

Group, Ltd., Arlington, Texas, and thereby engage in extending credit and servicing loans, pursuant to § 225.28(b)(1) of Regulation Y; activities related to extending credit, pursuant to § 225.28(b)(2) of Regulation Y; and leasing personal or real property, pursuant to § 225.28(b)(3) of Regulation Y.

Board of Governors of the Federal Reserve System, July 20, 1999.

Robert deV. Frierson,

Associate Secretary of the Board.

[FR Doc. 99-18924 Filed 7-23-99; 8:45 am]

BILLING CODE 6210-01-F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 99148]

Program To Establish/Operate Health Promotion and Disease Prevention Initiative Program for African Americans 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 to establish a health promotion and disease prevention initiative program for African Americans. "This program addresses the 'Healthy People 2000' priority area Education and Community-Based Programs." The program relates as well to recommendations of the 1985 Secretary's Task Force Report on Black and Minority Health, and the Department of Health and Human Services' (DHHS) initiatives to eliminate disparities in health status among racial and ethnic minorities. The purpose of the cooperative agreement is to assist a National or Regional Minority Organization (NRMO) to establish or operate the following three components: a Health Program Unit, a Speakers Bureau, and a National Health Network. The cooperative agreement will enable the grantee to use the three components for the following:

Health Program Unit to implement prevention strategies to improve the health of African Americans by targeting the leading causes of excess deaths in this population, and to increase the utilization of health care resources by African Americans.

Speakers Bureau consisting of health professionals and other professionals to provide oral presentations on salient health promotion and disease

prevention topics relating to African Americans at national, State, and local meetings. Other organizations, including community-based and national/regional organizations which serve primarily African Americans should have ready access to the Speakers Bureau to assist in improving disease prevention and health promotion in their areas.

National Health Network to assist minority organizations to expand their internal and external organizational networks, and to facilitate the dissemination of health promotion and disease prevention information to African Americans.

B. Eligible Applicants

Eligible applicants are NRMOs which principally serve the African American population. The African American community is targeted with this activity because of a critical need to eliminate disparities in health that currently exist among African Americans. Consistent with the findings of the President's Initiative to Eliminating Health Disparities and Healthy People 2000 and 2010 program initiatives, excess morbidity and mortality continues to disproportionately impact African Americans. Eligible applicants must meet the following criteria:

1. Have been granted tax-exempt status under Section 501(c)(3), as evidenced by an Internal Revenue Service (IRS) determination letter.
2. Have a governing body or board that is composed of more than 50% African American.
3. Have a minimum of 12 months documented experience in operating and centrally administering a coordinated public health or related program serving the African American population within a major portion or region (multi-state or multi-territory) of the United States through its own offices, organizational affiliates, or the participation of other minority organizations.
4. Have a specific charge from the Articles of Incorporation or Bylaws or a resolution from its governing body or board to operate nationally or regionally (multi-state or multi-territory) within the United States and its territories, i.e., Virgin Islands, Puerto Rico, Guam.
5. Have agreements with their participating affiliates and chapters that their respective governing body or board is composed of 50% or greater African American membership.

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

It is anticipated that a minimum of \$100,000 will be available in FY 1999 to fund one award. It is expected that the award will begin on or about September 30, 1999, and will be made for a 12-month budget period within a project period of up to five years. Funding estimates may vary and are subject to change. Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.

D. Program Requirements

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

1. Recipient Activities

A. The Health Program Unit

(1) Communicate science-based health promotion and disease prevention strategies throughout the African American communities to improve the environment and personal health behaviors of those living in these communities.

(2) Assess ongoing health related activities in various communities to determine if African Americans are involved, and to determine if the activities (i.e., immunization, STD/HIV prevention) are appropriate for the target audience.

(3) Develop and implement strategies to improve the utilization of community health resources by African Americans.

(4) Focus on the major risk categories for disease and death in the African American community, and consult with CDC and other federal agencies on the development of strategies to raise awareness within the African American community to reduce health risks and improve the quality of life.

(5) Develop informational resources that provide the African American community with recommendations for the improvement of health and access to related services.

(6) Identify specific quality of life measures and focus these for community members through a consensus building process (e.g., oral health, physical activity, nutrition). Inform the target group about health promotion and disease prevention activities related to the seven leading causes of deaths among African Americans that were found in the community.

B. The National Speakers Bureau

(1) Establish access to a national Speakers Bureau that will improve the information available to minority organizations concerning health promotion and disease prevention activities among African Americans.

(2) Develop/enhance a strategy to access and/or create a cadre of professional speakers to address local, State and national audiences on health promotion and disease prevention needs and practices among African Americans.

(3) Utilize culturally specific measures to encourage African Americans to improve their health.

(4) Identify subject area experts who will address and integrate the structural units of health, i.e., physical, social and psychological well-being. Develop a consensus building strategy to educate the community about the overlapping influence of these three health components.

(5) Develop and deliver effective mechanisms through community based organizations (CBOs), radio, television, or open forums to communicate current/updated information on health promotion and disease prevention to individuals and groups in African American communities.

(6) Develop and deliver mechanisms to advance health promotion and disease prevention activities among members of community groups, health practitioners, educators, consumer groups, health professionals, health professions schools, and public schools. Share the information at national conventions and meetings.

C. The National Health Network

(1) Identify national, State/district and local African American groups with directly related links to collaborate with the CDC and State and local health departments.

(2) Establish a distribution methodology in a minimum of 10 cities with predominate African American population to disseminate health promotion and disease prevention information.

(3) Collaborate with national minority health professional associations, community based organizations, HHS agencies to develop an effective plan to implement health promotion and disease prevention activities (e.g., immunization, tobacco control, diabetes, etc.) in the African American community.

D. Evaluate the Effectiveness of the Program in Achieving Goals and Objectives.

2. CDC Activities

A. As requested, provide consultation, assistance and support to the recipient in planning, implementing and evaluating activities undertaken under the cooperative agreement.

B. As needed, assist the recipient in identifying areas of the project that need evaluation.

C. As needed or requested, assist the recipient in identifying priority areas of focus for public health programs at the national, State and local levels.

D. As needed, assist the recipient in developing, testing and validating more effective and efficient disease prevention and health promotion models for African Americans.

E. Collaborate with the grantee and other concerned parties in developing workshops and conferences to exchange current information, opinions and findings in fields of public health and minority health.

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 to follow them in laying out your program plan. The narrative should be no more than 40 double-spaced pages, printed on one side, with one inch margins, and unreduced font.

F. Submission and Deadline**Application**

Submit the original and two copies of the application (PHS Form 5161-1). Forms are available at the following Internet address: www.cdc.gov/...Forms, or in the application kit. On or before September 7, 1999 submit the application to: Albertha Carey, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, [Program Announcement 99148], Centers for Disease Control and Prevention, 2920 Brandywine Road, Room 3000, Atlanta, GA 30341-4146.

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 submission to the independent review group. (Applicants must request a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private

metered postmarks will 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

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

1. Applicant's Understanding of the Problem (15%)

The extent to which the applicant has a clear, concise understanding of the requirements, objectives, and purpose of the cooperative agreement. The extent to which the application reflects an understanding of the complexities surrounding health promotion, health disparities and health promotion issues, that have an impact in the African American community.

2. Organizational Experience (25%)

The extent to which the applicant has demonstrated skill and experience in working effectively with community based projects, and has the ability to establish meaningful relationships with various community based organizations. The applicant must demonstrate experience in providing leadership for community projects at the national, State and local levels. The applicant must provide proof of experience in sharing financial or technical resources with CBOs, affiliates, and chapters that provide a variety of services directly to racial and ethnic minority populations.

3. Approach and Capability (35%)

The extent to which the applicant has included a description of their approach and track record on developing a network which includes the various segments of the African American community at national, State and local levels.

4. Project Management and Staffing (15%)

The adequacy of the description for present or proposed staff and capabilities of the organization to assemble culturally competent and trained staff to conduct all three components proposed in this health promotion and disease prevention initiative. The applicant shall identify all current and potential personnel who will be utilized to work on this cooperative agreement, including qualifications and specific experience as

it relates to the requirements set forth in this request. The organization must provide proof that their program and administrative staff and the program and administrative staff of affiliates and participating organizations involved in the project are representative of the communities and populations to be served.

5. Evaluation (10%)

The extent and method by which the applicant proposes to measure progress in meeting objectives and program effectiveness, and presents a reasonable plan for: (1) Establishing the three program components and measuring their effectiveness; (2) Utilizing the three program components to share information on health promotion and disease prevention activities with the African American community. For example, how will information sharing be increased as a result of the program? What type of databases or materials will be created to facilitate information sharing? How will the program handle referrals? (3) Evaluating the effectiveness of collaborative processes, i.e., developing partnerships and types of organizations involved, providing training, continuity, and involvement e.g., frequency of meetings, participation of group members, etc.; (4) Obtaining, reporting and sharing programmatic results.

6. Budget (Not Scored)

The budget will be evaluated for the extent to which it is reasonable, clearly justified, and consistent with the intended use of cooperative agreement funds.

H. Other Requirements

Technical Reporting Requirements

The recipient is required to provide CDC with an original plus two copies of semi-annual progress reports 30 days after the end of each semi-annual time period. An original and two copies of a progress report and financial status report are required no later than 90 days after the end of each budget period. Final financial status and performance reports are required no later than 90 days after the end of the project period.

The following additional requirements are applicable to this program. For a complete description of each, see Attachment (List all applicable requirements by number and title. The Grants Management Branch will include the applicable descriptions in the application kit.)

AR98-4 HIV/AIDS Confidentiality Provisions

AR98-9 Paperwork Reduction Act Requirements

AR98-10 Smoke-Free Workplace Requirements

AR98-11 Healthy People 2000

AR98-12 Lobbying Restrictions

AR98-14 Accounting System Requirements

I. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under Sections 301(a) and 317(k)(2) of the Public Health Service Act [42 U.S.C. 241(a) 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 toll-free 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.

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from: Albertha Carey, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office [Program Announcement 99148], Centers for Disease Control and Prevention 2920 Brandywine Road, Room 3000, Atlanta, GA 30341-4146, Telephone: 770-488-2735, Email: ayc1@cdc.gov.

For program technical assistance, contact: Yvonne H. Lewis, Minority Health Program Specialist, Centers for Disease Control and Prevention, Room 4326, 1600 Clifton Road, N.E., M/S D39, Atlanta, GA 30333, Telephone: 404-639-7220, Email: yal0@cdc.gov.

See also the CDC home page on the Internet. You may view and/or download the program announcement and application forms here: <http://www.cdc.gov>.

Dated: July 20, 1999.

John L. Williams,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability and Injury Prevention and Control Special Emphasis Panel: Mechanistic-Based Cancer Risk Assessment Methods.

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 meeting.

Name: Disease, Disability and Injury Prevention and Control Special Emphasis Panel: Mechanistic-Based Cancer Risk Assessment Methods, RFA OH-99-003.

Time and Dates: 8 a.m.—8:30 a.m., August 24, 1999 (Open); 8:30 a.m.—5 p.m., August 24, 1999 (Closed).

Place: Embassy Suites Hotel, 1900 Diagonal Rd., Alexandria, Va. 22134.

Status: Portions of the meeting will be closed to the public in accordance with provisions set forth in section 552b(c)(4) and (6), Title 5 U.S.C., and the Determination of the Associate Director for Management and Operations, CDC, pursuant to Public Law 92-463.

Matters To Be Discussed: The meeting will include the review, discussion, and evaluation of applications received in response to the RFA OH-99-003.

Contact Person for More Information:

Michael J. Galvin, Jr., Ph.D., Health Scientist Administrator, Office of Extramural Coordination and Special Projects, NIOSH, CDC, 1600 Clifton Rd., Atlanta, Ga. 30333. Telephone 404/639-3525, e-mail mtg3@cdc.gov.

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: July 20, 1999.

John C. Burckhardt,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Committee for Injury Prevention and Control: 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)