

The proposed Order also provides for the appointment of an Interim Trustee to ensure that respondent expeditiously performs its responsibilities under the proposed Order. The Interim Trustee will oversee the divestiture to ensure the adequacy of the transfer, to ensure that disputes between the parties will be identified and resolved quickly, clearly, and impartially, and to identify possible violations of the proposed Order.

The Agreement requires respondent to provide the Commission, within thirty (30) days of the date of the agreement was signed, with an initial report setting forth in detail the manner in which respondent will comply with the provisions relating to the divestiture of assets.

The purpose of this analysis is to facilitate public comment on the proposed Order. This analysis is not intended to constitute an official interpretation of the agreement or the proposed Order or in any way to modify the terms of the Agreement or the proposed Order.

By direction of the Commission.

Donald S. Clark,
Secretary.

[FR Doc. 00-365 Filed 1-6-00; 8:45 am]

BILLING CODE 6750-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 00029]

Cooperative Agreement for the Operation and Enhancement of a National Public Health Information/Communication Network; Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2000 funds for a cooperative agreement program for the operation and enhancement of a national public health information/communication network. This network/program addresses the "Healthy People 2000" priority area of Educational and Community-Based Programs.

The purpose of this program is to coordinate coverage of public health emergencies with State and local health departments; enhance disease prevention and promotion efforts; provide opportunities to relate the stories of health prevention; identify methods to provide health communication education and training

to State health departments; and to elicit the coordination and cooperation of other national, public, private, and voluntary agencies in promoting public health information.

The purpose is also to foster national public health priorities which include strengthening science for public health action and increasing collaboration with health care partners for prevention and promoting healthy living at all stages of life. The network should continue to support the exchange and sharing of information methods and techniques for the improvement of coordination of public information initiatives between State health departments and provide a forum of continuing education opportunities in public health information. The network serves as a facilitator of communications through which Directors of State, territory and federal public affairs may share information and methods for the benefit of improved public health programs.

B. Eligible Applicants

Applications may be submitted by public and private nonprofit organizations and by governments and their agencies; that is, universities, colleges, research institutions, hospitals, other public and private nonprofit organizations, State (*i.e.* public information Directors of State health departments) and their bona fide agents, and federally recognized Indian tribal governments, Indian tribes, or Indian tribal organizations.

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

Approximately \$200,000 is available in FY 2000 to fund one cooperative agreement. It is expected that the award will begin on or about May 1, 2000, and will be made for a 12-month budget period within a project period of up to 5 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 as evidenced by required reports and the availability of funds.

D. Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities under 1., below, and CDC will be responsible for conducting activities under 2., below:

1. Recipient Activities:

a. Plan, conduct, and evaluate an annual national conference and, as required, regional conferences. The purpose of these conferences is to provide a forum for continuing educational opportunities in public health communications. Future conferences will serve as opportunities to update CDC staff on State level communication campaigns and provide a platform for CDC to update States on CDC information/communication campaigns.

b. Publish periodic newsletters to keep State Health Departments informed of the programs, initiatives, and activities of interest to the States related to communication intervention programs that enrich and improve public health. Maintain, update, and publish an annual membership directory, design of network/association brochure, and journal articles.

c. Assess electronic communication networking among State health departments and provide recommendations to States on equipment and financial needs to strengthen communication efforts. Electronically disseminate urgent public health announcements to general membership via the web-site data base. Develop electronic communication access for all public health officials (ex: high speed, secure Internet connectivity for access by local public health officials; satellite/distance learning links for public health officials so they can be notified during public health crises). Expand the capacity to reach out through an established network to interact through the State network representatives to reach local health departments in relation to high priority communication issues.

d. Evaluate the media training available for public health professionals and provide recommendations for workshops to all State health departments. Provide assistance to those State health departments wishing to implement media training.

e. Network with key national public health groups that focus on Minority health and schools to evaluate existing public information material relating to public health programs such as, but not limited to, immunization, tobacco control, tuberculosis, violence and bioterrorism, emerging infectious diseases, occupational health, injury prevention, youth/children, women's health, health care gaps, food safety, pandemics.

f. Develop materials, seminars and training for crisis management, that are culturally competent and linguistically appropriate, in order to communicate

with one voice to public health officials at all levels. Develop a communication plan/agreement integrated at the local, State and federal levels and improve information systems dedicated to communication/community affairs activities about how to respond to the media and public if a crisis occurs that is multi-state or catastrophic in nature. Disseminate current information about the existing national response plan to Public Health priorities. Draft basic reference materials designed for target populations in the form of fact sheets available through multiple venues for the general public and media, for health care professionals in the event of Public Health priorities, such as actual bioterrorist events.

g. Develop formalized communication methods through a liaison in each State who can network with each county. Develop fact sheets and press releases at State level on important national public health topics which could be customized for use by other State health departments.

h. Focus educational efforts among sentinel health care professionals and others by promoting satellite courses i.e. public health response to bioterrorism. In preparation and planning for a disease pandemic, work with CDC to develop a State/local pandemic plan.

i. As needs are identified, regional awareness campaigns will be designed through State health departments.

j. Additionally, disseminate campaign updates and materials from CDC and elsewhere to State public information Directors. Provide liaisons to each CDC public information/communication campaign.

2. CDC Activities:

a. Provide technical assistance and consultation in the area of program development, implementation, and health communication campaigns.

b. Provide technical assistance in the development of an annual conference for State, regional and national exchange of public health information.

c. Provide technical assistance in defining the scope of training needs and proposed training materials to address those needs.

E. Application Content

Use the information in the Cooperative Activities, 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 25 double-spaced pages, printed on one side, with one inch margins, and unrounded font.

Prior to the 25 page narrative, please provide a three page summary documenting evidence of a three year history in the operation of a national public health information/communication network, which includes at least one organizational representative from each state.

F. Application Submission and Deadline

Submit the original and two copies of PHS 5161 (OMB Number 0937-0189). Forms are in the application kit. On or before March 14, 2000, submit to the Grants Management Specialist identified in the "Where To Obtain Additional Information" Section of this announcement.

Deadline: Application shall be considered as meeting the deadline if it is:

1. Received on or before the deadline date; or
2. Sent on or before the deadline date and received in time for submission to the independent review group. (Applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a 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

The application will be evaluated against the following criteria:

1. Background, Need, and Capacity (25 percent): The extent to which the applicant presents data and information documenting the capacity to accomplish the program, positive progress in related past or current activities or programs, and, as appropriate, need for the program. The extent to which the applicant demonstrates a 3-year history in conducting a national public health information communication program, which includes at least one organizational representative from each state.

2. Goals and Objectives (15 percent): The extent to which the applicant includes goals which are relevant to the purpose of the proposal and feasible to accomplish during the project period, and the extent to which these are specific and measurable. The extent to which the applicant has included objectives which are feasible to accomplish during the budget period and project period, and which address

all activities necessary to accomplish the purpose of the proposal.

3. Methods and Staffing (25 percent): The extent to which the applicant provides: (1) A detailed description of proposed activities which are likely to achieve each objective and overall program goals, and which includes designation of responsibility for each action undertaken; (2) a reasonable and complete schedule for implementing all activities; and (3) a description of the roles of each unit, organization, or agency, and evidence of coordination, supervision, and degree of commitment of staff, organizations, and agencies involved in activities.

4. Evaluation (25 percent): The extent to which the proposed evaluation system is detailed, addresses goals and objectives of the program, and will document program process, effectiveness, and impact. The extent to which the applicant demonstrates potential data sources for evaluation purposes and methods to evaluate the data sources, and documents staff availability, expertise, experience, and capacity to perform the evaluation. The extent to which a feasible plan for reporting evaluation results and using evaluation information for programmatic decisions is included.

5. Collaboration (10 percent): The extent to which relationships between the program and other organizations, agencies, and health department units that will relate to the program or conduct related activities are clear, complete and provide for complementary or supplementary interactions. The extent to which coalition membership and roles are clear and appropriate. The extent to which the applicant provides evidence of at least one organizational representative from each State.

6. Budget and Justification (not scored): The extent to which the applicant provides a detailed budget and narrative justification consistent with stated objectives and planned program activities.

H. Other Requirements

Technical Reporting Requirements

Provide CDC with the original plus two copies of:

1. Semiannual Progress reports;
2. Financial status report, no more than 90 days after the end of the budget period;
3. Final financial status report and performance report, 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. For descriptions of the following Other Requirements, see Attachment I in the application package.
 AR-5 HIV Program Review Panel Requirements
 AR-10 Smoke-Free Workplace Requirements
 AR-11 Healthy People 2000
 AR-12 Lobbying Restrictions
 AR-20 Conference Support

I. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under Section 1704 (42 U.S.C. 300u-3) of the Public Health Service Act, as amended. The Catalog of Federal Domestic Assistance Number is 93.283.

J. Where to Obtain Additional Information

This announcement and other announcements may be downloaded from www.cdc.gov.

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 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: Joanne Wojcik, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement 00029, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Suite 3000, Atlanta, GA 30341-4146, Telephone (770) 488-2717, Email address jcw6@cdc.gov.

For program technical assistance, contact: Linda Leake, Administrative Officer, Office of Communication, Centers for Disease Control and Prevention, 1600 Clifton Road, N.E., MS D25, Atlanta, GA 30333, Telephone: (404) 639-7994, E Mail: ldl1@cdc.gov.

John L. Williams,

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

[FR Doc. 00-332 Filed 1-6-00; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Federal Parent Locator Service.

OMB No.: 0970-0142.

Description: The Federal Parent Locator Service is a computerized national location network which provides address and social security number information to State and local child support enforcement agencies upon request for purposes of locating parents to establish parentage or establish or enforce a child support order and to assist authorized persons in resolving parental kidnapping and child custody and visitation issues. As such, the FPLS serves as a conduit between child support enforcement offices and Federal and State agencies by conducting weekly, biweekly, or monthly matches of the collected information with various agencies and distributing the information back to the requesting State or local child support office.

Respondents: State, Local or tribal Government.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Federal Parent Locator Service	200	24	1	4,800

Estimated Total Annual Burden Hours: 4,800.

Additional Information

Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Information Services, Division of Information Resource Management Services, 370 L'Enfant Promenade, S.W., Washington, D.C. 20447, Attn: ACF Reports Clearance Officer.

OMB Comment

OMB is required to make a decision concerning the collection of information between 30 to 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork

Reduction Project, 725 17th Street, N.W., Washington, D.C. 20503. Attn: ACF Desk Officer.

Dated: January 3, 2000.

Bob Sargis,

Acting Reports Clearance Officer.

[FR Doc. 00-311 Filed 1-6-00; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[Form #HCFA-R-0264 A-H / Supplement]

[Emergency Clearance: Public Information Collection Requirements Submitted to the Office of Management and Budget (OMB)]

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the

Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS), is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

We are, however, requesting an emergency review of the information collections referenced below. In