

SUPPLEMENTARY INFORMATION: You may call 202-452-3206 beginning at approximately 5 p.m. two business days before the meeting for a recorded announcement of bank and bank holding company applications scheduled for the meeting; or you may contact the Board's Web site at <http://www.federalreserve.gov> for an electronic announcement that not only lists applications, but also indicates procedural and other information about the meeting.

Dated: February 19, 1999.

Robert deV. Frierson,

Associate Secretary of the Board.

[FR Doc. 99-4602 Filed 2-19-99; 3:52 pm]

BILLING CODE 6210-01-P

GOVERNMENT PRINTING OFFICE

Depository Library Council to the Public Printer; Meeting

The Depository Library Council to the Public Printer (DLC) will hold its Spring 1999 meeting on Monday, April 12, 1999, through Thursday, April 15, 1999, in Bethesda, Maryland. The meeting sessions will take place from 8:30 a.m. until 5 p.m. on Monday, Tuesday, Wednesday and from 8:30 a.m. until 12 noon on Thursday. The sessions will be held at the Holiday Inn-Bethesda, 8120 Wisconsin Avenue, Bethesda, Maryland 20814. The purpose of this meeting is to discuss the Federal Depository Library Program. The meeting is open to the public.

A limited number of hotel rooms have been reserved at the Holiday Inn-Bethesda for anyone needing hotel accommodations. Telephone: 301-652-2000; FAX: 301-652-4525. Room cost per night is \$126. To receive this rate, reservations must be made no later than March 11, 1999, and specify the GPO Conference when you contact the hotel.

Michael F. DiMario,

Public Printer.

[FR Doc. 99-4370 Filed 2-22-99; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention (CDC)

[Announcement 99036]

Extramural Grants for Trauma Care Systems Evaluation; Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces that grant applications are being accepted for Injury Prevention and Control Research Grants (RO1s) for fiscal year (FY) 1999.

This program addresses the priority areas of Violent and Abusive Behavior and Unintentional Injuries.

The purpose of this program is to:

1. Support injury prevention and control research on priority issues as delineated in: Healthy People 2000; Injury Control in the 1990's: A National Plan for Action; Injury in America; Injury Prevention: Meeting the Challenge; and Cost of Injury: A Report to the Congress;

2. Encourage professionals from a wide spectrum of disciplines such as engineering, medicine, health care, public health, health care research, behavioral and social sciences, and others, to undertake research to prevent and control injuries.

3. Expand the development and evaluation of current or new intervention methods and strategies for preventing and controlling injuries.

4. Build the scientific base for the prevention and control of injuries and deaths.

B. Eligible Applicants

Applications may be submitted by public and private nonprofit and for-profit organizations and by governments and their agencies; that is, universities, colleges, research institutions, hospitals, other public and private nonprofit and for-profit organizations, State and local governments or their bona fide agents, and federally recognized Indian tribal governments, Indian tribes, or Indian tribal organizations.

Applicant requirements:

1. A principal investigator who has conducted research, published the findings in peer-reviewed journals, and has specific authority and responsibility to carry out the proposed project.

2. Demonstrated experience (on the applicant's project team) in conducting, evaluating, and publishing in peer-reviewed journals injury control research.

3. Effective and well-defined working relationships within the performing

organization and with outside entities that will ensure implementation of the proposed activities.

4. The ability to carry out an injury control research project.

5. The overall match between the applicant's proposed theme and research objectives and the program interests as described under the heading "Programmatic Interests."

Note: Pub. L. 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 \$1.5 million is available for one FY 1999 injury research grant that address the evaluation of trauma care systems. It is expected that the award will begin on or about September 1, 1999, and will be made for a 12-month budget period within a project period of up to three years. Funding estimates may vary and are subject to change.

The maximum funding level for year one will not exceed \$1,500,000 (including both direct and indirect costs). Applications that exceed the funding cap of \$1,500,000 will be excluded from the competition and returned to the applicant. Funding for years two and three may be increased to \$2,000,000 per year (including both direct and indirect costs) bringing the maximum total for the three year project period to \$5.5 million subject to the availability of Federal funds.

Note: Grant funds will not be made available to support the provision of direct care. Eligible applicants may enter into contracts, including consortia agreements (as set forth in the PHS Grants Policy Statement, dated April 1, 1994), as necessary to meet the requirements of the program and strengthen the overall application.

Programmatic Interests

There is programmatic interest in comparing the costs and outcomes of trauma care between trauma center and non-trauma center hospitals. There is special interest in the central question of whether trauma centers provide more cost-effective care than non-trauma center hospitals. Priority is placed on collecting cost and outcome data in the same properly designed observational study, with special emphasis on collecting data on functional outcomes of trauma patients treated in trauma center and non-trauma center hospitals, including functional outcomes measured after hospital discharge. Functional outcome measures of interest include both generic and condition-

specific measures that are applicable to the health status and quality of life of trauma patients included in the study. The cost measure of interest is the monetary value of resources expended during acute hospitalization in a trauma center or non-trauma center hospital. A clearly defined traumatic injury condition or set of traumatic injury conditions is needed to facilitate data collection, follow up, and comparison between patients treated in different hospitals, appropriately adjusted for case-mix differences. A multi-hospital project, with diverse geographic representation, is most likely to yield generalizable findings and help establish a uniform approach to evaluating trauma costs and outcomes.

Funding Preferences

Preference will be given to applicants who include: 1. trauma center and non-trauma center hospitals (trauma center designation refers to designation by a recognized State or regional authority) from at least two of the four major geographic regions of the United States (Northeast, Midwest, South, and West); and 2. consultation with key stakeholder groups during the study design phase. These groups include trauma care professional and multi-disciplinary associations, State and regional emergency medical services (EMS) agencies responsible for trauma systems, managed care organizations and other health care policymakers and payers.

In accordance with the US Bureau of the Census classification of the 50 States and the District of Columbia, the four major geographic regions of the United States are: Northeast—Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Pennsylvania. Midwest—Ohio, Indiana, Illinois, Michigan, Wisconsin, Minnesota, Iowa, Missouri, North Dakota, South Dakota, Nebraska, Kansas. South—Delaware, Maryland, District of Columbia, Virginia, West Virginia, North Carolina, South Carolina, Georgia, Florida, Kentucky, Tennessee, Alabama, Mississippi, Arkansas, Louisiana, Oklahoma, Texas. West—Montana, Idaho, Wyoming, Colorado, New Mexico, Arizona, Utah, Nevada, Washington, Oregon, California, Alaska, Hawaii.

D. Application Content

Applications should follow the PHS-398 (Rev. 5/95) application and Errata sheet, and should include the following information:

1. The project's focus that justifies the research needs and describes the scientific basis for the research, the

expected outcome, and the relevance of the findings to reduce injury morbidity, mortality, disability, and economic losses. This focus should be based on recommendations in Healthy People 2000; Injury in America; Injury Prevention: Meeting the Challenge; and Cost of Injury and should seek creative approaches that will contribute to a national program for injury control.

2. Specific, measurable, and time-framed objectives.

3. A detailed plan describing the methods by which the objectives will be achieved and evaluated, including their sequence. A comprehensive evaluation plan is an essential component of the application.

4. A description of the grant's principal investigator's role and responsibilities.

5. A description of all the project staff regardless of their funding source. It should include their title, qualifications, experience, percentage of time each will devote to the project, as well as that portion of their salary to be paid by the grant.

6. A description of those activities related to, but not supported by the grant.

7. A description of the involvement of other entities that will relate to the proposed project, if applicable. It should include commitments of support and a clear statement of their roles.

8. A detailed first year's budget for the grant with future annual projections, if relevant. Awards will be made for a project period of up to three years.

An applicant organization has the option of having specific salary and fringe benefit amounts for individuals omitted from the copies of the application which are made available to outside reviewing groups. To exercise this option: on the original and five copies of the application, the applicant must use asterisks to indicate those individuals for whom salaries and fringe benefits are not shown; the subtotals must still be shown. In addition, the applicant must submit an additional copy of page four of Form PHS-398, completed in full, with the asterisks replaced by the salaries and fringe benefits. This budget page will be reserved for internal staff use only.

F. Submission and Deadline

Submit the original and five copies of PHS 398 (OMB Number 0925-0001 and adhere to the instructions on the Errata Instruction sheet for PHS 398). Forms are in the application kit.

On or before April 15, 1999, submit to: Anne Fogelson, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office,

Announcement #99036, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Room 3000, Atlanta, Georgia 30341-4146.

Applications shall be considered as meeting the deadline if they are received at the above address on or before the deadline date; or sent on or before the deadline date, and received in time for the review process.

Applicants should request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.

G. Evaluation Criteria

(Please take special notice as elements of this section have changed since the last announcement. A more complete description of the grant award selection process policy can be obtained by calling the phone number found under Where to Obtain Additional Information in the application package).

Upon receipt, applications will be reviewed by CDC staff for completeness and responsiveness as outlined under Eligible Applicants, subtitle, Applicant Requirements (Item 1-5). Incomplete applications and applications that are not responsive will be returned to the applicant without further consideration. It is especially important that the applicant's abstract reflects the project's focus, because the abstract will be used to help determine the responsiveness of the proposal.

Applications which are complete and responsive will be subjected to a preliminary evaluation (triage) by a peer review committee, the Injury Research Grant Review Committee (IRGRC), to determine if the application is of sufficient technical and scientific merit to warrant further review by the IRGRC; CDC will withdraw from further consideration applications judged to be noncompetitive and promptly notify the principal investigator/program director and the official signing for the applicant organization. Those applications judged to be competitive will be further evaluated by a dual review process.

Awards will be determined by the Director of the National Center for Injury Prevention and Control (NCIPC) based on priority scores assigned to applications by the primary review committee, recommendations by the secondary review committee, consultation with NCIPC senior staff, and the availability of funds.

1. The primary review will be a peer review conducted by the IRGRC. All proposals will be reviewed for scientific merit by a committee of no less than

three reviewers with appropriate expertise using current National Institutes of Health (NIH) criteria to evaluate the methods and scientific quality of the proposal. Factors to be considered will include:

a. The specific aims of the research project, i.e., the broad long-term objectives, the intended accomplishment of the specific research proposal, and the hypothesis to be tested.

b. The background of the proposal, i.e., the basis for the present proposal, the critical evaluation of existing knowledge, and specific identification of the injury control knowledge gaps which the proposal is intended to fill.

c. The significance and originality from a scientific or technical standpoint of the specific aims of the proposed research, including the adequacy of the theoretical and conceptual framework for the research.

d. The progress of preliminary studies (optional) pertinent to the application.

e. The adequacy of the proposed research design, approaches, and methodology to carry out the research, including quality assurance procedures, plan for data management, and statistical analysis plan.

f. The extent to which the research findings will lead to feasible, cost-effective injury interventions.

g. The extent to which the evaluation plan will allow the measurement of progress toward the achievement of the stated objectives.

h. Qualifications, adequacy, and appropriateness of personnel to accomplish the proposed activities.

i. The degree of commitment and cooperation of other interested parties (as evidenced by letters detailing the nature and extent of the involvement).

j. Gender and minority issues—Are plans to include both sexes and minorities and their subgroups adequately developed (as appropriate for the scientific goals of the project)? Are strategies included for the recruitment and retention of human subjects?

k. Human Subjects—Are the procedures proposed adequate for the protection of human subjects and are they fully documented? Are all procedures in compliance with applicable published regulations?

l. The reasonableness of the proposed budget to the proposed research and demonstration program.

m. Adequacy of existing and proposed facilities and resources.

2. The secondary review will be conducted by the Science and Program Review Work Group (SPRWG) from the Advisory Committee for Injury

Prevention and Control (ACIPC). At the SPRWG's request, Federal ex officio members may be invited to attend the secondary review. The Federal ex officio members will be responsible for identifying proposals in overlapping areas of research interest so that unwarranted duplication in federally-funded research can be avoided. At the SPRWG's request, NCIPC Division Associate Directors (ADS) for science may be invited to attend the secondary review to assure that research priorities of the announcement are understood and to provide background regarding current research activities. The SPRWG may reach over better ranked proposals in order to assure maximal impact and balance of proposed research. The factors to be considered will include:

a. The results of the primary review including the proposal's priority score as the primary factor in the selection process.

b. The match between the proposal and the program announcement's programmatic interests and funding preferences.

c. The relevance and balance of proposed research relative to the NCIPC programs and priorities.

d. The significance of the proposed activities in relation to the priorities and objectives stated in Healthy People 2000, Injury in America, Injury Prevention, Meeting the Challenge, and Cost of Injury.

e. Budgetary considerations.

Only SPRWG members will vote on funding recommendations. These recommendations will be carried to the entire ACIPC in the form of a report. The ACIPC may vote to approve, disapprove, or modify the recommendations for funding. These recommendations will then be presented to the NCIPC Director for final decision.

3. Continued Funding. Continuation awards made after FY 1999, but within the project period, will be made on the basis of the availability of funds and the following criteria:

a. The accomplishments reflected in the progress report of the continuation application indicate that the applicant is meeting previously stated objectives or milestones contained in the project's annual workplan and satisfactory progress demonstrated through presentations at work-in-progress monitoring workshops.

b. The objectives for the new budget period are realistic, specific, and measurable.

c. The methods described will clearly lead to achievement of these objectives.

d. The evaluation plan will allow management to monitor whether the methods are effective.

e. The budget request is clearly explained, adequately justified, reasonable and consistent with the intended use of grant funds.

H. Other Requirements

Technical Reporting Requirements

Provide CDC with an original plus two copies of:

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

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

Send all reports to: Anne Foglesong, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Room 3000, Atlanta, Georgia 30341-4146.

The following additional requirements are applicable to this program. For a complete description of each see Addendum 1 in the application package.

AR98-1—Human Subjects Certification
AR98-2—Requirements for Inclusion of

Women and Racial and Ethnic Minorities in Research

AR98-9—Paperwork Reduction Act Requirements

AR98-10—Smoke-Free Workplace Requirement

AR98-11—Healthy People 2000

AR98-12—Lobbying Restrictions

AR98-13—Prohibition on Use of CDC funds for Certain Gun Control Activities

I. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under sections 391(a) and 393(a) (42 U.S.C. 280b(a) and 280b-1(a)) of the Public Health Service Act, as amended. The catalog of Federal Domestic Assistance number is 93.136.

J. Where To Obtain Additional Information

Please refer to Program Announcement Number 99036 when requesting 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. If you have questions after reviewing the contents of all the documents, business management

technical assistance may be obtained from: Anne Foglesong, Grants Management Specialist, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Room 3000, Atlanta, Georgia 30341-4146, Telephone: (770) 488-2724, Email Address: anf3@cdc.gov.

For program technical assistance, contact: Ted Jones, Program Manager, Office of Research Grants, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (CDC), 4770 Buford Highway, NE, Mailstop K-58, Atlanta, GA 30341-3724, Telephone (770) 488-4824, Internet address: tmj1@cdc.gov.

This and other CDC announcements are available through the CDC homepage on the Internet. The address for the CDC homepage is <<http://www.cdc.gov>>.

Interested applicants may receive a draft copy of the "Policy for Solicitation and Selection of Injury Research Grant Proposals" by calling 770/488-4265.

Dated: February 17, 1999.

John L. Williams,

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

[FR Doc. 99-4389 Filed 2-22-99; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 99050]

Extramural Grants for Biomechanics Injury Research; Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces that grant applications are being accepted for Injury Prevention and Control Research Grants (RO1s) for fiscal year (FY) 1999.

This program addresses the priority areas of Violent and Abusive Behavior and Unintentional Injuries.

The purpose of this program is to:

1. Support injury prevention and control research on priority issues as delineated in: Healthy People 2000; Injury Control in the 1990's: A National Plan for Action; Injury in America; Injury Prevention: Meeting the Challenge; and Cost of Injury: A Report to the Congress.

2. Encourage professionals from a wide spectrum of disciplines such as engineering, medicine, health care, public health, health care research,

behavioral and social sciences, and others, to undertake research to prevent and control injuries.

3. Expand the development and evaluation of current or new intervention methods and strategies for preventing and controlling injuries.

4. Build the scientific base for the prevention and control of injuries and deaths.

B. Eligible Applicants

Applications may be submitted by public and private nonprofit and for-profit organizations and by governments and their agencies; that is, universities, colleges, research institutions, hospitals, other public and private nonprofit and for-profit organizations, State and local governments or their bona fide agents, and federally recognized Indian tribal governments, Indian tribes, or Indian tribal organizations.

Applicant requirements:

1. A principal investigator who has conducted research, published the findings in peer-reviewed journals, and has specific authority and responsibility to carry out the proposed project.

2. Demonstrated experience (on the applicant's project team) in conducting, evaluating, and publishing injury control research in peer-reviewed journals.

3. Effective and well-defined working relationships within the performing organization and with outside entities that will ensure implementation of the proposed activities.

4. The ability to carry out an injury control research project.

5. The overall match between the applicant's proposed theme and research objectives and the program interests as described under the heading "Programmatic Interests."

Note: Pub. L. 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 \$1 million is available for FY 1999 injury research grants that address biomechanics. Approximately 3-5 awards will be made. It is expected that the awards will begin on or about September 1, 1999 and will be made for a 12-month budget period within a project period of up to three-years. Funding estimates may vary and are subject to change.

The maximum funding level per year will not exceed \$300,000 (including both direct and indirect costs). Applications that exceed the funding

cap will be excluded from the competition and returned to the applicant.

Note: Grant funds will not be made available to support the provision of direct care. Eligible applicants may enter into contracts, including consortia agreements (as set forth in the PHS Grants Policy Statement, dated April 1, 1994), as necessary to meet the requirements of the program and strengthen the overall application.

Programmatic Interests:

There is programmatic interest in advancing the biomechanical understanding of traumatic brain and spinal cord injuries (TBI/SCI), thoracic and abdominal injuries resulting from blunt impact, and injuries occurring to the extremities and joints. There is also interest in the biomechanical evaluation of intervention concepts and strategies (e.g., multi-use recreational helmets, mouth and face protection devices for athletes, energy-absorbing playground surfaces, hip pads, motor vehicle side impact and rollover countermeasures, etc.). There is special interest in defining human tolerance limits for injury; the development of biofidelic models to elucidate injury physiology and pharmacologic, surgical, rehabilitation, and other interventions; improvements in injury assessment technology; understanding impact injury mechanisms; and quantifying injury-related biomechanical responses for critical areas of the human body (e.g., brain and vertebral injury with spinal cord involvement). While extending and adapting results and conclusions of the above efforts to the entire population is both desirable and sought, additional consideration will be given to proposals that emphasize research especially applicable to young children, females, and/or the elderly.

D. Application Content

Applicants should follow the PHS-398 (Rev. 5/95) application and Errata sheet, and should include the following information:

1. The project's focus that justifies the research needs and describes the scientific basis for the research, the expected outcome, and the relevance of the findings to reduce injury morbidity, mortality, disability, and economic losses. This focus should be based on recommendations in Healthy People 2000; Injury in America; Injury Prevention: Meeting the Challenge; and Cost of Injury and should seek creative approaches that will contribute to a national program for injury control.

2. Specific, measurable, and time-framed objectives.