

case may be, unless that practice involves research or research training.

A statement retracting the article entitled "Gonadotrophin-releasing hormone agonist plus estrogen-progestin 'add-back' therapy for endometriosis-related pelvic pain." (Fertility and Sterility 30:236-41, 1993) has been published in Fertility and Sterility (65(1):211, January 1996), and a statement retracting the article entitled "Does low-dose combination oral contraceptive use affect uterine size or menstrual flow in premenopausal women with leiomyomas?" (Obstetrics and Gynecology, pp. 631-635, 1995) has been published in Obstetrics and Gynecology (85(5):728, November 1995).

FOR FURTHER INFORMATION CONTACT:

Director, Division of Research Investigations, Office of Research Integrity, 5515 Security Lane, Suite 700, Rockville, MD 20852.

Chris B. Pascal,

Acting Director, Office of Research Integrity.
[FR Doc. 96-10731 Filed 4-30-96; 8:45 am]

BILLING CODE 4160-17-P

Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry

[Announcement 703]

Public Health Conference Support Grant Program

Introduction

The Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) announce the availability of funds in fiscal year (FY) 1997 for the Public Health Conference Support Grant Program. CDC and ATSDR are committed to achieving the health promotion and disease prevention objectives of "Healthy People 2000," a national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to all of the Healthy People 2000 priority areas, except HIV Infection. (An announcement for HIV entitled, "Public Health Conference Support Cooperative Agreement Program for Human Immunodeficiency Virus (HIV) Prevention" will be published.) (For ordering a copy of "Healthy People 2000," see the Section "Where To Obtain Additional Information.")

Authority

The CDC program is authorized under Section 301 [42 U.S.C. 241] and Section 310 [42 U.S.C. 242n] of the Public Health Service Act. The ATSDR program is authorized under Sections

104(i)(14) and (15) of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) of 1980, as amended, [42 U.S.C. 9604 (i)(14) and (15)].

Smoke-Free Workplace

CDC and ATSDR strongly encourage all grant recipients to provide a smoke-free workplace and 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, day care, health care, and early childhood development services are provided to children.

Eligible Applicants

CDC eligible applicants include public and private (e.g., community-based, national and regional) organizations, nonprofit and for-profit organizations and governments and their agencies. Thus, universities, colleges, research institutions, hospitals, other public and private organizations, State and local governments or their bona fide agents, federally recognized Indian tribal governments, Indian tribes or Indian tribal organizations, and small, minority and/or women-owned businesses are eligible for these grants.

ATSDR eligible applicants are the official public health agencies of the States, or their bona fide agents. This includes the District of Columbia, American Samoa, the Commonwealth of Puerto Rico, the Virgin Islands, the Federated States of Micronesia, Guam, the Northern Mariana Islands, the Republic of the Marshall Island, the Republic of Palau, and federally recognized Indian tribal governments. State organizations, including State universities, State colleges, and State research institutions, must establish that they meet their respective State's legislature definition of a State entity or political subdivision to be considered an eligible applicant.

Availability of Funds

Approximately \$500,000 from CDC is expected to be available in FY 1997 to fund approximately 25-30 awards. The awards range from \$1,000 to \$30,000 with the average award being approximately \$15,000. The awards will be made for a 12-month budget and project period. The funding estimates may vary and are subject to change, based on the availability of funds. ATSDR expects to have approximately \$50,000 available in FY 1997 to fund approximately 6 awards. It is expected that the average award will be \$8,000, ranging from \$5,000 to \$10,000. Applications requesting more than

\$10,000 will be given a lesser priority and will be subject to the availability of funds. The awards will be made for a 12-month budget and project period. Funding estimates may vary and are subject to change.

Use of Funds

- CDC and ATSDR funds may be used for direct cost expenditures: salaries, speaker fees, rental of necessary equipment, registration fees, and transportation costs (not to exceed economy class fare) for non-Federal employees.

- CDC and ATSDR funds may NOT be used for the purchase of equipment, payments of honoraria, alterations or renovations, organizational dues, entertainment or personal expenses, cost of travel and payment of a Federal employee, nor per diem or expenses other than local mileage for local participants.

- CDC and ATSDR funds may NOT be used for reimbursement of indirect costs.

- Although the practice of handing out novelty items at meetings is often employed in the private sector to provide participants with souvenirs, Federal funds CANNOT be used for this purpose.

- CDC and ATSDR funds may be used for only those parts of the conference specifically supported by CDC as documented in the grant award.

- CDC and ATSDR will NOT fund 100% of any conference proposed under this announcement.

Purpose

The purpose of the CDC and ATSDR conference support grants is to provide PARTIAL support for specific non-Federal conferences in the areas of health promotion and disease prevention information/education programs, (EXCEPT HIV INFECTION.)

CDC applications are being solicited for conferences on: (1) Chronic disease prevention; (2) Infectious disease prevention; (3) Control of injury or disease associated with environmental, home, and work-place hazards; (4) Environmental health; (5) Occupational safety and health; (6) Control of risk factors such as poor nutrition, smoking, lack of exercise, high blood pressure, and stress; (7) Health education and promotion; (8) Laboratory practices; and (9) Efforts that would strengthen the public health system.

ATSDR applications are being solicited for conferences on: (1) Health effects of hazardous substances in the environment; (2) Disease and toxic substance exposure registries; (3) Hazardous substance removal and

remediation; (4) Emergency response to toxic and environmental disasters; (5) Risk communication; (6) Environmental disease surveillance; and (7) Investigation and research on hazardous substances in the environment.

Because conference support by CDC and ATSDR creates the appearance of CDC and ATSDR co-sponsorship, there will be active participation by CDC and ATSDR in the development and approval of those portions of the agenda supported by CDC and ATSDR funds. In addition, CDC and ATSDR will reserve the right to approve or reject the content of the full agenda, speaker selection, and site selection. CDC and ATSDR funds will not be expended for non-approved portions of meetings. Contingency awards will be made allowing usage of only 10% of the total amount to be awarded until a final full agenda is approved by CDC and ATSDR. This will provide funds for costs associated with preparation of the agenda. The remainder of funds will be released only upon approval of the final full agenda. CDC and ATSDR reserves the right to terminate co-sponsorship if it does not concur with the final agenda.

Because CDC's and ATSDR's mission and programs relate to the promotion of health and the *prevention* of disease, disability, and premature death, only conferences focusing on such programmatic areas will be considered. Those topics concerned with health-care and health-service issues and areas *other than prevention* should be directed to other public health agencies.

Recipient Requirements

CDC and ATSDR grantees must meet the following requirements:

A. Manage all activities related to program content (e.g., objectives, topics, attendees, session design, workshops, special exhibits, speakers, fees, agenda composition, and printing). Many of these items may be developed in concert with assigned CDC and ATSDR project personnel.

B. Provide draft copies of the agenda and proposed ancillary activities to CDC and ATSDR for approval. Submit copy of final agenda and proposed ancillary activities to CDC and ATSDR for approval.

C. Determine and manage all promotional activities (e.g., title, logo, announcements, mailers, press, etc.). CDC and ATSDR must review and approve any materials with reference to CDC and ATSDR involvement or support.

D. Manage all registration processes with participants, invitees, and registrants (e.g., travel, reservations, correspondence, conference materials

and hand-outs, badges, registration procedures, etc.).

E. Plan, negotiate, and manage conference site arrangements, including all audio-visual needs.

F. Participate in the analysis of data from conference activities that pertain to the impact on prevention.

G. ATSDR grantees must develop and conduct education and training programs on prevention of health effects of hazardous substances.

H. ATSDR grantees must collaborate with ATSDR staff in reporting and disseminating results and relevant prevention education and training information to appropriate Federal, State, and local agencies, and the general public.

Letter of Intent

Potential applicants must submit an original and two copies of a one-page typewritten Letter of Intent (LOI) that briefly describes the title, location, purpose, and date of the proposed conference and the intended audience (number and profession). The LOI must also include the estimated total cost of the conference and the percentage of the total cost (which must be less than 100%) being requested from CDC and ATSDR.

Requests for 100% funding will be considered non-responsive to this program announcement and returned to applicant without review. Current recipients of CDC and ATSDR funding must provide the award number and title of the funded programs. No attachments, booklets, or other documents accompanying the LOI will be considered. The one page limitation must be observed or the letter of intent will be returned without review.

Letters of Intent will be reviewed by program staff for consistency with CDC's and ATSDR's health promotion and disease prevention goals and priorities and the purpose of this program.

Following submission of a LOI, successful potential applicants will receive written notification to submit an application for funding. Applications may be accepted by CDC and ATSDR only after the LOI has been received by CDC and ATSDR and written invitation from CDC and ATSDR has been received by prospective applicant. An invitation to submit a final application will be made on the basis of the proposed conference's relationship to the CDC and ATSDR funding priorities and on the availability of funds.

Evaluation Criteria

CDC applications will be reviewed and evaluated according to the following criteria (Total 100 Points):

A. Proposed Program and Technical Approach (25 Points)

Evaluation will be based on:

1. The applicant's description of the proposed conference as it relates to specific non-Federal conferences in the areas of health promotion and disease prevention information/education programs (except HIV infection), including the public health need of the proposed conference and the degree to which the conference can be expected to influence public health practices. Evaluation will be based also on the extent of the applicant's collaboration with other agencies serving the intended audience, including local health and education agencies concerned with health promotion and disease prevention.

2. The applicant's description of conference objectives in terms of quality and specificity and the feasibility of the conference based on the operational plan.

3. The quality of the proposed agenda in addressing the chosen non-HIV health and disease prevention/education topic.

B. Applicant Capability (10 Points)

Evaluation will be based on the adequacy of applicant's resources (additional sources of funding, organization's strengths, staff time, proposed facilities, etc.) available for conducting conference activities.

C. The Qualification of Program Personnel (20 Points)

Evaluation will be based on the extent to which the application has described:

1. The qualifications, experience, and commitment of the principal staff person, and his/her ability to devote adequate time and effort to provide effective leadership.

2. The competence of associate staff persons, discussion leaders, speakers, and presenters to accomplish conference objectives.

3. The degree to which the application demonstrates the knowledge of nation-wide and education efforts currently underway which may affect, and be affected by, the proposed conference.

D. Conference Objectives (25 Points)

Evaluation will be based on:

1. The overall quality, reasonableness, feasibility, and logic of the designed conference objectives, including the

overall work plan and timetable for accomplishment.

2. The likelihood of accomplishing conference objectives as they relate to disease prevention and health promotion goals, and the feasibility of the project in terms of the operational plan.

E. Evaluation Methods (20 Points)

Evaluation will be based on the extent to which evaluation mechanisms for the conference will be able to adequately assess increased knowledge, attitudes, and behaviors of the target attendees.

F. Budget Justification and Adequacy of Facilities (Not Scored)

The proposed budget will be evaluated on the basis of its reasonableness, concise and clear justification, and consistency with the intended use of grant funds. The application will also be reviewed as to the adequacy of existing and proposed facilities and resources for conducting conference activities.

ATSDR applications for support of the types of conferences listed in the Purpose section above will be reviewed and evaluated according to the following criteria: (Total 100 Points):

A. Proposed Program and Technical Approach (50 Points)

Evaluation will be based on the description of:

1. The public health significance of the proposed conference including the degree to which the conference can be expected to influence the prevention of exposure and adverse human health effects and diminished quality of life associated with exposure to hazardous substances from waste sites, unplanned releases and other sources of pollution present in the environment.

2. The feasibility of the conference in terms of an operational plan.

3. Clearly stated conference objectives and the potential for accomplishing those objectives.

4. The method of evaluating the conference.

B. The Qualification of Program Personnel (30 Points)

Evaluation will be based on the extent to which the proposal has described:

1. The qualifications, experience, and commitment of the principal staff person, and his/her ability to devote adequate time and effort to provide effective leadership.

2. The competence of associate staff persons, discussion leaders, speakers, and presenters to accomplish the proposed conference.

C. Applicant Capability (20 Points)

Evaluation will be based on the description of:

1. The adequacy and commitment of institutional resources to administer the program.

2. The adequacy of the facilities to be used for the conference.

D. Budget Justification and Adequacy of Facilities (Not Scored)

The proposed budget will be evaluated on the basis of its reasonableness, concise and clear justification, and consistency with the intended use of grant funds. Applications requesting funds in excess of \$10,000 may not be fully funded, depending upon availability of funds. The application will also be reviewed as to the adequacy of existing and proposed facilities and resources for conducting conference activities.

Executive Order 12372 Review

Applications are not subject to review as governed by Executive Order 12372, Intergovernmental Review of Federal Programs.

Public Health System Reporting Requirements

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

Catalog of Federal Domestic Assistance Number

The CDC Catalog of Federal Domestic Assistance Number is 93.283. ATSDR's Catalog of Federal Domestic Assistance Number is 93.161.

Submission Requirements and Deadlines

A. Letter of Intent (LOI)

1. One original and two copies of the LOI must be postmarked by the following deadline dates in order to be considered in the application cycles. (Facsimiles are not acceptable.)

2. Letter of Intent Due Dates:

- October 4, 1996.
- April 4, 1997.

B. Application

1. One original and two copies of the invited application must be submitted on PHS Form 5161-1 (OMB Number 0937-0189) and must be postmarked by the following deadline dates in order to be considered in the application cycles.

2. Application Due Dates:

- January 8, 1997.
- June 9, 1997.

Following submission of a LOI, successful potential applicants will receive a written notification to submit

an application for funding. Applications may be accepted by CDC and ATSDR only after the LOI has been reviewed by CDC and ATSDR and written invitation from CDC and ATSDR has been received by prospective applicant. An invitation to submit an application does not constitute a commitment to fund the applicant. Availability of funds may limit the number of Letters of Intent, regardless of merit, that receive an invitation to submit an application.

C. Addresses for Submission of Letter of Intent and Invited Application

One original and two copies of the Letters of Intent and invited applications must be postmarked on or before the deadline date and mailed to: Henry S. Cassell, III, Grants Management Officer, Attention: Karen Reeves, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Mailstop E-09, Atlanta, GA 30305.

D. Deadline

Letters of Intent and Applications shall be considered as meeting the deadline if they are either:

1. Received on or before the deadline date, or

2. Postmarked on or before the deadline date and received in time for submission to the independent review group. (Applicants must 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 will NOT be acceptable as proof of timely mailing.)

E. Late Applications

Applications that do not meet the criteria in D.1. or D.2. above are considered late applications and will be returned to the applicant without review.

Where To Obtain Additional Information

To receive additional written information, call (404) 332-4561. You will be asked to leave your name, address, telephone number and refer to Announcement Number 703. You will receive a complete program description and information on application procedures. The announcement is also available through homepage on the Internet. The address for the CDC homepage is <http://www.cdc.gov>. If after reviewing the contents of all the documents, you require additional information, you may contact:

For Business Management Assistance (Application Information): Karen

Reeves, 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, Mailstop E-09, Atlanta, GA 30305, Telephone (404) 842-6596.

For Programmatic/Technical Assistance: Bruce Granoff, Resource Analysis Specialist, Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE., Mailstop E-42, Atlanta, GA 30333, Telephone (404) 639-0425.

Please refer to Announcement Number 703 when requesting information and when submitting your Letter of Intent and application in response to the announcement.

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) referenced in the "Introduction" through the Superintendent of Documents, Government Printing Office, Washington DC 20402-9325, telephone (202) 512-1800.

Dated: April 25, 1996.

Claire V. Broome,

Deputy Director, Centers for Disease Control and Prevention (CDC) and Deputy Administrator, Agency for Toxic Substances and Disease Registry (ATSDR).

[FR Doc. 96-10783 Filed 4-30-96; 8:45 am]

BILLING CODE 4163-18-P

[Announcement 623]

1996 National Breast and Cervical Cancer Early Detection Program

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of funds in fiscal year (FY) 1996 for cooperative agreements to develop State and Tribal comprehensive breast and cervical cancer early detection programs.

CDC is committed to achieving the health promotion and disease prevention objectives of "Healthy People 2000," a national activity to reduce morbidity and mortality and to improve the quality of life. This announcement is related to the priority area of Cancer. (To order a copy of "Healthy People 2000," see the section "Where To Obtain Additional Information.")

Authority

This program is authorized by Sections 1501 and 1507 [42 U.S.C. 300k

and 42 U.S.C. 300n-3] of the Public Health Service Act, as amended.

Smoke-Free Workplace

CDC 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, day care, health care, and early childhood development services are provided to children.

Eligible Applicants

Assistance will be provided only to the official health departments of States or their bona fide agents or instrumentalities and to American Indian Tribes. This includes the District of Columbia, American Samoa, the Commonwealth of Puerto Rico, the Virgin Islands, the Federated States of Micronesia, Guam, the Northern Mariana Islands, the Republic of the Marshall Islands, the Republic of Palau, and federally recognized Indian tribal governments (this includes Indian Tribes, Tribal organizations, and Urban Indian organizations, hereby referred to as Tribes).

1. The following States are excluded:

a. California, Colorado, Maryland, Michigan, Minnesota, Missouri, Nebraska, New Mexico, North Carolina, South Carolina, Texas, and West Virginia, which were funded in 1991, under Program Announcements 121 and 122 entitled Early Detection and Control of Breast and Cervical Cancer.

b. New York, Pennsylvania, Ohio, Wisconsin, Massachusetts, and Washington, which were funded in September 1993, under Program Announcement 321 entitled Early Detection and Control of Breast and Cervical Cancer.

c. Florida, Oklahoma and Utah, which were funded in September 1994, under Program Announcement 321 entitled Early Detection and Control of Breast and Cervical Cancer.

d. Alaska, Georgia, Maine, Oregon, and Rhode Island, which were funded in September 1994, under Program Announcement 474 entitled Early Detection and Control of Breast and Cervical Cancer.

e. Arizona, Arkansas, Connecticut, Iowa, Illinois, Kansas, Louisiana, New Jersey, and Vermont, which were funded in March 1995, under Program Announcement 474 entitled Early Detection and Control of Breast and Cervical Cancer.

2. The following Tribes are excluded: Artic Slope Native Association, Limited, AK; Cherokee Nation, OK; Cheyenne

River Sioux Tribe, SD; Eastern Band of Cherokee Indians, NC; Maniilaq Association, AK; Pleasant Point Passamaquoddy, ME; Poarch Band of Creek Indians, AL; South Puget Planning Agency, WA; Southcentral Foundation, AK, which were funded under the American Indian Initiative Program Announcement 442.

States currently receiving CDC funds under Program Announcement 221 and 425, entitled Breast and Cervical Cancer Core Capacity, are eligible to apply for funding under this announcement. However, if funded under this announcement, funding under Program Announcement 221 will cease at the end of the current 12-month budget period. These grantees are currently in a 12-month extension and will not be eligible for an additional extension. Under Program Announcement 425, a no-cost extension may be approved to complete capacity-building activities. If not funded under this announcement, funding will continue as stated in the most recent award.

Availability of Funds

1. Approximately \$15 million is available in FY 1996 to fund approximately 19 States/Territories. It is expected that the average award will be \$750,000, ranging from \$500,000 to \$1,500,000.

2. Approximately \$1 million is available to fund approximately 5 Tribes. It is expected that the average award will be \$200,000 ranging from \$150,000 to \$350,000.

It is expected that these awards will begin on September 30, 1996, and will be made for 12-month budget periods within a project period of up to five years. Funding estimates may vary and are subject to change.

Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.

At the request of the applicant, Federal personnel may be assigned to a project in lieu of a portion of the financial assistance.

Purpose

The purpose of this program is to establish a State/Tribal comprehensive public health approach to reduce breast and cervical cancer morbidity and mortality through screening, referral and follow-up, public education and outreach, professional education, quality assurance, surveillance and evaluation. The program will pay for screening of women who are unable to afford these services. Priority for provision of services will be given to women who are low-income, uninsured