commercial carrier or U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.)

Late Applications: Applications which do not meet the criteria in (a) or (b) above are considered late applications, will not be considered, and will be returned to the applicant.

G. Evaluation Criteria

Applications that are responsive may be subjected to a preliminary evaluation (triage) by a peer review group to determine if the application is of sufficient technical and scientific merit to warrant further review; the 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 score and programmatic priorities as determined by a secondary review panel, and the availability of funds.

The first review will be a peer review on all applications. Factors to be considered will include:

1. The specific aims of the research project, i.e. the objectives and the hypothesis to be tested.

2. The background of the proposal, e.g., the basis for the present proposal, a critical evaluation of existing knowledge, and the specific vaccine preventable disease knowledge gaps which the proposal intends to fill.

3. The significance and originality of the proposed research.

4. The progress of preliminary studies, if any, pertinent to the application.

5. The adequacy of the proposed research design, approaches, and methodology to carry out the research, including quality assurance procedures and plans for data management and statistical analyses.

6. The extent to which the research findings are likely to fill important information gaps about new vaccines and lead to new vaccine preventable disease policies and recommendations by advisory groups or feasible, cost-effective interventions.

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

8. The degree of commitment and cooperation of other interested parties (as evidenced by letters detailing the nature and extent of the involvement).

9. The reasonableness of the proposed budget to the proposed research.

10. Adequacy of existing and proposed facilities and resources.

11. Inclusion of Women and Racial and Ethnic Minorities in Research.

The degree to which the applicant has met the CDC Policy requirements regarding the inclusion of women, ethnic, and racial groups in the proposed research. This includes:

A. The proposed plan for the inclusion of both sexes and racial and ethnic minority populations for appropriate representation.

B. The proposed justification when representation is limited or absent.

C. A statement as to whether the design of the study is adequate to measure differences when warranted.

D. 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

12. Human subjects:

The extent to which the application adequately addresses the requirements of Title 45 CFR part 46 for the protection of human subjects.

The second review will be conducted by a secondary review committee of senior Federal officials. The factors to be considered will include:

1. The results of the peer review.

2. Program balance among the two major areas of interest: (a) The clinical and epidemiologic topics surrounding new vaccines and the diseases they prevent, and (b) the health services delivery and program implementation topics.

3. Budgetary considerations.

H. Other Requirements

Technical Reporting Requirements

Provide CDC with original plus two copies of:

1. progress reports semiannual;

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 the Grants Management Specialist identified in the ''Where to Obtain Additional Information'' section of this announcement.

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

AR–1 Human Subjects Requirements
AR–2 Requirements for Inclusion of Women and Racial and Ethnic Minorities in Research
AR–9 Paperwork Reduction Act
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 Sections 301 and 307 of the Public Health Service Act, 42 U.S.C. section 241 and 242*l*. The Catalog of Federal Domestic Assistance Number is 93.185.

J. Where To Obtain Additional Information

This and other CDC announcements may be downloaded from the CDC Internet homepage—http://www.cdc.gov. Click on ''funding.''

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 you name and address and will be instructed to identify the Announcement number of interest. If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from: Sharron Orum, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement 99116, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Room 3000, Atlanta, GA 30341–4146, Telephone: (770) 488–2716, E-mail: spo2@cdc.gov

For program technical assistance, contact: Roger Bernier, PhD, MPH, Associate Director for Science, National Immunization Program, Centers for Disease Control and Prevention, 1600 Clifton Road, NE, MS–E05, Atlanta, Georgia, 30333, Telephone: (404) 639–8204, E-mail: rhb2@cdc.gov

Dated: May 6, 1999.

John L. Williams,

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

[FR Doc. 99–11928 Filed 5–11–99; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Head Start Bureau; Advisory Committee on Head Start Research and Evaluation; Notice of Meeting

AGENCY: Administration for Children, Youth and Families, ACF, DHHS.

ACTION: Notice of meeting; Advisory Committee on Head Start Research and Evaluation.

SUMMARY: The 1998 Head Start Reauthorization (42 U.S.C. 9844(g); Section 649(g)(1) of the Head Start Act, as amended) called on the Secretary of Health and Human Services to form an independent panel of experts (i.e., an Advisory Committee) to offer advice concerning research designs that would provide a national analysis of the impact of Head Start Programs. The June 2–3, 1999 meeting will be the second of three meetings of the Advisory Committee that will culminate in a report to the Secretary due October 1, 1999.

DATE AND TIME: June 2, 1999, 9:00 a.m.–5:00 p.m. and June 3, 1999, 9:00 a.m.–5:00 p.m.

Place: Holiday Inn Hotel and Suites, 625 First Street, Alexandria, VA 22314.

SUPPLEMENTARY INFORMATION: This meeting is open to the public and is barrier free. Meeting records will also be open to the public and will be kept at the Switzer Building located at 330 ''C'' Street, SW, Washington, DC 20447. The Head Start Bureau also intends to make material related to this meeting available on the Head Start web site http://www2.acf.dhhs.gov/programs/hsb. An interpreter for the deaf and hearing impaired will be available upon advance request by calling Ellsworth Associates at 703/821–3090 (Ext. 282).

FOR FURTHER INFORMATION CONTACT: Deborah Roderick Stark at 301/889–0430 for substantive information. ACF Office of Public Affairs at 202/401–9215 for press inquiries. Ellsworth Associates at 703/821–3090 (ext. 282) for logistical information.

Dated: May 6, 1999.

Patricia Montoya,

Commissioner, Administration on Children, Youth, and Families.

[FR Doc. 99–12018 Filed 5–11–99; 8:45 am]

BILLING CODE 4184–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104–13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to OMB under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, call the HRSA Reports Clearance Officer on (301) 443–1891.

Comments Are Invited on

(a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Project: National Fetal and Infant Mortality Review (FIMR) Program Evaluation—New

The Johns Hopkins Women's and Children's Health Policy Center, under a cooperative agreement with the Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration (HRSA) is conducting a national evaluation of the Fetal and Infant Mortality Review Program. FIMR is community based, aimed at guiding communities to identify and solve problems contributing to poor reproductive outcomes and infant health by using the sentinel event of an infant death to systematically examine a wide array of factors that are related to infant mortality. FIMR findings are used to stimulate policy development and quality improvement efforts. The purpose of this evaluation is to look at the effect of FIMRs and other community-level perinatal systems initiatives on health systems, with an eye toward characterizing the unique contributions of the FIMR model and process.

The main objectives of the FIMR evaluation are: (1) To compare the impact of FIMR on the health and related service systems for women, infants, and families with infants with that of other perinatal systems related initiatives, and (2) to compare the implementation of public health functions related to policies, programs, and practices for women, infants, and families with infants across a number of community systems initiatives. The study will utilize three survey instruments for data collection.

The estimated response burden is as follows:

Survey	Number of respondents	Responses per respondent	Total respondents	Hours per response	Total burden hours
FIMR	100	1	100	2	200
Local Health Dept	200	1	200	1.5	300
Perinatal Initiatives	100	1	100	1.75	175
Total			400		675

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 14–33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: May 5, 1999.

Jane Harrison,

Director, Division of Policy Review and Coordination.

[FR Doc. 99–11900 Filed 5–11–99; 8:45 am]

BILLING CODE 4160–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Inspector General

Program Exclusions: April 1999

AGENCY: Office of Inspector General, HHS.