

d. *Evaluation Plan*: A description of the kinds of data to be collected and maintained and the criteria to be used to evaluate the results. This section shall explain the methodology that will be used to determine if the needs identified and discussed are being met, and if the results and benefits identified are being achieved. (Evaluation Factor #4)

Evaluation Criteria and Review Process

Initially, all applications will be reviewed to confirm that the applicant is an eligible recipient and to assure that the application contains all of the information required by this notice. Each complete application from an eligible recipient will then be evaluated by an Evaluation Committee. The Evaluation Committee will include one non-NHTSA staff specialist from the Children's Safety Network. The application will be evaluated using the following criteria:

1. *Understanding of the Problem and the Relationship to the Health/Medical Community* (40%). The extent to which the applicant has demonstrated an understanding of the child transportation safety issues. The extent to which the applicant is knowledgeable about data sources, community linkages, the need for a coordinated approach to controlling child traffic injuries using the health/medical field as leaders, and his demonstrated the organization's affiliate's willingness to commit to and participate in the program. The extent to which the applicant has access to the potential target populations in the community.

2. *Goals, Objectives, and Implementation Plan* (40%). The extent to which the applicant's goals are clearly articulated and the objectives are time-phased, specific, measurable and achievable. The extent to which the Implementation Plan will achieve an outcome oriented result that will reduce child-related traffic injuries and deaths. The Implementation Plan will be evaluated with respect to its feasibility, realism, and ability to achieve the desired outcomes.

3. *Project Management and Staffing* (10%). The reasonableness of the applicant's plan for accomplishing the objectives of the project within the time frame set out in this announcement. The skill and experience of proposed staff, including project management and program staff and proposed affiliates, and ability to accomplish the program objectives.

4. *Evaluation Plan* (10%). The extent to which the proposed methods for measuring the processes and outcomes of the proposed interventions

(countermeasures) will assess the effectiveness of the use of the Health/Medical Community in reaching the desired target populations.

Special Award Selection Factors

While not a requirement, applicants are strongly urged to consider the use of other available organizational resources, including other sources of financial support. Preference may be given, for those applicants that are evaluated as meritorious for consideration of award, for those who show commitment on the part of the Health/Medical organization by committing other organizational resources or seeking additional outside partners (cost-sharing strategies).

Terms and Conditions of the Award

1. Prior to award, each recipient must comply with the certification requirements of 49 CFR Part 20, Department of Transportation New Restriction or Lobbying, and 49 CFR Part 29 Department of Transportation Government-wide Department and Suspension (Nonprocurement) and Government-wide Requirements for Drug-Free Workplace (Grants).

2. Performance Requirements and Deliverables:

(a) The grantee shall arrange to meet with the Contracting Officer's Technical Representative (COTR) within 2 weeks of the award of the cooperative agreement to discuss the implementation plan, including milestones and deliverables.

(b) The grantee shall supply Quarterly Progress Reports every ninety days, in a format to be determined at the time of award. Quarterly Progress Reports are to include a summary of the previous quarter's activities and accomplishments, as well as proposed activities for the upcoming quarter. Any decisions and actions required in the upcoming quarter should be included in the report.

(c) *Draft Final Report*. The grantee shall prepare a Draft Final Report that includes a description of the intervention strategies, program implementation, and findings from the program evaluation. It is important, for purposes of future programs, to know what worked and did not work, under what circumstances, and what can be done to avoid potential problems in replicating similar programs. The grantee shall submit the Draft final report to the COTR 30 days prior to the end of the performance period. The COTR will review the document and provide comments within 2 weeks of receipt of the document.

(d) *Final Report*. The grantee shall revise the draft final report to reflect the

COTR's comments. The revised document shall be delivered to the COTR on or before the end of the performance period. The grantee shall supply the COTR on computer disk copy in WordPerfect format, and four additional hard copies of the revised document.

3. *Meetings and Briefings*. The grantee shall plan for the initial planning meeting in Washington, DC with the COTR, as well as an interim briefing approximately midway through the project, a final briefing at the end of the project period, and a presentation at one or more national meetings, (e.g. Moving Kids Safety, Lifesavers or other).

4. During the effective performance period of cooperative agreements awarded under this announcement, the agreement shall be subject to the National Highway Traffic Safety Administration's General Provisions for Assistance Agreements.

Issued on: May 22, 1996.

James Hedlund,

Associate Administrator for Traffic Safety Programs.

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DEPARTMENT OF VETERANS AFFAIRS

Advisory Committee on Geriatrics and Gerontology, Notice of Meeting

The Department of Veterans Affairs gives notice that a meeting of the Geriatrics and Gerontology Advisory Committee (GGAC) will be held on June 11-12, 1996 by the Department of Veterans Affairs, in Room 1105 of VA TechWorld located at 801 I Street NW., Washington, DC. The purpose of the GGAC is to advise the Secretary of Veterans Affairs and the Under Secretary for Health relative to the care and treatment of the aging veterans, and to evaluate the Geriatric Research, Education, and Clinical Centers. The Committee will convene at 9:00 a.m. (EST) on June 11 and will adjourn at Noon (EST) on June 12.

The agenda for June 11 will begin with updates for the Office of Geriatrics and Extended Care. The first day's agenda will also cover an overview of activities in the offices of Research and Development; Geriatric and Grants Management Service; Patient Care Services, Academic Affiliations; and Extended Care Service.

On June 12 the Committee will plan the programs and activities for future GGAC projects as well as plan review of the GRECC (Geriatric Research, Education, and Clinical Centers).

The meeting will be open to the public up to the seating capacity which is about 20 persons. Those wishing to attend should contact Jacqueline Holmes, Program Assistant, Office of the Assistant Chief Medical Director for Geriatrics and Extended Care, phone (202) 565-7164, not later than 12 noon, EST June 7, 1996.

Dated: May 20, 1996.

By Direction of the Secretary.

Heyward Bannister,

Committee Management Officer.

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