

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration; Statement of Organization, Functions, and Delegations of Authority

Part F, of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services, Health Care Financing Administration (HCFA), 49 FR 34247, dated September 6, 1984, is amended to include the following delegation of authority from the Secretary to the Administrator, HCFA, for carrying out Title XXII of the Public Health Service Act, as amended.

- Section F.30., Delegations of Authority is amended by adding the following paragraph:

vv. The authority vested in the Secretary by Title XXII of the Public Health Service Act, as amended.

This delegation shall be exercised under the Department's policy on issuance of regulations. In addition, I hereby affirm and ratify any actions taken by the Administrator, or other HCFA officials which, in effect, involved the exercise of this authority prior to the effective date of this delegation. This delegation is effective immediately, and may be further redelegated. This delegation of authority supersedes the memorandum from the Secretary to the Assistant Secretary for Health, dated March 2, 1987, entitled "Delegation of Authority for Title XXII of the Public Health Service Act, Public Law 99-272, Section 10003."

Dated: June 12, 2000.

Donna E. Shalala,
Secretary.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 00117]

Prevention and Control of Micronutrient Malnutrition; Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2000 funds for a cooperative agreement program for the Prevention and Control of Micronutrient Malnutrition.

B. Eligible Applicant(s)

Single Source

Assistance will be provided only to the United Nations Children's Fund (UNICEF), New York, New York. No other applications are solicited.

UNICEF is the most appropriate and qualified agency to conduct the activities under this cooperative agreement because:

1. UNICEF is the only organization that has country-based offices to support direct delivery of public health programs and services in nearly every country in the world. Additionally, UNICEF's mandate addresses issues other than health, *e.g.*, education; and this has enabled UNICEF programs to advocate more effectively for micronutrient deficiency intervention programs across multiple sectors of society because of the significant impact of such programs on health as well as education of populations. In addition to national offices, UNICEF supports sub-national programs which allow it direct access to local public health and education programs.

2. UNICEF supports micronutrient deficiency intervention programs around the world through the distribution of vitamin A capsules, as well as iron and folic acid supplements to target populations. UNICEF supports country-based salt iodization programs around the world to reduce the burden of iodine deficiency disorders.

3. The proposed program is strongly supportive of, and directly related to, the achievement of UNICEF and the CDC/Micronutrient Malnutrition Program objectives for the prevention and control of micronutrient malnutrition.

C. Availability of Funds

Approximately \$700,000 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 two years.

D. Where To Obtain Additional Information

Business management technical assistance may be obtained from: Van A. King, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), Announcement [00117], 2920 Brandywine Road, Room 3000, Atlanta, GA 30341, Telephone Number (770) 488-2751, Email Address vbk5@cdc.gov.

Program technical assistance may be obtained from: Ibrahim Parvanta, Division of Nutrition and Physical Activity, National Center for Chronic Disease Prevention, Centers for Disease Control and Prevention, 4770 Buford Highway, MS K-25, Atlanta, GA 30341-3724, Telephone Number (770) 488-5865, Email Address ixp1@cdc.gov.

Dated: June 14, 2000.

Henry S. Cassell, III,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

The National Center for Environmental Health (NCEH) of the Centers for Disease Control and Prevention (CDC) Announces the Following Meeting

Name: Public Meeting to Review and Re-evaluate Safe Airborne Exposure Limits (AELs) of Nerve Agents GA, GB and VX.

Time and Dates: 8 am-5 pm, Wednesday, August 23, 2000.

8 am-5 pm, Thursday, August 24, 2000.

Place: J.W. Marriott Hotel, 3300 Lenox Road NE, Atlanta, GA 30326, telephone 404/262-3344. For overnight accommodations, a special room rate is available until Friday, July 21, 2000.

Status: Open to the public, limited only by space available. The meeting room accommodates approximately 100 people.

Background: Chemical warfare materials agents GA, GB, and VX are no longer manufactured in the U.S.; however, they currently are stored at 8 locations in the continental U.S. by the Department of Defense (DOD). Public Law (Pub. L.) 99-145 (50 U.S.C. 1521) mandates that these stockpiled lethal chemical agents be destroyed. In 1970, Pub. L. 91-121 and Pub. L. 91-441 (50 U.S.C. 1521) mandated that the Department of Health and Human Services must review DOD plans for disposing of the munitions and make recommendations to protect human health. In 1987, CDC requested public comment on recommendations for protecting human health and the environment against potential adverse effects of long-term exposure to low doses of agents: G, GB, VX, Mustard (H, HD, T) and Lewisite (L). CDC incorporated the public comments and in 1988 recommended control limits for air exposures to agents GA, GB, and VX for protection of workers involved in the demilitarization process and for the general public living in areas adjacent to demilitarization facilities. The Army adopted these control limits into policy in 1990. Now, twelve years later, CDC is recommending that these control limits be re-evaluated based on newly developed risk