

**DATE & TIME:** Thursday, February 25, 1999 at 10:00 a.m.

**PLACE:** 999 E Street, N.W. Washington, D.C. (Ninth Floor)

**STATUS:** The Hearing Will be Open to the Public.

**ITEMS TO BE DISCUSSES:**

Correction and Approval of Minutes. Advisory Opinion 1999-01: Mark Greene.

Revising Revising the National Voting System Standards.

Report of the Audit Division on Clinton/Gore '96 Primary Committee, Inc.

Report of the Audit Division on Clinton/Gore '96 General Committee, Inc. and Clinton/Gore '96 General Election Legal and Accounting Compliance Fund.

Report of the Audit Division on the Dole for President Committee, Inc. (Primary).

Report of the Audit Division on the Dole/Kemp '96 and Dole/Kemp Compliance Committee, Inc. (General). Legislative Recommendations, 1999.

Notice of Proposed Rulemaking on the Electronic Freedom of Information Act Amendments ("EFOIA").

Administrative Matters.

**PERSON TO CONTACT FOR INFORMATION:**

Mr. Ron Harris, Press Officer, Telephone: (202) 694-1220.

**Majorie W. Emmons,**

*Secretary of the Commission.*

[FR Doc. 99-4203 Filed 2-16-99; 3:10 pm]

**BILLING CODE 6715-01-M**

**FEDERAL RESERVE SYSTEM**

**Formations of, Acquisitions by, and Mergers of Bank Holding Companies**

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR Part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The application also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in

writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act. Unless otherwise noted, nonbanking activities will be conducted throughout the United States.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than March 12, 1999.

**A. Federal Reserve Bank of New York** (Betsy Buttrill White, Senior Vice President) 33 Liberty Street, New York, New York 10045-0001:

1. *Lakeland Bancorp*, Oak Ridge, New Jersey; to merge with High Point Financial Corp., Branchville, New Jersey, and thereby indirectly acquire The National Bank of Sussex County, Branchville, New Jersey.

Board of Governors of the Federal Reserve System, February 11, 1999.

**Robert deV. Frierson,**

*Associate Secretary of the Board.*

[FR Doc. 99-3885 Filed 2-17-99; 8:45 am]

**BILLING CODE 6210-01-F**

**FEDERAL RESERVE SYSTEM**

**Sunshine Act Meeting**

**AGENCY HOLDING THE MEETING:** Board of Governors of the Federal Reserve System.

**TIME AND DATE:** 11:00 a.m., Monday, February 22, 1999.

**PLACE:** Marriner S. Eccles Federal Reserve Board Building, 20th and C Streets, N.W., Washington, D.C. 20551

**STATUS:** Closed.

**MATTERS TO BE CONSIDERED:**

1. Personnel actions (appointments, promotions, assignments, reassignments, and salary actions) involving individual Federal Reserve System employees.

2. Any items carried forward from a previously announced meeting.

**CONTACT PERSON FOR MORE INFORMATION:** Lynn S. Fox, Assistant to the Board; 202-452-3204.

**SUPPLEMENTARY INFORMATION:** You may call 202-452-3206 beginning at approximately 5 p.m. two business days before the meeting for a recorded announcement of bank and bank holding company applications scheduled for the meeting; or you may contact the Board's Web site at <http://www.federalreserve.gov> for an electronic announcement that not only

lists applications, but also indicates procedural and other information about the meeting.

Dated: February 12, 1999.

**Robert deV. Frierson,**

*Associate Secretary of the Board.*

[FR Doc. 99-4048 Filed 2-12-99; 5:08 pm]

**BILLING CODE 6210-01-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**Human Immunodeficiency Virus (HIV) Prevention Activities for African American Populations**

**AGENCY:** Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

**ACTION:** Notice and request for comments.

**SUMMARY:** The Fiscal Year 1999 appropriation for CDC includes an increase in funds to support Human Immunodeficiency Virus (HIV) prevention activities predominantly for African American populations. CDC is proposing to award approximately \$15.5 million to fund three cooperative programs to address the needs of these populations: community-based organizations (CBO) program, minority organization technical assistance (MOTA) program, and community coalitions demonstration program to develop linkages among HIV, STD (sexually transmitted diseases), TB (tuberculosis), and substance abuse services. On the basis of demonstrated need and available funds, other disproportionately affected racial and ethnic minority populations may be considered for funding.

Under separate announcements, an additional \$500,000 will be awarded to CBOs in the Virgin Islands to provide HIV prevention services, and \$300,000 to Divinity Schools affiliated with Historically Black Colleges and Universities to develop HIV prevention training and curricula.

The purpose of this notice is to request comments on these proposed programs. After consideration of comments submitted, CDC will publish program announcements to solicit applications. A more complete description of the goals of these programs, the target applicants, availability of funds, program requirements, and evaluation criteria follows.

**DATES:** The public is invited to submit comments by March 4, 1999.

**ADDRESS:** Submit comments to: Technical Information and Communication Branch National Center for HIV, STD and TB Prevention Centers for Disease Control and Prevention (CDC) 1600 Clifton Road, NE., Mailstop E-49 Atlanta, GA 30333.

**FOR FURTHER INFORMATION CONTACT:** Technical Information and Communications Branch National Center for HIV, STD, and TB Prevention Centers for Disease Control and Prevention, 1600 Clifton Road, NE., Mail Stop E-49, Atlanta, GA 30333, Fax (404) 639-2007, E-mail address: [hivmail@cdc.gov](mailto:hivmail@cdc.gov), Telephone (404) 639-2072.

**SUPPLEMENTARY INFORMATION:**

**CBO Program**

The purpose of this program is to support the development and implementation of effective community-based HIV prevention programs, including programs provided by faith-based CBOs, that serve African American communities.

**1. Goals (CBO)**

A. Provide financial and technical assistance to indigenous CBOs to provide HIV prevention services to primarily African American populations for which gaps in services are demonstrated. For this program, indigenous organizations are defined as organizations that evolved from and are located within the communities they serve.

B. Support HIV prevention programs that reflect national program goals and are consistent with the HIV prevention priorities outlined in the jurisdiction's comprehensive HIV prevention plan.

C. Promote the collaboration and coordination of HIV prevention efforts among CBOs and other local, State, and federally funded programs.

**2. Eligible Applicants (CBO)**

Eligible applicants are minority CBOs, including faith-based organizations, that meet the following criteria:

A. An IRS-determined 501(c) tax-exempt status

B. A governing board composed of more than 50 percent of the racial or ethnic population to be served. This body must also include, or demonstrate the ability to obtain meaningful input and representation from, members of the target populations, for example, men who have sex with men, youth, women at risk, transgender populations, substance abusers.

C. Located and providing services in any of the following:

(1) The 20 metropolitan statistical areas (MSAs) with more than 1000 AIDS

cases in African American populations in 1997. These MSAs are: Atlanta, GA; Baltimore, MD; Boston, MA; Chicago, IL; Dallas, TX; Detroit, MI; Ft. Lauderdale, FL; Houston, TX; Jacksonville, FL; Los Angeles-Long Beach, CA; Miami, FL; Newark, NJ; New Haven, CT; New Orleans, LA; New York, NY; Oakland, CA; Philadelphia, PA; San Francisco, CA; West Palm Beach, FL; and Washington, D.C.; or

(2) The counties and independent city with the most syphilis cases in 1997 but not included in the list of MSAs above. The counties are: Cumberland, NC; Cuyahoga, OH; Davidson, TN; Forsyth, NC; Franklin, OH; Fresno, CA; Guilford, NC; Hinds, MS; Jefferson, AL; Jefferson, KY; Maricopa, AZ; Marion, IN; Milwaukee, WI; Oklahoma, OK; Prince Georges, MD; Shelby, TN; and Tuscaloosa, AL. The independent city is St. Louis, MO.

D. Minority CBOs currently funded under program announcement 704 that are located and provide services in the areas specified in B and C are eligible to apply for funding under this program announcement. However, awards to currently funded minority CBOs will not exceed \$100,000.

E. Faith-Based Organizations: For the purpose of this program announcement, a faith-based community organization is a non-profit organization which

(1) Has a religious, faith, spiritual focus or constituency, and  
(2) Has access to local religious, faith, and spiritual leaders.

Eligible organizations include:

(1) Individual church, mosque, or temple or network of same, or  
(2) A community-based organization whose primary constituency is faith, spiritual, or religious communities, organizations, or leaders thereof.

**3. Availability of Funds (CBO)**

Approximately \$9,600,000 is available for funding approximately 45 minority CBOs, including faith-based community organizations. Approximately \$600,000 of this total will be awarded to faith-based organizations;

A. Approximately \$7,000,000 will be awarded to CBOs in the 20 MSAs with more than 1000 AIDS cases in African American populations in 1997. Awards for new organizations will range from \$150,000 to \$300,000 and the average award will be approximately \$200,000. Applications for more than \$300,000 will be deemed ineligible.

B. Approximately \$1,600,000 will be awarded to CBOs located and providing services in the counties and independent city with the most syphilis cases in 1997 not included in the top 20 MSAs. These awards will average

\$200,000 and will range from \$150,000 to \$250,000. Applications for more than \$250,000 will be deemed ineligible.

C. Approximately \$1,000,000 may be awarded to minority CBOs currently funded under Program Announcement 704 that are located and provide services in the MSAs, counties, and independent city listed above. Supplemental awards for currently funded minority CBOs will not exceed \$100,000. Applications for more than \$100,000 will be deemed ineligible. Funds awarded to currently funded CBOs must be used to enhance or expand existing activities.

D. Funding Priorities: In making funding decisions, efforts will be made to ensure a national geographic distribution of funded CBOs, based on AIDS morbidity, and to ensure a national distribution of funded CBOs in terms of targeted risk behaviors, based on AIDS morbidity.

**4. Program Requirements (CBO)**

A. Conduct HIV counseling, testing, and referral services and health education and risk reduction (HE/RR) interventions for persons at high risk of becoming infected or transmitting HIV to others. Counseling, testing, and referral services as well as the following four HERR interventions will be funded: Individual Level, Group Level, Community Level, and Street and Community Outreach. Each recipient must conduct at least one of these priority interventions. Applicants are encouraged not to apply for more interventions than they can conduct effectively.

B. Assist high-risk clients in gaining access to HIV antibody counseling, testing, and referral for other needed services.

C. Assist HIV positive persons in gaining access to appropriate HIV treatment and other medical care, substance abuse prevention services, STD treatment, partner counseling and referral services, and health education and risk reduction services.

D. Coordinate and collaborate with health departments, community planning groups, and other organizations and agencies involved in HIV prevention activities, especially those serving the same target population.

E. Evaluate all major program activities and services.

**5. Evaluation Criteria (CBO)**

A. Assessment of Need and Justification for the Proposed Activities (15 points)

B. Long-term Goals (5 points)

- C. Organizational History and Capacity. (20 points)
  - D. Program Plan (30 total points)
  - E. Evaluation Plan (20 points)
  - F. Communications/Dissemination Plan (5 points)
  - G. Plan for Acquiring Additional or Matching Resources (5 points)
  - I. Budget/Staffing Breakdown and Justification (not scored)
  - J. Training and Technical Assistance Plan (not scored)
  - K. Before final award decisions are made, CDC may make site visits to CBOs whose applications are highly ranked or may review the following items with the local or State health department and applicant's board of directors:
    1. The organizational and financial capability of the applicant to implement the proposed program;
    2. The application and program plans for priority interventions, compliance with the jurisdiction's HIV prevention priorities as outlined in the comprehensive plan or, if the proposed program varies from the jurisdiction's comprehensive plan, evaluate the rationale for the variance; and
    3. The special programmatic conditions and technical assistance requirements of the applicant.
- A fiscal Recipient Capability Assessment may be required of applicants prior to the award of funds.

#### **MOTA Program**

##### *1. Goal (MOTA)*

Improve the capacity of CBOs, including faith-based organizations, to deliver effective HIV prevention services to African Americans and increase the effectiveness and responsiveness of the HIV prevention community planning process and health department HIV prevention programs to meet the needs of African American communities heavily affected by HIV and other STDs.

##### *2. Eligible Applicants (MOTA)*

- A. National, regional, or local minority organizations.
- B. National, regional, or local minority religious, spiritual, or faith-based organization, which may include churches, mosques, or temples.

##### *3. Availability of Funds (MOTA)*

- A. Approximately \$2.4 million will be available. Approximately \$600,000 of the \$2.4 million will be available for faith-based projects.
- B. Funding priorities will ensure
  - (1) A national geographic distribution of available technical assistance and training services, consistent with AIDS morbidity;

- (2) Availability of technical assistance and training services to organizations predominantly serving African Americans and highly affected subgroups consistent with AIDS morbidity of these subgroups; and
- (3) An appropriate balance in the types of technical assistance and training services available.

##### *4. Program Requirements (MOTA)*

Delivery of technical assistance must be specified according to (1) racial or ethnic population and (2) targeted high-risk group (e.g., men who have sex with men [MSMs], injecting drug users [IDUs] and non-injecting substance users, women at risk, transgender, high-risk heterosexuals, youth).

Organizations may apply to provide technical assistance in one or more of the following areas. However, applicants need not apply to provide service in all areas and should not attempt to provide technical assistance in areas in which they do not currently have expertise and capacity.

- A. Technical Assistance for HIV Prevention Service Delivery;
- B. Technical Assistance for Management and Administrative Capacity;
- C. Technical Assistance to ensure the needs of racial and ethnic minority populations are addressed in Community Planning; or
- D. Technical Assistance to develop community capacity for leadership in HIV prevention programs and policy making.

##### *5. Evaluation Criteria (MOTA)*

Criteria A through G will be scored, but weights have not been assigned. Public comment is encouraged.

- A. Assessment of Need and Justification for Proposed Activities.
- B. Long-term Goals.
- C. Organizational History and Capacity.
- D. Program Proposal.
  - (1) Involvement of Target Population.
  - (2) Appropriateness of Interventions.
  - (3) Objectives.
  - (4) Plan of Operations.
  - (5) Scientific, Theoretical, Conceptual, or Program Experience Foundation.
  - (6) Coordination and Collaboration.
  - (7) Time Line.
- E. Evaluation Plan.
- F. Communication and Dissemination Plan.
- G. Plan for Acquiring Additional or Matching Resources.
- H. Budget/Staffing Breakdown and Justification (not scored).
- I. Training and Technical Assistance Plan (not scored).

#### **Community Coalition Demonstration Program**

The purpose of this program is to improve the health status of African American community members by increasing access to linked networks of health services including HIV, STD, TB, and substance abuse prevention, treatment, and care.

##### *1. Goals (Community Coalition)*

A. Plan and develop a linked network of HIV, STD, TB, and substance abuse prevention, treatment, and care services for African American and Latino community members.

B. Strengthen existing linkages among local prevention, treatment, and care providers to better serve African American and Latino communities heavily affected by HIV, STD, TB, and substance abuse.

##### *2. Eligible Applicants (Community Coalition)*

A. Local non-profit health, social service, or voluntary service organizations, or CBOs with IRS-determined 501(c) tax-exempt status and a governing or advisory body composed of more than 50 percent of the racial or ethnic minority population to be served.

B. Applications under this announcement will be categorized into one of two mutually exclusive groups:

- (1) Organizations serving communities located in high HIV prevalence MSAs, or
- (2) Organizations serving communities located in lower HIV prevalence geographic areas.

##### *3. Availability of Funds (Community Coalition)*

###### *A. Phase 1 (Year 1)*

Approximately 20 organizations will be funded in 1999 to plan and design a linked network of services in African American or Latino communities highly affected by HIV, STD, TB, and substance abuse. Approximately \$2,750,000 will be available to fund approximately 15 projects in the high prevalence MSAs listed under CBOs. It is estimated that the average award will be \$180,000, ranging from \$75,000 to \$300,000. Approximately \$750,000 will be available in FY 1999 to fund approximately 5 projects in lower HIV prevalence geographic areas listed under CBOs. It is estimated that the average award will be \$150,000, ranging from \$50,000 to \$200,000.

###### *B. Phase 2 (Year 2-5)*

Three to five of the Phase 1 grantees will receive continuation awards for

Phase 2. Selection of Phase 2 grantees will be based on the extent and quality of progress in the planning and designing phase. The number of Phase 2 awards will be based on availability of funds. Phase 2 awards will be made for a 12-month budget period within a project period of up to four years.

Applications for more than \$300,000 in high prevalence areas and \$200,000 in low prevalence areas will be deemed ineligible.

#### C. Funding Priorities

In making awards for Phase 1, priority will be given to assuring geographic distribution nationally consistent with HIV/AIDS morbidity.

#### 4. Program Requirements (Community Coalition)

##### A. Phase 1

The recipient will be responsible for coordinating efforts among collaborating organizations and agencies and will:

(1) Identify a full-time position with the responsibility, authority, professional training, and experience needed to lead and coordinate program activities of the coalition;

(2) Convene a work group consisting of representatives from local service providers and affected community members to develop a plan for a linked network of services;

(3) Identify key community leaders and engage them as part of the coalition;

(4) Establish linkages with local HIV prevention community planning groups;

(5) Conduct a community needs assessment, as appropriate;

(6) Develop an inventory of existing community resources, as appropriate;

(7) Use information developed by the community planning groups pertinent to the targeted community;

(8) Establish linkages with existing local and community-based organizations funded by the federal government to prevent and treat HIV/AIDS, other STDs, TB, and substance abuse including local health departments, neighborhood health clinics, WIC programs and family planning clinics;

(9) Participate in at least one CDC sponsored meeting of funded agencies; and

(10) Begin to implement the plan for a linked network of services.

##### B. Phase 2

The recipient will:

(1) Fully implement the plan;

(2) Serve as liaison among members of the coalition to provide management oversight, facilitate program implementation and operations, and

maintain effective working relationships; and

(3) Conduct an evaluation of the system and of client outcomes.

#### 5. Evaluation Criteria (Community Coalition)

A. Assessment of Need and Justification for Proposed Activities (Total 20 Points).

B. Long-term Goals (Total 5 points).

C. Existing Collaborative Activities and Organizational History and Capacity (25 points).

D. Program Plan (25 points).

E. Program Management and Staffing Plan (10 points).

F. Communication and Dissemination Plan (5 points).

G. Evidence of Support from the Target Community (10 points).

H. Plan for Acquiring Additional or Matching Resources (not scored).

I. Budget Breakdown and Justification (not scored).

J. Training and Technical Assistance Plan (not scored).

Dated: February 11, 1999.

**Joseph R. Carter,**

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

[FR Doc. 99-3939 Filed 2-17-99; 8:45 am]

BILLING CODE 4163-18-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Substance Abuse and Mental Health Services Administration (SAMHSA)

#### Notice of Technical Assistance Workshops

**AGENCY:** Center for Mental Health Services; Center for Substance Abuse Prevention; Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, HHS.

Notice is hereby given of the following workshops for the provision of technical assistance to potential applicants for SAMHSA grants.

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS), Center for Substance Abuse Prevention (CSAP) and Center for Substance Abuse Treatment (CSAT), are offering a series of three one-day regional Technical Assistance Workshops for prospective applicants. These workshops will be conducted jointly by the three SAMHSA Centers to provide support to prospective applicants in preparing their applications to published grant announcements.

It is anticipated that several SAMHSA grant announcements will be featured at the workshop:

#### *Center for Mental Health Services*

Comprehensive Community Mental Health Services for Children and Their Families  
Community Action Grants for Service Systems Change—Phase I  
School Violence

#### *Center for Substance Abuse Prevention*

Community—Initiated Prevention Interventions  
Family Strengthening  
Substance Abuse Prevention and HIV Disease Prevention

#### *Center for Substance Abuse Treatment*

Targeted Capacity Expansion  
Targeted Capacity Expansion Program for Treating Substance Abuse and HIV/AIDS  
Adolescent Treatment Models  
Comprehensive Community Treatment Program for the Development of New and Useful Knowledge  
Community Action Grants  
HIV/AIDS Outreach

These GFAs can be found at the SAMHSA Web Site at [www.SAMHSA.gov](http://www.SAMHSA.gov) following publication in the **Federal Register**. Potential participants are strongly encouraged to check these resources and be familiar with the GFAs in which they are interested prior to attending the workshop.

The Technical Assistance Workshops will be held at the following locations: Workshop I—Washington, DC, Thursday, March 11, Washington Hilton and Towers, 1919 Connecticut Avenue, NW., Washington, DC 20009, (202) 483-3000; Workshop II—Chicago, IL, Wednesday, March 17, Sheraton Chicago Hotel & Towers, 301 East North Water Street, Chicago, IL 60611, (312) 464-1000; and Workshop III—Los Angeles, CA, Friday, March 19, LA Airport Hilton and Towers, 5711 West Century Blvd, Los Angeles, CA 90045, (310) 410-4000.

Registration and check-in at each site will be at 8:00 a.m.; workshop hours are 8:30 a.m.–5:00 p.m.

Preliminary Agenda Highlights for the TA Workshops include: (1) Review of SAMHSA programs and priorities; (2) Provision of related resource materials; (3) Technical/practical aspects of the grant application process including application requirements, improving applications, instruction in completing required forms, submission, review, award procedures, and program evaluation; (4) Separate breakout grant sessions for discussion of specific grant