clearly defined process, impact, and outcome objectives, and the applicant demonstrates progress in implementing the evaluation plan;

e. The budget request is clearly explained, adequately justified, reasonable, and consistent with the intended use of grant funds; and

f. Progress has been made in developing cooperative and collaborative relationships with injury surveillance and control programs implemented by State and local governments and private sector organizations.

H. Other Requirements

Technical Reporting Requirements

Provide CDC with original plus two copies of:

1. Progress report annually;

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

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

Send all reports to: Lisa T. Garbarino, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), Room 300, 255 East Paces Ferry Road, NE, Atlanta, Georgia 30305–2209.

The following additional requirements are applicable to this program. For a complete description of each see Addendum 1 in the application kit.

AR98–1—Human Subjects Certification
AR98–2—Requirements for inclusion of Women and Racial and Ethnic Minorities in Research
AR98–9—Paperwork Reduction Act Requirements
AR98–10—Smoke-Free Workplace Requirement
AR98–11—Healthy People 2000
AR98–12—Lobbying Restrictions
AR98–13—Prohibition on Use of CDC funds for Certain Gun Control Activities
AR98–20—Conference Activities within Grants/Cooperative Agreements

I. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under Sections 301, 391, 392, 393, and 394 of the Public Health Service Act [42 U.S.C. 241, 280b, 280b–1, 280b–1a, and 280b–2], as amended. Program regulations are set forth in 42 CFR Part 52. The catalog of Federal Domestic Assistance number is 93.136.

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. A complete program description and information on application procedures are contained in the application package.

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from Lisa T. Garbarino, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE, Mailstop E–13, Atlanta, GA 30305, telephone (404) 842–6796 or Internet address: lgt1@cdc.gov.

Programmatic technical assistance may be obtained from Tom Voglesonger, Office of Research Grants, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (CDC), 4770 Buford Highway, NE, Mailstop K–58, Atlanta, GA 30341–3724, telephone (770) 488–4265 or Internet address: tdv1@cdc.gov.

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

Please refer to Announcement 99014 when requesting information and submitting an application.

Dated: August 27, 1998.

John L. Williams,

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

[FR Doc. 98–23624 Filed 9–1–98; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Vaccine Advisory Committee, Subcommittee on Future Vaccines, Subcommittee on Immunization Coverage, and Subcommittee on Vaccine Safety: Meetings

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 Federal advisory committee meetings.

Name: National Vaccine Advisory Committee (NVAC).