

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]

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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 (ROIs) 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-