

or the amount of any finance charge), but failed to disclose the following information required by Regulation Z: the amount or percentage of the downpayment; the terms of repayment; and the annual percentage rate.

The proposed consent order contains provisions designed to remedy the violations charged and to prevent the proposed respondents from engaging in similar acts in the future. In particular, Part I of the proposed order prohibits respondents from: (A) Stating a rate of finance charge without disclosing the APR; (B) using triggering terms without providing the additional disclosures required by Regulation Z; and (C) failing to comply with TILA and Regulation Z. Part II of the proposed order requires respondents to maintain and make available records of compliance for five years. Part III requires respondents to distribute copies of the order to company personnel. Part IV requires respondents to notify the Commission of changes in corporate structure that may affect compliance obligations under the proposed order. Part V requires the individual respondent to notify the Commission of changes in his employment status for three years. Part VI requires respondents to file compliance reports. Finally, Part VII sunsets the proposed order after twenty years.

The purpose of this analysis is to facilitate public comments on the proposed order, and it is not intended to constitute an official interpretation of the agreement and proposed order or to modify in any way their terms.

By direction of the Commission.

Donald S. Clark,

Secretary.

[FR Doc. 00-15471 Filed 6-19-00; 8:45 am]

BILLING CODE 6750-01-M

GENERAL ACCOUNTING OFFICE

Federal Accounting Standards Advisory Board

AGENCY: General Accounting Office

ACTION: Notice of meeting in San Francisco on July 3, 2000.

Board Action: Pursuant to the Federal Advisory Committee Act (Pub. L. 92-463), as amended, and the FASAB Rules Of Procedure, as amended in October, 1999, notice is hereby given that the Federal Accounting Standards Advisory Board (FASAB) will meet on Monday, July 3, from 9:00 AM to 3:00 PM (Pacific Coast Time) in San Francisco, California, in the Pacific Conference Room J (4th floor) of the San Francisco

Marriott Hotel. The address of the hotel is 55 Fourth St., San Francisco, CA 94103. The telephone number is 415-896-1600. The meeting is being held in conjunction with the Professional Development Conference of the Association of Government Accountants.

The purpose of the meeting is to:

- Review and discuss the FY 1999 Consolidated Financial Statement,
- Discuss the status of the SFFAS 7 Implementation Guide, and
- Review changes to the Stewardship Exposure Drafts.

Any interested person may attend the meeting as an observer. Board discussion and reviews are open to the public.

FOR FURTHER INFORMATION CONTACT:

Wendy Comes, Executive Director, 441 G St., NW., Room 6814, Washington, DC 20548, or call (202) 512-7350.

Authority: Federal Advisory Committee Act. Pub. L. 92-463.

Dated: June 15, 2000.

Wendy M. Comes,

Executive Director.

[FR Doc. 00-15487 Filed 6-19-00; 8:45 am]

BILLING CODE 1610-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 00122]

Prevention and Control Micro-Nutrient Malnutrition; Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC), Division of Nutrition and Physical Activity (DNPA) announces the availability of fiscal year (FY) 2000 funds for a sole source cooperative agreement program with the World Health Organization (WHO), Geneva, Switzerland, for the prevention and control of micro-nutrient malnutrition.

B. Eligible Applicant

Single Source

Assistance will be provided only to the World Health Organization (WHO) in Geneva, Switzerland. No other applications are solicited.

WHO is the most appropriate and qualified agency to conduct the activities under this cooperative agreement because; WHO (a) has demonstrated the necessary expertise and experience in technical, policy, and

program issues relating to micro-nutrient malnutrition; (b) maintains relationships with officials of ministries of health and other policy makers throughout the region; and (c) serves as the source of international standards for nutritional status, including micro-nutrient status.

1. WHO supports micro-nutrient malnutrition intervention programs throughout the Eastern Mediterranean region. In the past 10 years WHO through WHO/EMRO has made progress in working towards the prevention of iron deficiency anemia (IDA) and the elimination of iodine deficiency disorders (IDD). WHO through WHO/EMRO identified flour fortification with iron and folate as the best preventive and most sustainable strategy for IDA, as bread and other wheat-flour products are widely consumed in the countries of region. Through regional workshops, WHO through WHO/ERMO has helped countries write action plans for flour fortification with iron and folate and at present six countries have either begun or are in the process of beginning flour fortification. Additionally, WHO through WHO/EMRO supports country-based salt iodization programs throughout the region which has had a significant impact on reducing the burden of iodine deficiency disorders.

2. The proposed program is strongly supportive of, and directly related to, the achievement of WHO through WHO/EMRO and the CDC/Micro-nutrient Malnutrition Program objectives for the prevention and control of micro-nutrient malnutrition.

3. WHO is the only organization within the Eastern Mediterranean Region that has demonstrated the experience and maintains relationships with officials of ministries of health throughout the region in order to coordinate micro-nutrient malnutrition programs.

C. Availability of Funds

Approximately \$250,000 is available in FY 2000 to fund one award. It is expected that the award will begin on or about September 30, 2000 will be made for a 12-month budget period within a project period of up to two years.

D. Where To Obtain Additional Information

Business management technical assistance may be obtained from: Robert Hancock, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention, Room 3000, 2920 Brandywine Road, Atlanta, GA 30341-4146, Telephone

number (770)488-2746, Email address: RNH2@cdc.gov.

Program technical assistance may be obtained from: Ibrahim Parvanta, Division of Nutrition and Physical Activity, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, 4770 Buford Highway, Atlanta, GA 30341, Telephone Number (770) 488-5865, Email address: ixp1@cdc.gov.

Dated: June 13, 2000.

John L. Williams,

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

[FR Doc. 00-15461 Filed 6-19-00; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 00128]

Rural Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome (HIV/AIDS) Prevention and Education Project; Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC 2000 funds for a cooperative agreement program for Rural HIV/AIDS Prevention and Education. This program addresses the "Healthy People 2010" focus area of HIV Prevention. For the conference copy of "Healthy People 2010", visit the internet site: http://www.health.gov/healthy_people. The purpose of the program is to support the following activities: (1) An information exchange program among health and education officials in local and State government concerning HIV prevention in non-urban areas; (2) HIV prevention program and policy development; and (3) the provision of technical assistance to community-based organizations (CBOs), local and State health departments, and others involved in health promotion and disease prevention activities to persons in non-urban areas.

B. Eligible Applicants

Assistance will be provided only to the Rural Center for AIDS and STD Prevention (RCAP) at Indiana University. No other applications are solicited. [This is consistent with Senate Appropriations language for the Labor, Health and Human Services, Centers for Disease Control and Prevention

regarding HIV for Fiscal Year 2000 which encourages CDC to sustain the Rural Center for AIDS and STD Prevention so it may continue its efforts in rural communities through prevention specialists.]

Eligibility is limited to RCAP because it is the only national organization in the country that solely focuses on HIV and Sexually Transmitted Diseases (STD) prevention in rural communities. RCAP was created specifically to promote HIV/STD prevention in rural America, with the goal of reducing HIV/AIDS. RCAP has served as a policy-development and capacity-building organization in intergovernmental affairs for more than five years and has as one of its major objectives the sharing of information between local governments.

Note: Public Law 104-65 states that an organization described in section 501(c)(4) of the Internal Revenue Code of 1986 that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant, cooperative agreement, contract, loan, or any other form.

C. Availability of Funds

Approximately \$250,000 is available in FY 2000, to fund one award. It is expected that the award will begin on or about September 30, 2000 and will be made for a 12-month budget period within a project period of up to five years. Funding estimates may change.

Continuation awards within an approved project period will be made on the basis of satisfactory progress as evidenced by required reports and the availability of funds.

Use of Funds

Funds may not be used to supplant or duplicate existing funding.

D. Program Requirements

In conducting activities to achieve the purpose of this program, the recipient shall be responsible for the activities under 1. "Recipient Activities", and CDC will be responsible for the activities listed under 2. "CDC Activities".

1. Recipient Activities

a. Identify and evaluate HIV prevention policies, practices, procedures, programs, and processes that are considered to be effective in rural areas.

b. Assist representatives of rural communities in identifying and evaluating mechanisms to incorporate HIV prevention into their short-and long-range plans.

c. In collaboration with other agencies, develop prevention education materials and guidelines, as well as

technical and practical information warranted by new epidemiological, behavioral, or clinical discoveries that particularly have applications for rural areas.

d. Use existing information vehicles, e.g., information exchange newsletters, capsule and technical assistance reports, case studies, information alerts, directories, conferences, workshops, and HIV/AIDS-related telecommunications networks in disseminating successful program elements.

e. Provide technical assistance to rural health and education officials and CBOs on HIV prevention program and management issues such as: grant writing, educational material development, and program development, implementation, and evaluation. Provide training to selected groups of rural prevention specialists, such as adolescent peer educators, through workshops and/or conferences.

f. Develop rural case studies that will enable: Community Planning Groups (CPGs), local health departments (LHDs) and CBOs to benefit from the experience of other organizations in the planning, development, implementation, and evaluation of community prevention planning processes, needs assessments, programs and related activities which are particularly relevant to rural areas.

g. Prepare abstracts, posters, oral presentations, and articles for publication in peer-reviewed journals.

h. Obtain information and materials through surveys of local school districts and health departments, other local government agencies, CBOs, CPGs, and other community entities concerning HIV/AIDS prevention-related funding, policies, practices, procedures, programs, and processes.

2. CDC Activities

a. Collaborate as needed/requested in the development of a dissemination plan so that practical and technical information related to rural HIV/AIDS prevention can be rapidly shared with appropriate government and health department officials, as well as CBOs and CPGs.

b. Assist as needed/requested in identifying (1) HIV prevention-related policies, practices, procedures, community needs and processes; (2) local health education/risk reduction programs that have demonstrated the capability to successfully serve the needs of rural populations with AIDS or HIV infection, sex and needle-sharing partners, high-risk populations, health-care providers, or the general public; and (3) other local HIV prevention-related efforts (e.g. community planning