TABLE 1.—*Level of operations or performance, fiscal years 1964–67*

[Dollar amounts in thousands]

Measure (see committee inquiry for definitions)	Fiscal year 1964	Fiscal year 1965	Fiscal year 1966 estimates	Fiscal year 1967 [1] estimates
(*a*) Magnitude of the program (projects)	41	65	80	85
(*b*) Applicants or participants:				
State government agencies [2]	37	37	52	52
Local communities or governments				
Individuals or families				
Other				
(*c*) Federal finances:				
Unobligated appropriations available				
Obligations incurred	$1,575	$4,991	$9,700	$13,950
Allotments or commitments made				
(*d*) Matching or additional expenditures	[3]	43,000	[3]	[3]
(*e*) Number of Federal employees [4]	23	220	100	150
(*f*) Non-Federal personnel [5]	510	937	1,360	1,850
(*g*) Other measures of performance				

[1] President's budget.
[2] States including District of Columbia and Puerto Rico.
[3] Not reported.
[4] Personnel in lieu of cash.
[5] Personnel paid from cash funds, project grants to State and local health departments.

5. Estimated magnitude of program in 1970

Not answered.

6. Prospective changes in program orientation

Not answered.

7. Coordination and cooperation

As to purposes, policies, operations and financing, the program will continue to function in coordination and with the cooperation of the Bureau of State Services and the Communicable Disease Center. On special problems, committees are set up to coordinate activities with the Division of Indian Health, Pan American Sanitary Bureau (PASB), and other special groups. As the program expands into the recommended activities, coordination and cooperation with such agencies as Children's Bureau, the Bureau of Disability and Health Insurance, and the Division of Medical Care Administration will be required and promoted for effective implementation.

The entire program now functions with the cooperation and coordination of State, county, and local health agencies. It is imperative, if the program is to succeed, that this continue in the future.

In carrying out the recommended research activities, a number of foreign countries are cooperating in therapy and prophylaxis trials. These are long-range studies, and continued cooperation and coordination are essential.

The program cooperates and will continue to work with the National Tuberculosis Association and its affiliates in joint staff meetings, national meetings, planning sessions, and work group committees.

To evaluate the effectiveness of new antituberculosis drugs, the program plans, directs, and coordinates a number of extensive therapeutic and prophylaxis drug studies that are carried out with the cooperation and assistance of national drug firms and a large group of tuberculosis hospitals across the Nation.