

**POLICIES AND PRACTICES OF STORING, RETRIEVING, SAFEGUARDING, RETAINING, AND DISPOSING OF RECORDS IN THE SYSTEM:**

**STORAGE:**

These records are maintained on electronic or magnetic media, on microfilm, or in folders.

**RETRIEVABILITY:**

These records are retrieved by SSN and other personal identifiers of the individual to whom they pertain.

**SAFEGUARDS:**

Hard copy records are kept in metal file cabinets in a secure facility, with access limited to those whose official duties require access. Personnel are screened to prevent unauthorized disclosure. Security mechanisms for automatic data processing prevent unauthorized access to the electronic or magnetic media.

**RETENTION AND DISPOSAL:**

TSP documents are retained for 99 years. Manual records are disposed of by compacting and burning; data on electronic or magnetic media are obliterated by destruction or reuse, or are returned to the employing agency.

**SYSTEM MANAGER(S) AND ADDRESS:**

Executive Director, Federal Retirement Thrift Investment Board, 1250 H Street, NW, Washington, DC 20005.

**RECORD ACCESS PROCEDURES:**

Individuals who want notice of whether this system of records contains information pertaining to them and to obtain access to their records may contact the TSP Service Office or their employing agency, as follows:

- a. Participants who are current Federal employees may call or write their employing agency for personnel or payroll records regarding the agency's and the participant's contributions and adjustments to contributions. A request to the employing agency must be made in accordance with that agency's Privacy Act regulations or that agency's procedures. For other information regarding their TSP accounts, participants who are Federal employees may call or write the TSP Service Office.
- b. Participants who have separated from Federal employment and spouses, former spouses, and beneficiaries of participants may call or write the TSP Service Office.

Individuals calling or writing the TSP Service Office must furnish the following information for their records to be located and identified:

- a. Name, including all former names;
- b. Social Security number; and

c. Other information, if necessary. For example, a participant may need to provide the name and address of the agency, department, or office in which he or she is currently or was formerly employed in the Federal service. A spouse, former spouse, or beneficiary of a participant may need to provide information regarding his or her communications with the TSP Service Office or the Board.

Participants may also inquire whether this system contains records about them and access certain records through the account access section of the TSP Web site and the ThriftLine (the TSP's automated telephone system). The TSP Web site is located at [www.tsp.gov](http://www.tsp.gov). To use the TSP ThriftLine, the participant must have a touch-tone telephone and call the following number (504) 255-8777. The following information is available on the TSP Web site and the ThriftLine: Account balance; available loan amount; the status of a monthly withdrawal payment; the current status of a loan or withdrawal application; and an interfund transfer request. Because a PIN is required to use these features, they are not available to former participants.

**CONTESTING RECORD PROCEDURE:**

Individuals who want to amend TSP records about themselves must submit a detailed written explanation as to why information regarding them is inaccurate or incorrect, as follows:

- a. Participants who are current Federal employees must write their employing agency to request amendment of personnel records regarding employment status, retirement coverage, vesting code, and TSP service computation date, or payroll records regarding the agency's and the participant's contributions and adjustments to contributions. A request to the employing agency must be made in accordance with that agency's Privacy Act regulations or that agency's procedures. For other information regarding their TSP accounts, participants who are Federal employees must submit a request to the TSP Service Office.
- b. Participants who have separated from Federal employment and spouses, former spouses, and beneficiaries of participants must submit a request to the TSP Service Office.
- c. Individuals must provide their Social Security number and name, and they may also need to provide other information for their records to be located and identified.

The employing agency or the TSP Service Office will follow the procedures set forth in 5 CFR part 1605,

Error Correction Regulations, in responding to requests to correct contribution errors.

**RECORD SOURCE CATEGORIES:**

The information in this system is obtained from the following sources:

- a. The individual to whom the information pertains;
- b. Agency payroll and personnel records;
- c. Court orders; or
- d. Spouses, former spouses, other family members, beneficiaries, legal guardians, and personal representatives (executors, administrators).

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of the Secretary

#### Notice of a Cooperative Agreement With Minority Health Professions Foundation

**AGENCY:** Office of the Secretary

**ACTION:** Notice of a cooperative agreement with Minority Health Professions Foundation.

The Office of Minority Health (OMH), Office of Public Health and Science (OPHS), announces its intent to continue support of the umbrella cooperative agreement with the Minority Health Professions Foundation (MHPPF), the educational arm of the Association of Minority Health Professions Schools (AMHPS). This cooperative agreement will continue the broad programmatic framework in which specific projects can be supported by various agencies during the project period.

The purpose of this cooperative agreement is to: (1) Foster cooperation and collaboration among the minority health professions schools, and (2) to assist the AMHPS member institutions in expanding and enhancing their educational and research opportunities, with the ultimate goal of improving the health status of minorities and disadvantaged people.

The OMH will provide technical assistance and oversight as necessary for the implementation, conduct, and assessment of the project activities. On an as-needed basis, OMH will assist in arranging consultation from other government agencies and non-government agencies.

**Authority:** This cooperative agreement is authorized under Section 1707(e)(1) of the Public Health Service Act, as amended.

## Background

Assistance will continue to be provided to the MHPF. During the last 5 years, through the collective efforts of its member institutions, the MHPF has successfully demonstrated the ability to work with its academic institutions and official health agencies on mutual education, service and research endeavors. The MHPF is uniquely qualified to continue to accomplish the purposes of this cooperative agreement because it has the following combination of factors:

- It is the only national organization whose member institutions are all predominately minority health professions institutions with excellent professional performance records;
- It has the ability to provide continuity for AMHPS educational and research endeavors through its infrastructure and expertise;
- It has an established comprehensive data base related to teaching and other activities of all African-American medical, dental, pharmacy and veterinary schools;
- It has an inventory of essential disease prevention and health promotion activities for students and its member institutions;
- It has demonstrated leadership in attracting minority students to health professions careers; and,
- It has an inventory of critical knowledge, skills and abilities related to instruction in medical and health professional preparation.

This cooperative agreement will be continued for an additional five-year project period with 12-month budget periods. Depending upon the types of projects and availability of funds, it is anticipated that this cooperative agreement will received approximately \$250,000 per year. Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.

## Where To Obtain Additional Information

If you are interested in obtaining additional information regarding this cooperative agreement, contact Ms. Cynthia Amis, Office of Minority Health, 5515 Security Lane, Suite 1000, Rockville, Maryland 20852 or telephone (301) 594-0769.

## OMB Catalog of Federal Domestic Assistance

The Catalog of Federal Domestic Assistance Number for this cooperative agreement is 93.004.

Dated: September 3, 1999.

**Nathan Stinson, Jr.,**

*Deputy Assistant Secretary for Minority Health.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30 DAY-23-99]

### Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639-7090. Send written comments to CDC, Desk Officer; Human Resources and Housing Branch, New Executive Office Building, Room 10235; Washington, DC 20503. Written comments should be received within 30 days of this notice.

#### *Proposed Project*

1. National Birth Defects Prevention Study (Formerly called Metro Atlanta Birth Defects and Risk Factor Surveillance System)—(0920-0010)—Revision—National Center for Environmental Health (NCEH). The Division of Birth Defects and Pediatric Genetics (DBDPG), NCEH has been monitoring the occurrence of serious birth defects and genetic diseases in Atlanta since 1967 through the Metropolitan Atlanta Congenital Defects Program (MACDP). The MACDP is a population-based surveillance system for birth defects in the 5 counties of Metropolitan Atlanta. Its primary purpose is to describe the spatial and temporal patterns of birth defects occurrence and serve as an early warning system for new teratogens. Since 1993, the DBDPG has also been conducting the Birth Defects Risk Factor Surveillance (BDRFS) now called the National Birth Defects Prevention Study (and formerly called the Metro Atlanta Birth Defect and Risk Factor Surveillance System), a case-control study of risk factors for selected birth defects. Infants with birth defects are identified through the MACDP and maternal interviews. Clinical/laboratory tests are conducted on approximately 300 cases and 100 controls per year. Controls are selected from among

normal births in the same population. OMB approval (OMB 0920-0010) for MACDP and BDRFS which is now called the National Birth Defects Prevention Study (and formerly called the Metro Atlanta Birth Defects and Risk Factor Surveillance System) was renewed in 1996 and will expire 30 September 1999.

This request is for a 3-year renewal with two changes listed below including a change in the study name:

A. In 1996, MACDP was still obtaining assistance from more than 10 Atlanta hospitals to conduct birth defects surveillance. Therefore, MACDP renewed its OMB approval at that time. In 1997, however, the State of Georgia exercised its option to require the reporting of birth defects under the state's disease reporting regulations, which list birth defects as a condition whose reporting is required by law. The Georgia Division of Health authorized the CDC to serve as its agent in the collection of these case reports. MACDP findings are shared with the state. Since birth defects surveillance in Atlanta is now a state requirement, the CDC is no longer requesting OMB clearance for this activity. Therefore, the Division of Birth Defects and Pediatric Genetics is not seeking renewal of its OMB clearance for the surveillance activities involved in MACDP.

B. The BDRFS is now called the National Birth Defects Prevention Study (and formerly called the Metro Atlanta Birth Defects and Risk Factor Surveillance Program). The major components of this study have not changed. Infants with birth defects are identified through MACDP. Control infants are selected from birth hospitals in the same population. Mothers of case and control infants are interviewed by phone about their medical history, pregnancies, environmental exposures and lifestyle. The interview still takes about 1 hour, but it is now a computer-based interview and answers are entered directly into the database instead of recorded on paper. Another change from the BDRFS is that we are no longer asking participants to come to a clinic for blood drawing. Instead of using blood to study genetic risk factors for birth defects, we will be studying DNA from cheek cells. After completing the interview, participants are sent a packet in the mail and are asked to collect cheek cells using small brushes from the mother, father, and infant. The brushes containing cheek cells are then sent back to the lab by mail. The cheek cell kits will include \$20.00 as an incentive to complete them and send them back. The total annual burden hours are 600.