requirements of Public Health Policy on Humane Care and Use of Laboratory Animals.

H. Other Requirements

Technical Reporting Requirements Provide CDC with original plus two copies of:

1. progress reports (annual);
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: Gladys T. Gissentanna, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Room 3000, Atlanta, GA 30341–4146.

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

AR–3 Animal Subjects Requirements
AR–10 Smoke-Free Workplace Requirements
AR–11 Healthy People 2000
AR–12 Lobbying Restrictions
AR–15 Proof of Non-Profit Status

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)], 311 [42 U.S.C. 243], and 317(k) (1) and (2)[42 U.S.C. 247b(k) (1)and (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. Please refer to Program Announcement 99066. You will receive a complete program description, information on application procedures, an application package. If you have any questions after reviewing the contents of all the documents, business management technical assistance may be obtained from Gladys T. Gissentanna, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Room 3000, Atlanta, GA 30341–4146, telephone (770) 488–2753, e-mail address, gcg4@cdc.gov.

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

For program technical assistance, contact Paul A. Rota, Ph.D., Supervisory Microbiologist, Measles Section, National Center For Infectious Diseases, Centers for Disease Control and Prevention, 1600 Clifton Road, Mailstop C–22, Atlanta, GA 30333, telephone (404) 639–3308, fax (404) 639–4187, e-mail address, par1@cdc.gov.

Dated: April 1, 1999.

John L. Williams,

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

[FR Doc. 99–8567 Filed 4–6–99; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Cardiovascular and Renal Drugs Advisory Committee; Notice of Meeting

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

This notice announces a forthcoming meeting of a public advisory committee of the Food and Drug Administration (FDA). The meeting will be open to the public.

Name of Committee: Cardiovascular and Renal Drugs Advisory Committee.

General Function of the Committee: To provide advice and recommendations to the agency on FDA's regulatory issues.

Date and Time: The meeting will be held on April 29, 1999, from 9 a.m. to 5:30 p.m., and on April 30, 1999, from 8:30 a.m. to 4 p.m.

Location: National Institutes of Health, Clinical Center, Bldg. 10, Jack Masur Auditorium, 9000 Rockville Pike, Bethesda, MD.

Contact Person: Joan C. Standaert, Center for Drug Evaluation and Research (HFD–110), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 419–259–6211, or Lauren W. Parcover (HFD–21), 301–827–7001, or FDA Advisory Committee Information Line, 1–800–741–8138 (301–443–0572 in the Washington, DC area), code 12533. Please call the Information Line for up-to-date information on this meeting.

Agenda: On April 29, 1999, the committee will discuss new drug application (NDA) 19–865/S–007, Betapace® (sotalol), Berlex Laboratories, Inc., for prevention of the recurrence of chronic or paroxysmal symptomatic atrial fibrillation/atrial flutter. On April 30, 1999, the committee will discuss the interpretation of antiarrhythmic trials in patients with implanted ventricular defibrillators.

Procedure: Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Written submissions may be made to the contact person by April 21, 1999. Oral presentations from the public will be scheduled between approximately 9 a.m. and 10 a.m. Time allotted for each presentation may be limited. Those desiring to make formal oral presentations should notify the contact person before April 21, 1999, and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time requested to make their presentation.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. app. 2).

Dated: March 26, 1999.

Michael A. Friedman,

Deputy Commissioner for Operations.

[FR Doc. 99–8500 Filed 4–6–99; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Drug Abuse Advisory Committee; Notice of Meeting

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

This notice announces a forthcoming meeting of a public advisory committee of the Food and Drug Administration (FDA). At least one portion of the meeting will be closed to the public.

Name of Committee: Drug Abuse Advisory Committee.

General Function of the Committee: To provide advice and recommendations to the agency on FDA's regulatory issues.

Date and Time: The meeting will be held on April 20, 1999, from 8:30 a.m. to 4 p.m.

Location: Center for Drug Evaluation and Research/Advisory Committee Conference Room, 5630 Fishers Lane, Rockville, MD.

Contact Person: Karen M. Templeton-Somers, Center for Drug Evaluation and Research (HFD–21), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20057, 301–827–7001, or

FDA Advisory Committee Information Line, 1–800–741–8138 (301–439–0572 in the Washington, DC area), code 12535. Please call the Information Line for up-to-date information on this meeting.

Agenda: The committee will be discussing appropriate patient populations and outcome measures for clinical trials for drugs to treat alcohol use disorders.

Procedure: On April 20, 1999, from 8:30 a.m. to 1:30 p.m., the meeting is open to the public. Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Written submissions may be made to the contact person by April 6, 1999. Oral presentations from the public will be scheduled between approximately 8:30 a.m. to 9:30 a.m. Time allotted for each presentation may be limited. Those desiring to make formal oral presentations should notify the contact person before April 13, 1999, and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time requested to make their presentation.

Closed Committee Deliberations: On April 20, 1999, from 1:30 p.m. to 4 p.m., the committee will review trade secret and/or confidential information relevant to pending investigational new drugs or new drug applications. This portion of the meeting will be closed to permit discussion of this information (5 U.S.C. 552b(c)(4)).

FDA regrets that it was unable to publish this notice 15 days prior to the April 20, 1999, Drug Abuse Advisory Committee meeting. Because the agency believes there is some urgency to bring these issues to public discussion and qualified members of the Drug Abuse Advisory Committee were available at this time, the Commissioner concluded that it was in the public interest to hold this meeting even if there was not sufficient time for the customary 15-day public notice.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. app. 2).

Dated: March 30, 1999.

Michael A. Friedman,

Deputy Commissioner for Operations.

[FR Doc. 99–8590 Filed 4–6–99; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Peripheral and Central Nervous System Drugs Advisory Committee; Notice of Meeting

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

This notice announces a forthcoming meeting of a public advisory committee of the Food and Drug Administration (FDA). The meeting is open to the public.

Name of Committee: Peripheral and Central Nervous System Drugs Advisory Committee.

General Function of the Committee: To provide advice and recommendations to the agency on FDA's regulatory issues.

Date and Time: The meeting will be held on April 28 and 29, 1999, 8:30 a.m. to 5 p.m.

Location: Holiday Inn Gaithersburg, The Ballrooms, Two Montgomery Village Ave., Gaithersburg, MD.

Contact Person: Sandra Titus or Tony Slater, Food and Drug Administration, Center for Drug Evaluation and Research (HFD–21), 5600 Fishers Lane (for express delivery, 5630 Fishers Lane, rm. 1093), Rockville, MD 20857, 301–827–7001, or FDA Advisory Committee Information Line, 1–800–741–8138 (301–443–0572 in the Washington, DC area), code 12543. Please call the Information Line for up-to-date information on this meeting.

Agenda: On April 28, 1999, the committee will discuss the safety and efficacy of new drug application (NDA) 20–884, Aggrenox™ (dipyridamole/aspirin capsules, Boehringer Ingelheim Pharmaceuticals, Inc.), proposed to reduce the combined risk of death and nonfatal stroke in patients who have had transient ischemia of the brain or completed ischemic stroke.

On April 29, 1999, the committee will discuss the safety and efficacy of NDA 20–399, Freedox® (tirilazad mesylate injection, Pharmacia and Upjohn, Inc.), proposed for the treatment of aneurysmal subarachnoid hemorrhage to improve survival and functional outcome in patients with poor neurologic function following the initial hemorrhage.

Procedure: Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Written submissions may be made to the contact person by April 21, 1999. Oral presentations from the public will be scheduled between approximately 1 p.m. and 2 p.m. on April 28 and 29, 1999. Time allotted for each presentation may be limited. Those desiring to make formal oral presentations should notify the contact person before April 21, 1999, and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time requested to make their presentation.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. app. 2).

Dated: March 26, 1999.

Michael A. Friedman,

Deputy Commissioner for Operations.

[FR Doc. 99–8501 Filed 4–6–99; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Statement of Organization, Functions and Delegations of Authority

This notice amends Part R of the Statement of Organization, Functions and Delegations of Authority of the Department of Health and Human Services (DHHS), Health Resources and Services Administration (60 FR 56605 as amended November 6, 1995, as last amended at 64 FR 14000, dated March 23, 1999). This notice reflects the reorganization of the Maternal and Child Health Bureau.

I. Under Part R, HRSA, Maternal and Child Health Bureau (RM) make the following changes.

Section RM–10 Organization and Functions

Office of The Director (RM)

Provides national leadership and policy direction for the planning, development, implementation and evaluation of the programs and activities of the Bureau. These programs are designed to improve the health of women and childbearing age, infants, children, adolescents, and their families, of children with special health needs, and of persons with hemophilia. Specifically: (1) Oversees the day-to-day management and operations of the Bureau's Offices and Divisions; (2) coordinates all internal functions of the Bureau and facilities effective, collaborative relationships with other health and related programs; (3) establishes a program mission, goals,