

under "EPA storm water and urban wet weather meeting."

FOR FURTHER INFORMATION CONTACT: For the Phase II Subcommittee meeting, contact George Utting, Acting Storm Water Phase II Matrix Manager, Office of Wastewater Management, at (202) 260-9530.

For the UWWF Advisory Committee meeting, contact William Hall, Urban Wet Weather Matrix Manager, Office of Wastewater Management, at (202) 260-1458, or Internet: hall.william@epamail.epa.gov.

Dated: January 16, 1996.

Michael B. Cook,

Director, Office of Wastewater Management, Designated Federal Official.

[FR Doc. 96-717 Filed 1-18-96; 8:45 am]

BILLING CODE 6560-50-P

FEDERAL COMMUNICATIONS COMMISSION

[DA 96-1 and DA 96-2]

Procedures for the Filing of Documents That Were Due During the Government Shutdown or During the Weather Emergency

AGENCY: Federal Communications Commission.

ACTION: Public Notice.

SUMMARY: The Commission's Managing Director, by two Public Notices (DA 96-1, released January 5, 1996, and DA 96-2, released January 11, 1996), announced procedures for the filing of documents that were due to be filed with the Commission during the time that it was closed due to lack of appropriations (December 18, 1995 through January 5, 1996) and due to a weather emergency (January 8, 1996 through January 10, 1996).

DATES: Any documents that were due to be filed with the Commission while it was closed or that were due on January 11 and 12, 1996, are due no later than 5:30 p.m. on Tuesday, January 16, 1996.

ADDRESSES: Federal Communications Commission, Washington, DC 20554.

FOR FURTHER INFORMATION CONTACT: William F. Caton, Acting Secretary, 202-418-0300.

SUPPLEMENTARY INFORMATION: By Public Notice (DA 96-1) released January 5, 1996, the Managing Director announced procedures for the filing of documents that were due to be filed with the

Commission during the time that it was closed due to be filed with the Commission during the time that it was closed due to lack of appropriations (December 18, 1995 through January 5, 1996). Due to a weather emergency, the FCC remained closed from January 8, 1996 through January 10, 1996.

On January 11, 1996, the Managing Director announced, by Public Notice (DA 96-2) that any documents that were due to be filed with the Commission (at its headquarters, Gettysburg, PA, or Mellon Bank) while it was closed, whether for the budget-related shutdown or the subsequent weather emergency, will be due no later than 5:30 p.m. on Tuesday, January 16, 1996. To this extent, Section 1.4(j) of the Commission's rules, 47 CFR § 1.4(j), which would otherwise require such filings on the first business day after a shutdown, WAS WAIVED in order to facilitate an orderly reopening. Additionally, in light of the inclement weather, filings normally due on January 11 and 12, 1996, are also due on January 16, 1996. The January 11, 1996 Public Notice supersedes the January 5, 1996 Public Notice.

Documents received at the Commission's headquarters, at Mellon Bank or at the Commission's Gettysburg offices via mail from December 18, 1995 through January 10, 1996, will be deemed filed on January 11, 1996, the first day that the Commission has reopened.

This Public Notice affects only due dates for filings with the Commission that were due during the time that the Commission was closed or due on January 11-12, 1996. It does not affect due dates for the filing of other documents and does not affect the effective dates of Commission actions or other events. These matters may be dealt with separately by the Commission or its Bureaus and Offices.

Federal Communications Commission.

Andrew S. Fishel,

Managing Director.

[FR Doc. 96-503 Filed 1-18-96; 8:45 am]

BILLING CODE 6712-01-M

FEDERAL MARITIME COMMISSION

Notice of Agreement(s) Filed

The Federal Maritime Commission hereby gives notice of the filing of the

following agreement(s) pursuant to section 5 of the Shipping Act of 1984.

Interested parties may inspect and obtain a copy of each agreement at the Washington, DC Office of the Federal Maritime Commission, 800 North Capitol Street, NW., 9th Floor. Interested parties may submit comments on each agreement to the Secretary, Federal Maritime Commission, Washington, DC 20573, within 10 days after the date of the Federal Register in which this notice appears. The requirements for comments are found in section 572.603 of Title 46 of the Code of Federal Regulations. Interested persons should consult this section before communicating with the Commission regarding a pending agreement.

Agreement No.: 232-011522.

Title: Mediterranean Shipping Co./Flota Mercante Grancolombiana Space Charter and Sailing Agreement.

Parties: Flota Mercante Grancolombiana S.A., Mediterranean Shipping Co.

Synopsis: The proposed Agreement permits the parties to charter space on each others vessels and to rationalize their sailings in the trade between ports in the United States in the East Coast and Gulf and inland and coastal points in the United States served via those ports, on the one hand, and ports in Colombia, Ecuador, Peru and Chile and inland and coastal points served via those ports (including points in Bolivia and Argentina) on the other hand. The parties have requested a shortened review period.

Agreement No.: 203-011463-001.

Title: East Coast North America to West Coast of South America and Caribbean Cooperative Working Agreement.

Parties: Compania Sud Americana de Vapores S.A., Compania Chilena De Navegacion Interoceanica S.A., Lykes Bros. Steamship Co., Inc.

Synopsis: The proposed amendment extends the term of the Agreement through December 31, 1996, and reflects the deletion of Lykes Bros. Steamship Co., Inc. as a party to the Agreement.

Dated: January 11, 1996.

By Order of the Federal Maritime Commission.

Joseph C. Polking,

Secretary.

[FR Doc. 96-466 Filed 1-18-96; 8:45 am]

BILLING CODE 6730-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Announcement Number 610]

Research Program Project Grants for Biomechanics and Individual Grants for Injury Research for Acute Care, Biomechanics, Disability Prevention, and Primary Prevention of Unintentional Injuries; Notice of Availability of Funds for Fiscal Year 1996

Introduction

The Centers for Disease Control and Prevention (CDC) announces that applications are being accepted for Injury Prevention and Control Research Grants for fiscal year (FY) 1996. The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of "Healthy People 2000," a PHS-led national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority area of Unintentional Injuries. (To order a copy of "Healthy People 2000," see the Section Where to Obtain Additional Information.)

Authority

This program is authorized under Sections 301, 391, 392, and 394 of the Public Health Service Act (42 U.S.C. 241, 280b, 280b-1 and 280b-3). Program regulations are set forth in Title 42 CFR Part 52.

Eligible Applicants

Eligible applicants include all non-profit and for-profit organizations. Thus State and local health departments and State and local governmental agencies, universities, colleges, research institutions, and other public and private organizations, including small, minority and/or woman-owned businesses are eligible for these research grants. Current holders of CDC injury control research projects are eligible to apply.

Smoke-Free Workplace

PHS strongly encourages all grant recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products, and Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, child care, health care, and early childhood development services are provided to children.

Availability of Funds

Approximately \$2.7 million is expected to be available for injury research grants that include funding for projects that address biomechanics, unintentional injury prevention, acute care, and the prevention of secondary conditions in disabled persons. It is expected that the awards will begin on or about September 1, 1996, and will be made for a 12-month budget period within the appropriate (see below) project period. Funding estimates may vary and are subject to change.

In the area of biomechanics, \$1,300,000 total is available to support one or two individual (RO-1 type) projects for up to three years funding at \$250,000 per year (including both direct and indirect costs) and/or up to three research program project grants (RPPG) for up to three years funding at \$350,000 per year (including both direct and indirect costs). Applications that exceed the funding caps (i.e., \$250,000 for RO-1 and \$350,000 for RPPG proposals) will be excluded from the competition and returned to the applicant. Awards will be made for a 12-month budget period within a project period not to exceed three years.

For research projects targeted at (1) unintentional injury prevention, and (2) acute care research, \$800,000 total is available to support up to three RO-1 grants for primary prevention of unintentional injuries and one for acute care injury research. Each RO-1 project will be supported for up to two years of funding at \$200,000 per year (including both direct and indirect costs). Applications that exceed the funding cap of \$200,000 will be excluded from the competition and returned to the applicant. Awards will be made for a 12-month budget period within a project period not to exceed two years.

For research projects targeted at preventing secondary conditions among persons with injury-related disabling conditions, \$600,000 is available for two RO-1 projects for up to three years of funding at \$300,000 per year (including both direct and indirect costs). Applications that exceed the funding cap of \$300,000 will be excluded from the competition and returned to the applicant. Awards will be made for a 12-month budget period within a project period not to exceed three years.

Eligible applicants may enter into contracts, including consortia agreements (as set forth in the PHS Grants Policy Statement) as necessary to meet the requirements of the program and strengthen the overall application.

The specific program priorities for these funding opportunities are outlined

with examples in this announcement under the subheading, Programmatic Priorities. Grant funds will not be made available to support the provision of direct care services.

Continuation awards within the project period will be made on the basis of satisfactory progress demonstrated by investigators at work-in-progress monitoring workshops, the achievement of workplan milestones reflected in the continuation application, and the availability of Federal funds. In addition, if funds are available, continuation awards may be eligible for increased funding to offset inflationary costs.

Purpose

The purposes of this program are to:

A. Support injury prevention and control research on priority issues as delineated in "Injury Control in the 1990s: A National Plan for Action"; "Healthy People 2000"; "Injury In America"; "Injury Prevention: Meeting the Challenge"; and "Cost of Injury."

B. Encourage professionals from a wide spectrum of disciplines such as engineering, medicine, health care, public health, behavioral and social sciences, and others, to undertake research to prevent and control injuries.

C. Evaluate current and new intervention methods and strategies for the prevention and control of injuries.

Program Requirements

The following are applicant requirements:

A. A principal investigator who has conducted research, published the findings, and has specific authority and responsibility to carry out the proposed project.

B. Demonstrated experience in conducting, evaluating, and publishing injury control research (as previously defined) on the applicant's project team.

C. Effective and well-defined working relationships within the performing organization and with outside entities that will ensure implementation of the proposed activities.

D. An explanation as to what extent research findings will lead to feasible, cost-effective injury interventions.

E. The ability to carry out injury control research project.

F. The overall match between the applicant's proposed theme and research objectives and the program priorities as described under the heading Programmatic Priorities.

Programmatic Priorities

Grant applications for acute care, biomechanics, disability prevention, and primary prevention of unintentional

injuries are sought. The focus of grants should reflect the broad-based need to control injury morbidity, mortality, disability, and costs. Examples of possible projects listed under the priority areas below are not exhaustive. Innovative alternative approaches are encouraged.

In *biomechanics*, there is special programmatic interest in traumatic brain and spinal cord injury (TBI/SCI). This interest includes the biomechanical evaluation of intervention concepts and strategies (e.g., multi-use recreational helmets, mouth and face protection devices for athletes, energy absorbing playground surfaces, hip pads, motor vehicle side impact and rollover countermeasures, etc.); development of models to elucidate injury physiology and pharmacologic, surgical, rehabilitation, and other interventions; defining human tolerance limits for injury among children, women, the chronically ill and older persons; improvements in injury assessment technology; and understanding impact injury mechanisms and quantifying injury-related biomechanical responses for critical areas of the human body (e.g., brain and vertebral injury with spinal cord involvement). Consideration will also be given to the biomechanics of thoracic and abdominal viscera, musculature and joints including the articular cartilage, tendons and ligaments.

In *acute care*, there is special programmatic interest in intensifying the role of the emergency department and in-patient hospital trauma services in regard to hospital-based public health surveillance and prevention of traumatic injuries (e.g., emergency department surveillance systems or inpatient trauma registries that provide comprehensive coverage of a defined population and that identify cause-specific patterns of injury that are amenable to preventive countermeasures). In acute care settings, identifying underlying risk factors for injury and intervening to reduce or eliminate them can help minimize the impact of violence, substance abuse, and other factors associated with injury recidivism (e.g., screening and brief interventions for injured patients with mild to moderate alcohol problems, identification and referral of injured patients with severe alcohol problems to specialized alcohol treatment services). There is interest in comprehensive evaluations of the effectiveness of inclusive trauma care systems (e.g., a baseline and follow-up study of an inclusive trauma care system measured in terms of the system's impact on

morbidity, mortality, and disability from traumatic injury).

In *disability prevention*, there is special programmatic interest in community-based research to prevent the occurrence of or reduce the severity of adverse outcomes (e.g., secondary conditions) among persons with traumatic brain and spinal cord injury (TBI/SCI). This research could include identifying risk factors associated with adverse outcomes in the post-rehabilitation phase (i.e., community setting); describing the natural history of the occurrence of adverse outcomes and secondary conditions (e.g., identifying factors associated with disability in persons with TBI/SCI; or evaluating interventions in the community setting addressing adverse outcomes/secondary conditions). Adverse outcomes may include pressure sores; contracture; cognitive, behavioral, or psychological disorders; and other definable conditions associated with TBI/SCI. This research should cover methods to prevent or minimize the impact of adverse outcomes or secondary conditions, taking into account the injured person's need for education to prevent secondary conditions. The role of the family and community in preventing secondary conditions should be considered. Population-based and longitudinal studies are needed to better establish the occurrence of adverse outcomes and the rehabilitation needs of patients with TBI/SCI.

For primary prevention of unintentional injuries, there is special programmatic interest in the areas of home and leisure, and motor vehicle injuries. Specifically, there is programmatic interest in the development and evaluation of unintentional injury prevention strategies that can be applied in an outpatient clinical and/or managed care setting (e.g., HMOs, clinics, clinicians—offices, academic health centers, etc.). Programs that prevent injuries through education, behavior change and clinical counseling programs, safety device distribution programs, economic incentive systems, policy change and clinical preventive services are sought. Special emphasis will be placed on how these approaches apply to children, community-dwelling elderly persons, teen drivers, older drivers, as well as drivers and their use of alcohol.

There is also programmatic interest in research that evaluates the effectiveness of interventions in preventing injuries or reducing their impact (prevention effectiveness research). This includes the evaluation of innovative methods to reduce motor vehicle injuries among teenagers, (e.g., graduated licensing

systems or components of such systems) or research that evaluates the effectiveness of modifying the home environment of older persons (65 or more years of age) on reducing the incidence of falls and fall-related injuries. A more complete discussion of methodologies for conducting prevention effectiveness research is presented in "A Framework for Assessing the Effectiveness of Disease and Injury Prevention," (CDC, "Morbidity and Mortality Weekly Report," March 27, 1992, Volume 41, Number RR-3, pp. 5-11) and in "Assessing the Effectiveness of Disease and Injury Prevention Programs: Costs and Consequences" (CDC, "Morbidity and Mortality Weekly Report," August 18, 1995, Vol 44, No. RR10). To receive information on these reports see the section Where to Obtain Additional Information."

Evaluation Criteria

Upon receipt, applications will be reviewed by CDC staff for completeness and responsiveness as outlined under the previous heading, "Program Requirements" (A-F). Incomplete applications and applications that are not responsive will be returned to the applicant without further consideration. Applications that are complete and responsive may be subjected to a preliminary evaluation by a peer review group to determine if the application is of sufficient technical and scientific merit to warrant further review (triage); the CDC will withdraw from further consideration applications judged to be noncompetitive and promptly notify the principal investigator/program director and the official signing for the applicant organization. Those applications judged to be competitive will be further evaluated by a dual review process. Awards will be made based on priority score ranking by the Injury Research Grants Review Committee (IRGRC), programmatic priorities and needs by the Advisory Committee for Injury Prevention and Control, and the availability of funds.

A. The first review following the preliminary review will be a peer review conducted by the IRGRC on all applications. Factors to be considered will include:

1. The specific aims of the research project, i.e., the broad long-term objectives, the intended accomplishment of the specific research proposal, and the hypothesis to be tested.

2. The background of the proposal, i.e., the basis for the present proposal, the critical evaluation of existing knowledge, and specific identification

of the injury control knowledge gaps which the proposal is intended to fill.

3. The significance and originality from a scientific or technical standpoint of the specific aims of the proposed research, including the adequacy of the theoretical and conceptual framework for the research.

4. For competitive renewal applications, the progress made during the prior project period. For new applications, (optional) the progress of preliminary studies pertinent to the application.

5. The adequacy of the proposed research design, approaches, and methodology to carry out the research, including quality assurance procedures, plan for data management, statistical analysis plans; and plans for inclusion of minorities and both sexes.

6. The extent to which the research findings will lead to feasible, cost-effective injury interventions.

7. The extent to which the evaluation plan will allow for the measurement of progress toward the achievement of the stated objectives.

8. Qualifications, adequacy, and appropriateness of personnel to accomplish the proposed activities.

9. The degree of commitment and cooperation of other interested parties (as evidenced by letters detailing the nature and extent of the involvement).

10. The reasonableness of the proposed budget to the proposed research and demonstration program.

11. Adequacy of existing and proposed facilities and resources.

B. The second review will be conducted by the Advisory Committee for Injury Prevention and Control. The factors to be considered will include:

1. The results of the peer review.

2. The significance of the proposed activities in relation to the priorities and objectives stated in "Injury Control in the 1990s: A National Plan for Action"; "Healthy People 2000"; "Injury In America"; "Injury Prevention: Meeting the Challenge"; and "Cost of Injury."

3. National needs.

4. Program balance among: the three phases of injury control: prevention, acute care, and rehabilitation; the major disciplines of injury control: biomechanics and epidemiology; populations addressed (e.g., adolescents, children, racial and ethnic minorities, rural residents, farm families, and people with low incomes).

5. Budgetary considerations.

C. Continued Funding: Continuation awards made after FY 1996, but within the project period, will be made on the basis of the availability of funds and the following criteria:

1. The accomplishments reflected in the progress report of the continuation

application indicate that the applicant is meeting previously stated objectives or milestones contained in the project's annual workplan and satisfactory progress has been demonstrated through monitoring presentations or work-in-progress workshops;

2. The objectives for the new budget period are realistic, specific, and measurable;

3. The methods described will clearly lead to achievement of these objectives;

4. The evaluation plan will allow management to monitor whether the methods are effective; and

5. The budget request is clearly explained, adequately justified, reasonable and consistent with the intended use of grant funds.

Executive Order 12372 Review

This program is not subject to the Executive Order 12372 review.

Public Health System Reporting Requirement

This program is not subject to the Public Health System Reporting Requirements.

Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance number is 93.136.

Other Requirements

Human Subjects

If the proposed project involves research on human subjects, the applicant must comply with the Department of Health and Human Services Regulations, 45 CFR Part 46, regarding the protection of human subjects. Assurance must be provided to demonstrate that the project will be subject to initial and continuing review by an appropriate institutional review committee. The applicant will be responsible for providing assurance in accordance with the appropriate guidelines and forms provided in the application kit.

Animal Subjects

If the proposed project involves research on animal subjects, the applicant must comply with the "PHS Policy on Humane Care and Use of Laboratory Animals by Awardee Institutions." An applicant organization proposing to use vertebrate animals in PHS-supported activities must file an Animal Welfare Assurance with the Office of Protection from Research Risks at the National Institutes of Health.

Women and Minority Inclusion Policy

It is the policy of the CDC to ensure that women and racial and ethnic

groups will be included in CDC supported research projects involving human subjects, whenever feasible and appropriate. Racial and ethnic groups are those defined in OMB Directive No. 15 and include American Indian, Alaskan Native, Asian, Pacific Islander, Black and Hispanic. Applicants shall ensure that women, racial and ethnic minority populations are appropriately represented in applications for research involving human subjects. Where clear and compelling rationale exist that inclusion is inappropriate or not feasible, this situation must be explained as part of the application. In conducting the review of applications for scientific merit, review groups will evaluate proposed plans for inclusion of minorities and both sexes as part of the scientific assessment and assigned score. This policy does not apply to research studies when the investigator cannot control the race, ethnicity and/or sex of subjects. Further guidance to this policy is contained in the Federal Register, Vol. 60, No. 179, Friday, September 15, 1995, pages 47947-47951.

Application Submission and Deadlines

A. Preapplication Letter of Intent

Although not a prerequisite of application, a non-binding letter of intent-to-apply is requested from potential applicants. The letter should be submitted to the Grants Management Specialist (whose address is reflected in section B, "Applications"). It should be postmarked no later than one month prior to the planned submission deadline, (e.g., February 11 for March 11 submission). The letter should identify the announcement number, name the principal investigator, and specify the injury phase or discipline addressed by the proposed project. The letter of intent does not influence review or funding decisions, but it will enable CDC to plan the review more efficiently, and will ensure that each applicant receives timely and relevant information prior to application submission.

B. Applications

Applicants should use Form PHS-398 (OMB No. 0925-0001 Revised 5/95) and adhere to the ERRATA Instruction Sheet contained in the Grant Application Kit. Please submit an original and five copies on or before March 11, 1996, to: Lisa G. Tamaroff, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 321, Atlanta, Georgia 30305.

C. Deadlines

1. Applications shall be considered as meeting a deadline if they are either:

A. Received at the above address on or before the deadline date, or

B. Sent on or before the deadline date to the above address, and are received in time for the review process.

Applicants should request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailings.

2. Applications that do not meet the criteria above are considered late applications and will be returned to the applicant.

Where to Obtain Additional Information

To receive additional written information call (404) 332-4561. You will be asked to leave your name, address, and phone number and will need to refer to Announcement 610. You will receive a complete program description, information on application procedures, and application forms. The announcement is also available through the CDC homepage on the Internet. The address for the CDC homepage is [<http://www.cdc.gov>]. CDC will not send application kits by facsimile or express mail.

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from Lisa G. Tamaroff, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Mailstop E-13, Atlanta, GA 30305, telephone (404) 842-6796.

Programmatic technical assistance may be obtained from Ted Jones, Project Officer, Office of Research Grants, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (CDC), Mailstop K-58, 4770 Buford Highway, NE., Atlanta, GA 30341-3724, telephone (770) 488-4824.

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.

Information is included on a separate sheet with the application kit for obtaining copies of: "Injury Control in the 1990s: A National Plan for Action,"

(Atlanta: Centers for Disease Control and Prevention, 1993); "Injury In America" (National Academy Press, 2101 Constitution Avenue, NW, Washington, DC 20418—ISBN0-309-03545-7); "Injury Prevention: Meeting the Challenge" (supplement to the American Journal of Preventive Medicine, (Vol. 5, no. 3, 1989)); "Cost of Injury" (Dorothy P. Rice, Ellen J. MacKenzie, and Associates), "Cost of Injury: A Report to the Congress" (San Francisco, California: Institute for Health and Aging, University of California and Injury Prevention Research Center, The Johns Hopkins University, 1989); "A Framework for Assessing the Effectiveness of Disease and Injury Prevention," (CDC, "Morbidity and Mortality Weekly Report," March 27, 1992, Volume 41, Number RR-3, pages 5-11) and "Assessing the Effectiveness of Disease and Injury Prevention Programs: Costs and Consequences" (CDC, "Morbidity and Mortality Weekly Report," August 18, 1995, Volume 44, Number RR10).

Dated: January 11, 1996.

Joseph R. Carter,

Acting Associate Director for Management and Operations, Centers for Disease Control and Prevention (CDC).

[FR Doc. 96-565 Filed 1-18-96; 8:45 am]

BILLING CODE 4163-18-P

[Announcement Number 611]

Grants for Violence-Related Injury Prevention Research Notice of Availability of Funds for Fiscal Year 1996

Introduction

The Centers for Disease Control and Prevention (CDC) announces applications are being accepted for Violence-Related Injury Prevention Research Grants for fiscal year (FY) 1996. The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of "Healthy People 2000," a PHS-led national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority area of Violent and Abusive Behavior (To order a copy of "Healthy People 2000," see the Section "Where to Obtain Additional Information.")

Authority

This program is authorized under Sections 301, 391, 393, and 394 of the Public Health Service Act (42 U.S.C. 241, 280b, 280b-1a and 280-b-3). Program regulations are set forth in Title 42 CFR, Part 52.

Eligible Applicants

Eligible applicants include all non-profit and for-profit organizations. Thus State and local health departments, State and local governmental agencies, universities, colleges, research institutions, and other public and private organizations, including small, minority and/or woman-owned businesses are eligible for these research grants. Current holders of CDC injury control research projects are eligible to apply.

Smoke-Free Workplace

PHS strongly encourages all grant recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products, and Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, child care, health care, and early childhood development services are provided to children.

Availability of Funds

Approximately \$1.2 million is expected to be available for injury research grants in the areas of suicidal behavior, assaultive behavior among youth, and family and intimate violence. The specific program priorities for these funding opportunities are outlined with examples in this announcement under the section, "Programmatic Priorities." It is expected that the awards will begin on or about September 1, 1996, and will be made for a 12-month budget period within the appropriate (see below) project period. Funding estimates may vary and are subject to change.

For research projects targeted at areas of suicidal behavior and assaultive behavior among youth, approximately \$500,000 is available to fund 2-3 grants. Each grant will be supported for a maximum project period of three years at \$250,000 per year (including both direct and indirect costs).

For research projects targeted on family and intimate violence, approximately \$500,000 is available to fund 2-3 grants. Each grant will be supported for a maximum project period of three years at \$250,000 per year (including both direct and indirect costs). In addition, \$200,000 (including both direct and indirect costs) is available for one research project for population-based research to define the occurrence of injury and disability among women as a result of violence by their intimate partner. Awards will be made for a 12-month budget period within a project period not to exceed three years.