

set forth in paragraph 7 of the Act (12 U.S.C. 1817(j)(7)).

The notices are available for immediate inspection at the Federal Reserve Bank indicated. The notices also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing to the Reserve Bank indicated for that notice or to the offices of the Board of Governors. Comments must be received not later than January 26, 2000.

A. Federal Reserve Bank of Chicago (Philip Jackson, Applications Officer) 230 South LaSalle Street, Chicago, Illinois 60690-1413:

1. Judkins Enterprises, L.P., Susan Jane McCabe (individually and as voting partner), Paxton, Illinois; to acquire additional voting shares of FM Bancorp, Inc., Paxton, Illinois, and thereby acquire additional voting shares of Farmers-Merchants National Bank of Paxton, Paxton, Illinois.

Board of Governors of the Federal Reserve System, January 6, 2000.

Robert deV. Frierson,

Associate Secretary of the Board.

[FR Doc. 00-672 Filed 1-11-00; 8:45 am]

BILLING CODE 6210-01-P

GENERAL SERVICES ADMINISTRATION

Proposed Collection; Submission for OMB Review; Comment Request Entitled: Art In Architecture Program, National Artist Registry

AGENCY: Public Buildings Service, GSA.

ACTION: Notice of request for approval of a new information collection entitled Art In Architecture Program, National Artist Registry.

SUMMARY: Under the provisions of the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35), GSA has submitted to the Office of Management and Budget (OMB) a request to review and approve a new information collection concerning Art In Architecture Program, National Artist Registry.

The Art in Architecture Program is the result of a policy decision made in January 1963 by GSA Administrator, Bernard L. Boudin, who had served on the Ad Hoc Committee on Federal Office Space in 1961-62.

The program has been modified over the years, most recently in 1996 when a renewed focus on commissioning works of art that are an integral part of the building's architecture and adjacent landscape was instituted. The program continues to commission works of art from living American artists. One half of

one percent of the estimated construction cost of new or substantially renovated Federal building and U.S. courthouse is allocated for commissioning works of art.

DATES: Submit comments on or before March 13, 2000.

ADDRESSES: Comments concerning this notice should be submitted to: Susan Harrison, Public Buildings Service Historic Buildings and Arts, Room 2308, 1800 F Street, NW., Washington, DC 20405.

FOR FURTHER INFORMATION CONTACT: Susan Harrison, Public Buildings Service, Historic Buildings and Arts, Room 2308, 1800 F Street NW., Washington DC 20405.

SUPPLEMENTARY INFORMATION:

A. Purpose

The Art in Architecture Program actively seeks to commission works from the full spectrum of American artists, and strives to promote new media and inventive solutions for public art. The GSA Form 7437, Art In Architecture Program National Artist Registry will be used to collect information from artists across the country to participate and to be considered for commissions.

B. Annual Reporting Burden

Respondents: 360; annual responses: 360; average hours per response: .15; burden hours: 90.

Copy of Proposal:

A copy of this proposal may be obtained from the GSA Acquisition Policy Division (MVP), Room 4011, GSA Building, 1800 F Street, NW., Washington, DC 20405.

Dated: January 6, 2000.

J. Les Davison,

Acting Deputy Associate Administrator, for Acquisition Policy.

[FR Doc. 00-696 Filed 1-11-00; 8:45 am]

BILLING CODE 6820-61-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Committee on Vital and Health Statistics; Meeting

Pursuant to the Federal Advisory Committee Act, the Department of Health and Human Services announces the following advisory committee meeting:

Name: National Committee on Vital and Health Statistics (NCVHS), Subcommittee on Populations.

Time and Date: 10 a.m.-5 p.m., January 24, 2000; 9 a.m.-5 p.m., January 25, 2000.

Place: Room 705A, Hubert H. Humphrey Building, 200 Independence Avenue, SW, Washington, DC 20201.

Status: Open.

Purpose: The Subcommittee on Populations is holding this meeting to assess the feasibility of recording, evaluating, and analyzing measures of functional status on health records, such as enrollment in health plans, records of medical encounters, and standardized attachments to such records. Panelists will explore issues related to the collection of information on functional status for administrative records and data collection systems, and will discuss data collection and measurement efforts necessary to address the issues effectively. This is the first of several public meetings being planned by the Subcommittee to discuss this topic.

Notice: In the interest of security, the Department has instituted stringent procedures for entrance to the Hubert H. Humphrey building by non-government employees. Thus, persons without a government identification card will need to have the guard call for an escort to the meeting.

Contact Person for More Information: Substantive program information as well as summaries of meetings and a roster of committee members may be obtained from Carolyn Rimes, Lead Staff Person for the NCVHS Subcommittee on Populations, Office of Research and Demonstrations, Health Care Financing Administration, MS-C4-13-01, 7500 Security Boulevard, Baltimore, Maryland 21244-1850, telephone (410)-786-6620; or Marjorie S. Greenberg, Executive Secretary, NCVHS, NCHS, CDC, Room 1100, Presidential Building, 6525 Belcrest Road, Hyattsville, Maryland 20782, telephone (301) 458-4245. Information also is available on the NCVHS home page of the HHS website: <http://www.ncvhs.hhs.gov/>, where an agenda for the meeting will be posted when available.

Dated: January 6, 2000.

James Scanlon,

Director, Division of Data Policy, Office of the Assistant Secretary for Planning and Evaluation.

[FR Doc. 00-724 Filed 1-11-00; 8:45 am]

BILLING CODE 4151-04-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Toxic Substances and Disease Registry

Studying Environmental Exposures Among Children With Cancer; Current Technologies, Methodological Challenges, and Community Concerns: Meeting

The Agency for Toxic Substances and Disease Registry (ATSDR), Division of Health Studies (DHS), Exposure and Disease Registry Branch (EDRB) announces the following meeting:

Name: Studying Environmental Exposures Among Children with Cancer: Current

Technologies, Methodological Challenges, and Community Concerns.

Times and Dates: 8:30 a.m.–5 p.m., January 25, 2000; 8:30 a.m.–5 p.m., January 26, 2000; 8:30 a.m.–12 noon, January 27, 2000.

Place: Sheraton Colony Square Hotel, 188 14th Street, Atlanta, Georgia 30361 telephone 404–892–6000 or 800–325–3535, fax 404–872–9192.

Status: Open to the public, limited only by space available. Please visit the ATSDR web site at <http://www.atsdr.cdc.gov> to obtain an application form.

Purpose: This is a working group meeting to explore the feasibility of, and methods for, assessing the relationship between children's cancers and exposures to hazardous substances. This meeting is in compliance with ATSDR's Congressional mandate under the Superfund legislation.

Agenda Items: The agenda will be posted on the ATSDR web site at <http://www.atsdr.cdc.gov>.

Contact Persons for More Information: Chanelle Harris, telephone 404–880–0006 or Terica Boyer, 404–639–2909 or write to ATSDR/DHS/EDRB; 1600 Clifton Road, NE, M/S E–31; Atlanta, Georgia 30333.

The Director, Office of Management Analysis and Services has been delegated 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: January 5, 2000.

Carolyn J. Russell,

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

[FR Doc. 00–681 Filed 1–11–00; 8:45 am]

BILLING CODE 4163–70–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 00031]

Sexually Transmitted Diseases/Human Immunodeficiency Virus Prevention Training Centers; 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 Sexually Transmitted Diseases/Human Immunodeficiency Virus (STD/HIV) Prevention Training Centers (PTCs). This program addresses the “DRAFT Healthy People 2010” priority areas of Sexually Transmitted Diseases and HIV Infection. The purpose of this cooperative agreement is to provide innovative, high-quality training that enhances STD and HIV

prevention services across the United States. The PTCs will function as a national training network which, in collaboration with CDC and public and private partners, will design, deliver, and evaluate training that is responsive to national, regional, and local needs for STD/HIV training. Such training targets health care providers and prevention specialists who serve individuals most in need of STD/HIV services, including ethnic and racial minorities, women, youth, incarcerated individuals, homeless individuals, and substance users. Special efforts must be made to recruit and train providers from settings that serve large numbers of individuals at risk for STD/HIV, such as STD and HIV clinics, HIV counseling and testing sites, family planning clinics, antenatal clinics, adolescent health clinics, community and migrant health centers, substance abuse clinics, correction and detention centers, health care for the homeless programs, and managed care plans.

The PTCs will provide training in support of the Essential Functions and Areas of Special Emphasis (discussed in the Addendum to this announcement) through three distinct, but related parts:

- Part I: Up to 10 centers to provide training that enhances essential STD medical and laboratory services.
- Part II: Up to four centers to provide training on behavioral and social interventions that have shown evidence of effectiveness in reducing risky behaviors associated with transmission of STD/HIV infection.
- Part III: Up to four centers to provide training on STD/HIV partner services in accordance with the HIV PCRS Guidance and the “STD Program Operations Guidelines (POG)”, and support services defined as program management, surveillance and data management, outbreak response planning, and evaluation.

Although the three Parts have different training objectives, they are expected to function synergistically to realize the goal of maintaining a national training network in support of STD/HIV Essential Functions and Areas of Special Emphasis. To facilitate this goal, the geographic model depicted in the Addendum section of the announcement will be employed. Please review this section.

Under this announcement, high-quality STD/HIV training for health care providers and prevention specialists is that which translates cutting edge research findings into training courses with specific application to STD/HIV prevention programs. To achieve this high-quality training, each PTC must be structured and function as a partnership

between an academic institution and a state or local public health department.

The PTCs are intended to be dynamic and flexible and to work with one another and with CDC to be responsive to changes in STD/HIV morbidity, advances in STD/HIV prevention, detection and treatment, and changes in Areas of Special Emphasis.

Specific information about each training Part is provided below.

Part I: STD Medical and Laboratory Services Training

Health care professionals must possess the requisite skills to effectively detect, treat, and manage individuals with STDs, and to provide effective STD/HIV prevention messages to their patients. Part I PTCs will provide state-of-the-art STD medical and laboratory services clinical training to practicing health care providers in a geographic region that corresponds to a designated HHS region. To help ensure regional coverage, each Part I PTC will provide at least 200 hours of clinical training each year, 50 percent of which must consist of experiential training in at least two model STD clinics located in geographically dispersed locations within the HHS region, preferably in separate states. Because private practitioners diagnose and treat the vast majority of individuals with STDs, they are a primary audience for Part I clinical training, as are practitioners who serve individuals at high risk for STDs. Practitioners in managed care plans are a specific target audience for Part I PTC training. Health professions students and medical residents receive STD/HIV training as part of their professional training program, and, therefore, are a secondary rather than a primary audience for PTC training. Students and residents should not account for more than 20 percent of the total number of trainees in any given year. To ensure high-quality training, Part I PTCs must demonstrate close collaboration with health professions training programs in the region (e.g., schools of medicine, nursing, physician assistant programs), utilizing expert STD faculty from such programs as PTC consultants or trainers.

Part II: Behavioral and Social Interventions Training

Prevention of STDs, including HIV, typically requires individuals to change behaviors that place them at risk for STD/HIV infection. In recent years, behavioral and social intervention research has documented effective individual, group, and community-level interventions that help promote and maintain such behavior change. Behavioral interventions aim to change