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.

Dated: April 26, 1996.

Diane D. Porter,

Acting Director, National Institute for Occupational Safety and Health Centers for Disease Control and Prevention (CDC).

[FR Doc. 96–11144 Filed 5–03–96; 8:45 am]

BILLING CODE 4163–19–P

[Announcement Number 616]

Sexually Transmitted Diseases Faculty Expansion Program

Introduction

The Centers for Disease Control and Prevention (CDC) announces the expected availability of fiscal year (FY) 1996 funds for a cooperative agreement program to provide resources to support faculty positions specializing in sexually transmitted diseases (STD) to schools of medicine in the United States. The Department of Health and Human Services (DHHS) is 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 the priority area of STD and HIV Infection. (For ordering a copy of ''Healthy People 2000,'' see the section **WHERE TO OBTAIN ADDITIONAL INFORMATION**.)

Authority

This program is authorized under section 318 of the Public Health Service Act, 42 U.S.C. 247c–1, as amended. Regulations governing Grants for STD Research Demonstrations and Public and Professional Education are codified in Part 51b, Subparts A and F of Title 42, Code of Federal Regulations.

Smoke-Free Workplace

The 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

Competition for these funds is limited to clinical departments of schools of medicine in the United States where CDC is not currently funding STD Prevention/Training Centers or where the National Institutes of Health (NIH) is not currently funding Sexually Transmitted Diseases Cooperative Research Centers or STD institutional training programs. The rationale for this limited competition is that those areas where STD Prevention/Training Centers and NIH STD Cooperative Research Centers or STD Institutional Training Programs are located already have expertise in STDs and have established training and collaborations similar to those described as goals of this announcement.

Availability of Funds

Approximately $650,000 is expected to be available in FY 1996 to fund approximately five awards for a 12-month budget period within a 5-year project period. It is expected that the awards will begin on or about September 30, 1996. It is estimated that the average award (including direct and indirect cost) for the first year will be $130,000, ranging between $120,000 and $140,000. Continuation awards within the project period will depend on satisfactory progress and the availability of funds. It is anticipated that the awards for the second year will be level with those of the first year.

In the third year, CDC will provide 50 percent of the original award, and the remainder, summing to at least the same level as the original award, will be provided as a guaranteed salary shared by the medical school and the collaborating health department. In the fourth and fifth years, CDC will contribute a maximum of 25 percent of the original award, with the remainder of the funds documented through a collaborating effort between the medical school and the health department (which cannot be reduced below the level of the original award). Computation of the salary should include cost-of-living and merit increases, if applicable. In-kind contributions, such as space and equipment may not be considered in the total program costs. Total program costs for the purposes of determining contributions consist of the five items listed under the **USE OF FUNDS** section.

Use of Funds

Cooperative agreement funds may be used to support:

- The salary and benefits of a faculty member,
- Travel to three project-related meetings during budget period,
- Supplies necessary for professional training activities,
- Not more than $15,000 annually to support relevant research by faculty member,
- Indirect cost.

Funds may not be used to lease space; to provide diagnostic and treatment facilities or services; or to pay other expenses normally supported by the applicant or the collaborating health department. Funds may not be used for renovation of facilities. Federal funds may not be used to replace training support. The purpose of this cooperative agreement is to enable the school of medicine to provide STD training and education by establishing a faculty position in sexually transmitted diseases in a clinical department and not to supplant existing sources of funding for a current faculty member.

Any materials developed in whole or in part with CDC funds shall be subject to a nonexclusive, irrevocable, royalty-free license to the government to reproduce, translate, publish, or otherwise use and authorize others to use for government purposes.

Purpose

The general purpose of this cooperative agreement is:

1. To enable the awardee institutions to provide training and education in STDs by developing a faculty position dedicated to the area of sexually transmitted diseases in schools of medicine where such clinical and research expertise does not currently exist.

2. To support the development of linkages between health departments and medical schools in the area of STD prevention through jointly appointed staff who strengthen the scientific basis of programmatic activities by undertaking research, clinical care, and teaching responsibilities.

Specifically, the recipient supported under the STD Faculty Expansion Program will be expected to establish a faculty member to provide to medical students, house staff, and fellows:

1. Preclinical, didactic instruction in the pathogenesis, natural history, epidemiology, and management of STDs sufficient to produce a sound educational basis for subsequent clinical instruction, and

2. Clinical instruction in the prevention, diagnosis and treatment of STDs.

The recipient will establish a faculty member who will also be expected to:

1. Care for STD patients at one or more clinics supported by the State or local health department, and

2. Develop STD research programs, preferably in collaboration with local or state health departments.

Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities under A. (Recipient Activities), and CDC will be responsible for the activities listed under B. (CDC Activities), as listed below:

A. Recipient Activities

1. Establish a full-time faculty position in STDs in a clinical department (e.g., internal medicine, pediatrics, obstetrics and gynecology, preventive or community medicine, or family practice) with the authority and responsibility to carry out the requirements of this program.

2. Maintain an agreement with a State or local health department and the medical school for a jointly appointed position that would include the potential for use of the health department's clinical facilities by the faculty member for clinical teaching and research in STDs. The faculty member will be either a permanent, part-time employee or a contractor of the health department.

3. Based on the experiences of other successful medical school programs, participating schools are required to modify the medical school curriculum to include a minimum of 4 hours of lectures on clinical and epidemiologic aspects of STDs during the 2nd year and a minimum of 20 hours of lectures and clinical instruction to be required of all medical students in the 3rd or 4th year. A minimum of 25 hours of lectures and clinical instruction must be provided for all residents in primary care specialties. Clinical instruction of medical students and residents will take place at the health department facility described in section 2, above.

4. Provide opportunities for the faculty member for research through the medical school, the health department, or both. Clinical or prevention-oriented research should be particularly encouraged. The research involvement of the faculty member requires the approval of CDC.

5. Structure the faculty position to maximize the likelihood of long-term financial support after the termination of CDC support.

6. Arrange for semiannual meetings with the CDC project officer during the first two years and annual meetings during the last three years of the project period to review progress, observe training, and review evaluation.

7. Develop and carry out an evaluation of the effectiveness of the STD Faculty Expansion Program through analysis and interpretation of data on medical student and resident performance and on the overall impact on State and local STD prevention goals, and report this data in appropriate format to CDC.

B. CDC Activities

1. Be available to provide technical assistance to facilitate the planning and implementation of curriculum changes, the linkages with local or State health departments, and the clinical or prevention-oriented research program.

2. Be available to provide assistance in the design of an evaluation of the effectiveness of the STD Faculty Expansion Program through analysis and interpretation of data on medical student and resident performance and the overall impact on state and local STD prevention goals.

3. Arrange an annual meeting of CDC-supported faculty members to review accomplishments, discuss any problems and propose modifications.

Evaluation Criteria

The applications will be evaluated according to the following criteria:

1. The need for faculty expertise in STDs in the school and geographic area: The strength of the documentation of the need for a faculty member with clinical and research expertise in STDs expertise and the STD prevalence or incidence in the area where the medical school is located. (20 points)

2. The strength of the agreement with the health department: The quality of the documentation of a commitment from the State or local health department to provide clinical facilities, part-time employment and financial support for the faculty member in clinic facilities that routinely examine and treat a sufficient number of STD clients to provide adequate training for medical students and members of the house staff. The degree to which the applicant demonstrates innovative approaches to the medical school/health department collaboration that will contribute to locally relevant STD prevention research and programmatic activities. (20 points)

3. The quality of the assurances to continue support: The extent to which the department submitting the application demonstrates a commitment to assuring research opportunities and financial support for the faculty member during the grant period. (15 points)

4. The commitment to curriculum changes: The extent to which the applicant documents commitments from the school of medicine to implement the curriculum changes described under program requirements. Consideration will be given to those schools which demonstrate the largest commitment of additional hours for high quality instruction to the largest percentage of students and residents over the life of the project. Consideration will also be given to institutions that propose to collaborate on similar training with other medical schools or residency training programs in their geographic area. (15 points)

5. Qualifications for faculty member: The quality of the documentation of proposed qualifications for the faculty member, including infectious disease training, significant clinical experience with STDs, evidence of STD research productivity, and training in public health and/or epidemiology. A description of the selection or search process, including a proposed timeframe. (15 points)

6. Evaluation plan: The quality of the plan for evaluation of the effectiveness (cost) and usefulness of the training in terms of improved services, prevention research, or achievement of prevention goals. (10 points)

7. Strong commitment and assurances that the faculty position and the training will be continued after CDC support is diminished and terminated. (5 points)

8. Budget: The budget will be evaluated for the extent to which it is reasonable, clearly justified, and consistent with the intended use of the funds. The level of support will depend on the availability of funds. (not scored)

Executive Order 12372 Review

Applications are subject to Intergovernmental Review of Federal Programs as governed by Executive Order (E.O.) 12372. E.O. 12372 sets up a system for State and local government review of proposed Federal assistance applications. Applicants should contact their State Single Point of Contact (SPOC) as early as possible to alert them to the prospective applications, and receive any necessary instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC for each affected State. A current list of SPOCs is included in the application kit. If SPOCs have any State process recommendations on applications submitted to CDC, they should send them to Van Malone, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E–14, Atlanta, GA 30305, not later than 60 days after due date for receipt of applications. The Program Announcement Number and Program Title should be referenced on the

document. CDC does not guarantee to ''accommodate or explain'' State process recommendations it receives after that date.

Public Health System Reporting Requirements

This program is subject to the Public Health System Reporting Requirements. Under these requirements, all community-based nongovernmental applicants must prepare and submit the items identified below to the head of the appropriate State and/or local health agency(s) in the program area(s) that may be impacted by the proposed project no later than the receipt date of the Federal application. The appropriate State and/or local health agency is determined by the applicant. The following must be provided:

A. A copy of the face page of the application (SF424).

B. A summary of the project that should be titled ''Public Health System Impact Statement'' (PHSIS), not to exceed one page, and include the following:

1. A description of the population to be served;

2. A summary of the services to be provided; and

3. A description of the coordination plans with the appropriate State and/or local health agencies.

If the State and/or local health official should desire a copy of the entire application, it may be obtained from the State Single Point of Contact (SPOC) or directly from the applicant.

Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance Numbers are 93.978, Sexually Transmitted Disease Research, Demonstrations, and Public Information and Education Grants, and 93.941, HIV Demonstration, Research, Public and Professional Education Projects.

Other Requirements

Paperwork Reduction Act

Projects that involve the collection of information from 10 or more individuals and funded by the cooperative agreement will be subject to review by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

Confidentiality

Applicants must have in place systems to ensure the confidentiality of patient records.

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 form provided in the application kit.

Women, Racial and Ethnic Minorities

It is the policy of the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) to ensure that individuals of both sexes and the various racial and ethnic groups will be included in CDC/ATSDR-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. This policy does not apply to research studies when the investigator cannot control the race, ethnicity and/or sex of the subjects. Further guidance to this policy is contained in the Federal Register, Vol. 60, No. 179, pages 47947–47951, and dated Friday, September 15, 1995.

HIV/AIDS Requirements

Recipients must comply with the document entitled, Content of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions (June 1992) (a copy is in the application kit). To meet the requirements for a program review panel, recipients are encouraged to use an existing program review panel, such as the one created by the State health department's HIV/AIDS Prevention Program. If the recipient forms its own program review panel, at least one member must also be an employee (or a designated representative) of a State or local health department. The names of the review panel members must be listed on the Assurance of Compliance form CDC 0.1113, which is also included in the application kit. The recipient must submit the program review panel's report that indicates all materials have been reviewed and approved.

Before funds can be used to develop HIV/AIDS-related materials, determine whether suitable materials are already available at the CDC National AIDS Clearinghouse.

Application Submission and Deadline

Applications lacking required documentation as requested in the Application Content section of the Program Announcement will be considered incomplete and *returned without review.* The original and two copies of the application PHS Form 5161–1 (OMB Number 0937–0189) and one electronic copy on disk must be submitted to Van Malone, Grants Management Officer, Attention: Kimberly Boyd, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Center for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E–15, Atlanta, GA 30305, on or before July 1, 1996.

1. *Deadline:* Applications shall be considered as meeting the deadline if they are:

A. Received on or before the deadline or

B. Sent on or before the deadline date and received in time for submission to the independent review committee. (Applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or U.S. Postal Service. Privately metered postmarks will not be acceptable proof of timely mailing.)

2. *Late Applications:* Applications that do not meet the criteria in 1.A. or 1.B. are considered late applications and will not be considered in the current competition and will be returned to the applicant.

Where to Obtain Additional Information

A complete program description, information on application procedures, an application package, and business management technical assistance may be obtained from Kimberly Boyd, 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–15, Atlanta, GA 30305, telephone (404) 842–6592, facsimile (404) 842–6513, or via Internet <KPT0@OPSPGO1.em.cdc.gov>.

Programmatic technical assistance may be obtained from H. Trent MacKay, M.D., M.P.H., Medical Epidemiologist, Training and Health Communications

Branch, Division of STD Prevention, National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE., Mailstop E–02, Atlanta, GA 30333, telephone (404) 639–8370, facsimile (404) 639–8609, or via Internet <TXM3@CPSSTD1.em.cdc.gov>.

Please refer to Announcement 616 ''STD Faculty Expansion Program'' when requesting information or submitting an application.

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 30, 1996.

Joseph R. Carter,

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

[FR Doc. 96–11214 Filed 5–3–96; 8:45 am]

BILLING CODE 4163–18–P

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Health Resources and Services Administration (HRSA) will publish periodic summaries of proposed projects being developed for submission to OMB under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, call the HRSA Reports Clearance Officer on (301) 443–1129.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Projects

Scholarship Program for Students of Exceptional Financial Need (EFN) and Program of Financial Assistance for Disadvantaged Health Professions Students (FADHPS): Regulatory Requirements (OMB No. 0915–0028)—Revision and Extension—The EFN Scholarship Program, authorized by section 736 of the Public Health Service (PHS) Act, and the FADHPS Program, authorized by section 740(a)(2)(F) of the PHS Act, provide financial assistance to schools of allopathic and osteopathic medicine and dentistry for awarding tuition scholarships to health professions students who are of exceptional financial need. To be eligible for support under the FADHPS Program, a student must also be from a disadvantaged background. In return for this support, students of allopathic and osteopathic medicine must agree to complete residency training in primary care and practice in primary care for 5 years after completing residency training. Students of dentistry must agree to practice in general dentistry for 5 years after completing residency training.

The program regulations contain recordkeeping requirements designed to ensure that schools maintain adequate records for the government to monitor program activity and that funds are spent as intended. The program application has been dropped from this package because no new applications are expected. The burden estimates for the regulatory requirements are as follows:

Regulatory section	Number of record-keepers	Hours per year	Total burden hours
57.2804(b)(3) & 57.2904(b)(1)(ii) Documentation of Cost of Attendance	200	0.167 hrs. (10 min.)	33.4
57.2809(b) & 57.2909 (b) Records Requirements	200	0.167 hrs. (10 min.)	33.4

Note: Estimated total annual burden is 67 hours.

Send comments to Patricia Royston, HRSA Reports Clearance Officer, Room 14–36, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: May 1, 1996.

J. Henry Montes,

Associate Administrator for Policy Coordination.

[FR Doc. 96–11256 Filed 5–03–96; 8:45 am]

BILLING CODE 4160–15–P

Administration for Children and Families

Refugee Resettlement Program; Proposed Availability of Formula Allocation Funding for FY 1996 Targeted Assistance Grants for Services to Refugees in Local Areas of High Need

AGENCY: Office of Refugee Resettlement (ORR), ACF, HHS.

ACTION: Notice of proposed availability of formula allocation funding for FY 1996 targeted assistance grants to States for services to refugees [1] in local areas of high need.

[1] In addition to persons who meet all requirements of 45 CFR 400.43, ''Requirements for documentation of refugee status,'' eligibility for targeted assistance includes Cuban and Haitian entrants, certain Amerasians from Vietnam who are admitted to the U.S. as immigrants, and certain Amerasians from Vietnam who are U.S. citizens. (See section II of this notice on ''Authorization.'') The term ''refugee'', used in this notice for convenience, is intended to encompass such additional persons who are eligible to participate in refugee program services, including the targeted assistance program.

Refugees admitted to the U.S. under admissions numbers set aside for private-sector-initiative admissions are not eligible to be served under the targeted assistance program (or under other