the application, including projected enrollment, recruitment and job opportunities. Indicators of need may include measures utilized by the Program such as previous record of training and placement of graduates. Indicate the potential contribution of the project toward meeting the need for this specialized training.

2. Extent to which arrangements for day-to-day management, allocation of funds and cooperative arrangements are designed to effectively achieve the program requirements.

3. Evidence of a plan describing the academic and research training the program proposes. This should include goals, elements of the program, research faculty and amount of effort, support faculty, facilities and equipment available and needed, and methods for implementing and evaluating the program.

4. Extent to which curriculum content and design includes formalized training objectives, minimal course content to achieve degree, course descriptions, course sequence, additional related courses open to students, time devoted to lecture, and clinical and research experience addressing the relationship with didactic programs in the educational process.

5. The extent to which the program effort is capable of supporting the number and type of students proposed.

6. Extent to which the program has initiated collaborative relationships with external agencies and institutions to expand and strengthen its research capabilities by providing student and faculty research opportunities.

7. Evidence of previous record of training in occupational injury prevention, including placement of graduates and employment history.

8. The extent to which the applicant documents methods in use or proposed methods for evaluating the effectiveness of the training, including the use of feedback mechanisms from graduates and employers, placement of graduates in research positions, research accomplishments of graduates and reports from consultations and cooperative activities with other universities, professional associations, and other outside agencies.

9. Competence, experience and training of the Program Director, faculty and advisors in relation to the type and scope of research training involved.

10. Degree of institutional commitment to Program goals. An example of institutional commitment to the long-term stability of academic programs is the commitment of tenured or tenure-track faculty positions to each participating academic program.

11. Adequacy of the academic and physical environment in which the training will be conducted, including access to appropriate occupational injury prevention research resources.

12. The extent to which the budget is reasonable, adequately justified, and consistent with the intended use of the grant funds.

13. Evidence of a plan for establishment of an Advisory Committee, including meeting times, roles and responsibilities.

**H. Other Requirements**

*Technical Reporting Requirements*

Provide CDC with original plus two copies of:

1. Progress reports (annual and may be incorporated as component of non-competing continuation applications);

2. Financial status report, no more than 90 days after the end of the budget period; and

3. Final financial status report and progress report, no more than 90 days after the end of the project period.

Send all reports to the Grants Management Specialist identified in section J of this announcement, ''Where to Obtain Additional Information''.

The following additional requirements are applicable to this program. For a complete description of each, see Attachment I in the application kit.

AR–10—Smoke-Free Workplace Requirements
AR–11—Healthy People 2010
AR–12—Lobbying Restrictions

Data collection initiated under this training grant program has been approved by the Office of Management and Budget under Number 0920–0261. ''Training Grants, Application and Regulations—42 CFR Part 86,'' Expiration Date 01/31/2004.

**I. Authority and Catalog of Federal Domestic Assistance Number**

This program is authorized under section 21(a) of the Occupational Safety and Health Act [29 U.S.C. 670 (a)]. Regulations applicable to this Program are in 42 CFR 86, ''Grants for Education Programs in Occupational Safety and Health''. The Catalog of Federal Domestic Assistance number is 93.263.

**J. Where To Obtain Additional Information**

Please refer to Program Announcement 01036 and specify ERC or TPG when you request information. To receive additional written information and to request an application kit, call 1–888-GRANTS4 (1–888–472–6874). You will be asked to leave your name and address and will be instructed to identify the announcement number of interest. You may also obtain Program Announcement 01036 from the CDC home page address on the Internet, *http://www.cdc.gov*. If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from: Sonia Rowell, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement 01036, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Room 3000, Atlanta, GA 30341–4146, Telephone: (770) 488–2724, Email address: svp1@cdc.gov

For program technical assistance, contact: John T. Talty, Principal Engineer, Office of Extramural Programs, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC), 4676 Columbia Parkway, Mailstop C–7, Cincinnati, OH 45226–1998, Telephone (513) 533–8241, Email address: jtt2@cdc.gov

Dated: March 6, 2001.

**Lawrence J. Fine,**

*Acting Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC).*

[FR Doc. 01–6125 Filed 3–12–01; 8:45 am]

BILLING CODE 4163—19—P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

### Advisory Committee for Injury Prevention and Control: Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (P.L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the following committee and subcommittee meetings.

*Name:* Advisory Committee for Injury Prevention and Control (ACIPC).

*Times and Dates:* 8:30 a.m.—4:25 p.m., March 28, 2001.

*Place:* DoubleTree Hotel Atlanta-Buckhead, 3342 Peachtree Road, N.E., Atlanta, Georgia 30326

*Status:* Open to the public, limited only by the space available.

*Purpose:* The Committee advises and makes recommendations to the Secretary, Health and Human Services, the Director, CDC, and Director, National Center for Injury Prevention and Control (NCIPC) regarding feasible goals for the prevention and control of injury. The Committee makes recommendations regarding policies,

strategies, objectives, and priorities, and reviews progress toward injury prevention and control. The Committee provides advice on the appropriate balance of intramural and extramural research, and also provides guidance on the needs, structure, progress and performance of intramural programs, and on extramural scientific program matters. The Committee provides second-level scientific and programmatic review for applications for research grants, cooperative agreements, and training grants related to injury control and violence prevention, and recommends approval of projects that merit further consideration for funding support. The Committee also recommends areas of research to be supported by contracts and cooperative agreements and provides concept review of program proposals and announcements.

*Matters to be Discussed:* The meeting will convene in open session from 8:30 a.m. to 4:25 p.m. on March 28, 2001. Following the NCIPC Director's update, the Committee will discuss the role of ACIPC; NCIPC growth areas, including presentations on fire-related injury prevention and child maltreatment prevention research; NCIPC budget; and current spending plan in violence against women. The Committee will also discuss reports from a March 12, 2001, conference call meeting of the Subcommittee on Family and Intimate Violence Prevention and the March 28, 2001, meeting of the Science and Program Review Subcommittee. Other topics include patient safety as an injury prevention and control issue, and small business innovative research.

*Name:* ACIPC Science and Program Review Subcommittee.

*Times and Dates:* 11:30 a.m.—12:30 p.m., March 28, 2001.

*Place:* DoubleTree Hotel Atlanta-Buckhead, 3342 Peachtree Road, N.E., Atlanta, Georgia 30326.

*Status:* Open to the public, limited only by the space available.

*Purpose:* The Subcommittee provides advice on the needs, structure, progress and performance of NCIPC programs. The Subcommittee provides second-level scientific and programmatic review for applications for research grants, cooperative agreements, and training grants related to injury control and violence prevention, and recommends approval of projects that merit further consideration for funding support. The Subcommittee also advises on priorities for research to be supported by contracts, grants, and cooperative agreements and provides concept review of program proposals and announcements.

*Matters to be Discussed:* The meeting will convene in open session from 11:30 a.m. to 12:30 p.m. on March 28, 2001. The Subcommittee will discuss an update on NCIPC's evaluation and planning.

Agenda items are subject to change as priorities dictate.

*Contact Person for More Information:* Mr. Thomas E. Blakeney, Acting Executive Secretary, ACIPC, NCIPC, CDC, 4770 Buford Highway, NE, M/S K61, Atlanta, Georgia 30341–3724, telephone 770/488–1481.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: March 7, 2001.

**Carolyn J. Russell,**

*Management Analysis and Services Office, Centers for Disease Control and Prevention.*

[FR Doc. 01–6130 Filed 3–12–01; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

### Peripheral and Central Nervous System Drugs Advisory Committee; Amendment of Notice

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Food and Drug Administration (FDA) is announcing an amendment to the notice of a meeting of the Peripheral and Central Nervous System Drugs Advisory Committee. This meeting was announced in the **Federal Register** of February 14, 2001 (66 FR 10304). The amendment is being made to cancel the entire session on March 15, 2001. This meeting is open to the public. There are no other changes.

**FOR FURTHER INFORMATION CONTACT:** Sandra L. Titus, Center for Drug Evaluation and Research (HFD–21), Food and Drug Administration, 5600 Fishers Lane (for express delivery, 5630 Fishers Lane, rm. 1093) Rockville, MD 20857, 301–827–7001, e–mail: tituss@cder.fda.gov, or FDA Advisory Committee Information Line, 1–800–741–8138 (301–443–0572 in the Washington, DC area) code 12543. Please call the Information Line for up-to-date information on this meeting.

**SUPPLEMENTARY INFORMATION:** In the **Federal Register** of February 14, 2001 (66 FR 10304), FDA announced that a meeting of the Peripheral and Central Nervous System Drugs Advisory Committee would be held on March 13, 14, and 15, 2001. On page 10304, beginning in the last column, the *Date and Time*, *Agenda*, and *Procedure* portions of this meeting are amended to read as follows:

*Date and Time*: The meeting will be held on March 13 and 14, 2001, 8 a.m. to 5 p.m.

*Location*: Holiday Inn, The Ballroom, Two Montgomery Village Ave., Gaithersburg, MD.

*Agenda*: On March 13, 2001, the committee will discuss drug development for individuals with mild cognitive impairment (MCI). In the recent literature there has been a discussion of an entity referred to as MCI. While MCI is considered by some to be a distinct clinical entity, others consider that the majority of patients diagnosed with MCI have an early form of Alzheimer's Disease. It is critical for regulatory purposes that the issues surrounding this diagnosis are fully explored. Toward that end the committee will listen to speakers and discuss the following and other related questions:

1. Can MCI be clearly defined in a clinical setting?

2. Are there valid criteria for the diagnosis of MCI?

3. Can MCI be distinguished from Alzheimer's Disease and other causes of dementia?

4. What outcome measures are appropriate to use in clinical drug trials conducted in MCI?

5. Should clinical drug trials in MCI incorporate any special features in their design?

On March 14, 2001, the committee will discuss drug development for individuals with vascular dementia. While vascular dementia is considered by some to be a distinct entity others do not agree that it can be easily distinguished from Alzheimer's Disease and/or other dementias. It is critical for regulatory purposes that the issues surrounding this diagnosis are fully explored. Toward that end the committee will listen to presentations and then discuss the following and other related questions:

1. Can vascular dementia be clearly defined in a clinical setting?

2. Are there valid criteria for the diagnosis of vascular dementia?

3. Can vascular dementia be distinguished from Alzheimer's Disease and other causes of dementia?

4. What outcome measures are appropriate to use in clinical drug trials conducted in vascular dementia?

5. Should clinical drug trials in vascular dementia incorporate any special features in their design?

FDA will provide a background position paper on MCI and on vascular dementia prior to each meeting. When the background material becomes available, it will be posted under the Peripheral and Central Nervous System Drugs Advisory Committee Docket site at http://www.fda.gov/ohrms/dockets/ac/acmenu.htm. (Click on the year 2001 and scroll down to the Peripheral and Central Nervous System Drugs meetings.)