Alpine, Texas, and thereby indirectly acquire Alpine Delaware Financial Corporation, Dover, Delaware, and First National Bank in Alpine, Alpine, Texas.

Board of Governors of the Federal Reserve System, July 6, 1998.

Robert deV. Frierson,

Associate Secretary of the Board.

[FR Doc. 98–18282 Filed 7–8–98; 8:45 am]

BILLING CODE 6210–01–F

FEDERAL RESERVE SYSTEM

Notice of Proposals to Engage in Permissible Nonbanking Activities or to Acquire Companies that are Engaged in Permissible Nonbanking Activities

The companies listed in this notice have given notice under section 4 of the Bank Holding Company Act (12 U.S.C. 1843) (BHC Act) and Regulation Y, (12 CFR Part 225) to engage *de novo*, or to acquire or control voting securities or assets of a company, including the companies listed below, that engages either directly or through a subsidiary or other company, in a nonbanking activity that is listed in § 225.28 of Regulation Y (12 CFR 225.28) or that the Board has determined by Order to be closely related to banking and permissible for bank holding companies. Unless otherwise noted, these activities will be conducted throughout the United States.

Each notice is available for inspection at the Federal Reserve Bank indicated. The notice also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the question whether the proposal complies with the standards of section 4 of the BHC Act.

Unless otherwise noted, comments regarding the applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than July 24, 1998.

A. Federal Reserve Bank of Chicago (Philip Jackson, Applications Officer) 230 South LaSalle Street, Chicago, Illinois 60690-1413:

1. Northern Trust Corporation, Chicago, Illinois; to engage *de novo* through its subsidiary, Northern Trust Bank, Federal Savings Bank, Bloomfield Hills, Michigan (in organization), and thereby engage in the operation of a savings association, pursuant to § 225.28(b)(4)(ii) of Regulation Y.

Board of Governors of the Federal Reserve System, July 6, 1998.

Robert deV. Frierson,

Associate Secretary of the Board.

[FR Doc. 98–18281 Filed 7–8–98; 8:45 am]

BILLING CODE 6210–01–F

GENERAL SERVICES ADMINISTRATION

[OMB Control No. 3090–0043]

Submission for OMB Review; Comment Request Entitled Appraisal, Fair Annual Rental for Parking Spaces

AGENCY: Public Buildings Service, GSA.

ACTION: Notice of request for an extension to an existing OMB clearance (3090–0043).

SUMMARY: Under the provisions of the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35), the Office of Acquisition Policy has submitted to the Office of Management and Budget (OMB) a request to review and approve an extension of a previously approved information collection requirement concerning Appraisal, Fair Annual Rental for Parking Spaces.

DATES: Comment Due Date: September 8, 1998.

ADDRESSES: Comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, should be submitted to: Edward Springer, GSA Desk Officer, Room 3235, NEOB, Washington, DC 20503, and to Marjorie Ashby, General Services Administration (MVP), 1800 F Street NW, Washington, DC 20405.

FOR FURTHER INFORMATION CONTACT: William C. Wyrick, Public Buildings Service (202) 501–4407.

SUPPLEMENTARY INFORMATION:

A. Purpose

The GSA is requesting the Office of Management and Budget (OMB) to review and approve information collection, 3090–0043, concerning Appraisal, Fair Annual Rental for Parking Spaces. This form is needed by contract and staff appraisers to estimate the assessed parking rates for agencies occupying space in Federal and private buildings.

B. Annual Reporting Burden

Respondents: 260; *annual responses:* 1300; *average hours per response:* 1.6; *burden hours:* 2200.

Copy of Proposal: A copy of this proposal may be obtained from the GSA Acquisition Policy Division (MVP), Room 4011, GSA Building, 1800 F Street, NW, Washington, DC 20405, or by telephoning (202) 501–3822, or by faxing your request to (202) 501–3341.

Dated: June 19, 1998.

Ida M. Ustad,

Deputy Associate Administrator, Office of Acquisition Policy.

[FR Doc. 98–18193 Filed 7–8–98; 8:45 am]

BILLING CODE 6820–61–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 98094]

Measuring the Risk for Transmission and Sequelae From Chlamydial Disease in the Era of Amplification Testing; Notice of Availability of Funds for Fiscal Year 1998

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1998 funds for a cooperative agreement program on Chlamydia trachomatis (Ct) infection in order to enhance strategies for prevention of STD-related infertility. Please reference the Attachment for background information relevant to this program announcement. This program addresses the ''Healthy People 2000'' priority area 19, Sexually Transmitted Diseases.

The purpose of this research program is to gain a better understanding of the risk for Ct disease transmission and sequelae in the context of new, highly sensitive diagnostic technologies. When patient specimens are subjected to both standard non-amplification tests (culture, enzyme immunoassay [EIA], direct fluorescent-antibody [DFA], DNA hybridization) and highly sensitive nucleic acid amplification tests such as the polymerase chain reaction [PCR], ligase chain reaction [LCR], or transcription mediated amplification [TMA], some proportion of patient specimens will test positive by one diagnostic measure, and negative by another. Rarely, a specimen will test positive by standard non-amplification tests and negative by more sensitive tests (+/−). Much more commonly, a specimen which is negative by standard diagnostic testing will test positive by highly sensitive nucleic acid amplification tests (−/+). Such discordant specimens have usually been classified as true positives, or false positives on the basis of a highly sensitive third confirmatory test targeting a different portion of the Ct

genome [(−/+/+) or (−/+/−) respectively].

It is not clear to what extent (−/+) discordant specimens (positive by amplification test only) reflect collection of low quality specimens from infected individuals, a phase in the natural disease course of Ct infection, a subgroup of true positive tests (i.e., specimens from some infected persons will always be discordant), or false positive test results. If poor quality specimen collection is the dominant explanation, it is possible that discordant tests result from a small organism load detectible only by highly sensitive tests. If infectious stage, immunity, or menstrual cycle play a role, discordant specimens may be due to such factors as early infection, previous infection, partially treated infection, non-viable organisms, or spontaneously resolving infection. It is not known if persons with discordant specimens have the same risk for disease transmission and development of sequelae as those with concordant specimens. With limited resources for screening it will be important to define criteria to determine the adequacy of collected specimens, and to be able to measure both the risk of disease transmission and the risk for sequelae among persons whose specimens test positive by nucleic acid amplification tests in order to weigh the potential benefit against the added cost and technical demands of screening with amplification tests.

In addition to standard methods of observational data analysis, CDC envisions that data from this study will be used to generate parameter estimates to supplement later work with mathematical models to estimate (a) changes in disease transmissibility over the course of infection, (b) estimates of the critical interval between disease acquisition and development of irreversible sequelae, and (c) the optimal screening intervals to most efficiently interrupt disease transmission and prevent the development of sequelae in diverse epidemiologic situations.

B. Eligible Applicants

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

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 $700,000 is available in FY 1998 to fund approximately two awards. It is expected that the average award will be $350,000, ranging from $300,000 to $400,000. It is expected that the awards will begin on or about September 30, 1998 and will be made for a 12-month budget period within a project period of up to 3 years. Funding estimates may change.

Continuation awards within an approved project period will be made on the basis of satisfactory progress as evidenced by required reports and the availability of funds.

Funding Preferences

Funding preferences may be given to (1) applications from particular geographic locations in order to achieve geographic balance or (2) applications from sites which differ from others in the prevalence of Ct (to select study sites diverse in stage of prevention program and phase in the Ct epidemic).

D. Program Requirements

In conducting activities to achieve this program, the recipient shall be responsible for the activities listed under 1. (Recipient Activities), and CDC shall be responsible for conducting activities listed under 2. (CDC Activities).

1. Recipient Activities

During the first 3–6 months of the study period, funded recipients will work as a group to develop a protocol that synthesizes ideas submitted by each funded site. Recipients will implement the protocol during the remaining months of the study period.

a. Collaborate on Study Design: Recipients will meet together to collectively develop a study protocol to be adopted across collaborating recipient sites. Collaborative activities will include (but may not be restricted to) the development of common data collection instruments, common specimen collection protocols, and common data management procedures.

b. Collaborate During Implementation of the Study: Collaboration will include: (1) communication regarding study progress; and (2) participation in across-site quality control procedures, and in regularly scheduled meetings and conference calls.

c. Conduct Productive and Scientifically Sound Studies: Recipients will identify, recruit, obtain informed consent forms, and enroll and follow to completion a minimum number of participants as specified by the study design and sample size requirements. Recipients will perform laboratory tests as determined by the study protocol, and will follow study participants over time as determined by the protocol.

d. Carry Out Site-Specific Analyses: Recipients may conduct analyses and publish manuscripts using data collected at their own site.

e. Share Data and Specimens: Recipients will take responsibility for cleaning and/or editing locally collected data, and sharing data and (when appropriate) specimens to allow for analysis of specific research questions.

f. Collaborate on Publication of Results: Researchers will develop at least one publication recording results from both study sites for a peer-reviewed journal.

g. Meet the requirements for approval of the study protocol specified by the recipients' local institutional human investigation review board (IRB).

2. CDC Activities

a. Provide Technical Assistance and Coordination: CDC staff will provide current scientific and programmatic information relevant to the project, and may provide technical guidance in the design and conduct of the research (including study design, operations and evaluation, and development and dissemination of study protocols, consent forms, and questionnaires). CDC will provide coordination of the project and will assist in designing a data management system.

b. Analyze Study Data and Coordinate Publication: CDC staff may assist in cross-site analyses of data gathered over the course of the study and may collaborate with recipients in developing at least one overall publication describing the multi-site project results.

c. Share Data and Specimens: CDC staff may coordinate the dissemination of data and specimens (when appropriate) to participating sites.

d. Monitor and Evaluate Scientific and Operational Accomplishments of the Project: This will be accomplished through periodic site visits, telephone calls, and review of technical reports and interim data analysis.

e. Meet the requirements for approval of the study protocol specified by the CDC's human investigation review board (IRB).

E. Application Content

Applicants should use the following study questions, as well as information in the Program Requirements, Other Requirements, and Evaluation Criteria

sections of this announcement to develop the application content. Applications will be evaluated on the criteria listed, so it is important to follow them in laying out your program plan. The narrative should be no more than 25 double-spaced pages, printed on one side, with one inch margins, and unreduced font. Please include a table of contents.

Applicants should develop a research proposal outlining a single integrated study to address as many of the following study questions as they deem feasible, and consider study designs which would permit consideration of how patient gender, specimen type, and Ct ''epidemic phase'' (as evidenced by Ct prevalence, and trends in disease) affect the interpretation of the results. Site-specific differences in the Ct epidemic and local prevention program development may affect the proportion of collected specimens which come from prevalent versus incident cases, or symptomatic versus asymptomatic cases; these factors may influence the likelihood that a specimen tests positive by nucleic acid amplification test (NAAT) only, as well as modifying the risk for transmission and sequelae among infected persons. Because of this potential confounding, applicants for each site must demonstrate a sample size adequate to allow the chief research questions to be addressed conclusively at their (single) site (i.e. without relying on an aggregate data analysis).

Applicants must give evidence (in the form of a letter of agreement) that they will conduct their proposed study in collaboration with a State or local health department. Applications from State and local health departments must include evidence (in the form of a letter of agreement) that they will collaborate with a research institution.

Applicants should include a summary abstract at the front of the application listing their name and the proposed participating institutions, and outlining (in 300 words or less) the key, distinguishing methodologic and technical aspects of the proposed study.

The applicant should provide a line-item annualized budget with a budget narrative that justifies each line item and which anticipates the salaries of appropriate staff, travel for principal investigator(s) and project supervisor(s) to meet with CDC three times during the first year and two times per year thereafter, as well as costs related to the diagnosis and management of Ct and other concurrently diagnosed STDs. This could include the cost of anticipated partner tracing activities, longitudinal participation, and other needs.

Study Questions

(1) Is there a differential risk for disease transmission and development of the sequelae from Ct disease in persons with discordant compared to concordant test results? Are there laboratory correlates, such as quantification of bacterial load or a test for viability, which could be used to identify those at most risk for transmission or sequelae?

(2) What factors influence detection of Chlamydial antigen and the reproducibility of results, and how does detection of Ct disease by non-amplification and amplification methods vary over the course of infection? Factors which could be explored include the quality of the biologic specimen obtained, phase in the menstrual cycle or other characteristics of the infected person such as immune status, relative timing within the natural history of untreated Ct infection, co infection with other sexually transmitted disease(s), or the order in which specimens are collected when multiple specimens are obtained from the same person? To what extent are these factors influenced by the type of specimen collected (cervical, vaginal, urine)?

(3) What are the defining characteristics of false positive specimens (that subset of discordant patient specimens which test negative when subjected to a third, confirmatory test)? Are there any laboratory or clinical factors which could be used to predict those specimens likely to be false positives (proximity in testing wells, identical genotypes, low amplicon count)? Does the frequency of measurable clinical outcomes—such as evidence of transmission within a sexual partnership, or development of sequelae—concur with the ''negative'' classification such specimens would be accorded by a third confirmatory test?

Applicants are also encouraged to develop secondary study hypotheses which may be addressed at their own or all collaborating sites, depending on the level of interest among the collaborating investigators.

F. Submission and Deadline

1. Applications

Applicants should use Form PHS 398 (OMB Number 0925-0001) and adhere to the ERRATA Instruction sheet for form PHS–398 contained in the application kit. Please submit an original and five copies on or before August 14, 1998 to: Kathy Raible, Grants Management Specialist, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE, Room 300, M/S E–15, Atlanta, Georgia 30305.

2. Deadlines

A. Applications will meet the deadline if they are either:

1. Received on or before the deadline date; or

2. Sent on or before the deadline date and received in time for submission to the objective review committee. (Applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks shall not be accepted as proof of timely mailing.)

B. Applications that do not meet the criteria in A.1. or A.2. above are considered late applications. Late applications will not be considered in current competition and will be returned to the applicant.

G. Evaluation Criteria

Each application will be evaluated individually against the following criteria by an independent reviewer group appointed by CDC:

1. Background and Objectives (10 points)

Depth of knowledge regarding Ct transmission, including demonstrated understanding of the strengths and limitations of previous studies examining the issue. Demonstrated understanding of how introduction of new diagnostic tests may affect the scientific communities' understanding of transmissibility and could shape public health recommendations for screening, partner notification and patient follow up.

The extent to which the applicant provides a set of research objectives that are realistic, specific, and measurable, and reflect an optimal integration of the study questions outlined earlier in this announcement. Points will be awarded for attention to each of the possible modifying variables: (a) gender; (b) specimen type; and (c) epidemic phase of Ct in the study population.

2. Site Selection/Study Population (10 points)

The extent to which the selected study site and study population (including the choice of whether or not to include symptomatic persons) will enable the results from this research to be generalizeable to other settings or populations likely to be screened for Ct. Applications will be scored on the likely feasibility of completing the research in the proposed population. Highest points will be given to applications demonstrating the capacity to enroll persons at risk for Ct infection in numbers adequate to address a maximal number of research questions at a single site, and to undertake longitudinal follow-up of these persons as required by the study design.

The feasibility of utilizing the proposed study population will be evaluated on the basis of the applicant's:

(a) outline of STD services available in their jurisdiction; (b) specification of the type of setting in which the proposed study would be conducted (e.g., family planning clinic, sexually transmitted diseases clinic, primary care clinic), and health care delivery system within which this setting exists (managed care, federally funded facility, University affiliated); (c) description of the population accessible at the proposed study site, including the number of people seen per month and per annum, with a tabulation by gender, age group <20, 20–24, 25–29, 30–34, 35–44 and ethnicity; and (d) description of the prevalence of Ct in population attending the proposed study site stratified by these same variables, with specification of whether study subjects will be limited to asymptomatic persons, or will include symptomatic individuals. The applicant's decision to include or exclude symptomatic individuals will be judged on the basis of the rationale provided, and demonstrated understanding of how such inclusion or exclusion might be expected to influence sample size requirements, and generalizeability of the study findings.

3. Methods (25 points)

Applications will be evaluated with regard to the appropriateness, efficiency, and adequacy of the research design and proposed methodology to answer the research questions. This evaluation will be based on the extent to which the application: (a) Describes a well conceived study design in clear terms; (b) describes the likely range of explanatory and outcome variables in each component of the study; (c) specifies appropriate comparison groups for analysis within each study component; (d) provides explicit outlines of sampling schemes, sample size calculations (including all assumptions made for the purposes of the calculations), and plans for handling sampling biases;[1] (e) gives evidence of access to the relevant data sources and the plan for data collection; and (f) clearly describes the specific quantitative and qualitative analytic techniques to be used to address the research questions.

4. Public Health Applicability (10 points)

Points will be awarded to study proposals which will utilize laboratory methods which could be easily applied to practice in public health clinical or laboratory settings with a minimum of additional training, resources, and infrastructure. For example, applications describing fast, practical means of assessing specimen adequacy and quantifying bacterial load would be awarded points because of the potential application of these techniques if these parameters are found to be key factors influencing the interpretation of discordant specimens and the risk for transmission and sequelae.

5. Quality Assurance (10 points)

The extent to which the applications present a sound plan (with specific procedures) to monitor the quality and consistency of clinical and laboratory specimens and data collection.

6. Research Capacity (25 points)

Applicants will be judged on their overall ability to perform the technical aspects of the project which include: (a) The availability and identification of study personnel with the needed experience and competence in research design, conduct, data collection (observational, clinical, and laboratory), analysis, and dissemination; (b) assurance that staff can be hired within 3 months of award of monies; (c) the availability of adequate laboratory, clinical, and administrative facilities and resources for the conduct of the proposed research, including a letter of agreement from the director of the laboratory services which will be conducting related laboratory studies; (d) documentation of access to the necessary study population including a letter of agreement from the administrators of proposed enrollment site; (e) plans for the administration of the project(s), including a detailed and realistic time line for the specified activities; (f) details of proposed collaboration between academia, federally funded clinics, laboratories, state and local health departments, etc., including letters of agreement between institutions; (g) demonstration of the applicant's ability, and willingness to collaborate in study design and analysis, including use of common study protocols and data collection instruments, and sharing data and (when appropriate) specimens; and (h) access to cost-efficient, locally available staff to complete data entry and data management.

7. Budget (not scored)

Budgets will be evaluated on the appropriateness of budget estimates in relation to the proposed research, and the extent to which the budget is reasonable, clearly justified, and consistent with the intended use of funds.

8. Human Subjects (not scored)

Does the application adequately address the requirements of 45 CFR Part 46 for the protection of human subjects?

____ Yes ____ No

Comments: _____

9. Inclusion of Women, Ethnic, and Racial Groups (10 points)

The degree to which the applicant has met the CDC Policy requirements regarding the inclusion of women, ethnic, and racial groups in the proposed research. This includes: (a) The proposed plan for the inclusion of both sexes and racial and ethnic minority populations for appropriate representation; (b) The proposed justification when representation is limited or absent; (c) A statement as to whether the design of the study is adequate to measure differences when warranted; and (d) A statement as to whether the plans for recruitment and outreach for study participants include the process of establishing partnerships with community(ies) and recognition of mutual benefits.

H. Other Requirements

1. Technical Reporting Requirements

An original and two copies of annual progress reports must be submitted no later than 30 days after the end of each budget period. An original and two copies of a financial status report (FSR) are required no later than 90 days after the end of each budget period. A final progress report and FSR are due no later than 90 days after the end of the project period. All reports are submitted to the Grants Management Branch, Procurement and Grants Office, CDC.

2. For Other Requirements, see the following enclosures

AR98–1 Human Subjects Requirements

AR98–2 Requirements for Inclusion of Women and Racial and Ethnic Minorities in Research

AR98–4 HIV/AIDS Confidentiality Provisions

AR98–5 HIV Program Review Panel Requirements

AR98–9 Paperwork Reduction Act Requirements

AR98–10 Smoke-Free Workplace Requirements

AR98–11 Healthy People 2000

AR98–12 Lobbying Restrictions

AR98–14 Accounting System Requirements

[1] Although applicants may describe a study which includes specimen collection and testing for the presence of other STDs (such as *Neisseria gonorrhea*), sample size estimates should be made with reference only to Chlamydia trachomatis prevalence and detection.

I. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under sections 318 and 318A of the Public Health Service Act, 42 U.S.C. sections 247c and 247c–1, as amended. The Catalog of Federal Domestic Assistance number is 93.941.

J. Where To Obtain Additional Information

A complete program description, information on application procedures, an application package, and business management technical assistance may be obtained from Kathy Raible, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE, Room 300, Mail Stop E–15, Atlanta, Georgia 30305, telephone (404) 842–6649, or via email at: <kcr8@cdc.gov>.

Programmatic technical assistance may be obtained from Julie Schillinger, MD, MSc, Division of STD Prevention, NCHSTP, CDC, 1600 Clifton Road; Mailstop E–02, Atlanta, Georgia 30333, telephone (404) 639–8368, or via email at: <jus8@cdc.gov>.

This and other CDC announcements can be found on the CDC homepage (http://www.cdc.gov) under the ''Funding'' section. For your convenience, you may be able to retrieve a copy of the PHS Form 398 from (http://www.nih.gov/grants/funding/phs398/phs398.html).

Please Refer to Announcement Number 98094 When Requesting Information and Submitting an Application.

CDC will not send application kits by facsimile or express mail.

Potential applicants may obtain a copy of ''Healthy People 2000'' (Full Report, Stock No. 017–001–00474–0) or ''Healthy People 2000'' (Summary Report, Stock No. 017–001–00473–1) through the Superintendent of Documents, Government Printing Office, Washington, DC 20402–9325, telephone (202) 512–1800.

Dated: July 2, 1998.

John L. Williams,

Director, Procurement and Grants Office.

[FR Doc. 98–18199 Filed 7–8–98; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Announcement Number 98097]

Behavioral Intervention Research on The Prevention of Sexual Transmission of HIV By HIV-Seropositive Men Who Have Sex With Men

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1998 funds for a cooperative agreement program for the prevention of HIV transmission by HIV-seropositive men. This program addresses the ''Healthy People 2000'' priority area Human Immunodeficiency Virus (HIV) Infection.

The purpose of this program is to support research evaluating the outcome of interventions based on formative research that reduce the spread of HIV by men who have sex with men who know they are HIV seropositive. Consistent with this goal, funding under this program will support a randomized controlled trial to evaluate the effectiveness of intervention activities designed to motivate and support HIV-seropositive men who have sex with men in sustaining sexual practices that reduce the risk and prevent HIV transmission to partners who are sero-negative or of unknown serostatus.

The intervention proposed for the trial must be based on formative research, behavioral theory, and results of prior pilot evaluations. Because of the differential impact of HIV on men of color, both the prior formative research and the proposed intervention trial must be based on samples in which the majority of participants are men of color. The ultimate goal of this research is the identification of successful intervention strategies for HIV-seropositive men who have sex with men that are appropriate for implementation in community settings (e.g., local health departments, community-based organizations, health maintenance organizations) and that are suitable for replication in other community settings.

B. Eligible Applicants

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

1. Funding Preference

This announcement is for behavioral intervention studies that build upon formative research findings regarding transmission risk among HIV-seropositive men who have sex with men. Because of the differential impact of HIV among men of color, preference will be given to applicants with documented ability to recruit research samples of HIV-seropositive men who have sex with men in which the majority of participants are men of color. In order to ensure the success of the proposed project, it is essential that applicants have access to sufficient numbers of HIV-seropositive men who have sex with men. Therefore, preference will also be given to applications from metropolitan areas having a 1997 AIDS incidence rate exceeding 50 per 100,000.

2. Funding Priorities

This announcement is for behavioral intervention studies that build upon research findings regarding transmission risk among HIV-seropositive men who have sex with men. This announcement will support behavioral intervention studies that build upon research findings regarding transmission risk among HIV-seropositive men from formative studies. This new research initiative will lead to the development of effective, feasible, and sustainable interventions that reduce the spread of HIV by men who know they are HIV seropositive. Consistent with this goal, funding under this program will support a randomized controlled trial to evaluate the effectiveness of intervention activities designed to motivate and support HIV-seropositive men who have sex with men in sustaining sexual practices that reduce the risk and prevent HIV transmission to partners who are sero-negative or of unknown serostatus.

C. Availability of Funds

Approximately $800,000 is available in FY 1998 to fund two awards. It is expected that the average award will be $400,000. Awards are expected to begin on or about September 30, 1998, and