

neuroscience. It will also continue discussing ethical issues relating to the treatment of the aged and end-of-life care. Subjects discussed at past Council meetings (though not on the agenda for the present one) include: cloning, stem cell research, embryo research, assisted reproduction, reproductive genetics, IVF, ICSI, PGD, sex selection, inheritable genetic modification, patentability of human organisms, aging retardation, lifespan-extension, and organ procurement for transplantation. Publications issued by the Council to date include: *Human Cloning and Human Dignity: An Ethical Inquiry* (July 2002); *Beyond Therapy: Biotechnology and the Pursuit of Happiness* (October 2003); *Being Human: Readings from the President's Council on Bioethics* (December 2003); *Monitoring Stem Cell Research* (January 2004), and *Reproduction and Responsibility: The Regulation of New Biotechnologies* (March 2004).

DATES: The meeting will take place Thursday, September 9, 2004, from 9 a.m. to 4:30 p.m. ET; and Friday, September 10, 2004, from 8:30 a.m. to 12:30 p.m. ET.

ADDRESSES: Hyatt Regency Crystal City, 2799 Jefferson Davis Highway, Arlington, VA 22202.

Agenda: The meeting agenda will be posted at <http://www.bioethics.gov>.

Public Comments: The Council encourages public input, either in person or in writing. At this meeting, interested members of the public may address the Council, beginning at 11:30 a.m., on Friday, September 10. Comments are limited to no more than five minutes per speaker or organization. As a courtesy, please inform Ms. Diane Gianelli, Director of Communications, in advance of your intention to make a public statement, and give your name and affiliation. To submit a written statement, mail or e-mail it to Ms. Gianelli at one of the addresses given below.

FOR FURTHER INFORMATION CONTACT: Ms. Diane Gianelli, Director of Communications, The President's Council on Bioethics, Suite 700, 1801 Pennsylvania Avenue, Washington, DC 20006. Telephone: (202) 296-4669. E-mail: info@bioethics.gov. Web site: <http://www.bioethics.gov>.

Dated: August 11, 2004

Yuval Levin,

Acting Executive Director, The President's Council on Bioethics.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 04274]

HIV/AIDS Surveillance in VCT/PMTCT Centers in Haiti Including Support of Annual Sero-Survey of Pregnant Women; Notice of Availability of Funds; Amendment

A notice announcing the availability of fiscal year (FY) 2004 funds for cooperative agreements for immunization projects was published in the **Federal Register** July 29, 2004, Volume 69, Number 145, pages 45322-45326. The notice is amended as follows:

Page 45323, Section II. Award Information: change Approximate Average Award to \$550,000. (This amount is for the first 12-month budget period and includes direct costs.)

William P. Nichols,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Reproductive Health Research

Announcement Type: New.

Funding Opportunity Number: RFA DP05-010.

Catalog of Federal Domestic Assistance Number: 93.946.

Key Dates:

Letter of Intent Deadline: September 23, 2004.

Application Deadline: November 8, 2004.

Executive Summary: The Division of Reproductive Health has four priority areas addressed by this announcement: (1) Maternal health, (2) infant health, (3) unintended and teen pregnancy prevention, and (4) women's reproductive health. This announcement seeks proposals for etiologic or interventional research that one or more of these four priority areas, especially as they relate to the problems of disparities in risk, prediction of risk, and prevention of preterm birth or unintended pregnancy. This program addresses the "Healthy People 2010" focus areas of Maternal, Infant, and Child Health and Family Planning.

I. Funding Opportunity Description

Authority: This program is authorized under Sections 301 (a) and 317 (k)(2) [42 U.S.C. 241 (a) and 247b (k)(2)] of the Public Health Service Act, as amended.

Purpose: The purpose of the program is to generate new knowledge to further the health of United States families and to eliminate disparities related to contraception, pregnancy, preterm delivery, and human reproduction.

Measurable outcomes of the program will be in alignment with one or more of the following performance goals (1) reduce maternal morbidity and mortality; or (2) identify biological and behavioral risk factors influencing prematurity; (3) increase the proportion of pregnancies that are intended; (4) reduce pregnancies among adolescent females; or (5) increase the proportion of adolescents who abstain from sexual intercourse or use condoms if currently sexually active.

Research Objectives:

(1) To gain a better understanding of the susceptibility to preterm delivery, in a public health framework, through research that explores:

- The social, behavioral, community, genetic, historical, and biologic determinants of preterm birth.
- The effect of gene variation within and between groups on the risk of preterm birth, and how the environment modifies that risk.
- The potential to predict the risk of preterm birth using combinations of social, behavioral, community, genetic, historical, and biologic determinants of preterm birth.

- To gain a better understanding of the clinical use of 17-alpha hydroxyprogesterone for the prevention of preterm delivery, evaluate barriers to its use, and develop capacity for future expanded studies of therapeutic effectiveness in the context of routine obstetrical care.

(2) To prevent unintended and teen pregnancy and to improve reproductive health among U.S. teens through innovative intervention research, non-intervention research, and research with Latino youth. Latinos are now the number one minority adolescent population and will continue to grow given the population demographics of such a young U.S. Latino population. Much of the data for Latinos are not disaggregated by ethnic subgroups or by first or subsequent generation and, therefore, preclude a discussion of differing risk factors and sexual health outcomes specific to each subgroup. Latinos have the highest teen pregnancy rate and over half of teenaged Latinos are sexually active. They are among the