Regional Manager on critical enforcement actions; provides assistance to recipients for corrective action; and monitors implementation of corrective plans; coordinates enforcement activities with OPDIV's regional officials, other Federal agencies and states and, as appropriate, with headquarters offices and divisions; solicits regional/area civil rights attorney's legal opinion on investigations as the Regional Manager deems appropriate; and processes all complaints received, including determination of jurisdiction and

completeness. B. Voluntary Compliance and Outreach Functions—OCR's Regional Office staff also: Conduct reviews to assist in identifying potential compliance problems; negotiate voluntary compliance with recipients of federal financial assistance, or with respect to the Privacy Rule, with entities that are covered by the Rule; advise the Regional Manager on critical compliance matters; coordinate voluntary compliance activities with OPDIVs and STAFFDIVs, regional officials, State, local and other Federal agencies and, as appropriate, headquarters offices and divisions; provide assistance and outreach services to recipients, covered entities, beneficiaries and organizations as requested or referred; establish and maintain effective relationships with the Offices of Governors, State and local officials in order to provide advice and assistance to them on civil rights matters; establish and maintain liaison with the HHS Regional Director in carrying out speaking engagements, media appearances and interviews.

Regions III and IX carry out OCR's functional responsibilities under an organization structure that includes field offices in Washington, DC and Los Angeles, CA respectively. In all regions, the management and supervisory structure consists of a Regional Manager and a Deputy Regional Manager.

II. Continuation of Policy: Except as inconsistent with this reorganization, all statements of policy and interpretations with respect to the Office for Civil Rights heretofore issued and in effect prior to this reorganization are continued in full force and effect.

III. Delegation of Authority: All delegations and redelegations of authority made to officials and employees of the Office for Civil Rights will continue in them or their successors pending further redelegation, provided they are consistent with this reorganization.

IV. Funds, Personnel and Equipment: Transfer of organizations and functions

affected by this reorganization shall be accompanied by direct and support funds, positions, personnel, records, equipment, supplies and other sources.

Dated: July 12, 2004.

Ed Sontag,

Assistant Secretary for Administration and Management.

[FR Doc. 04–18098 Filed 8–6–04; 8:45 am] BILLING CODE 4110–60–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Findings of Scientific Misconduct

AGENCY: Office of the Secretary, HHS. **ACTION:** Notice.

SUMMARY: Notice is hereby given that the Office of Research Integrity (ORI) and the Acting Assistant Secretary for Health have taken final action in the following case:

Nancy J. Strout, Ph.D., University of Southern Maine: Based on the report of an inquiry conducted by the University of Southern Maine (USM) and additional analysis conducted by ORI in its oversight review, the U.S. Public Health Service (PHS) found that Nancy J. Strout, Ph.D., former interviewer, USM, engaged in scientific misconduct in research supported by Substance Abuse and Mental Health Services Administration (SAMSHA) cooperative agreement UD1 SM52362, "Maine evaluation of consumer-operated services."

Specifically, PHS found that the Respondent engaged in scientific misconduct by fabricating interview data for at least 50 interviews of human subjects enrolled in the Maine Evaluation of Consumer-Operated Services Project for mental health services, and possibly up to 150 interviews or more (based on calculations performed by USM), causing the project to nullify all 346 interviews due to her involvement at one or more stages with the subjects.

PHS also found that the Respondent is not presently responsible to be a steward of Federal funds because she falsified invoices for interviews and receipts for interview incentive payments in pursuit of a fraudulent scheme to obtain payment for services she did not render.

Dr. Strout has entered into a Voluntary Exclusion Agreement in which she has voluntarily agreed for a period of three (3) years, beginning on July 23, 2004: (1) To exclude herself from any contracting or subcontracting with any agency of the United States Government and from eligibility or involvement in, nonprocurement programs of the United States Government as defined in the debarment regulations at 45 CFR Part 76; and

(2) To exclude herself from serving in any advisory capacity to PHS including but not limited to service on any PHS advisory committee, board, and/or peer review committee, or as a consultant.

FOR FURTHER INFORMATION CONTACT:

Director, Division of Investigative Oversight, Office of Research Integrity, 1101 Wootton Parkway, Suite 750, Rockville, MD 20852, (301) 443–5330.

Chris B. Pascal,

Director, Office of Research Integrity.

[FR Doc. 04–18076 Filed 8–6–04; 8:45 am]

BILLING CODE 4150–31–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 04287]

Purchase, Distribution and Tracking of Supplies to Support HIV/AIDS-Related Laboratory Services in the Republic of Uganda; Notice of Intent to Fund Single Eligibility Award

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the intent to fund fiscal year (FY) 2004 funds for a cooperative agreement program to The overall aim of this program is ensure a full-supply of laboratory reagents and materials for HIV-related laboratory services at all health center III (HC III) facilities and above, but excluding reference laboratories, to enable President's Emergency Plan for AIDS Relief (PEPFAR) goals of expanded HIV testing, care and treatment to be met. This program announcement (PA) is intended to complement PA # 04223, "Laboratory Service Strengthening at Health Centre IV and Above in the Republic of Uganda". The Catalog of Federal Domestic Assistance number for this program is 93.941.

B. Eligible Applicant

Assistance will be provided only to the National Medical Stores (NMS) of the Republic of Uganda.

NMS is the mandated institution in Uganda for the purchase and distribution of health-related commodities to government health facilities in Uganda. NMS has demonstrated their capacity for procurement, distribution and tracking of health-related commodities to government health facilities over the past 12 months through the essential drugs pull system. Because program implementation is to begin in September 2004 it is necessary to work with an organization already providing supplies to the government health sector. NMS will in addition work with the Joint Medical Stores (JMS) to ensure that NGO and faith-based health facilities have access to laboratory supplies through an integrated logistics system. The logistics system will have the capacity to absorb donations from donors other than CDC, either as cash or product, and to distribute and track these supplies; examples are the HIV test kits procured by MAP funding and the laboratory supplies purchased and distributed by the TB and malaria control programs.

NMS is based in Entebbe and has good warehousing facilities and well-developed systems for procurement, storage, stock control and distribution. It is expected that the existing facilities and systems will absorb the increased level of activities resulting from implementation of the laboratory logistics system though inevitably some increase in capacity will be needed. Vehicles, which currently deliver essential drug kits around the country, will, in addition, carry the laboratory supplies pre-packaged for each health unit.

C. Funding

Approximately \$1,000,000 is available in FY 2004 to fund this award. It is expected that the award will begin on or before September 1, 2004, and will be made for a 12-month budget period within a project period of up to 5 years. Funding estimates may change.

D. Where To Obtain Additional Information

For general comments or questions about this announcement, contact: Technical Information Management, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341–4146, Telephone: 770–488–2700.

For technical questions about this program, contact: Jonathan Mermin, MD, MPH, Global Aids Program [GAP], Uganda Country Team, National Center for HIV, STD and TB Prevention, Centers for Disease Control and Prevention [CDC], PO Box 49, Entebbe,

Uganda. Telephone: +256-41320776. E-mail: jhm@cdc.gov.

William P. Nichols,

MPA, Acting Director, Procurement and Grants Office, Centers for Disease Control and Prevention.

[FR Doc. 04–18101 Filed 8–6–04; 8:45 am] BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 05004]

Comprehensive STD Prevention Systems, Prevention of STD-Related Infertility, and Syphilis Elimination— Amendment

A notice announcing the availability of fiscal year (FY) 2005 funds for Comprehensive STD Prevention Systems, Prevention of STD-Related Infertility, and Syphilis Elimination was published in the **Federal Register** on July 21, 2004, Volume 69, Number 139, pages 43595–43607. The notice is amended as follows:

- Page 43604, second column, CSPS number 2—Sentence should read, "When federal funds are used to develop or purchase STD health education materials, they shall contain medically accurate information regarding the effectiveness or lack of effectiveness of condoms in preventing the STD the materials are designed to address.
- Page 43605, first and second columns, V. Application Review Criteria—Please delete and disregard the review criteria listed for QEI and GISP; these scoring systems do not apply, as all applications will undergo technical acceptability reviews (TAR).
- Page 43605, second column, V.2. Review and Selection Process, second paragraph—Please replace "objective review panel" with "technical acceptability review group".
- Page 43607, first column, VI.3.
 Reporting Requirements, numbers 2 and 3 will become numbers 3 and 4. Please insert the following language as reporting requirement number 2, "Annual progress report, due March 31 following the end of each budget period. Include the following items: reporting budget period activities and objectives; Tables 1 through 3, previously listed for the interim progress report; and measures of effectiveness, also previously listed for the interim progress report.

Dated: August 3, 2004.

William P. Nichols,

Acting Director, Procurement and Grants Office, Centers for Disease Control and Prevention.

[FR Doc. 04–18109 Filed 8–6–04; 8:45 am] BILLING CODE 4163–18–U

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772–76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 69 FR 17166–17167, dated April 1, 2004) is amended to reorganize the Division of Parasitic Diseases, National Center for Infectious Diseases.

Section C–B, Organization and Functions, is hereby amended as follows:

Delete in its entirety the functional statement for the *Division of Parasitic Diseases (CRS)* and insert the following:

Division of Parasitic Diseases (CRS). (1) Conducts surveillance, investigations, and studies of parasitic diseases to define disease etiology, mode of transmission, and populations at risk and to develop effective methods for diagnosis, prevention, control, and elimination; (2) conducts or participates in clinical, field, and laboratory research to develop, evaluate, and improve laboratory methodologies and materials and therapeutic practices used for rapid and accurate diagnosis and treatment of parasitic diseases; (3) provides epidemic aid and epidemiologic consultation, upon request, to State and local health departments, other Federal agencies, and national and international health organizations; (4) provides reference/ diagnostic services for parasitic diseases to State and local health departments, other Federal agencies, and national and international health organizations; (5) conducts a program of research and development in the biology, ecology, host-parasitic relationships, and control of parasitic diseases; (6) conducts laboratory studies of selected parasitic infections, emphasizing animal models and in vitro systems for parasitic relationships, chemotherapy, and immunology, to develop effective methods for diagnosis, prevention, and