

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Statement of Delegation of Authority

Notice is hereby given that I have delegated to the Director, National Institutes of Health (NIH), the authorities under Public Law 106–551 (Chimpanzee Health Improvement, Maintenance, and Protection Act), section 2, as amended, to establish and to operate a sanctuary system for surplus chimpanzees that have been used, or were bred or purchased for use, in research conducted or supported by agencies of the Federal Government. NIH shall take the lead in coordinating all efforts on behalf of the Department of Health and Human Services concerning a sanctuary system for surplus chimpanzees from both Federal and non-Federal sources.

This delegation shall be exercised under the Department's delegation of authority and policy on regulation, and it excludes the authority to submit reports to Congress.

These authorities may be redelegated and further redelegation is authorized. Redelegations must be in writing and exercised in accordance with any conditions or restrictions imposed by law or regulation. All previous delegations of authority inconsistent with the provisions of this delegation are superseded.

This delegation is effective upon date of signature. In addition, I ratified and affirmed any actions take by the Director, NIH, or other NIH officials, which involved the exercise of authorities delegated herein prior to the effective date of this delegation.

Dated: April 5, 2001.

Tommy G. Thompson,
Secretary.

[FR Doc. 01–9130 Filed 4–12–01; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Toxic Substances and Disease Registry

Citizens Advisory Committee on Public Health Service (PHS) Activities and Research at Department of Energy (DOE) Sites: Oak Ridge Reservation Health Effects Subcommittee

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Agency for Toxic

Substances and Disease Registry (ATSDR) and the Centers for Disease Control and Prevention (CDC) announce the following meeting.

Name: Citizens Advisory Committee on PHS Activities and Research at DOE Sites: Oak Ridge Reservation Health Effects Subcommittee (ORRHES).

Time and Date: 11:30 a.m.–12:30 p.m.

Place: This meeting will be conducted via conference call and on-site at the Tennessee Department of Environment and Conservation (TDEC), Department of Energy Oversight Division, 761 Emory Valley Road, Oak Ridge, TN 38730. Telephone: 865–481–0995. To participate via conference call, please dial 1–800–311–3437 and when prompted, enter participant code #224425.

Status: Open to the public, limited only by space available at TDEC. The room accommodates approximately 25 people. This notice is being published less than 15 days in advance of the meeting due to administrative delay. The meeting room accommodates approximately 25 people.

Background: A Memorandum of Understanding (MOU), signed in October 1990 and renewed in September 2000 between ATSDR and DOE, delineates the responsibilities and procedures for ATSDR's public health activities at DOE sites required under sections 104, 105, 107, and 120 of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA or "Superfund"). These activities include health consultations and public health assessments at DOE sites listed on, or proposed for, the Superfund National Priorities List and at sites that are the subject of petitions from the public; and other health-related activities such as epidemiologic studies, health surveillance, exposure and disease registries, health education, substance-specific applied research, emergency response, and preparation of toxicological profiles.

In addition, under an MOU signed in December 1990 with DOE and replaced by an MOU signed in 2000, the Department of Health and Human Services (HHS) has been given the responsibility and resources for conducting analytic epidemiologic investigations of residents of communities in the vicinity of DOE facilities, workers at DOE facilities, and other persons potentially exposed to radiation or to potential hazards from non-nuclear energy production and use. HHS has delegated program responsibility to CDC.

Purpose: This subcommittee is charged with providing advice and recommendations to the Director, CDC, and the Administrator, ATSDR, pertaining to CDC's and ATSDR's public health activities and research at this DOE site. Activities shall focus on providing the public with a vehicle to express concerns and provide advice and recommendations to CDC and ATSDR. The purpose of this meeting is to receive updates from ATSDR and CDC, and to address other issues and topics, as necessary.

Matters to be Discussed: Agenda item includes a discussion on the needs

assessment from the Needs Assessment Workgroup and a recommendation for George Washington University on community contacts. Agenda items are subject to change as priorities dictate.

Contact Person for More Information: Bill Murray, Oak Ridge Field Office at (865) 220–0295, or Marilyn Palmer, Committee Management Specialist, Division of Health Assessment and Consultation, ATSDR, 1600 Clifton Road, NE, M/S E–54, Atlanta, Georgia 30333, telephone 1–888–422–8737, fax 404/639–4699.

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: April 9, 2001.

Carolyn J. Russell,

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

[FR Doc. 01–9155 Filed 4–12–01; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Interagency Committee on Smoking and Health: Notice of Charter Renewal

This gives notice under the Federal Advisory Committee Act (Public Law 92–463) of October 6, 1972, that the charter for the Interagency Committee on Smoking and Health (ICSH) of the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services, has been renewed for a 2-year period, through March 20, 2003.

For further information, contact Linda Bailey, Executive Secretary, Interagency Committee on Smoking and Health, Centers for Disease Control Prevention, of the Department of Health and Human Services, CDC, Washington Office, m/s P–07, Washington, DC 20201, telephone 202/205–8500 or fax 202/205–8313.

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: April 9, 2001.

Carolyn J. Russell,

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

[FR Doc. 01-9154 Filed 4-12-01; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 01046]

Support State Oral Disease Prevention Programs; Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2001 funds for a cooperative agreement program to "Support State Oral Disease Prevention Programs". This program addresses "The Healthy People 2010" focus areas of Oral Health, Public Health Infrastructure, and Educational and Community-Based Programs. For additional Healthy People 2010 information please see AR-11 in Attachment I.

The purpose of this program is to establish, strengthen and expand the capacity of states, territories, and tribes to plan, implement, and evaluate oral disease prevention and health promotion programs, targeting populations and disparities, as outlined in "Oral Health in America: A Report of the Surgeon General", see appendix IV. These programs may include addressing dental caries, periodontal diseases, oral and pharyngeal cancers, and other oral conditions considered to be public health problems. With enhanced capacity, States can direct and integrate strategies and resources, serving as the linking agent for collaboration between the federal, state, and local levels, including both the private and public sectors, in support of improved oral health outcomes. Competitive cooperative agreements with state health departments or agencies are announced for:

Part A: CORE

To assist States, territories, and tribes in establishing, strengthening or expanding oral health core capacity and infrastructure to the level required for effective programs. For more information on the components of state oral health programs as outlined in the Association of State and Territorial Dental Directors' "Building

Infrastructure and Capacity in State and Territorial Oral Health Programs" see Appendices I and IV.

It is expected that CORE funding will be used to establish, strengthen and expand core capacity and infrastructure which may include, but not be limited to, support for (1) oral health program leadership (e.g., state dental director); (2) epidemiologic expertise needed to collect and analyze data, monitor oral health status, risk behaviors, preventive interventions and programs, and target intervention efforts; and (3) coordination and/or management of PREVENTION INTERVENTION(S) (e.g., prevention program management and/or coordination, support staff and community health awareness, education and health awareness).

Part B: Prevention Interventions

To provide funding to support the establishment, enhancement or expansion of oral health disparity reduction programs once adequate capacity and infrastructure are in place. For more information on community-based oral disease prevention strategies, see Appendix IV, "The Community Guide to Preventive Services".

Prevention programs are:

B-(1) Community water fluoridation; or

B-(2) School based or school linked dental sealant programs.

B. Eligible Applicants

Limited Competition

Assistance will be provided only to the health departments of States or their bona fide agents, including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, federally recognized Indian tribal governments, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau. In consultation with States, assistance may be provided to political subdivisions of States.

Applicants may apply for assistance under Part A or Part A and Part B. All applicants are required to demonstrate the existing oral health program components as described under CORE (Part A). Applicants may also request support under Prevention Interventions (Part B), for either community water fluoridation (B-(1)), or school-based or school-linked dental sealants (B-(2)), but not both.

All applicants are eligible for CORE (Part A) funding. Eligible applicants or their bona fide agents for Prevention Interventions (Part B) are applicants

successfully competing for CORE (Part A) and are not excluded as follows:

Part B-(1) Community water fluoridation

Applicants receiving funding for community water fluoridation under CDC's Program Announcement 99111, Water Fluoridation Assistance Program, are not eligible to apply for Part B-(1), but are eligible to apply for funding under Part B-(2).

Part B-(2) School-based or school-linked dental sealants

Applicants receiving funding for school-based or school-linked dental sealants under CDC's Program Announcement 99071, Oral Disease Prevention in School-Aged Children Using School-based or School-linked Oral Health Programs, are not eligible to apply for Part B-(2), but are eligible to apply for funding under Part B-(1).

In order to compete for funding under Part B, the applicant must either demonstrate the current existence of oral health program components, or apply and be approved for funding to establish, strengthen, or expand components under Part A.

Note: Public Law 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 \$1.2 million is available in FY 2001 to fund approximately 3 to 6 awards.

Part A: Core

Approximately \$800,000 is available for 3 to 6 CORE awards. It is expected that the average award will be \$200,000.

Part B: Prevention Interventions

Approximately \$400,000 is available for approximately 3 to 4 Prevention Intervention awards. It is expected that the average award will be \$80,000.

B-(1) Approximately \$200,000 for approximately 2 awards for community water fluoridation.

B-(2) Approximately \$200,000 for approximately 2 awards for school-based or school-linked dental sealant programs.

It is expected that awards will begin on or about July 1, 2001, 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