

NASTAD was formed to promote coordination of HIV/AIDS prevention efforts among the States and territories. The organization is uniquely positioned to collaborate not only with national organizations, including Federal agencies, but also with national AIDS control program officials in the LIFE countries, on policy and program issues from a U.S. government model, multi-state perspective. In this collaboration NASTAD is positioned to monitor, assess, and improve HIV/AIDS prevention program design, implementation, and evaluation in the LIFE countries.

3. In the U.S., NASTAD coordinates the effort of HIV/AIDS Prevention Program Directors, who work together with CDC to monitor the implementation of prevention programs across States and territories, assess the impact of prevention programs, share successes and challenges, monitor issues and obstacles to implementation of effective interventions, provide technical assistance and consult with CDC, one another, and other governmental and non-governmental prevention partners on these issues. Therefore, NASTAD possesses unique knowledge and insight that can be applied to the LIFE initiative through the provision of technical assistance aimed at strengthening the ability of national AIDS control programs to develop HIV/AIDS prevention programs based on the best practices of U.S. State and territory programs.

4. NASTAD represents the nation's HIV/AIDS Prevention Program Directors who have responsibility for HIV prevention within their jurisdictions, and whose mission is to work collaboratively with individual AIDS Directors to provide multi-jurisdiction perspectives and translate knowledge, skills, and abilities to State AIDS control programs. Thus NASTAD is in a unique position to facilitate the transfer of the same body of knowledge, skills and abilities to national AIDS control program officials in the LIFE countries.

5. NASTAD has already established mechanisms for communicating HIV/AIDS prevention information to the States and the political subdivisions of the States that carry out the nation's HIV/AIDS prevention programs. These mechanisms can serve as models to exchange information between the States and public health officials in the LIFE countries to identify and develop effective prevention information networks and dissemination systems. Because of their experience and established communications mechanisms, NASTAD is in a unique position to assist national AIDS control

program officials with the dissemination of HIV/AIDS prevention information.

**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 \$500,000 is available in FY 2000 to support this award. It is expected that the award will begin on or about September 30, 2000 and will be made for a 12-month budget period within a project period of up to 3 years. Funding estimates may change. Continuation awards within an approved project period will be made on the basis of satisfactory progress as evidenced by required reports and the availability of funds.

### Use of Funds

Funds received from this announcement will not be used for the purchase of antiretroviral drugs for treatment of established HIV infection, occupational exposures, and non-occupational exposures and will not be used for the purchase of machines and reagents to conduct the necessary laboratory monitoring for patient care.

Peer-to-peer training, technical assistance, and other activities (including but not limited to those described below under Program Requirements—Recipient Activities) conducted outside the U.S. by persons under this award are limited to forty-five (45) days per person per year.

Applicant may contract with other organizations under these cooperative agreements, however, the applicant must perform a substantial portion of the activities (including program management and operations and delivery of prevention services for which funds are requested).

### D. Where to Obtain Additional Information

This and other CDC announcements can be found on the CDC home page Internet address—<http://www.cdc.gov>. Scroll down the page, then click on "Funding" then "Grants and Cooperative Agreements."

To receive additional written information and to request an application kit, call 1-888-GRANTS (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: Sharon Robertson, Grants Management Specialist, Centers for Disease Control and Prevention (CDC), Procurement and Grants Office, Room 3000, 2920 Brandywine Road, Mailstop E-15, Atlanta, GA 30341-4146, Telephone: (770) 488-2782, E-mail: [sqr2@cdc.gov](mailto:sqr2@cdc.gov)

Programmatic technical information may be obtained from: Leo Weakland, Deputy Coordinator, Global AIDS Activity (GAA), National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, Mailstop E-07, Atlanta, GA 30333, Telephone number (404) 639-8016, Email address: [lfw0@cdc.gov](mailto:lfw0@cdc.gov)

Dated: July 10, 2000.

**John L. Williams,**

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

[FR Doc. 00-17836 Filed 7-13-00; 8:45 am]

BILLING CODE 4163-18-M

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Care Financing Administration

### Statement of Organization, Functions, and Delegations of Authority

Part F of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services, Health Care Financing Administration (HCFA), (**Federal Register**, Vol. 62, No. 129, pp. 36294 and 36295, dated Monday, July 7, 1997) is amended to reflect the elimination of the Chief of Operations. This amendment will change the reporting relationships for the Offices of Internal Customer Support, Information Services, and Financial Management, which will now report directly to the Administrator, HCFA.

The specific amendment to Part F is described below:

Section F.10.A.5. (Organization) is amended to read as follows:

1. Press Office (FAE)
2. Office of Legislation (FAF)
3. Office of Equal Opportunity and Civil Rights (FA)
4. Office of Strategic Planning (FAK)
5. Office of Communications and Operations Support (FAL)
6. Office of Clinical Standards and Quality (FAM)
7. Center for Beneficiary Services (FAQ)
8. Center of Health Plans and Providers (FAR)
9. Center for Medicaid and State Operations (FAS)

10. Consortium #1 (FAU)
11. Consortium #2 (FAV)
12. Consortium #3 (FAW)
13. Consortium #4 (FAX)
14. Office of Internal Customer Support (FBA)
15. Office of Information Services (FBB)
16. Office of Financial Management (FBC)

Dated: June 8, 2000.

**Nancy-Ann Min DeParle,**  
*Administrator, Health Care Financing Administration.*

[FR Doc. 00-17810 Filed 7-13-00; 8:45 am]

**BILLING CODE 4120-03-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104-13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for

submission to OMB under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, call the HRSA Reports Clearance Officer on (301) 443-1129.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

#### Proposed Project: Ryan White Comprehensive AIDS Resources Emergency Act of 1990-Title IV (OMB #0915-0206)—Extension

This is a request for extension of the reporting system of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990, Title IV as amended by the Ryan White CARE Act Amendments of 1996. It authorizes a reporting system to collect information from grantees and the service providers

that are their subcontractors as governed under Section 2671 of the Public Health Service (PHS) Act (42 USC 300ff-71).

Title IV provides support for coordinated HIV services and access to research for children, youth, women, and families. It supports efforts to develop comprehensive, coordinated, culturally competent, family-centered systems of care and to provide access to research for those infected or affected by HIV infection. The Title IV program supports a broad variety of interventions in health care delivery that are designed to link clients receiving health care to other essential and supporting services and to clinical research. Grants are made to public and private non-profit health centers and other appropriate public or non-profit private entities that are linked to a comprehensive health care system. This system includes clinical research for children, youth, and women. The HIV/AIDS Bureau (HAB) within HRSA administers funds for Title IV of the CARE Act.

There are 53 grantees under Title IV's Children, Youth, Women and Families Program, with approximately 125 affiliated service providers, for a total of 178 entities who report information about the clients they serve and the services they provide. Grantees are located in 27 States, Puerto Rico and the District of Columbia.

#### ESTIMATED BURDEN HOURS

Form name	No. of respondents	Responses per respondent	Total responses	Hrs. per response	Total burden hours
Designation of Local Reporting Entities Table 1A .....	53	1	53	.25	13.25
Local Network Profile Table 1B .....	178	1	178	.5	89
Person-based Demographic and Clinical Status Summary Table 2 .....	178	1	178	30	5,340
Service Utilization Summary Table 3 .....	178	1	178	20	3,560
Prevention, Outreach, and Education Activities Table 4 .....	178	1	178	4	712
Total .....	178	1	178	54.75	9,746

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 14-33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: July 7, 2000.

**Jane Harrison,**  
*Director, Division of Policy Review and Coordination.*

[FR Doc. 00-17812 Filed 7-13-00; 8:45 am]

**BILLING CODE 4160-15-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### National Vaccine Injury Compensation Program; List of Petitions Received

**AGENCY:** Health Resources and Services Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Health Resources and Services Administration (HRSA) is publishing this notice of petitions received under the National Vaccine

Injury Compensation Program ("the Program"), as required by section 2112(b)(2) of the Public Health Service (PHS) Act, as amended. While the Secretary of Health and Human Services is named as the respondent in all proceedings brought by the filing of petitions for compensation under the Program, the United States Court of Federal Claims is charged by statute with responsibility for considering and acting upon the petitions.

**FOR FURTHER INFORMATION CONTACT:** For information about requirements for filing petitions, and the Program in general, contact the Clerk, United States