

Administration (GSA), this Notice of Availability (NOA) for DEIS is announced. The proposed action is the disposal of all of real property associated with this government owned facility. The property consists of about 6,500 acres of land including buildings, industrial facilities and equipment, roadways, utilities, specialized facilities, easements, rights of way, and natural undeveloped land.

The DEIS addresses impacts of two alternatives considered; Disposal and No-Action (Continued Federal Ownership). The DEIS examined the short and long-term impacts to both natural environment and impacts to the surrounding community. The Disposal Alternative is further refined into a series of alternative land use scenarios. These were developed with the input from the local community through the scoping process.

GSA will solicit community input at a Public Meeting to be held on Thursday April 29th. This will incorporate community comments into the decision process before GSA issues a Final EIS (FEIS). The 45-day comment period will end June 2, 1999.

After the comment period GSA will issue a Final EIS for 30 days of additional comment. A decision on the Disposal will not be made until 30 days after the release of the FEIS. GSA anticipates this decision will be rendered by August 1999.

GSA solicits comments in writing at the following address: Mr. Phil Youngberg, Regional Environmental Officer (4PT), General Services Administration (GSA), 401 West Peachtree Street, NW, Suite 3010, Atlanta, GA 30365, or FAX: Mr. Phil Youngberg at 404-331-4540. Comments should be submitted in writing.

April 8, 1999.

Phil Youngberg,

Regional Environmental Office (4 PT).

[FR Doc. 99-9227 Filed 4-13-99; 8:45 am]

BILLING CODE 6820-23-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration; Delegation of Authority

Notice is hereby given that I have delegated to the Administrator, Health Resources and Services Administration (HRSA), all authorities vested in the Secretary of Health and Human Services to make grants for the Medicare Rural Hospital Flexibility Program and for Rural Emergency Medical Services

under section 1820(g) of the Social Security Act, as amended. This section was added by section 4201 of the Balanced Budget Act of 1997 (105-33). This delegation excludes the authority to submit reports to Congress. This delegation shall be exercised under the Department's delegation of authority and policy on regulation.

In addition, I hereby ratify any actions taken by the Administrator or other HRSA officials which involved the exercise of this authority prior to the effective date of this delegation.

This delegation is effective upon date of signature.

Dated: April 1, 1998.

Donna E. Shalala,

Secretary of Health and Human Services.

[FR Doc. 99-9297 Filed 4-13-99; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 98F-0705]

Ciba Specialty Chemicals Corp.; Withdrawal of Food Additive Petition

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the withdrawal, without prejudice to a future filing, of a food additive petition (FAP 8B4618) proposing that the food additive regulations be amended to provide for the expanded safe use of tris(2,4-di-*tert*-butylphenyl)phosphite as a stabilizer in polymers intended for use in contact with food.

FOR FURTHER INFORMATION CONTACT: Vir D. Anand, Center for Food Safety and Applied Nutrition (HFS-215), Food and Drug Administration, 200 C St. SW., Washington, DC 20204, 202-418-3081.

SUPPLEMENTARY INFORMATION: In a notice published in the **Federal Register** of August 27, 1998 (63 FR 45820), FDA announced that a food additive petition (FAP 8B4618) had been filed by Ciba Specialty Chemicals Corp., c/o Keller and Heckman, 1001 G St. NW., suite 500 West, Washington, DC 20001. (The petitioner is no longer represented by Keller and Heckman. The address of the petitioner is 540 White Plains Rd., P.O. Box 2005, Tarrytown, NY 10591-9005.) The petition proposed to amend the food additive regulations in § 178.2010 *Antioxidants and/or stabilizers for polymers* (21 CFR 178.2010) to provide for the expanded safe use of tris(2,4-di-

tert-butylphenyl)phosphite as a stabilizer for polymers intended for use in contact with food. Ciba Specialty Chemicals Corp. has now withdrawn the petition without prejudice to a future filing (21 CFR 171.7).

Dated: March 29, 1999.

Alan M. Rulis,

Director, Office of Premarket Approval, Center for Food Safety and Applied Nutrition.

[FR Doc. 99-9223 Filed 4-13-99; 8:45 am]

BILLING CODE 4160-01-F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Indian Health Service

Health Professions Recruitment Program for Indians

AGENCY: Indian Health Service.

ACTION: Notice of competitive grant applications for the health professions recruitment program for Indians.

SUMMARY: The Indian Health Service (IHS) announces that competitive grant applications are now being accepted for the Health Professions Recruitment Program for Indians established by sec. 102 of the Indian Health Care Improvement Act of 1976 (25 U.S.C. 1612), as amended by Pub. L. 102-573. There will be only one funding cycle during fiscal year (FY) 1999. This program is described at sec. 93.970 in the Catalog of Federal Domestic Assistance and is governed by regulations at 42 CFR 36.310 et seq. Costs will be determined in accordance with OMB Circulars A-21, A-87, and A-122 (cost principles for different types of applicant organizations); and 45 CFR part 74 or 45 CFR part 92 (as applicable). Executive Order 12372 requiring intergovernmental review is not applicable to this program. This program is not subject to the Public Health System Reporting requirements.

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of "Healthy People 2000." "Healthy People 2000," the full report, is currently out of print. You may obtain the objectives from the latest "Healthy People 2000 Review." A copy may be obtained by calling the National Center for Health Statistics, telephone (301) 436-8500.

Smoke Free Workplace: PHS strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. This is consistent with the

PHS mission to protect and advance the physical and mental health of the American people.

DATES: A. Application Receipt Date—An original and two copies of the completed grant application must be submitted with all required documentation to the Grants Management Branch, Division of Acquisition and Grants Management, Twinbrook Building, Suite 100, 12300 Twinbrook Parkway, Rockville, Maryland 20852, by close of business May 28, 1999.

Applications shall be considered as meeting the deadline if they are either: (1) Received on or before the deadline with hand carried applications received by close of business 5 p.m.; or (2) postmarked on or before the deadline and received in time to be reviewed along with all other timely applications. A legibly dated receipt from a commercial carrier on the U.S. Postal Service will be accepted in lieu of a postmark. Private metered postmarks will not be accepted as proof of timely mailing. Late applications not accepted for processing will be returned to the applicant and will *not* be considered for funding.

B. Additional Dates:

1. Application Review: June 15–17, 1999
2. Applicants Notified of Results: on or about July 1, 1999 (approved, recommended for approval but not funded, or disapproved)
3. Anticipated Start Date: August 1, 1999

FOR FURTHER INFORMATION CONTACT: For program information, contact Ms. Patricia Lee-McCoy, Chief, Scholarship Branch, Twinbrook Metro Plaza, 12300 Twinbrook Parkway, Suite 100, Rockville, Maryland 20852, (301) 443–6197. For grants application and business management information, contact Mrs. M. Kay Carpentier, Grants Management Officer, Grants Management Branch, Division of Acquisition and Grants Management, Indian Health Service, Twinbrook Building, Suite 100, 12300 Twinbrook Parkway, Rockville, Maryland 20852 (301) 443–5204. (The telephone numbers are not toll-free numbers).

SUPPLEMENTARY INFORMATION: This announcement provides information on the general program purpose, eligibility and preference, program objectives, required affiliation, fund availability and period of support, type of program activities considered for support, and application procedures for FY 1999.

A. General Program Purpose

The purpose of the Health Professions Recruitment program is to increase the number of American Indians and Alaska Natives entering the health professions and to ensure an adequate supply of health professionals to the IHS, Indian tribes, tribal organizations, and urban Indian organizations involved in the provision of health care to Indian people.

B. Eligibility and Preference

The following organizations are eligible with preference given in the order of priority to:

1. Indian tribes,
2. Indian tribal organizations,
3. urban Indian organizations and other Indian health organizations; and
4. public and other nonprofit private health or educational entities

C. Program Objectives

Each proposal must address the following *four* objectives to be considered for funding:

1. Identifying Indians with a potential for education or training in the health professions (excluding nursing—The Nursing profession is excluded because the IHS Nursing Recruitment Grant Program provides funding to increase the number of nurses who deliver health care services to Indians.) and encouraging and assisting them:

- (A) to enroll in courses of study in such health professions; or
- (B) if they are not qualified to enroll in any such courses of study, to undertake such postsecondary education or training as may be required to qualify them for enrollment;
2. Publicizing existing sources of financial aid available to Indians enrolled in any courses of study referred to in paragraph (1) of this subsection or who are undertaking training necessary to qualify them to enroll in any such school.

3. Establishing other programs which the Secretary determines will enhance and facilitate the enrollment of Indians in, and the subsequent pursuit and completion by them of courses of study referred to in paragraph (1) of this section. To delivery the necessary student support systems to help to ensure that students who are recruited successfully complete their academic training. Support services may include:

- A. Providing career counseling and academic advice;
- B. Assisting students to identify academic deficiencies;
- C. Assisting students to locate financial aid;
- D. Monitoring students to identify possible problems;

E. Assisting with the determination of, need for, and location of tutorial services; and

F. Other related activities which will help to retain students in school.

4. To work in close cooperation with the IHS, tribes, tribal organizations and urban Indian organizations, in locating and identifying non-academic period placement opportunities and practicum experiences, i.e., the IHS Extern Program authorized under section 105 of Pub. L. 94–437, as amended, assisting students with individual development plans in conjunction with identified placement opportunities; monitoring students to identify and evaluate possible problems; and monitoring and evaluating all placement and practicum experiences within the IHS to further develop and modify the program.

D. Required Affiliation

If the applicant is an Indian tribe, tribal organization, urban organization or other Indian health organization, or a public or nonprofit private health organization, the applicant must submit a letter of support from at least one school accredited for the health professions program, (excluding nursing). This letter must document linkage with that educational organization.

When the target population of a proposed project includes a particular Indian tribe or tribes, an official document, i.e., a letter of support or tribal resolution, must be submitted indicating that the tribe or tribes will cooperate with the applicant.

E. Fund Availability and Period of Support

It is anticipated that approximately \$250,000 will be available for approximately 3 new grants. The average funding level for projects in FY 1998 was \$72,500. The anticipated start date for selected projects will be August 1, 1999. Pursuant to 42 Code of Federal Regulations § 36.313(c), the project period “will usually be for one to two years.” However, under this notice, projects will be awarded for a budget term of 12 months, with a maximum project period of up to three (3) years. A maximum project period of three (3) years is required so that key staff, such as project directors, may be recruited, without the financial and career uncertainty of a one or two year budget period and to enable the projects to carry out their recruitment activities without the added activity of applying for a grant every one or two years. Grant funding levels include both direct and indirect costs. Funding of succeeding years will be based on the FY 1999

level, continuing need for the program, satisfactory performance, and the availability of appropriations in those years.

F. Type of Program Activities Considered for Support

Funds are available to develop grant programs to locate and recruit students with potential for health professions degree programs (excluding nursing), and to provide support services to Indian students who are recruited.

G. Application Process

An *IHS Recruitment Grant Application Kit*, including the required PHS 5161-1 (Rev. 5/96) (OMB Approval No. 0920-0428) and the U.S. Government Standard forms (SF-424, SF-424A and SF-424B), may be obtained from the Grants Management Branch, Division of Acquisition and Grants Management, Indian Health Service, 12300 Twinbrook Parkway, Suite 100, Rockville, Maryland 20852, telephone (301) 443-5204. (This is not a toll free number.)

H. Grant Application Requirements

All applications must be single-spaced, typewritten, and consecutively numbered pages using black type not smaller than 12 characters per one inch, with conventional one inch border margins, on only one side of standard size 8½ × 11 paper that can be photocopied. The application narrative (not including abstract, tribal resolutions or letters of support, standard forms, table of contents or the appendix) must not exceed 20 typed pages as described above. All applications must include the following in the order presented:

- Standard Form 424, Application for Federal Assistance
- Standard Form 424A, Budget Information—Non-Construction Programs, (pages 1 and 2)
- Standard Form 424B, Assurances—Non-Construction Programs (front and back)
- Certifications, PHS 5161-1, (pages 17-19)
- Checklist, PHS 5161-1, (pages 25-26), NOTE: Each standard form and the checklist is contained in the PHS Grant Application, Form PHS 5161-1 (Revised 5/96)
- Project Abstract (one page)
- Table of Contents
- Program Narrative to include:
 - Introduction and Potential Effectiveness of Project
 - Project Administration
 - Accessibility to Target Population
 - Relationship of Objectives to Manpower Deficiencies

- Project Budget, including multi-year narratives, and Budget Justifications
- Appendix to include:
 - Tribal Resolution(s) or Letters of Support
 - Biographical sketches for key personnel or position descriptions if position is vacant
 - Organizational chart
 - Workplan
 - Completed IHS Application Checklist
 - Application Receipt Card, PHS 3038-1 Rev. 5-90.

I. Application Instructions

The following instructions for preparing the application narrative also constitute the standards (criteria or basis for evaluation) for reviewing and scoring the application. Weights assigned each section are noted in parenthesis.

Abstract—An abstract may not exceed one typewritten page. The abstract should clearly present the application in summary form, from a “who-what-when-where-how-cost” point of view so that reviewers see how the multiple parts of the application fit together to form a coherent whole.

Table of Contents—Provide a one page typewritten table of contents.

Narrative

1. Introduction and Potential Effectiveness (30 Pts.)

- a. Describe your legal status and organization.
- b. State specific objectives of the project, which are measurable in terms of being quantified, significant to the needs of Indian people, logical, complete and consistent with the purpose of sec. 102.
- c. Describe briefly what the project intends to accomplish. Identify the expected results, benefits, and outcomes or products to be derived from each objective of the project.
- d. Provide a project specific work plan (milestone chart) which lists each objective, the task to be conducted in order to reach the objective, and the timeframe needed to accomplish each task. Timeframes should be projected in a realistic manner to assure that the scope of work can be completed within each budget period. (A work plan format is provided.)
- e. In the case of proposed projects for identification of Indians with a potential for education or training in the health professions (excluding nursing), include a method for assessing the potential of interested Indians for undertaking necessary education or training in such health professions.
- f. State clearly the criteria by which the project's progress will be evaluated

and by which the success of the project will be determined.

g. Explain the methodology that will be used to determine if the needs, goals, and objectives identified and discussed in the application are being met and if the results and benefits identified are being achieved.

h. Identify who will perform the evaluation and when.

2. Project Administration (20 Pts.)

a. Provide an organizational chart (include in appendix). Describe the administrative, managerial and organizational arrangements and the facilities and resources to be utilized to conduct the proposed project.

b. Provide the name and qualifications of the project director or other individuals responsible for the conduct of the project; the qualifications of the principal staff carrying out the project; and a description of the manner in which the applicant's staff is or will be organized and supervised to carry out the proposed project. Include biographical sketches of key personnel (or job descriptions if the position is vacant) (include in appendix).

c. Describe any prior experience in administering similar projects.

d. Discuss the commitment of the organization, i.e., although not required, the level of non-Federal support. List the intended financial participation, if any, of the applicant in the proposed project specifying the type of contributions such as cash or services, loans of full or part-time staff, equipment, space, materials or facilities or other contributions.

3. Accessibility to Target Population (20 Pts.)

a. Describe the current and proposed participation of Indians (if any) in your organization.

b. Identify the target Indian population to be served by your proposed project and the relationship of your organization to that population.

c. Describe the methodology to be used to access the target population.

4. Relationship of Objectives to Health Professional Deficiencies (20 Pts.)

a. Provide data and supporting documentation to address the relationship of objectives to health professional deficiencies.

b. Indicate the number of potential Indian students to be contacted and recruited as well as potential cost per student recruited. Those projects that have the potential to serve a greater number of Indians will be given first consideration.

5. Soundness of Fiscal Plan (10 Pts.)

(a) Clearly define the budget. Provide a justification and detailed breakdown of the funding by category for the first year of the project. Information on the project director and project staff should include salaries and percentage of time assigned to the grant. List equipment purchases necessary for the conduct of the project.

b. The available funding level of \$250,000 is inclusive of both direct and indirect costs. Pursuant to Public Health Service Grants Policy (DHHS Publication No. (OASH) 94-50,000 (Rev.) April 1, 1994), a 'training grant' includes a grant for "training or other educational purposes", and the Department of Health and Human Services considers this grant activity as having an educational purpose. Because this project has an educational purpose, and therefore, is for a training grant, the Department of Health and Human Services' policy limiting reimbursement of indirect costs or 8 percent of total direct costs (exclusive of tuition and related fees and expenditures for equipment) is applicable. This limitation applied to all institutions of higher education other than agencies of State and local government.

c. Projects requiring additional years must include a program narrative and categorical budget and justification for each additional year of funding requested (this is not considered part of the 20-page narrative).

Appendix—to include:

a. Tribal Resolution(s) or Letter of Support

b. Biographical sketches of key personnel or position descriptions if position is vacant

c. Organizational chart

d. Workplan

e. Completed IHS Application Checklist

f. Application Receipt Card, PHS 3038-1 Rev. 5-90.

J. Reporting

1. Progress Report—Program progress reports shall be required semiannually. These reports will include a brief description of a comparison of actual accomplishments to the goals established for the period, reasons for slippage and other pertinent information as required. A final report is due 90 days after expiration of the budget/project period.

2. Financial Status Report—Semiannually financial status reports will be submitted 30 days after the end of the half year. A final financial status report is due 90 days after expiration of the budget/project period. Standard

Form 269 (long form) will be used for financial reporting.

K. Grant Administration Requirements

Grants are administered in accordance with the following documents:

1. 45 CFR part 91, HHS, Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments, or 45 CFR part 74, Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organization; and Certain Grants and Agreements with States, Local Governments and Indian Tribal Governments.

2. PHS Grants Policy Statement, and
3. Appropriate Cost Principles: OMB Circular A-21, Educational Institutions, OMB Circular A-87, State and Local Governments, and OMB Circular A-122, Non-profit Organizations.

L. Objective Review Process

Applications meeting eligibility requirements that are complete, responsive, and conform to this program announcement will be reviewed by an Objective Review Committee (ORC) in accordance with IHS objective review procedures. The objective review process ensures a nationwide competition for limited funding. The ORC will be comprised of IHS (40% or less) and other federal or non-federal individuals (60% or more) with appropriate expertise. The ORC will review each application against established criteria. Based upon the evaluation criteria, the reviewers will assign a numerical score to each application, which will be used in making the final funding decision. Approved applications scoring less than 60 points will not be considered for funding.

M. Results of the Review

The results of the objective review are forwarded to the Director, Office of Management Support (OMS), for final review and approval. The Director, OMS, will also consider the recommendations from the Acting Director, Division of Health Professions Support, and the Grants Management Branch. Applicants are notified in writing on or about July 1, 1999. A Notice of Grant Award will be issued to successful applicants. Unsuccessful applicants are notified in writing of disapproval. A brief explanation of the reasons the application was not approved is provided along with the name of an IHS official to contact if more information is desired.

Dated: April 4, 1999.

Michael H. Trujillo,

Assistant Surgeon General Director.

[FR Doc. 99-9310 Filed 4-13-99; 8:45 am]

BILLING CODE 4160-16-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES**National Institutes of Health****National Center for Research Resources; Notice of Meeting**

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meeting.

The meeting will be open to the public as indicated below, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact person listed below in advance of the meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Center for Research Resources Initial Review Group, Research Centers in Minority Institutions Review Committee.

Date: June 7-8, 1999.

Open: June 7, 1999, 8:00 am to 9:30 am.

Agenda: To discuss program planning and program accomplishments.

Place: Holiday Inn Bethesda, 8120 Wisconsin Ave, Bethesda, MD 20814.

Closed: June 7, 1999, 9:30 am to Adjournment.

Agenda: To review and evaluate grant applications.

Place: Holiday Inn Bethesda, 8120 Wisconsin Ave, Bethesda, MD 20814.

Contact Person: Grace S. Ault, PhD, Scientific Review Administrator, Office of Review, National Center for Research Resources, 6705 Rockledge Drive, MSC 7965, Room 6018, Bethesda, MD 20892-7965, 301-435-0822.

(Catalogue of Federal Domestic Assistance Program Nos. 93.306, Comparative Medicine, 93.306; 93.333, Clinical Research, 93.333; 93.371, Biomedical technology; 93.389, Research infrastructure, National Institutes of Health, HHS)