

# 1998 Current Fiscal Year Report: National Nutrition Advisory Council

Report Run Date: 04/25/2024 11:26:38 PM

## 1. Department or Agency

Department of Health and Human  
Services

## 2. Fiscal Year

1998

## 3. Committee or Subcommittee

National Nutrition Advisory Council

## 3b. GSA Committee No.

2023

## 4. Is this New During Fiscal Year? 5. Current Charter 6. Expected Renewal Date 7. Expected Term Date

No 06/19/1995

## 8a. Was Terminated During Fiscal Year? 8b. Specific Termination Authority 8c. Actual Term Date

Yes 42 USC 3017 06/19/1998

## 9. Agency Recommendation for Next Fiscal Year 10a. Legislation Req to Terminate? 10b. Legislation Pending?

Terminate

## 11. Establishment Authority Statutory (Congress Created)

## 12. Specific Establishment Authority 13. Effective Date 14. Committee Type 14c. Presidential?

42 USC 3017(g)(2)(A)(1) 09/30/1992 Continuing No

## 15. Description of Committee National Policy Issue Advisory Board

## 16a. Total Number of Reports 16b. No Reports for this Fiscal Year

## 17a. Open 17b. Closed 0 17c. Partially Closed 0 Other Activities 0 17d. Total 0

## Meetings and Dates

No Meetings

Current Next  
FY FY

<b>18a(1). Personnel Pmts to Non-Federal Members</b>	\$0.00	\$0.00
<b>18a(2). Personnel Pmts to Federal Members</b>	\$0.00	\$0.00
<b>18a(3). Personnel Pmts to Federal Staff</b>	\$0.00	\$0.00
<b>18a(4). Personnel Pmts to Non-Member Consultants</b>	\$0.00	\$0.00
<b>18b(1). Travel and Per Diem to Non-Federal Members</b>	\$0.00	\$0.00
<b>18b(2). Travel and Per Diem to Federal Members</b>	\$0.00	\$0.00
<b>18b(3). Travel and Per Diem to Federal Staff</b>	\$0.00	\$0.00
<b>18b(4). Travel and Per Diem to Non-member Consultants</b>	\$0.00	\$0.00
<b>18c. Other(rents,user charges, graphics, printing, mail, etc.)</b>	\$0.00	\$0.00
<b>18d. Total</b>	\$0.00	\$0.00
<b>19. Federal Staff Support Years (FTE)</b>	0.00	0.00

**20a. How does the Committee accomplish its purpose?**

N/A

**20b. How does the Committee balance its membership?**

N/A

**20c. How frequent and relevant are the Committee Meetings?**

N/A

**20d. Why can't the advice or information this committee provides be obtained elsewhere?**

N/A

**20e. Why is it necessary to close and/or partially closed committee meetings?**

N/A

**21. Remarks**

**Designated Federal Officer**

TBD Vacant

**Narrative Description**

**What are the most significant program outcomes associated with this committee?**

Checked if  
Applies

Improvements to health or safety	<input type="checkbox"/>
Trust in government	<input type="checkbox"/>
Major policy changes	<input type="checkbox"/>
Advance in scientific research	<input type="checkbox"/>
Effective grant making	<input type="checkbox"/>
Improved service delivery	<input type="checkbox"/>
Increased customer satisfaction	<input type="checkbox"/>
Implementation of laws or regulatory requirements	<input type="checkbox"/>
Other	<input type="checkbox"/>

**Outcome Comments**

**What are the cost savings associated with this committee?**

Checked if Applies

None	<input checked="" type="checkbox"/>
Unable to Determine	<input type="checkbox"/>
Under \$100,000	<input type="checkbox"/>

\$100,000 - \$500,000	<input type="checkbox"/>
\$500,001 - \$1,000,000	<input type="checkbox"/>
\$1,000,001 - \$5,000,000	<input type="checkbox"/>
\$5,000,001 - \$10,000,000	<input type="checkbox"/>
Over \$10,000,000	<input type="checkbox"/>
Cost Savings Other	<input type="checkbox"/>

### **Cost Savings Comments**

**What is the approximate Number of recommendations produced by this committee for the life of the committee?**

0

### **Number of Recommendations Comments**

**What is the approximate Percentage of these recommendations that have been or will be Fully implemented by the agency?**

%

### **% of Recommendations Fully Implemented Comments**

**What is the approximate Percentage of these recommendations that have been or will be Partially implemented by the agency?**

%

### **% of Recommendations Partially Implemented Comments**

**Does the agency provide the committee with feedback regarding actions taken to implement recommendations or advice offered?**

Yes ☐ No ☐ Not Applicable ☒

### **Agency Feedback Comments**

**What other actions has the agency taken as a result of the committee's advice or recommendation?**

Checked if Applies

- |                                   |                          |
|-----------------------------------|--------------------------|
| Reorganized Priorities            | <input type="checkbox"/> |
| Reallocated resources             | <input type="checkbox"/> |
| Issued new regulation             | <input type="checkbox"/> |
| Proposed legislation              | <input type="checkbox"/> |
| Approved grants or other payments | <input type="checkbox"/> |
| Other                             | <input type="checkbox"/> |

**Action Comments**

**Is the Committee engaged in the review of applications for grants?**

No

**Grant Review Comments**

**How is access provided to the information for the Committee's documentation?**

Checked if Applies

- |                           |                          |
|---------------------------|--------------------------|
| Contact DFO               | <input type="checkbox"/> |
| Online Agency Web Site    | <input type="checkbox"/> |
| Online Committee Web Site | <input type="checkbox"/> |
| Online GSA FACA Web Site  | <input type="checkbox"/> |
| Publications              | <input type="checkbox"/> |
| Other                     | <input type="checkbox"/> |

**Access Comments**