

Code of Federal Regulations, Title 21,  
Part 56. Institutional Review Boards  
(FDA)

Code of Federal Regulations, Title 45,  
Part 76. HHS Debarment Regulations

Dated: June 27, 2000.

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Office of the Assistant Secretary for Planning  
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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[Program Announcement 00095]

#### Cooperative Agreement for Birth Defects Surveillance, Research, and Prevention Activities; 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 University of South Alabama Birth Defects Surveillance, Research, and Prevention Activities.

##### B. Eligible Applicants

*Single Source:* Assistance will be provided only to the University of South Alabama. No other applications are solicited.

This authority is granted under the Consolidated Appropriations Act 2000 (Public Law 106-113), which states: “\* \* \* under section 1509 of the Public Health Service Act \* \* \* \$1,000,000 shall be for the University of South Alabama birth defects monitoring and prevention activities.”

##### C. Availability of Funds

Approximately \$800,000 is available in FY 2000 to fund this 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 only 1 year. Funding estimates may change.

##### D. Where To Obtain Additional Information

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from: William A. Paradies, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease

Control and Prevention, 2920  
Brandywine Road, Room 3000, Atlanta,  
GA 30341-4146, Telephone number  
(770) 488-2721, Email address:  
WParadies@cdc.gov.

For program technical assistance, contact: Larry D. Edmonds, State Services, Birth Defects and Pediatric Genetics Branch, Division of Birth Defects, Child Development, Disability and Health, National Center for Environmental Health, Centers for Disease Control and Prevention (CDC), 4770 Buford Highway NE., Mailstop F-45, Atlanta, GA 30341-3724, Telephone number (770) 488-7171, E-mail address: LEdmonds@cdc.gov.

Dated: June 27, 2000.

**John L. Williams,**

*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

[Program Announcement 00105]

#### TB Epidemiologic and Operational Research; Notice of Availability of Funds

##### A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of Fiscal Year 2000 funds for a new cooperative agreement to enhance the capabilities of recipients of state and local tuberculosis (TB) elimination and laboratory agreements to conduct TB epidemiologic and operational research. This program addresses the “Healthy People 2010” focus areas of Immunization and Infectious Diseases. For the conference copy of “Healthy People 2010”, visit the internet site <http://www.health.gov/healthypeople>

The purpose of this cooperative agreement is to build capacity at state and local health departments to conduct and implement protocol-driven epidemiologic and operational research. Such actions are consistent with recommendations issued by the Advisory Council for the Elimination of Tuberculosis (ACET) calling for decisive actions to: Better understand the changing epidemiology of TB to rebuild the public health infrastructure; identify challenges and opportunities for TB control in an era of changes in health care organizations and delivery; recognize the interdependence of global

TB and TB in the United States; and develop and evaluate new tools for TB diagnosis, treatment and prevention. This new cooperative agreement will be awarded to successful applicants from state and local health agencies to support health department-based investigators with access to patients with tuberculosis, latent tuberculosis infection, or recent exposure to persons with active tuberculosis (“contacts”) in the implementation of protocols for epidemiologic and operational research. Recipients of this award will be expected to conduct site-specific epidemiologic and operational research activities in TB which rely upon the implementation of common, agreed-upon study protocols. Award recipients will be expected to successfully compete for one or more of the specific TB research projects listed below. Eligible applicants may request support for activities under one or more of the following three separate focus areas. See Attachments 1-3 in the application kit for details under each focus area:

1. *Development of Contact Investigation Self-Evaluation Tools:* (See Attachment 1): Assist local TB control programs in building local-level capacity for evaluation of contact investigation processes by providing them with a package of self-evaluation tools. These tools will enable programs to systematically assess contact investigation processes and target programmatic revisions accordingly. The package will include economic evaluation tools to show how program changes will impact resource use and outcomes, thus enabling programs to plan strategically. The package of tools will be pilot tested to ensure usefulness and feasibility. These funds will give state and local health departments the ability to develop practical evaluation tools, based on the CDC’s Recommended Framework for Evaluation, that can be used by local TB programs to use local data to evaluate contact investigation processes. They will also provide for the development of educational support materials to enable local level program staff to understand evaluation principles and conduct self-evaluations.

2. *Improving Contact Investigations in Foreign-Born Populations:* (See Attachment 2) Improve contact identification for foreign-born (FB) TB cases. Improve completeness and timeliness of screening for identified contacts to FB TB cases. Improve the interpretation of screening results for contacts to FB TB cases in [a] the context of screening results for US-born contacts to the same cases and [b] using serum immunologic profile (IFN-gamma