assets of a company, including the companies listed below, that engages either directly or through a subsidiary or other company, in a nonbanking activity that is listed in § 225.28 of Regulation Y (12 CFR 225.28) or that the Board has determined by Order to be closely related to banking and permissible for bank holding companies. Unless otherwise noted, these activities will be conducted throughout the United States.

Each notice is available for inspection at the Federal Reserve Bank indicated. The notice also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the question whether the proposal complies with the standards of section 4 of the BHC Act.

Unless otherwise noted, comments regarding the applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than May 20, 1999.

A. Federal Reserve Bank of San Francisco (Maria Villanueva, Manager of Analytical Support, Consumer Regulation Group) 101 Market Street, San Francisco, California 94105-1579:

1. Philippine National Bank Metro Manila, The Philippines, and Century Holding Corporation, Beverly Hills, California; to acquire PNB Remittance Centers, Inc., Los Angeles, California, and thereby engage in money remittance activities, as previously approved by Board order; See *Philippine Commercial International Bank, 77 Fed. Res. Bull. 270, (1991); Bergen Bank A/S. 76 Fed. Res. Bull. 457 (1990); and Norwest Corporation, 81 Fed. Res. Bull. 974 (1995).*

Board of Governors of the Federal Reserve System, April 30, 1999.

Robert deV. Frierson,

Associate Secretary of the Board.

[FR Doc. 99–11315 Filed 5–5–99; 8:45 am]

BILLING CODE 6210–01–F

GENERAL SERVICES ADMINISTRATION

President's Commission on the Celebration of Women in American History

AGENCY: General Services Administration.

ACTION: Meeting notice.

SUMMARY: Notice is hereby given that the President's Commission on the Celebration of Women in American History will hold an open meeting from 12 p.m. to 5 p.m. on Thursday, May 20, 1999, at the Kennedy Space Center (KSC), Florida, Visitor Complex, Center for Space Education, Pad-A. The telephone number for the KSC Visitors Center if 407–452–2121. Inquiries may be emailed to *www.ksc.nasa.gov*..

PURPOSE: To discuss the report to the President, the recommendation related to the ''How to Guide'', and to solicit input from the community on implementation plans for this and other recommendations for celebrating women in American history.

Under 41 CFR 101–6.1015(b)(2) less than 15 days notice of the meeting is provided due to delays in organizing schedules.

FOR FURTHER INFORMATION CONTACT: Martha Davis (202) 501–0705, Assistant to the Associate Administrator for Communications, General Services Administration. Also, inquiries may be sent to *martha.davis@gsa.gov*.

Dated: April 30, 1999.

Beth Newburger,

Associate Administrator for Communications.

[FR Doc. 99–11420 Filed 5–5–99; 8:45 am]

BILLING CODE 6820–34–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[INFO–99–16]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork reduction Act of 1995, the Centers for Disease Control and Prevention is providing opportunity for public comment on proposed data collection projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 639–7090.

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 for other forms of information technology. Send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received with 60 days of this notice.

Proposed Projects

1. Diffusion of Needle-stick Prevention Strategies—NEW—National Institute for Occupational Safety and Health (NIOSH)—Occupational exposure to bloodborne pathogens (including the hepatitis B and C viruses and the human immunodeficiency virus) poses a risk to workers in the health care industry and related occupations. The primary route of exposure to bloodborne pathogens is accidental percutaneous injury by a needle or similar sharp object.

In 1991 the Occupational Safety and Health Administration (OSHA) enacted the final Bloodborne Pathogen Standard. Although the OSHA standard has increased compliance and awareness of needle-stick injury prevention strategies, needle-stick injuries are still occurring.

Studies have demonstrated that the use of safer needle-stick prevention devices can reduce the incidence of needle-stick injuries and resulting costs. Little is known however, about how many hospitals have adopted devices such as, safer blood collection needles (SBCN) designed to prevent percutaneous injuries, and the variables that can influence their adoption by hospitals.

This study will conduct a random sample national survey of 960 infection control practitioners to evaluate how widespread the adoption of SBCN and other needle-stick prevention devices is in hospitals; and some of the internal and external environmental variables that can influence their adoption. The survey data may be used to indicate a hospital's readiness to adopt SBCN, to assess the extent of the diffusion of SBCN, and to cluster hospitals according to their stage of adoption for SBCN.

The goal of this study is to (1) inform future NIOSH communication/dissemination strategies to promote safer blood collection and related medical devices in hospitals, (2) inform policy makers about variables that can influence the adoption of safer blood collection devices, and (3) provide data that reveals national trends for the adoption of safer needles-tick prevention devices in hospitals. There cost to the respondents is $0.00.

Respondent	Number of Respondents	Number of responses/respondent	Avg. Burden/response (in hrs.)	Total burden (in hrs.)
Infection control nurses	960	1	.1166	112

2. PHS Supplements to the Application for Federal Assistance SF 424 (0920–0428)—Extension—The Centers for Disease Control and Prevention (CDC) is requesting a three-year extension of the currently approved OMB forms that are Supplements to the Request for Federal Assistance Application (SF–424). The Checklist, Program Narrative, the Public Health System Impact Statement (third party notification) (PHSIS), a new Substance Abuse and Mental Health Services Administration (SAMHSA) form and a new CDC form are a part of the standard application for state and local governments and for private non-profit and for-profit organizations when applying for financial assistance from PHS grant programs. The Checklist assists applicants to ensure that they have included all required information necessary to process the application. The Checklist data helps to reduce the time required to process and review grant applications, expediting the issuance of grant awards. The PHSIS Third Party Notification Form is used to inform State and local health agencies of community-based proposals submitted by non-governmental applicants for Federal funding. SAMHSA's new form will be used in lieu of the PHSIS in specific instances. CDC's new forms will be used in lieu of the 5161–1 form for state and local governments requesting federal funding that is limited to state and local governments only.

The current OMB approval for the supplements was previously submitted and approved as an emergency clearance and we are asking for a full three clearance to continue data collection The total annual cost to the respondents is estimated to be $1,184,452.

Respondents	Number of respondents	Number of responses/respondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Program Narrative and Checklist	6,231	1	4	24,924
CDC Form 0.0126 (E)	990	1	4	3,960
Public Health Impact Statement (PHSIS)	2,845	2.5	.1666	1,185
SSA (SAMHSA)	1,125	1	.1666	187
Total				30,256

3. Safety for Workers' Eyes: Testing the Effectiveness of Theoretically-Based Eye Injury Prevention Messages—NEW—National Institute for Occupational Safety and Health (NIOSH) -Despite evidence that at least 90% of workplace eye injuries are preventable, safety eye wear use among workers is disappointingly low. According to the National Institute for Occupational Safety and Health (NIOSH) and results from the 1988 National Health Interview Survey Occupation Health Supplement, more than 600,000 occupational eye injuries occur annually. Sixteen percent of eye injuries occur among construction with carpenters being at particular risk given the nature of their work.

Research has been conducted on the nature and extent of eye injuries among workers, but few studies have explored the behavioral aspects of the use of safety eye wear. To date, no one has used behavioral theory to examine the use of safety eye wear among union carpenters or develop a program that would increase safety eye wear use.

The goals of this investigation are to: (1) Estimate the number of carpenters who are currently wearing protective eye wear by direct observation and pre-intervention survey in the study sample; (2) develop an eye wear safety promotion campaign geared toward carpenters, their first-line supervisors, and contractors based on results from focus groups and using the theory of planned behavior; (3) increase the use of protective eye wear among carpenters by administering the eye safety messages to carpenters, their first-line supervisors, and contractors; and (4) determine the effectiveness of the messages by comparing the use of safety eye wear among carpenters before and after the campaign by direct observation, post-intervention survey, and focus groups.

The pre- and post-intervention survey instruments will assess carpenters' use of eye wear before and after the health communication message. In addition, based on the theory of planned behavior, the questionnaire will address workers behavioral intentions, attitudes, subjective norms, and perceived behavioral control.

Using a quasi-experimental design, the data collected in this study will assess the effectiveness of theory-based messages to increase the use of safety eye wear when compared to a control group. This information will provide public health investigators as well as carpenter safety officers with a theory-driven effective eye injury prevention program and the tools to implement it. The total cost to respondents is $2,257.00.

Respondents	Number of respondents	Number of responses/respondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Carpenters	150	2	.33	99

4. Hepatitis C Virus Lookback Evaluation -NEW- National Center for Infectious Disease (NCID)—The Food and Drug Administration (FDA) has recently issued guidelines for notification of persons who received

blood or blood components from donors who subsequently tested positive for antibody to hepatitis C virus (anti-HCV) using a licensed multiantigen assay.[1] Blood collection establishments will identify potentially HCV-contaminated blood products and inform transfusion services of these units. The transfusion services will then attempt to notify the recipients of these products and encourage these recipients to be tested for HCV infection. CDC, in collaboration with the Agency for Health Care Policy and Research (AHCPR) and the FDA, has been charged with the responsibility of evaluating this nationwide notification process. The objective of this study is to evaluate the effectiveness of the targeted lookback for identifying persons infected with HCV, obtaining appropriate medical follow-up, and promoting healthy lifestyles and behaviors. The evaluation has three specific aims:

1. Determine the effectiveness of targeted lookback for identifying prior transfusion recipients with HCV infection, including the proportion of recipients identified who are ultimately tested, the proportion of those tested who are HCV positive, the reasons persons do not receive notification, and the reasons persons do not avail themselves of testing.

2. Determine the effectiveness of targeted lookback for encouraging and obtaining appropriate medical follow-up and promoting healthy lifestyles and behaviors among persons found positive for HCV infection, including proportion of HCV-positive persons who seek medical evaluation and outcome of that evaluation (severity of liver disease, anti-viral therapy, quality of counseling), and reactions/impact of notification on HCV-negative persons.

3. Determine the cost-effectiveness of targeted lookback, including resources (cost, personnel, etc.) utilized by blood collection groups and transfusion services for implementation and costs of medical evaluation and management.

The evaluation will comprise the following components:

1. A nationwide survey of blood collection establishments.

2. A nationwide survey of transfusion services.

3. A follow-up study of transfusion recipients presumed to have been notified of their potential HCV exposure. This detailed study will involve contacting and interviewing transfusion recipients from a sample of transfusion services in defined geographic areas.

4. A follow-up study of notified transfusion recipients who obtain HCV testing offered by blood collection centers.

The total cost to respondents is estimated to be $346,063.

Respondents	Number of respondents	Number of responses/respondents	Avg. burden/response (in hours)	Total burden (in hours)
Blood collection establishments	140	1	5	700
Transfusion services	5,000	1	5	25,000
Transfusion recipients (first telephone contact)	5,000	1	0.2	1,000
Transfusion recipients (second telephone contact)	2,000	1	0.5	1,000
Transfusion recipients (follow-up interview and study)	200	3	0.5	300
Transfusion recipients (first interview of recipients tested at ARC/ABC	500	1	0.2	100
Transfusion recipients (follow-up interview and study of recipients tested at ARC/ABC)	100	3	0.5	150
Total				28,250

Dated: April 30, 1999.

Nancy Cheal,

Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention (CDC).

[FR Doc. 99–11339 Filed 5–5–99; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 99119]

Centers for Excellence in Health Statistics; Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC), through the Office of Prevention Research and the National Center for Health Statistics (NCHS) invites applications to establish Centers for Excellence in Health Statistics (CEHS). The goal of these cooperative agreements is to support research to enhance the capability of the statistical sciences to meet the rapidly changing needs of health surveillance, public health research, and in particular prevention research. This program addresses the ''Healthy People 2000'' priority area(s) of Surveillance and Data.

The purposes of this program are to:

1. Build Infrastructure (Administrative Core): Provide an organizational setting to promote research on methods for health statistics, drawing upon multiple disciplines and involving collaboration with multiple partners. Serve as a model for outreach, input, and collaboration that helps assure that research can be applied to solving priority problems nationally or in the local community.

2. Research Component: Support methodological and analytic research projects aimed at advancing the state of the art of collection, analysis, and interpretation of health statistics to inform prevention research and evaluation. Integrate the fields of statistics, health services research, survey research, public health, epidemiology, behavioral and social sciences, computer science and technology among others. Through such multi-disciplinary research, explore new approaches to enhance the capability of the statistical system to meet the rapidly changing needs of health surveillance, public health research, and prevention research.

3. Recruitment and Outreach (Promote Training): Enhance opportunities for research training, career development, and mentoring.

[1] Food and Drug Administration. Guidance For Industry. Current Good Manufacturing Practice for Blood and Blood Components: (1) Quarantine and Disposition of Units from Prior Collections from Donors with Repeatedly Reactive Screening Tests for Antibody to Hepatitis C Virus (Anti-HCV); (2) Supplemental Testing, and the Notification of Consignees and Blood Recipients of Donor Test Results for Anti-HCV. Rockville, MD: Center for Biologics Evaluation and Research, FDA; September 1998.