

The upcoming TRC meeting will be closed to the public in accordance with the Federal Advisory Committee Act (FACA), section 10(d) of 5 U.S.C., Appendix 2, implementing regulations, and procurement regulations, 41 CFR 101-6.1023 and 48 CFR section 315.604(d). The discussions at this meeting of contract proposals submitted in response to the above-referenced RFP are likely to reveal proprietary information and personal information concerning individuals associated with the proposals. Such information is exempt from disclosure under the above-cited FACA provision that protects the free exchange of candid views, and under the procurement rules that prevent undue interference with Committee and Department operations.

Name of TRC: The Agency for Healthcare Research and Quality—"Development of Standard Measures."

Date: August 24, 2000 (Closed to the public).

Place: Agency for Healthcare Research and Quality, 6010 Executive Blvd., 4th Floor Conference Center, Rockville, Maryland 20852

Contact Person: Anyone wishing to obtain information regarding this meeting should contact Nancy Foster, Center for Quality Measurement & Improvement, Agency for Healthcare Research and Quality, 2101 East Jefferson Street, Suite 502, Rockville, Maryland, 20852, 301-594-1609.

This notice is being published less than 15 days prior to the August 24th meeting due to the time constraints of reviews and funding cycles.

Dated: August 11, 2000.

John M. Eisenberg,

Director.

[FR Doc. 00-21098 Filed 8-17-00; 8:45 am]

BILLING CODE 4160-90-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY-60-00]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639-7090. Send written comments to CDC, Desk Officer; Human Resources and Housing Branch, New Executive Office Building, Room 10235; Washington, DC 20503. Written comments should be received within 30 days of this notice.

Proposed Project

Collaborative US-Mexico Border Diabetes Prevention and Control Project—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)—The Pan American Health Organization (PAHO), El Paso field office, and the United States-Mexico Border Health Association (USMBHA) in collaboration with the United States/Mexico Border Diabetes Prevention and Control Project Work Group (USMBDPCP) is requesting funds for a binational diabetes prevention and control project on the United States-Mexico border that begins with an evaluation of the burden of diabetes on the border (Phase 1) and expands into a program implementation (Phase 2), using the results from Phase

1. This proposed project is responding to President Clinton's Initiative on Racial and Ethnic Health Disparities, as well as the Mexican Secretariat Adult and Elderly Health Program strategy in which diabetes is a national health priority. Diabetes has also been declared a binational border priority by the USMBHA General Assembly in a resolution to develop diabetes control infrastructure on the border.

The purpose of the project is to diminish the impact of diabetes on the border population by conducting activities in two related and chronological phases (prevalence study and intervention program). Phase 1 will assess the prevalence of diabetes, related behavioral risk factors, and assess the health services for the border population. The information collected through this household survey will serve as a guide for the development of diabetes education and training activities in Phase 2. These programs will be culturally appropriate and will include the participation of community health workers (promotores) and primary healthcare providers. Initial planning and promotional activities needed for Phase 2 will take place concurrent with Phase 1.

Activities for years two through five will include implementation of community interventions, capacity building, and program evaluation. The household survey will be repeated in the fifth year of the project.

The PAHO/USMBHA and the USMBDPCP Work Group have obtained considerable financial support for this proposed project. The total estimated annualized burden hours are 2835.

Form name	Number of respondents	Responses per respondent	Responses in hours	Response burden
Household Screening	5186	1	2/60	173
Household Survey	3630	1	40/60	2420
Quality Control (10% repeat)	363	1	40/60	242

Dated: August 14, 2000.

Nancy Cheal,

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

[FR Doc. 00-21048 Filed 8-17-00; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 00132]

Cooperative Agreement to the Joint United Nations Programme on HIV/AIDS (UNAIDS); Notice of the Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC), National Center for HIV/STD/TB Prevention (NCHSTP), announces the availability of funds for fiscal year (FY) 2000 for a sole source cooperative agreement with the Joint United Nations Programme on HIV/AIDS (UNAIDS).

The purpose of this agreement is to help support and ensure implementation of the Leadership and Investment in Fighting an Epidemic (LIFE) Initiative, a United States Government program that seeks to reduce the impact of HIV/AIDS in sub-Saharan African countries and India by strengthening the capacity of national AIDS control programs in the areas of (1) HIV primary prevention, (2) HIV care, support, and treatment, and (3) capacity and infrastructure development. At present, those countries are Botswana, Cote D'Ivoire, Kenya, South Africa, Uganda, Rwanda, Zimbabwe, Ethiopia, Mozambique, Malawi, Tanzania, Nigeria, Senegal, Zambia and India. The countries targeted represent those with the most severe epidemic and the highest number of new infections. They also represent countries where the potential for impact is greatest and where U.S. government agencies are already active.

This agreement supports a framework of interventions, grounded in a series of goals and objectives consistent with those established for the international community by UNAIDS in support of the International Partnership Against AIDS in Africa (IPAA).

According to recent estimates from UNAIDS and the World Health Organization (WHO), 32.4 million adults and 1.2 million children will be living with HIV by the end of 1999. Of the total estimate, approximately 23.3 million (69% of the total world-wide)

adults and children are living with AIDS in sub-Saharan Africa alone. Of that total, approximately 3.8 million adults and children represent those newly infected with HIV in 1999. India carries the majority of the burden associated with an additional 1.3 million adults and children newly infected with HIV in 1999. As a key partner in the U.S. Government's LIFE Initiative, CDC, through its Global AIDS Activity (GAA), is working in a collaborative manner with national governments, USAID and other Federal agencies, and other international donor agency partners to develop programs of assistance to address the HIV/AIDS epidemic in LIFE Initiative countries.

B. Eligible Applicants

Assistance will be provided only to the Joint United Nations Programme on HIV/AIDS (UNAIDS) in support of the LIFE Initiative. No other applications will be solicited.

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

1. As the Joint Programme for the entirety of the United Nations' efforts in the HIV/AIDS arena, UNAIDS is uniquely positioned to assist national AIDS control programs and other public health partners in development of capacity for HIV prevention and care.

2. UNAIDS is spearheading the International Partnership Against HIV/AIDS (IPAA) in Africa, an international umbrella effort to increase support and visibility for a multi-lateral emergency response to the AIDS epidemic in Africa. The LIFE Initiative is a key supporter of the IPAA.

3. The UNAIDS Secretariat currently administers a "multi-bi" instrument, the Programme Acceleration Fund (PAF), a mechanism for allocating resources through multiple UN Executing Agencies for multiple purposes in multiple countries, including those designated under the LIFE Initiative (UN Executing Agencies in countries are primarily the Cosponsoring Agencies of UNAIDS; World Health Organization (WHO), United Nations Children' Fund (UNICEF), United Nations Fund for Population Activities (UNFPA), United Nations Development Programme (UNDP), United Nations Education, Scientific and Cultural Organization (UNESCO), United Nations Drug Control Programme (UNDCP), and the World Bank.

4. UNAIDS, has the primary responsibility to foster expanded national responses to the epidemic, to promote strong commitments by governments to an expanded response,

to strengthen and coordinate the United Nation' action of HIV/AIDS at the global and national levels, and to identify, develop and advocate international best practice.

C. Availability of Funds

Approximately \$2,000,000 dollars is available in FY 2000 to fund this project. It is anticipated that the award will begin on 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 vary and are subject to change.

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

Use of Funds

General Use

Funds may be used for strengthening the technical capacity of national AIDS control programs, the purchase of drugs for primary prevention (e.g., Sexually Transmitted Diseases (STD) and Tuberculosis (TB) treatment, prevention of perinatal HIV transmission, and other opportunistic infections related to AIDS illness) and for equipment, supplies and reagents for rapid screening for HIV and STDs, and in support of the delivery of HIV prevention and care and treatment services.

General Non-Use

Funds received from this announcement will not be used for capital expenditures such as the purchase of off-road and multi-passenger vehicles, large volume (greater than 50) purchase of computers and data storage systems, space renovations and other significant improvements to physical environments where activities are carried out.

Specific Non-Use

Funds received from this announcement will not be used for the direct purchase of antiretroviral drugs for treatment of established HIV infection, occupational exposures, and non-occupational exposures and will not be used for the direct purchase of equipment and reagents to conduct hospital-based laboratory monitoring for patient care or confirmatory tests.

D. Submission and Deadline

Submit the original and two copies of PHS 5161 (OMB Number 0937-0189). Forms are in the application kit.

On or before September 15, 2000 submit the application to the Grants Management Specialist identified in the "Where to Obtain Additional