

Dated: July 28, 1999.

**Nan P. Mitchem,**

*Acting Secretary, Farm Credit Administration Board.*

[FR Doc. 99-19878 Filed 7-29-99; 1:16 pm]

BILLING CODE 6705-01-P

## FEDERAL DEPOSIT INSURANCE CORPORATION

### Agency Information Collection Activities: Submission for OMB Review; Comment Request

**AGENCY:** Federal Deposit Insurance Corporation (FDIC).

**ACTION:** Notice of information collection to be submitted to OMB for review and approval under the Paperwork Reduction Act of 1995.

**SUMMARY:** In accordance with requirements of the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*), the FDIC hereby gives notice that it plans to submit to the Office of Management and Budget (OMB) a request for OMB review and approval of the information collection system described below.

*Type of Review:* Renewal of a currently approved collection.

*Title:* Certified Statement for Semiannual Deposit Insurance Assessment.

*Form Number:* 6420/07A.

*OMB Number:* 3064-0057.

*Annual Burden*

Estimated annual number of respondents: 21,000.

Estimated time per response: 15 minutes.

Average annual burden hours: 5,250 hours.

*Expiration Date of OMB Clearance:* August 31, 1999.

*OMB Reviewer:* Alexander T. Hunt, (202) 395-7860, Office of Management and Budget, Office of Information and Regulatory Affairs, Washington, D.C. 20503.

*FDIC Contact:* Tamara R. Manly, (202) 898-7453, Office of the Executive Secretary, Room F-4058, Federal Deposit Insurance Corporation, 550 17th Street NW, Washington, DC 20429.

*Comments:* Comments on this collection of information are welcome and should be submitted on or before September 1, 1999, to both the OMB reviewer and the FDIC contact listed above.

**ADDRESSES:** Information about this submission, including copies of the proposed collection of information, may be obtained by calling or writing the FDIC contact listed above.

**SUPPLEMENTARY INFORMATION:** Certified statements are prepared and submitted

semiannually to report and certify deposit liabilities and to compute the assessment payment due for deposit insurance protection.

Federal Deposit Insurance Corporation.

**Robert E. Feldman,**

*Executive Secretary.*

[FR Doc. 99-19748 Filed 7-30-99; 8:45 am]

BILLING CODE 6714-01-U

## FEDERAL ELECTION COMMISSION

### Sunshine Act Meeting

**AGENCY:** Federal Election Commission.

**PREVIOUSLY ANNOUNCED DATE AND TIME:** Thursday, July 29, 1999, 10:00 a.m., meeting open to the public.

**THE FOLLOWING ITEM HAS BEEN**

**WITHDRAWN FROM THE AGENDA:** Title 26 Final rules and explanation and justification on documentation required for matching of credit and debit card contributions.

**PERSON TO CONTACT FOR INFORMATION:**

Ron Harris, Press Officer, Telephone (202) 694-1220.

**Mary W. Dove,**

*Acting Secretary of the Commission.*

[FR Doc. 99-19843 Filed 7-29-99; 11:37 am]

BILLING CODE 6715-01-M

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Notice of Meeting of the Advisory Committee on Blood Safety and Availability

**AGENCY:** Office of the Secretary.

**ACTION:** Notice of meeting.

The Advisory Committee on Blood Safety and Availability will meet on August 26, 1999, from 9:00 a.m. to 5:00 p.m. and on August 27, 1999 from 9:00 a.m. to 3:00 p.m. The meeting will take place in the Ticonderoga Room of the Hyatt Regency Hotel on Capitol Hill, 400 New Jersey, NW., Washington, DC 20001. The meeting will be entirely open to the public.

On the morning of August 26, the Committee will consider responses to the deferral of certain former United Kingdom residents from blood donation. That afternoon, the Committee will consider the current availability of blood products, and the current status of the hepatitis C lookback effort. On August 27, the Committee will consider the issue of how federally mandated blood safety initiatives should be financed.

Public comment will be solicited on these topics both days. Public comment

will be limited to five minutes per speaker. Those who wish to have printed material distributed to Advisory Committee members should submit thirty (30) copies to the Executive Secretary prior to close of business August 13, 1999.

### FOR FURTHER INFORMATION CONTACT:

Stephen D. Nightingale, M.D., Executive Secretary, Advisory Committee on Blood Safety and Availability, Office of Public Health and Safety, Department of Health and Human Services, 200 Independence Avenue SW, Washington, DC 20201. Phone (202) 690-5560 FAX (202) 690-6584 e-mail STEPHENDNIGHTINGALE@osophs.dhhs.gov.

Dated: July 15, 1999.

**Stephen D. Nightingale,**

*Executive Secretary, Advisory Committee on Blood Safety and Availability.*

[FR Doc. 99-19643 Filed 7-30-99; 8:45 am]

BILLING CODE 4160-17-M

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Agency for Toxic Substances and Disease Registry

[ATSDR-149]

### Consultation and Coordination Policy With Indian Tribal Governments

**AGENCY:** Agency for Toxic Substances and Disease Registry (ATSDR), Department of Health and Human Services (HHS).

**ACTION:** Notice.

**SUMMARY:** This notice announces the final ATSDR policy on conducting consultation and coordination with federally recognized tribal governments. This policy has been finalized after consideration of comments from Agency tribal consultants. The policy is the **SUPPLEMENTARY INFORMATION** section of this notice.

### FOR FURTHER INFORMATION CONTACT:

Leslie C. Campbell, Acting Tribal Coordinator, Office of Tribal Affairs, Division of Health Assessment and Consultation, Agency for Toxic Substances and Disease Registry, 1600 Clifton Road, NE., Mailstop E-32, Atlanta, Georgia 30333, telephone (404) 639-6337.

**SUPPLEMENTARY INFORMATION:** The Agency for Toxic Substances and Disease Registry issues the following policy statement:

## Consultation and Coordination With Indian Tribal Governments

ATSDR's mission is to prevent exposure and adverse human health effects and diminished quality of life associated with exposure to hazardous substances from waste sites, unplanned releases, and other sources of pollution present in the environment.

ATSDR is committed to assisting tribal governments in meeting the environmental health needs of their people. ATSDR continues to work to improve its communication and cooperation with tribes. This new policy is in response to the Presidential Executive Order 13084, Consultation and Coordination With Indian Tribal Governments, May 14, 1998, and affirms the current ATSDR Policy on Government-to-Government Relations with Native American Tribal Governments (61 FR 42255). The policy focuses on environmental health issues related to the release of hazardous substances into the environment.

Consultations between ATSDR and tribal governments will continue to ensure effective collaboration in identifying, addressing, and satisfying the needs of tribal communities affected by hazardous substances. Consultation enables ATSDR staff and tribal members to interactively participate, exchange recommendations, and provide input on environmental health activities.

As defined by ATSDR, the new policy supports: (1) A consultative process with tribal nations and their members to work together to address tribal environmental public health needs; (2) mutual trust, respect, and shared responsibilities between all participating parties; and (3) open communication of information and opinions leading to mutual interaction and understanding.

### ATSDR . . .

- Respects and honors the sovereignty of the tribes, the responsibilities and rights to self-governance, and the differences between tribal nations and individuals.
- Consults with tribal governments to ensure community concerns and impacts are carefully considered before the Agency takes action or makes decisions affecting tribal communities.
- Maintains government-to-government relationships with tribal governments.
- Ensures ongoing communication with tribal governments, communities, and individual tribal members to define concerns about possible health impacts from exposure to hazardous substances.

Dated: July 27, 1999.

**Donna Garland,**

*Acting Director, Office of Policy and External Affairs, Agency for Toxic Substances and Disease Registry.*

[FR Doc. 99-19677 Filed 7-30-99; 8:45 am]

BILLING CODE 4163-70-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[Program Announcement 00007]

#### Research on Laboratory Markers of Recent HIV Infection: Notice of Availability of Funds

##### A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of \$500,000 of fiscal year (FY) 2000 funds for a cooperative agreement program for Research on Laboratory Markers for Recent HIV Infection. This program addresses the "Healthy People 2000" priority area of HIV Infection. The purpose of the Program is to support research on laboratory markers that can be used to measure HIV infection incidence from cross-sectional samples and identify recently infected persons.

One example of this approach is provided by a newly described testing algorithm using a modified enzyme immuno assay (EIA) for HIV-1 antibody to identify persons who are in the early period of HIV infection (Janssen et al, JAMA 1998; 280:42-48). Specimens that are positive for HIV antibody by a standard EIA and Western blot are retested with a less sensitive EIA. The method was developed using the Abbott 3A11 EIA as the standard assay and a modified Abbott 3A11 EIA (employing a more dilute specimen and shorter incubation time) as the less sensitive assay. Persons who are HIV-positive on the sensitive assay, but negative on the less sensitive assay, are considered to be recently infected.

The objective is to develop laboratory tests or algorithms for identifying recent HIV infection (e.g., 3-12 months). These might include modifying existing EIAs or developing new serologic assays or testing algorithms. These assays or algorithms should be of sufficient simplicity to permit routine use in public health surveillance and programs.

##### B. Eligible Applicants

Applications may be submitted by public and private nonprofit and for-profit organizations and by governments

and their agencies: that is, universities, colleges, research institutions, hospitals, other public and private nonprofit, and for-profit 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 specifies 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 \$500,000 is available in FY 2000 to fund up to two (2) awards. It is expected that the average award will be \$250,000. It is also expected that the awards will begin on or about January 2, 2000 and will be made for a 12-month budget period within a project period of up to two (2) years. Funding estimates may change.

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

##### Funding Preferences

Funding will be awarded to applicants proposing different approaches, in order to avoid funding more than one laboratory for the same or very similar research.

##### D. Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities under 1. (Recipient Activities), and CDC will be responsible for activities under 2. (CDC Activities).

##### 1. Recipient Activities

a. Develop an innovative testing methodology for identifying recent HIV infection, or adapt another commercially available HIV-1 serum EIA to detect early HIV-1 infection in individuals (e.g., 3-12 months), or adapt such methods to other body fluids (oral fluids, urine, etc.), or adapt such methods to rapid HIV testing.

b. Validate methods in appropriate study populations or appropriate panels of specimens using appropriate statistical methods for analysis.

c. Provide results and share data (individual & aggregate) with other collaborators in the field and with CDC.

##### 2. CDC Activities

a. If the research protocol involves human subjects, CDC will assist in the development of a research protocol for