Manufacturers that submit required reports to the Commission directly (rather than through trade associations) incur some nominal costs for paper and postage. Staff estimates that these costs do not exceed $2,500. Manufacturers must also incur the cost of providing labels and fact sheets used in compliance with the Rule. Based on estimates of 44,533,465 units shipped and 109,500 fact sheets prepared,[1] at an average cost of seven cents for each label or fact sheet, the total (rounded) labeling cost is $3,125,500.

Debra A. Valentine,

General Counsel.

[FR Doc. 98–34406 Filed 12–28–98; 8:45 am]

BILLING CODE 6750–01–M

GENERAL SERVICES ADMINISTRATION

[OMB Control No. 3090–0259]

Submission for OMB Review; Comment Request Entitled Market Research Questionnaire

AGENCY: Federal Supply Service, GSA.

ACTION: Notice of request for an extension to a previously approved OMB Clearance (3090–0259).

SUMMARY: Under the provisions of the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35), the Office of Acquisition Policy has submitted to the Office of Management and Budget (OMB) a request to review and approve an extension of a previously approved information collection requirement entitled Market Research Questionnaire. The information collection was previously published in the **Federal Register** on October 22, 1998 at 63 CFR 56653 allowing for a 60-day public comment period. No comments were received.

DATES: Comment Due Date: January 28, 1999.

ADDRESSES: Comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, should be submitted to: Edward Springer, GSA Desk Officer, Room 3235, NEOB, Washington, DC 20503 and also may be submitted to Marjorie Ashby, General Services Administration (MVP), 1800 F Street NW, Washington, DC 20405.

FOR FURTHER INFORMATION CONTACT: Thomas Bacon, Federal Supply Service on (703) 305–6573.

SUPPLEMENTARY INFORMATION:

A. Purpose

The GSA is requesting the Office of Management and Budget (OMB) to review and approve information collection, 3090–0259 concerning Market Research Questionnaire. The Market Research Questionnaires are used to gather information that is necessary to develop and/or revise Federal specifications and other purchase descriptions.

B. Annual Reporting Burden

Respondents: 25; *annual responses:* 25; *average hours per response:* 2.4; *burden hours:* 60.

Copy of Proposal: A copy of this proposal may be obtained from the GSA Acquisition Policy Division (MVP), Room 4011, GSA Building, 1800 F Street NW, Washington, DC 20405, or by telephoning (20) 501–3822, or by faxing your request to (202) 501–3341.

Dated: December 21, 1998.

Ida M. Ustad,

Deputy Associate Administrator, Office of Acquisition Policy.

[FR Doc. 98–34333 Filed 12–28–98; 8:45 am]

BILLING CODE 6820–61–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 99025]

Emerging Infections Sentinel Networks; Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1999 funds for a cooperative agreement program for the operation of provider-based Emerging Infections Sentinel Networks (EISN). This program addresses the ''Healthy People 2000'' priority area of Immunization and Infectious Diseases. The purpose of the program is to assist recipients in operating and enhancing established EISNs or in setting up new networks for assessing emerging infections. These networks will assess emerging infectious diseases, including drug-resistant, foodborne and waterborne, and vaccine-preventable or potentially vaccine-preventable diseases.

Sentinel networks linking groups of participating individuals or organizations are helpful in monitoring a variety of infectious disease problems and enhancing communication among participants, and between participants and the public health community. They also can serve as readily accessible mechanisms to address urgent public health infectious disease problems rapidly. Three sentinel networks are currently receiving funds through this cooperative agreement program: Infectious Disease Society of America Emerging Infections Network; Emergency ID Net, a network of academically affiliated emergency departments; and GeoSentinel, a network operated by the International Society for Travel Medicine. Further development of the sentinel network concept will continue to improve understanding of specific public health issues and enhance preparedness to meet new infectious disease threats.

B. Eligible Applicants

Applications may be submitted by public and private nonprofit organizations and by governments and their agencies, that is, universities, colleges, research institutions, hospitals, other public and private nonprofit organizations, State and local governments or their bona fide agents, and federally recognized Indian tribal governments, Indian tribes, or Indian tribal organizations.

Note: Public Law 104–65 states that an organization described in section 501(c)(4) of the Internal Revenue Code of 1986 that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant, cooperative agreement, contract, loan, or any other form.

C. Availability of Funds

Approximately $525,000 is available in FY 1999 to fund approximately three awards. It is expected that the average award will be $175,000, ranging from $150,000 to $200,000. It is expected that the awards will begin on or about May 1, 1999, 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

[1] The units shipped total is based on combined actual or estimated industry figures for 1997 across all of the product categories, except for fluorescent lamp ballasts, lamp products, and plumbing fixtures. Staff has determined that, for those product categories, there are little or no costs associated with the labeling requirements. The fact sheet estimation is based on the previously noted assumption that five percent of HVAC manufacturers produce fact sheets on their own. Based on total HVAC units shipped (8,759,907), five percent amounts to 437,995 HVAC units. Because manufacturers generally list more than one unit on a fact sheet, staff have estimated that manufacturers independently preparing them will use one sheet for every four of these 437,995 units. Thus, staff estimate that HVAC manufacturers produce approximately 109,500 fact sheets.

evidenced by required reports and the availability of funds.

Funding Preferences

Although applications for new EISNs are encouraged, funding preference will be given to competing continuation applications over applications for programs not already receiving support under the EISN program. Current awardees have implemented new sentinel networks that require continued support to become fully developed and to realize the benefits of the network activities.

D. Program Requirements

In conducting activities to achieve the purpose of this program, the recipient shall be responsible for the activities under Recipient Activities, below, and CDC shall be responsible for conducting activities under CDC Activities, below:

Recipient Activities

1. Continue to develop an emerging infections sentinel network or develop a new sentinel network for assessing emerging infectious diseases. Organize the EISN around a specific group of providers, e.g., emergency department physicians, infectious disease specialists, travel and tropical medicine clinics, etc. EISNs must be sufficiently flexible to be engaged swiftly to address emergent problems in infectious diseases.

2. Analyze, present, and publish the results of projects collaboratively with CDC.

3. In collaboration with CDC:

a. Focus and/or redirect projects as indicated through critical review of data and evaluation of various projects; and

b. Consider and initiate novel methods of surveillance for emerging infectious diseases; develop and modify as necessary methods for management and communication of information within the network; and

c. In order to take full advantage of the network capacity and to facilitate integration of surveillance and health information systems, undertake additional projects in other public health areas (e.g, chronic diseases, injury, etc.), as appropriate.

4. Monitor and evaluate scientific and operational accomplishments of the EISN and progress in achieving the purpose and overall goals of this program.

5. If a proposed project involves research on human participants, ensure appropriate Independent Review Board (IRB) review.

CDC Activities

1. Provide consultation and scientific and technical assistance in developing or establishing the EISN and in selecting and conducting EISN projects.

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

3. Participate in analysis, publication, and dissemination of information and data gathered from EISN projects.

4. If during the project period research involving human subjects should be conducted and CDC scientists will be co-investigators in that research, assist in the development of a research protocol for IRB review by all institutions participating in the research project. The CDC IRB will review and approve the protocol initially and on at least an annual basis until the research project is completed.

E. Application Content

Use the information in the Program Requirements, Other Requirements, and Evaluation Criteria sections to develop the application content. Your application will be evaluated on the criteria listed, so it is important that your narrative follow the criteria in the order presented.

Provide a brief (no more than two pages) abstract of the application. The narrative should be no more than 15 double-spaced pages (excluding abstract, budget, and appendices), printed on one side, with one inch margins and unreduced font on white 8.5″ x 11″ paper. All pages must be clearly numbered, a complete index to the application and its appendices must be included, and the required original and two copies must be submitted unstapled and unbound.

F. Submission and Deadline

Letter of Intent (LOI)

All parties intending to submit an application are requested to inform CDC of their intention to do so at least ten (10) business days prior to the application due date. The LOI is not required and will not be used for accepting or evaluating applications. The sole purpose of the LOI is to assist CDC in timely planning and administration of the evaluation process. The LOI should be a brief notice that includes (1) the name and address of the institution, (2) the name, address, and telephone number of the contact person, and (3) a very brief description (e.g., 2–3 sentences) of the EISN that will be proposed. LOIs should be provided by facsimile, postal mail, or Email to Catherine Spruill, Office of the Director, National Center for Infectious Diseases, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, N.E., Mailstop C–12, Atlanta, Georgia 30333. Facsimile: (404) 639–4197. Email address: CAS5@CDC.GOV.

Application

Submit the original and two copies of PHS 5161–1 (OMB Number 0937–0189). Forms are in the application kit.

On or before February 15, 1999, submit the application to: Andrea Wooddall, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office Announcement 99025, Centers for Disease Control and Prevention (CDC), Room 300, 255 East Paces Ferry Road, N.E., Mailstop E18, Atlanta, Georgia 30305–2209.

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 orderly processing. (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.)

G. Evaluation Criteria

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

1. Understanding the Objectives of the EISN: (10 Points)

The extent to which the applicant demonstrates a clear understanding of the purpose and objectives of this cooperative agreement program and of the requirements, responsibilities, problems, constraints, and complexities that may be encountered in establishing and operating the EISN.

2. Description of Existing Capacity: (30 Points)

a. For competing continuation applicants, the extent to which the applicant has successfully established and operated an EISN and provides documentation of the accomplishments of the network.

For applicants proposing new networks, the extent to which the applicant: (1) demonstrates the capacity and ability to establish a provider-based EISN, including description of the applicant's qualifications, standing, and relationships to represent a group of providers in a sentinel network, (2) describes the niche that the proposed EISN will fill that is not currently filled

by other networks or systems (EISN or otherwise), (3) comments on the long-term potential of the network to provide important information for public health.

b. The extent to which the applicant describes past experience in conducting: (1) infectious disease surveillance and/or applied research in infectious diseases, particularly public health-related work; (2) surveillance or research related to emerging infectious diseases, including drug-resistant, foodborne and waterborne, and vaccine-preventable or potentially vaccine-preventable diseases.

c. The extent to which the applicant: (1) demonstrates ability to develop and maintain strong cooperative relationships with various public and private, local and regional, medical, public health, academic, and community organizations, (2) provides letters of support from non-applicant participating agencies, institutions, organizations, individuals, consultants, etc., identified in applicant's operational plan, and the extent to which the letters of support clearly indicate the signatory's willingness to participate in the EISN (e.g., as sources of information or members of the network). (The letters of support should be placed in an appendix. Letters of support from CDC scientists should not be included.)

3. Operational Plan: (50 points)

a. For both new and continuation applications, the extent to which the applicant provides a detailed and time-phased plan for establishing and operating the EISN. The extent to which applicant's operational plan clearly describes (1) the organizational and operating structure and procedures for accomplishing all Recipient Activities, (2) agreements currently in place with potential participants in the network, (3) what new agreements with potential participants will be necessary, and the likelihood that these agreements can be implemented promptly, (4) plans to collaborate with CDC in the establishment and operation of the EISN, including planning and development of projects, management and analysis of data, and synthesis and dissemination of findings. The extent to which applicant's plan is consistent with and adequate to accomplish the purpose and objectives of this program.

b. The extent to which the applicant: (1) clearly identifies and describes the EISN participants and sources of information, (2) describes the structure of the EISN ''network'', such as number, location, etc., of sites or surveillance information sources, (3) describes procedures and mechanisms to transfer information between network participants and the network's central data collection point.

c. The extent to which applicant clearly identifies specific diseases or conditions (e.g., notifiable diseases, foodborne and waterborne diseases, drug-resistant infections, or infectious disease syndromes) which will be addressed. The extent to which the applicant's current or proposed activities are appropriate for the participants/sources in the network and address significant emerging syndromes, diseases, conditions, events, etc. For a new network, the extent to which these projects appear feasible and the likelihood they can be successfully conducted.

d. The extent to which the applicant clearly describes how the EISN (or its design for a new EISN) is flexible and able to swiftly address new public health challenges in infectious diseases.

e. The extent to which the applicant describes an appropriate and effective process for providing necessary information to State and local health departments and appropriate others about findings related to notifiable conditions.

f. The extent to which applicant: (1) identifies professional staff who have the knowledge, experience, and authority to carry out recipient activities as evidenced by job descriptions, curricula vitae, organizational charts, etc., (2) clearly describes the respective roles of the personnel in the management and operation of the EISN. (Curricula vitae and organizational charts should be placed in an appendix.)

g. The extent to which the applicant describes support staff services to be provided for the program.

h. If any research involving human subjects is proposed, the degree to which the applicant has met the CDC Policy requirements regarding the inclusion of women, ethnic, and racial groups in any 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.

(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.

4. Evaluation: (10 Points)

The extent to which the applicant provides a plan for monitoring and evaluating: (1) scientific and operational accomplishments of the EISN and its projects, (2) progress in achieving the purpose and overall goals of this program.

5. Budget: (Not Scored)

The extent to which the proposed budget is reasonable, clearly justified, and consistent with the intended use of the cooperative agreement funds.

6. Human Subjects: (Not Scored)

If any research involving human subjects is proposed, 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. Progress reports (annual), no more than 90 days after the end of the budget period;

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

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

Send all reports to: Andrea Wooddall, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), Room 300, 255 East Paces Ferry Road, N.E., Mailstop E18, Atlanta, GA 30305–2209.

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

AR–1 Human Subjects Requirements
AR–2 Requirements for Inclusion of Women and Racial and Ethnic Minorities in Research
AR–7 Executive Order 12372 Review
AR–9 Paperwork Reduction Act Requirements
AR–10 Smoke-Free Workplace Requirements
AR–11 Healthy People 2000
AR–12 Lobbying Restrictions

I. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under the Public Health Service Act Sections 301(a) [42 U.S.C. 241(a)], 317(k)(1) and 317(k)(2), [42 U.S.C. 247b(k)(1)] and [247b(k)(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 (this is Announcement number 99025).

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from: Andrea Wooddall, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement 99025, Centers for Disease Control and Prevention (CDC), Room 300, 255 East Paces Ferry Road, N.E., Mailstop E18, Atlanta, GA 30305–2209, telephone (404) 842–6522. Email address: ayw3@cdc.gov

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

For program technical assistance, contact Catherine Spruill, Office of the Director, National Center for Infectious Diseases, Centers for Disease Control and Prevention (CDC), Mailstop C–12, 1600 Clifton Road, N.E., Atlanta, Georgia 30333. Phone: (404) 639–2603.

Dated: December 22, 1998.

John L. Williams,

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

[FR Doc. 98–34375 Filed 12–28–98; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Committee to the Director, Centers for Disease Control and Prevention; 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: Advisory Committee to the Director, CDC.

Time and Date: 8:30 a.m.–3 p.m., January 22, 1999.

Place: CDC, Auditorium A, 1600 Clifton Road, NE, Atlanta, Georgia 30333.

Status: Open to the public, limited only by the space available.

Purpose: This committee advises the Director, CDC, on policy issues and broad strategies that will enable CDC, the Nation's prevention agency, to fulfill its mission of promoting health and quality of life by preventing and controlling disease, injury, and disability. The Committee recommends ways to incorporate prevention activities more fully into health care. It also provides guidance to help CDC work more effectively with its various constituents, in both the private and public sectors, to make prevention a practical reality.

Matters to be Discussed: Agenda items will include updates from CDC Director, Jeffrey P. Koplan, M.D., followed by committee discussion on the agency's priorities and counter terrorism, including the public health infrastructure. Agenda items are subject to change as priorities dictate.

Contact Person for More Information: Linda Kay McGowan, Executive Secretary, Advisory Committee to the Director, CDC, 1600 Clifton Road, NE, M/S D–24, Atlanta, Georgia 30333. Telephone 404/639–7080.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: December 21, 1998.

Carolyn J. Russell,

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

[FR Doc. 98–34377 Filed 12–28–98; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Data Systems as the Scientific Foundation in Support of Newborn Screening Programs Workshop

The National Center for Environmental Health (NCEH) of the Centers for Disease Control and Prevention (CDC) announces the following meeting.

Name: Workshop on Data Systems as the Scientific Foundation in Support of Newborn Screening Programs.

Times and Dates: 8:15 a.m.–5:30 p.m., February 24, 1999: 8:15 a.m.–12 p.m., February 25, 1999.

Place: Emory Inn and the D. Abbott Turner Center, 1615 Clifton Road, Atlanta, Georgia 30329–9952. Telephone 404/712–6000, fax 404/712–6025.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 75 people. Registration prior to the meeting is suggested.

Purpose: Newborn screening for metabolic disorders and hemoglobinopathies constitutes the largest national public health genetics program. The meeting will enable participants to review the current status of the collection and use of newborn screening data, and to discuss and give individual input on new strategies for future collection of population-based data to support and enhance newborn screening programs. This meeting will bring together leaders in metabolic disease; laboratory practice; genetics; public health; and other disciplines; and it is anticipated that the products from this workshop will be utilized during future workshops on newborn screening.

Matters To Be Discussed: Review of data systems in support of newborn screening for use in the three core public health functions: assessment, policy development, and assurance/evaluation. Agenda items will include presentations on (1) Data Driven Public Health Genetics Programs; (2) A State's Data Warehouse; and (3) Linkage of Newborn Screening Data into maternal and child health (MCH) Programs; and case studies of newborn screening data systems for well-established and upcoming disorders and group discussions on data sources.

Agenda items are subject to change as priorities dictate.

Contact Person for More Information: Ellen P. King, Administrative Officer, Division of Birth Defects and Developmental Disabilities, NCEH, CDC, 4770 Buford Highway, NE, m/s F–45, Atlanta, Georgia 30341–3724. Telephone 770/488–7035, fax 770/488–7197. Registration form available by request or at http://www.cdc.gov/genetics/meeting.htm.

The Director, Management Analysis and Services Office has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: December 21, 1998.

Carolyn J. Russell,

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

[FR Doc. 98–34374 Filed 12–28–98; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Vaccine Advisory Committee (NVAC), 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).