b. The programmatic relevance of the maternal and infant health program priorities (5 points).

c. The extent to which the applicant describes the surveillance information needed and how it may be used for health program planning and resource allocation (10 points).

d. The extent to which the applicant has used vital records data or other data sources, (e.g., infant deaths, WIC, Medicaid, or PRAMS) to identify and analyze infant health problems (10 points).

2. Profile of State Birth Registration Process (25 Points)

a. The extent to which the process is thorough; birth certificate information is computerized, edited, and available for sampling within 2 to 4 months after date of birth; and vital records information schedule provides timely access to CDC for sample evaluation and weighting (10 points).

b. The extent to which electronic birth certificate registration (EBC) or other methods for processing birth certificates are used, and whether any changes in the current process are anticipated along with a time frame for these changes (10 points).

c. The extent to which the applicant can link to other data sources (e.g., infant deaths, WIC, Medicaid) (5 points).

3. Plan of Operation (40 Points)

a. The extent to which the sampling method appears appropriate and likely to produce adequate response rates among the sampled populations. Applicants should provide evidence of previous experiences, including PRAMS, with the sampled populations (10 points).

b. The adequacy of the plan and timeline to carry out major project components (i.e., sampling, mail and telephone operations, data analysis)(5 points).

c. The extent to which the roles and responsibilities for organizational units, such as MCH, vital records, and data processing units; and key personnel and their expertise and experience, are documented and appear reasonable and appropriate; and whether two full-time equivalents are committed to working on PRAMS (10 points).

d. The extent to which the plan for data analysis assures dissemination of findings through multiple channels, to include steering committee members, health policy makers, and health providers and the extent to which previous study findings have been disseminated (10 points).

e. 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 (5 points). This includes:

i. The proposed plan for the inclusion of women racial and ethnic minority populations for appropriate representation.

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

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

iv. 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.

4. Timetable (5 Points)

The extent to which the timetable incorporates major PRAMS activities and milestones and is specific, measurable, and realistic.

5. Budget (Not Scored)

The extent to which the budget is detailed, clear, justified, provides in-kind or direct project support, and is consistent with the proposed program activities.

6. Human Subjects: (Not Scored)

Does the application include a plan to adequately address the requirements of Title 45 CFR Part 46 for the protection of human subjects (see AR–1 below)?

____Yes____No

Comments: _____

H. Other Requirements

Technical Reporting Requirements

Provide CDC with original plus two copies of:

1. progress report, no more that 90 days after the end of the budget period;

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: Mildred S. Garner, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Room 3000, Atlanta, GA 30341.

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

AR98–1 Human Subjects Requirements

AR98–2 Requirements for Inclusion of Women and Racial and Ethnic Minorities in Research

AR98–5 HIV Program Review Panel Requirements

AR98–7 Executive Order 12372 Review

AR98–9 Paperwork Reduction Act Requirements

AR98–10 Smoke-Free Workplace Requirements

AR98–11 Healthy People 2000

AR98–12 Lobbying Restrictions

I. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under sections 301(a) and 317(k)of the Public Health Service Act, [42 U.S.C. sections 241(a) and 247b(k) respectively], as amended. The Catalog of Federal Domestic Assistance number is 93.283.

J. Where To Obtain Additional Information

To obtain additional information, contact: Robert Hancock, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement 99070, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Room 3000, Atlanta, GA 30341–4146 telephone (770) 488–2746, E-mail: RNH2@CDC.GOV.

See also the CDC home page on the Internet to obtain a copy of this announcement: http://www.cdc.gov

For program technical assistance, contact: Mary M. Rogers, Dr.P.H., Project Officer, PRAMS, Program Services and Development Branch, Division of Reproductive Health, NCCDPHP 4770 Buford Highway, N.E., MS K–22, Atlanta, Georgia 31341, Phone: (770) 488–5220, E-Mail: MJR3@CDC.GOV.

Dated: April 14, 1999.

John L. Williams,

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

[FR Doc. 99–9824 Filed 4–19–99; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Breast and Cervical Cancer Early Detection and Control Advisory Committee; 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) announces the following committee meeting.

Name: Breast and Cervical Cancer Early Detection and Control Advisory Committee (BCCEDCAC).

Times and Dates: 9 a.m.–5 p.m., May 17, 1999; 9 a.m.–4:30 p.m., May 18, 1999.

Place: The Holiday Inn Select—Decatur, 130 Clairemont Avenue, Decatur, Georgia 30030, telephone 404/371–0204, fax 404/377–2726.

Status: Open to the public, limited only by the space available.

Purpose: The Breast and Cervical Cancer Early Detection and Control Advisory Committee is charged with providing advice and guidance to the Secretary, the Assistant Secretary for Health, and the Director of CDC, regarding the early detection and control of breast and cervical cancer and to evaluate the Department's current breast and cervical cancer early detection and control activities.

Matters To Be Discussed: The discussion will focus on two new policies for the National Breast and Cervical Cancer Early Detection Program: case management and cervical cancer. Draft definitions will be provided and impact on the Program's operations will be discussed. Persons wishing to make oral presentations at the meeting should contact Ms. Rebecca Wolf 770/488–3012 or Ms. Madeline Cutler 770/488–4751 by 4 p.m., May 1, 1999. All requests will be limited to five minutes and should contain the name of the presenter and an outline of the meeting should be given to Ms. Cutler prior to the meeting.

Contact Person for Additional Information: Rebecca B. Wolf, Division of Cancer Prevention and Control, National Center for Chronic Disease Prevention and Health Promotion, CDC, 4770 Buford Highway, NE, M/S K–64, Atlanta, Georgia 30341–3717, telephone 770/488–4751.

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 CDC and ATSDR.

Dated: April 14, 1999.

Carolyn J. Russell,

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

[FR Doc. 99–9821 Filed 4–19–99; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Clinical Laboratory Improvement Advisory Committee (CLIAC); 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) announces the following committee meetings.

Name: Clinical Laboratory Improvement Advisory Committee (CLIAC).

Times and Dates: 8:30 a.m.–5 p.m., May 12, 1999; 8:30 a.m.–3:30 p.m., May 13, 1999.

Place: CDC, Koger Center, Williams Building, Conference Rooms 1802 and 1805, 2877 Brandywine Road, Atlanta, Georgia 30341.

Status: Open to the public, limited only by the space available. The meeting rooms accommodate approximately 85 people.

Purpose: This committee is charged with providing scientific and technical advice and guidance to the Secretary of Health and Human Services, the Assistant Secretary for Health, and the Director, CDC, regarding the need for, and the nature of, revisions to the standards under which clinical laboratories are regulated; the impact of proposed revisions to the standards; and the modification of the standards to accommodate technological advances.

Matters To Be Discussed: The morning session of the first day will be devoted to orientation of new members. The orientation is background and process for new committee members. Although members of the public may attend, the orientation is not part of the public meeting. The agenda will include an update on CLIA implementation; update on transfer of test categorization and review of tests for waived status to the FDA; CLIA requirements and laboratory test results of public health importance; and remaining gaps in laboratory Y2K preparedness.

The Committee solicits oral and written testimony on the application of CLIA regulations and laboratory test results of public health importance. Requests to make an oral presentation should be submitted in writing to the contact person listed below by close of business, May 7, 1999. All requests to make oral comments should contain the name, address, telephone number, and organizational affiliation of the presenter. Written comments should not exceed five single-spaced typed pages in length and should be received by the contact person listed below by close of business, May 7, 1999.

Agenda items are subject to change as priorities dictate.

Contact Person for Additional Information: John C. Ridderhof, Dr.P.H., Division of Laboratory Systems, Public Health Practice Program Office, CDC, 4770 Buford Highway, NE, M/S G–25, Atlanta, Georgia 30341–3724, telephone 770/488–8076, fax 770/488–8282.

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 CDC and ATSDR.

Dated: April 13, 1999.

Carolyn J. Russell,

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

[FR Doc. 99–9822 Filed 4–19–99; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Agency Recordkeeping/Reporting Requirements Under Emergency Review by the Office of Management and Budget (OMB)

Title: Temporary Assistance for Needy Families Financial Reporting Form, ACF–196.

OMB No.: 0970–0165.

Description: The form provides specific data regarding claims and provides a mechanism for states to request grant awards and certify the availability of state matching funds. Failure to collect this data would seriously compromise ACF's ability to monitor expenditures. This information is also used to estimate outlays and may be used to prepare ACF budget submissions to Congress. The following citations should be noted in regards to this collection: 405(1); 409(a)(7); and 409(a)(1).

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
ACF–196	54	4	8	1,728

Estimated Total Annual Burden Hours: 1,728.

Additional Information

ACF is requesting that OMB grant a 180 day approval for this information collection under procedures for emergency processing by April 30, 1999. A copy of this information collection,