their application to ease processing, but applicants will not be penalized if these extra copies are not included.

Applications will be judged according to the criteria set forth below:

1. *Goals, Objectives, and Potential Usefulness of the Analyses* (20 points). The potential usefulness of the objectives and how the anticipated results of the proposed project will advance policy knowledge and development. Applicants will be judged on the extent to which the proposed research questions address the required topics listed in this announcement and whether answers to these questions will effectively describe the economic and health status of immigrants, their communities and the organizations that serve them. Special consideration will be given to projects that demonstrate that they will make a concerted effort to describe economic and health status changes, if any, in the aftermath of the new law.

2. *Quality and Soundness of Methodology and Design* (40 points). The appropriateness, soundness, and cost-effectiveness of the methodology, including the research design, statistical techniques, analytical strategies, selection of existing data sets, and other procedures. Reviewers will evaluate the sites selected for the study on the basis of the concentration of immigrants living there, the diversity of the immigrant population both in country of origin and their immigration status, and in diversity between sites in terms of local welfare reform policies. Special consideration will be granted to proposals that seek to examine more sites with a greater diversity of immigrants and greater variation in local policy parameters without compromising the research questions to be answered or the methodology to be employed.

Reviewers will also judge whether the proposed methodology is likely to accurately describe immigrants' status as suggested by the topics listed in Part II of this announcement and provide descriptions by immigrant and citizenship status. Reviewers will rate the extent to which the methodology employs standard definitions and variables for answering our research questions that are comparable to definitions and variables used in nationally recognized assessment tools such as the CPS, SIPP, NHIS, and MEPS. Reviewers will also examine whether the proposed methodology will accurately describe the interaction between immigrants, their communities and service providers. To the extent that projects seek to examine the effects of PRWORA, reviewers will also judge the ability of the applicant's proposed methodology to reliably attribute impacts.

3. *Qualifications of Personnel and Organizational Capability.* (20 points). The qualifications of the project personnel for conducting the proposed research as evidenced by professional training and experience, and the capacity of the organization to provide the infrastructure and support necessary for the project. Reviewers will evaluate the applicant's principal investigator and staff on research experience and demonstrated research skills. Ratings may consider references on prior research projects. Principal investigator and staff time commitments also will be a factor in the evaluation. Special consideration will be given to applicants that collaborate with organizations that frequently work with immigrant populations. Reviewers will rate the applicant's pledge and ability to work in collaboration with other scholars or organizations in search of similar goals. Reviewers also will evaluate the applicant's demonstrated capacity to work with a range of government agencies.

4. *Ability of the Work Plan and Budget to Successfully Achieve the Project's Objectives.* (20 points). Reviewers will examine if the work plan and budget are reasonable and sufficient to ensure timely implementation and completion of the study and whether the applicant demonstrates an adequate level of understanding by the applicant of the practical problems of conducting such a project. Reviewers will judge whether there is an ''added benefit'' from providing these funds. In other words, is the applicant using federal funds for purposes that would not otherwise be funded. Reviewers will also consider whether the budget assures an efficient and effective allocation of funds to achieve the objectives of this solicitation and whether the application has additional funding from other sources. Eligible projects must have at least $500,000 from other sources and document the source(s) of these funds (certification, letter of intent, etc.). Applicants without these funds or the documentation that certifies these funds will be ineligible to receive any points in this category.

Disposition of Applications

1. Approval, Disapproval, or Deferral

On the basis of the review of the application, the Assistant Secretary will either (a) approve the application as a whole or in part; (b) disapprove the application; or (c) defer action on the application for such reasons as lack of funds or a need for further review.

2. Notification of Disposition

The Assistant Secretary for Planning and Evaluation will notify the applicants of the disposition of their applications. If approved, a signed notification of the award will be sent to the business office named in the ASPE checklist.

Components of a Complete Application

A complete application consists of the following items in this order:

1. Application for Federal Assistance (Standard Form 424);
2. Budget Information—Non-construction Programs (Standard Form 424A);
3. Assurances—Non-construction Programs (Standard Form 424B);
4. Table of Contents;
5. Budget Justification for Section B Budget Categories;
6. Proof of Non-profit Status, if appropriate;
7. Copy of the applicant's Approved Indirect Cost Rate Agreement, if necessary;
8. Project Narrative Statement;
9. Any appendices or attachments;
10. Certification Regarding Drug-Free Workplace;
11. Certification Regarding Debarment, Suspension, or other Responsibility Matters;
12. Certification and, if necessary, Disclosure Regarding Lobbying;
13. Supplement to Section II—Key Personnel;
14. Application for Federal Assistance Checklist.

Dated: May 20, 1997.

David F. Garrison,

Principal Deputy Assistant Secretary for Planning and Evaluation.

[FR Doc. 97–13771 Filed 5–23–97; 8:45 am]

BILLING CODE 4151–04–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Announcement Number 794]

Immunization Registry Targeted Research Projects; Notice of Availability of Funds for Fiscal Year 1997

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1997 funds for cooperative agreement

research projects to identify solutions to problems which currently impair progress in the development and operation of immunization registries.

CDC is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority area of Immunization and Infectious Diseases. (For ordering a copy of Healthy People 2000, see the section Where to Obtain Additional Information.)

Authority

This program is authorized under sections 317 (42 U.S.C. 247b) and 311 (42 U.S.C. 243) of the Public Health Service Act as amended, and the National Childhood Vaccine Injury Act (42 U.S.C. 300aa–1, *et seq.*).

Smoke-Free Workplace

CDC strongly encourages all grant recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products, and Public Law 103–227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, child care, health care, and early childhood development services are provided to children.

Eligible Applicants

Eligible applicants include nonprofit organizations. Thus, State and local health departments, other State and local government agencies, universities, colleges, research institutions, hospitals, other public and private non-profit organizations, including small, minority and/or women-owned non-profit businesses are eligible to apply.

An organization described in section 501(c)(4) of the Internal Revenue Code of 1986 which engages in lobbying activities shall not be eligible to receive Federal funds constituting an award, grant, loan, or any other form.

Applications will be considered for funding to conduct a study to address a single research question. The research question chosen should be clearly indicated in the 1-page response to the Program Requirements which is to appear as the first page of text in the application.

Availability of Funds

Approximately $1,000,000 is available in FY 1997 to fund up to ten cooperative agreements. It is expected that the average award will be $100,000 per year (including direct and indirect costs), ranging from $50,000 to $150,000, with awards being made on or before September 30, 1997. The awards will be made for 12-month budget periods within a project period of up to 2 years. Final funding amounts may differ from the amounts above and are subject to change based on the availability of funds.

Cooperative agreement applications which exceed the $150,000 (including direct and indirect costs) per year will be returned to the applicant as non-responsive.

Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.

Use of Funds

Allowable Uses

Funds should be targeted for implementation, management, and evaluation of the project. Funds can support personnel and the purchase of modest amounts of hardware and software for data collection, analysis, and project management and evaluation purposes.

Prohibited Uses

Cooperative agreement funds through this project cannot be used for (1) Construction, (2) renovation, (3) the purchase or lease of passenger vehicles or vans, or (4) supplanting any current applicant expenditures.

Restrictions on Lobbying

Applicants should be aware of restrictions on the use of HHS funds for lobbying of Federal or State legislative bodies. Under the provisions of 31 U.S.C. 1352 (which has been in effect since December 23, 1989), recipients (and their subtier contractors) are prohibited from using appropriated Federal funds (other than profits from a Federal contract) for lobbying Congress or any Federal agency in connection with the award of a particular contract, grant, cooperative agreement, or loan. This includes grants/cooperative agreements that, in whole or in part, involve conferences for which Federal funds cannot be used directly or indirectly to encourage participants to lobby or to instruct participants on how to lobby.

In addition, the FY 1997 HHS Appropriations Act, which became effective October 1, 1996, expressly prohibits the use of 1997 appropriated funds for indirect or ''grass roots'' lobbying efforts that are designed to support or defeat legislation pending before State legislatures. This new law, Section 503 of Public Law 104–208, provides as follows:

Section 503(a) No part of any appropriation contained in this Act shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress, * * * except in presentation to the Congress or any State legislative body itself.

(b) No part of any appropriation contained in this Act shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State legislature.

Department of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 1997, as enacted by the Omnibus Consolidated Appropriations Act, 1997, Division A, Title I, Section 101(e), Public Law 104–208 (September 30, 1996).

Background

Immunization registries, particularly community-based immunization registries (in which both public and private immunization providers participate) are vital to the efforts of the National Immunization Program (NIP) to achieve and maintain high immunization levels.

Key defining characteristics of a ''fully developed'' immunization registry at this point in time include: (1) A mechanism for including all births in the target area; (2) system functionality to support parental or guardian recall of children whose immunizations are past due; (3) ability to help prevent ''missed opportunities'' by automatically evaluating immunization status at every visit; and, (4) ability to assess immunization coverage at levels of individual providers, clinics, and geographic localities.

Immunization registries are now being implemented in all States and many localities. This represents a substantial public health investment. There is reason to believe that registries will achieve their potential to help in meeting national immunization goals. However, the development and operation of registries is complicated by the absence of essential information about them including specific, systematically collected information on their cost, the best methods for developing and maintaining them, and optimal system architectures. Accordingly, NIP will support investigation of the research questions

posed in this program announcement to begin supplying this key information.

Purpose

The purposes of this program are to (1) Increase collective knowledge about the dimensions of these problems, (2) yield bona fide information upon which solutions to these problems can be based, and (3) identify problematic aspects which point to the need for further research to yield additional workable solutions.

Programmatic Priorities

Select the focus of the proposed research project from among the following specific research questions (proposed research *must* be in one of the following):

1. What are the most efficient methods for assuring each child has a unique identification in an immunization registry (i.e., un-duplicating records)?
2. What are the direct and indirect costs of maintaining a fully developed community immunization registry?
3. What are the most effective ways to both secure and maintain the active participation of private providers in an immunization registry?
4. How effective and feasible is it to adapt existing billing and/or patient management systems to obtain accurate and complete immunization information for entry into a registry?

To assist in making this selection, please refer to ''Guidelines to Help Determine Effective Answers to Immunization Registry Research Questions'' (included in the application kit), for thoughts on some of the possible dimensions of these research questions.

Program Requirements

The following are application requirements. Please respond with a clear but succinct description and supportive references regarding how each of the statements apply in the case of your application:

1. The applying institution, organization, or agency has a track record of successful health economics research, health services research, or health information systems research.
2. The applying institution, organization, or agency employs or can engage investigators in the fields of economics, health services research, or information systems research who have direct experience at establishing, working with, and/or researching immunization programs or related topics, and with a corresponding record of substantial publication in the peer-reviewed scientific literature.
3. The applying institution, organization, or agency is designating one such experienced and published investigator as this project's principal investigator.
4. The principal investigator on this project has access to an immunization registry to the extent, and for the time, necessary to carry out this project.

Provide a succinct but informative response to each application requirement. Your response must not exceed 1 page. As evidence of meeting the requirements, you may either present independent attachments or make reference to appropriate text in, or attachments to, the body of your application. Your response may follow your Table of Contents, but must appear as the first page of the text of your application and be titled, ''Program Requirements.'' An affirmative response to Requirements 1–4 is required to qualify for further review.

Cooperative Activities

In conducting activities of this program, the recipient shall be responsible for the activities under A. below and CDC shall be responsible for conducting activities under B. below.

A. Recipient Activities

1. Implement the proposed study design developed to answer the specific research question which is the selected focus of this research project.
2. Implement an evaluation plan designed to determine the extent to which the chosen research question is answered.
3. Specify remaining or newly identified aspects of the research question.
4. Completely document the process involved in answering each aspect of the research question.
5. Publish the results of the research in a peer-reviewed health sciences or medical journal.

B. CDC Activities

1. Provide epidemiologic, programmatic, and educational consultation and technical assistance in planning, operating, improving, and evaluating the research project.
2. Provide ongoing technical assistance to principal investigators to ensure that they are able to avoid the retesting of flawed or failed techniques, systems, or approaches from prior efforts of various U.S. immunization programs which are known to NIP/CDC, but which may not be common knowledge.
3. Provide technical assistance and oversight to ensure that a rigorous scientific approach is taken in this project.
4. Cooperate in the preparation and publication of study results.

Application Contents

Applicants must use the following format for the narrative portion of their applications. Single spacing is optional, but an applicant must observe the specified page limitations and use no less than a 12-point font. Applicants should include a Table of Contents (not to exceed 1 page) to provide a guide for locating key topics. Applicants should also provide an abstract of the proposed program (not to exceed 1 page) that summarizes the research question to be addressed, the priority activities to be undertaken to successfully answer the research question, the principal investigator's educational and professional backgrounds and research experience, and the registry to be used for the purposes of this research.

When developing the application, applicants should refer to the relevant program requirements and guidance to address A.-F. below, which correspond to review and evaluation criteria in the next section.

A. Rationale for the Research Question Chosen To Be Addressed (Not to Exceed 1 Page)

Describe the research question chosen to be addressed and the rationale for this selection. Included in this should be an explanation of why this question is a priority for the investigator(s) and what types of interest, experience, or expertise the investigator(s) bring to the particular problem inherent in the chosen research question, and the anticipated value to immunization registry development or operations that a workable solution is likely to mean.

B. Objectives of the Research (Not to Exceed 1 Page)

Itemize the objectives and time lines of the research in relation to the chosen research question. If a second year is necessary to answer the chosen research question, itemize the objectives and time lines that will take the project to a successful conclusion.

C. Design of the Research (Not to Exceed 3 Pages)

Describe the proposed methodology of the research, how it is expected that various activities will result in answering the chosen research question, and how the design will ensure generalizability of the findings. This description should include, as appropriate, (a) the proposed plan for the inclusion of both sexes and racial

and ethnic minority populations for appropriate representation; (b) the proposed justification when such representation is limited or absent; (c) a statement as to whether the design of the study is adequate to measure differences when warranted; and (d) a statement as to whether the plans for recruitment and outreach for study participants include the process of establishing partnerships with community(ies) and recognitions of mutual benefits.

D. Background and Experience of the Principal Investigator and the Applying Institution, Organization, or Agency (Not to Exceed 2 Pages)

Describe the educational and professional background of the principal investigator, and document the relevant experience of the principal investigator and qualifications of the applying institution, organization, or agency for carrying out health economics, health services, or information systems research.

E. Immunization Registry To Be Used for the Research (Not to Exceed 2 Pages)

Trace the history of the registry, describe the hardware, software, capacity, and access mechanisms for the registry, describe the owner(s) of the registry, and describe the principal investigator's ability to alter or manipulate it for the purposes of carrying out this research project. Describe the commitment of the registry owner(s) (if other than the applicant), which will be a public health agency in most cases, for collaboration on this project. If applicable, attach documentation (e.g., a letter of support, a preliminary memorandum-of-agreement, a contractual proposal) from the registry owner(s) providing collaboration details, including the terms of access to the registry, and any specified limits to collaboration for the purposes of this project.

F. Budget and Budget Justification (Not to Exceed 4 Pages)

Provide a detailed budget with justification describing resources needed to address all aspect of the proposed research plan. The budget should be consistent with the intended use of these cooperative agreement funds and with the objectives of this project. If the project is anticipated to extend beyond a 1-year project period, include an estimated itemization and level of budgetary needs for the second budget period.

Evaluation Criteria

Upon receipt, applications will be screened by CDC staff for completeness and responsiveness as outlined under the previous heading, ''Program Requirements'' (A.–F.). Incomplete applications and applications which are not responsive will be returned to the applicant without further consideration.

Applications accepted for full review will be evaluated according to the following criteria:

A. Rationale for the Research Question Chosen To Be Addressed

The extent to which the rationale for the chosen research question (1) Is based on the interest, experience, and/or expertise of the investigator(s) with immunization registries, and (2) clearly communicates the anticipated value to immunization registry development or operations that a workable effective solution is likely to mean. (10 Points)

B. Objectives of the Research

The extent to which the objectives of the chosen research question and are numerically measurable, specific, realistic, and time-phased, and that project time lines are reasonable; if a second year is necessary to answer the chosen research question, the extent to which those objectives and time lines meet these same criteria. (15 Points)

C. Design of the Research

The extent to which the proposed methodology of the research is scientifically sound, realistic, appears likely to answer the chosen research question, and will produce generalizable findings; and, if appropriate, 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 as specified in the Application Contents section. (35 Points)

D. Background and Experience of the Principal Investigator and of the Applying Institution, Organization, or Agency

The extent to which the educational and professional background of the principal investigator, and relevant experience and expertise of the principal investigator and qualifications of the applying institution, organization, or agency, give confidence that the chosen research question will be answered. (20 Points)

E. Immunization Registry To Be Used for the Research

The extent to which (1) The registry used in carrying out this research project is sufficiently typical of registries around the country so that a solution to the research question will have the broadest possible application, (2) the principal investigator has sufficient access and ability to alter or manipulate it for the purposes of carrying out this research project, and (3) if applicable, the attached evidence of collaboration specifies the commitment of the registry owner(s) and provides collaboration details, including the terms of access to the registry and any specified limits to collaboration for the purposes of this project. (20 Points)

F. Budget and Budget Justification

The extent to which the budget is reasonable, consistent with the intended use of these cooperative agreement funds, and consistent with the objectives of this research project; and if a 2-year project period is requested, the extent to which the estimated needs for a second budget period are appropriately reflected. (Not scored)

Funding Priorities

To the extent that there are a sufficient number of high-ranking applications, NIP/CDC plans to make awards that will address each of the four research questions.

Technical Reporting Requirements

Semi-annual progress reports in a CDC-approved format are required of all cooperative agreement recipients. Time lines for the semi-annual reports will be established at the time of award, but are typically due 30 days after the end of the month which ends the semi-annual period. The narrative progress reports must include the following for each goal or activity involved in the study: (1) A comparison of actual accomplishments to the objectives established for the period; (2) the reasons for slippage if established goals were not met; and (3) other pertinent information essential to evaluating progress; and (4) data pertaining to various project activities.

The annual financial status report and performance reports are required no later than 90 days after the end of the budget period. Submit the original and two copies of the reports to the Grants Management Branch, CDC.

Executive Order 12372 Review

Applications are subject to Intergovernmental Review of Federal Programs as governed by Executive Order (E.O.) 12372. E.O. 12372 sets up a system for State and local government review of proposed Federal assistance applications. Applicants should contact their State Single Point of Contact

(SPOC) as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC for each affected State. The application kit includes a current list of SPOCs. If the SPOCs have any State process recommendations on applications submitted to CDC, they should send them to Lisa G. Tamaroff, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Atlanta, Georgia 30305, no later than 60 days after the application due date. Please include the Program Announcement Number and Program Title on the letter.

Public Health System Reporting Requirement

This program is subject to the Public Health System Reporting Requirements. Under these requirements, all community-based non-governmental applicants must prepare and submit the items identified below to the head of the appropriate State and/or local health agency(s) in the program area(s) that may be impacted by the proposed project by the receipt date of the Federal application. The applicant determines the appropriate State and/or local health agency. The following information must be provided:

A. A copy of the face page of the application (SF 424).

B. A summary of the project that should be titled ''Public Health System Impact Statement'' (PHSIS), not to exceed one page, and include the following:

1. A description of the population to be served;

2. A summary of the services to be provided; and

3. A description of the coordination plans with the appropriate State and/or local health agencies.

If the State and/or local health official should desire a copy of the entire application, it may be obtained from the State Single Point of Contact (SPOC) or directly from the applicant.

Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance number is 93.268.

Other Requirements

Human Subjects

If the proposed project involves research on human subjects, the applicant must comply with the Department of Health and Human Services Regulations, 45 CFR part 46, regarding the protection of human subjects. Assurance must be provided to demonstrate that the project will be subject to initial and continuing review by an appropriate institutional review committee. The applicant will be responsible for providing assurance in accordance with the appropriate guidelines and forms provided in the application kit.

Women and Minority Inclusion Policy

It is the policy of CDC to ensure that women and racial and ethnic groups will be included in CDC-supported research projects involving human subjects, whenever feasible and appropriate.

Racial and ethnic groups are defined in OMB Directive No. 15 and include American Indian, Alaskan Native, Asian, Pacific Islander, Black, and Hispanic. Applicants shall ensure that women, racial and ethnic minority populations are appropriately represented in applications for research involving human subjects. Where a clear and compelling rationale exists that inclusion is inappropriate or not feasible, this situation must be explained as part of the application.

In conducting the review of applications for scientific merit, review groups will evaluate proposed plans for inclusion of minorities and both sexes as part of scientific assessment and assigned score. This policy does not apply to research studies when the investigator cannot control the race, ethnicity, and/or sex of subjects. Further guidance to this policy is contained in the **Federal Register**, Vol. 60, No. 179, Friday, September 15, 1995, pages 47947–47951.

Application Submission and Deadline

A. Preapplication Letter of Intent

Although not a prerequisite of application, a non-binding letter of intent-to-apply is requested from potential applicants. The letter should be submitted to the Grants Management Specialist (whose address is reflected in section B., ''Applications''). It should be postmarked no later than one month prior to the planned submission deadline (e.g., June 29 for a July 29, 1997 submission). The letter should identify the announcement number, and the name of the applicant institution. The letter of intent does not influence review or funding decisions, but it will enable CDC to plan the review more efficiently and thereby potentially benefit all applicants.

B. Application

The application should be carefully completed, following the directions provided in this program announcement. The original and two copies of the application PHS Form 5161–1 (OMB Number 0937–0189) must be submitted to Lisa G. Tamaroff, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E–13, Atlanta, Georgia 30305, on or before July 29, 1997.

1. Deadline

Applications will be considered as meeting the deadline if they are either:

a. Received on or before the deadline date; or

b. Sent on or before the deadline date and received in time for submission to the review process. 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.

2. Late Applications

Applications that do not meet the criteria in 1.a. or 1.b. above are considered late applications. Late applications will not be considered and will be returned to the applicant.

Where To Obtain Additional Information

To receive additional written information call (404) 332–4561. You will be asked to leave your name, address, and telephone number and will need to refer to Announcement 794. You will receive a complete program description, information on application procedures and application forms.

If you have questions after reviewing the contents of all documents, business management technical assistance may be obtained from Lisa Tamaroff, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E–13, Atlanta, Georgia 30305, telephone (404) 842–6796; Internet address: lgt1@cdc.gov

Programmatic technical assistance may be obtained from Robert Linkins, Data Management Division, National Immunization Program, Centers for Disease Control and Prevention (CDC), Building 12, Corporate Square Boulevard, Mailstop E–62, Atlanta, Georgia 30333, telephone (404) 639–8728; Internet address: RXL3@cdc.gov

Please refer to Announcement Number 794 when requesting information and submitting an application.

This and other CDC announcements are also available through the CDC homepage on the Internet. The address for the CDC homepage is http://www.cdc.gov.

CDC will not send application kits by facsimile or express mail.

Potential applicants may obtain a copy of Healthy People 2000 (Full Report, Stock No. 017–001–00474–0) or Healthy People 2000 (Summary Report, Stock No. 017–001–00473–1) referenced in the Introduction through the Superintendent of Documents, Government Printing Office, Washington, DC 20402–9325, telephone: 202–512–1800.

Dated: May 20, 1997.

Joseph R. Carter,

Acting Associate Director for Management and Operations Centers for Disease Control and Prevention (CDC).

[FR Doc. 97–13744 Filed 5–23–97; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Cooperative Agreement for Research Projects for Persons With Disabilities and Prevention of Secondary Conditions, Program Announcement 731, Part 2: 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: Disease, Disability, and Injury Prevention and Control SEP: Cooperative Agreement for Research Projects for Persons with Disabilities and Prevention of Secondary Conditions, Program Announcement 731, Part 2.

Time and Date: 8:30 a.m.–2:00 p.m., June 13, 1997

Place: Koger Office Park, Vanderbilt Building, Room 1004–A, 2939 Flowers Road, South, Atlanta, Georgia 30341.

Status: Closed.

Matters to be Discussed: The meeting will include the review, discussion, and evaluation of applications received in response to Program Announcement 731, Part 2.

The meeting will be closed to the public in accordance with provisions set forth in section 552b(c) (4) and (6), Title 5 U.S.C., and the Determination of the Associate Director for Management and Operations, CDC, pursuant to Public Law 92–463.

Contact Person For More Information: James S. Belloni, Associate Director, State and Community Activities, National Center for Injury Prevention and Control, CDC, M/S K02, 4770 Buford Highway, NE, Atlanta, Georgia 30341–3724, telephone 770/488–4538.

Dated: May 14, 1997.

Carolyn J. Russell,

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

[FR Doc. 97–13747 Filed 5–23–97; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

The National Center for HIV, STD, and TB Prevention (NCHSTP) of the Centers for Disease Control and Prevention (CDC); Announces the Following Meeting

Name: Consultation on Guidelines for HIV Partner Notification Conducted in Disease Control Efforts by Public Health Programs in the United States.

Times and Dates: 8:30 a.m.–5 p.m., June 17, 1997, 8:30 a.m.–12 p.m., June 18, 1997.

Place: Wyndham Gardens Hotel, 125 10th Street, NE (Midtown), Atlanta, Georgia, 30309, telephone 404/873–4800, fax 404/870–1530.

Status: Open to the public for participation, comment, and observation, limited only by the space available. The meeting room accommodates approximately 25 people.

Purpose: To invite comment from representatives of public health agencies and the public on revising the existing HIV partner notification guidelines. Currently CDC requires all health department recipients of HIV prevention funding to ''establish standards and implement procedures for partner notification consistent with State/local needs, priorities, and resource availability.''

Matters to be Discussed: Agenda items will focus on discussion of HIV partner notification guidelines that will accompany the announcement for FY 98 HIV Prevention Cooperative Agreements. Discussion will also include directions of supplemental HIV partner notification guidelines for the purpose of disease control in the United States concerning HIV and STD.

Agenda items are subject to change as priorities dictate.

CONTACT PERSON FOR MORE INFORMATION: Jill Leslie, Division of HIV/AIDS Prevention, NCHSTP, CDC, M/S E40, 1600 Clifton Road, NE, Atlanta, Georgia 30303, telephone 404/639–2918.

Dated: May 19, 1997.

John C. Burckhardt,

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

[FR Doc. 97–13746 Filed 5–23–97; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 97M–0203]

Bard Vascular Systems Division, C. R. Bard, Inc.; Premarket Approval of Bard® Albumin Coated DeBakey® Vasculour®-II Vascular Prosthesis

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing its approval of the application by C. R. Bard, Inc., Billerica, MA, for premarket approval, under the Federal Food, Drug, and Cosmetic Act (the act), of Bard® Albumin Coated DeBakey® Vasculour®-II Vascular Prosthesis. FDA's Center for Devices and Radiological Health (CDRH) notified the applicant, by letter on October 21, 1994, of the approval of the application.

DATES: Petitions for administrative review by June 26, 1997.

ADDRESSES: Written requests for copies of the summary of safety and effectiveness data and petitions for administrative review, to the Dockets Management Branch (HFA–305), Food and Drug Administration, 12420 Parklawn Dr., rm. 1–23, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: Dorothy B. Abel, Center for Devices and Radiological Health (HFZ–450), Food and Drug Administration, 9200 Corporate Blvd., Rockville, MD 20850, 301–443–8262.

SUPPLEMENTARY INFORMATION: On January 14, 1993, C. R. Bard, Inc., Billerica, MA 01821, submitted to CDRH an application for premarket approval of Bard® Albumin Coated DeBakey® Vasculour®-II Vascular Prosthesis. The device is a vascular graft prosthesis and is indicated for replacement or bypass procedures in aneurysmal and occlusive diseases of the abdominal arteries.