

TRANSACTIONS GRANTED EARLY TERMINATION BETWEEN: 04/22/96 AND 05/03/96—Continued

Name of acquiring person, Name of acquired person, Name of acquired entity	PMN No.	Date terminated
Ashland Inc., Ronald D. Limpus & Linda K. Limpus, Limpus Quarries, Inc	96-1582	04/29/96
Ashland, Inc., Harlan L. Limpus, Limpus Quarries, Inc	96-1607	04/29/96
Tele-Communications, Inc., Knight Ridder Inc., TKR Cable Company	96-1629	04/29/96
Tele-Communications, Inc., Tele-Communications, Inc., TKR Cable Company, L.P	96-1630	04/29/96
Texaco Inc., Mr. & Mrs. Robert L. Ragel, Ragel Family Limited Partnership	96-1633	04/29/96
Dames & Moore, Inc., BRW Group, Inc., BRW Group, Inc	96-1635	04/29/96
Randolph K. Repass, E&B Marine Inc., E&B Marine Inc	96-1636	04/29/96
Elkay Manufacturing Company, Landmark Equity Partners III, L.P., St. Charles Acquisition Limited Partnership	96-1646	04/29/96
Apache Corporation, The Phoenix Resource Companies, Inc., The Phoenix Resource Companies, Inc	96-1647	04/29/96
Kidd, Kamm Equity Partners, L.P., Richard W. Good, Good's Furniture, Inc	96-1650	04/29/96
CUC International Inc., Sierra On-Line, Inc., Sierra On-Line, Inc	96-1653	04/29/96
Edward L. Mercaldo, Inco Limited, Inco Limited	96-1655	04/29/96
Robert M. Friedland, Inco Limited, Inco Limited	96-1656	04/29/96
AGCO Corporation, Linamar Corporation, Western Combine Corporation and Portage Manufacturing	96-1662	04/29/96
Hicks, Muse, Tate & Furst Equity Fund II, L.P., Steven Dinetz, Chancellor Broadcasting Company	96-1665	04/29/96
Unicco Service Company, Ogden Corporation, assets and v/s of Ogden Services Corp. subsidiaries	96-1671	04/29/96
Alco Standard Corporation, Conifer Crent Company, Conifer Crent Company	96-1609	04/30/96
Bruce G. Robert, Northern Acquisition Partners, L.P., Systemation Engineered Products, Inc	96-1678	04/30/96
Siebel plc (a British company), Unitech plc (a British company), Unitech plc	96-1555	05/01/96
Renters Choice, Inc., ColorTyme, Inc., ColorTyme, Inc	96-1441	05/02/96
Wang Laboratories, Inc., BellSouth Corporation, Dataserv Computer Maintenance, Inc	96-1466	05/02/96
Danielson Holding Corporation, Midland Financial Group, Inc., Midland Financial Group, Inc	96-1473	05/02/96
WMX Technologies, Inc., Robert K. Glegg, Glegg Industries, Inc	96-1514	05/02/96
Medtronic, Inc., InStent Inc., InStent Inc	96-1538	05/02/96
Masayoshi Son (a Japanese person), Steve Harris, Sendai Publishing Group, Inc	96-1590	05/02/96
Fisher Companies, Inc., Tomlin Family Trust II, Stephen I. Burr, Esq., Trustee, Roy H. Park Broadcasting of Oregon, Inc	96-1600	05/02/96
Fisher Companies, Inc., Dr. Gary B. Knapp, Roy H. Park Broadcasting of Oregon, Inc	96-1601	05/02/96
FMR Corp., Broadway & Seymour, Inc., Bancorp Systems, Inc	96-1625	05/02/96
Regal Cinemas, Inc., George Krikorian, Del Rosa Cinema 8, Inc	96-1649	05/02/96
United States Filter Corporation, The 1990 Family Trust, Zimpro Environmental, Inc	96-1675	05/02/96
Steven G. Papermaster and Katherine L. Papermaster, Medaphis Corporation, Medaphis Corporation	96-1443	05/03/96
Raymond J. Noorda and Lewena Noorda, Medaphis Corporation, Medaphis Corporation	96-1444	05/03/96
Medaphis Corporation, Steven J. Noorda and Lewena Noorda, BSG Corporation	96-1445	05/03/96
The Southern Company, National Power plc, National Power plc	96-1648	05/03/96
Reebok International Ltd., William C. Baker, Ralph Lauren Footwear, Inc	96-1669	05/03/96
Reebok International Ltd., Bruce A. Baker, Ralph Lauren Footwear, Inc	96-1670	05/03/96
Englehard Corporation, The Mearl Corporation, The Mearl Corporation	96-1680	05/03/96
Bob Marbut, Robert E. Hernreich, Sigma Broadcasting, Inc	96-1682	05/03/96
Carolyn Louise Adams Trust, Enron Corp., Transwestern Gatheing Company	96-1684	05/03/96
Cliffs Drilling Company, Christen Sveaas (a resident of Norway), Viking Supply Ships A.S	96-1685	05/03/96
Christen Sveaas (a resident of Norway), Cliffs Drilling Company, Cliffs Drilling Company	96-1686	05/03/96
James W. Cabela, Gander Mountain, Inc., Gander Mountain, Inc., and GMO, Inc	96-1687	05/03/96
Richard N. and Mary A. Cabela, Gander Mountain, Inc., Gander Mountain, Inc., and GMO, Inc	96-1688	05/03/96
Shoney's, Inc., TPI Enterprises, Inc., TPI Restaurants, Inc	96-1694	05/03/96
National City Corporation, Stone & Thomas, S & T Financial Corp	96-1697	05/03/96
Benchmark Electronics, Inc., EMD Technologies, Inc., EMD Technologies, Inc	96-1714	05/03/96
Michael E. Heisley, Paul S. Brenia, Ancra International Corp. Debtor-In-Possession	96-1733	05/03/96

FOR FURTHER INFORMATION CONTACT:

Sandra M. Peay or Renee A. Horton,
contact representatives, Federal Trade
Commission, Premerger Notification
Office, Bureau of Competition, Room
303, Washington, D.C. 20580 (202) 326-
3100.

By Direction of the Commission.

Donald S. Clark,
Secretary.

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BILLING CODE 6750-01-M

**DEPARTMENT OF HEALTH AND
HUMAN SERVICES****Centers for Disease Control and
Prevention****[Announcement Number 621]****Coordinated Community Responses
To Prevent Intimate Partner Violence;
Notice of Availability of Funds for
Fiscal Year 1996****Introduction**

The Centers for Disease Control and
Prevention (CDC) announces the
availability of fiscal year (FY) 1996
funds for cooperative agreements
establishing community demonstration

projects to: (1) establish and enhance
community coalitions and coordinated
community responses for addressing
intimate partner violence; (2) establish
and enhance community programs
directed at the primary prevention of
intimate partner violence; (3) enhance
services directed at victims of intimate
partner abuse and their families; and (4)
evaluate the process and impact of the
coordinated community response on
reducing intimate partner violence.

CDC is committed to achieving the
health promotion and disease
prevention objectives described in
"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 Violent and Abusive Behavior. (For ordering a copy of "Healthy People 2000," see the Section, "Where to Obtain Additional Information.")

Authority

This program announcement is authorized under sections 393 and 394 of the Public Health Service Act (42 U.S.C. 280b-1a and 280b-2) as amended.

Smoke-Free Workplace

CDC strongly encourages 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

Assistance will be provided only to nonprofit private organizations for projects in local communities focusing on the prevention of intimate partner violence in towns, cities, and rural America (communities which contain fewer than 25,000 people and are not part of a standard metropolitan statistical area). Applicants may apply for either Part 1 funding or Part 2 funding but not both. Applicants must provide evidence of how various sectors of the community will be participating (see Part 1 applications), or are presently participating (see Part 2 applications) in a community coalition to prevent intimate partner violence (see Definitions and Program Requirements sections). (The eligible applicants are limited based upon language in Public Law 103-222—September 13, 1994, Chapter 6.)

Part 1: Funding under Part 1 is for applicants from rural communities, American Indian populations, and tribes and tribal councils.

Part 2: Funding under Part 2 is for applicants from towns, cities, and rural communities. The applicants must provide evidence of a functioning intimate partner violence prevention coalition that is broad-based in the community, represents a cross-section of community sectors and underserved populations including American Indians, Alaska Natives, Asian/Pacific Islanders, Blacks and Hispanics, and whose participants' roles, responsibilities, and activities are well-defined and documented. In addition, applicants under Part 2 must address how an award under this program announcement will enhance the community coalition and broaden the existing prevention efforts, activities, and services.

Availability of Funds

Approximately \$3,000,000 is available in FY 1996 to fund up to five projects. Approximately 2 awards will be made under Part 1 and are expected to range from \$200,000 to \$250,000 with an average award of \$225,000 for year 1. Approximately 3 awards will be made under Part 2 and are expected to range from \$800,000 to \$900,000 with an average award of \$850,000 for year 1. Projects are expected to begin on or about September 30, 1996. Awards will be made for a 12-month budget period within a project period of 3 years. Funding estimates may vary and are subject to change. These projects will be awarded to organizations in communities geographically dispersed throughout the country. Noncompeting continuation awards for new budget periods within the approved project period will be made on the basis of satisfactory progress as evidenced by required reports and site visits and the availability of funds.

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

Definitions

Intimate partner violence is threatened or actual use of physical force against an intimate partner that either results in or has the potential to result in injury or death. Violence of this type includes the physical, sexual, or psychological assault by partners or acquaintances. Some commonly used terms that are used to describe intimate partner violence include domestic violence, spouse abuse, woman battering, courtship violence, sexual assault, and date and partner rape. In addition, child abuse is closely associated with intimate partner violence.

Coordinated community responses incorporate various *community sectors* (see definition of Community Coalition) and employ strategies and interventions aimed at preventing the incidence of intimate partner violence, delivering services to victims, and reducing resulting injuries or death. Coordinated community responses should employ an effective coalition-building component to create, refine, or expand ongoing prevention strategies and services through increased communication, cooperation, and coordination among all participating sectors. Critical to the coalition-building process is: (1) clear identification of roles and responsibilities for those sectors represented in the coalition, (2) explicit commitments to fulfill those

responsibilities by providing services, conducting specific prevention activities, and providing both human and financial resources, and (3) clear and open communication among coalition working partners.

Primary Prevention: Successful primary prevention programs would prevent intimate partner violence from occurring in the first place. Primary prevention may work by modifying the events, conditions, situations, or exposure to influences that result in the initiation of intimate partner violence and associated injuries, disabilities, and deaths. Examples of primary prevention could include: school-based violence prevention curricula, programs aimed at mitigating the effects on children of witnessing intimate partner violence, community campaigns designed to alter norms and values conducive to intimate partner violence, worksite prevention programs, and training and education in parenting skills and self-esteem enhancement.

Community coalition is a working team of persons drawn from various *community sectors*; the *sectors* may include (but are not limited to): State and local health departments, representatives from the health care community, the law enforcement and criminal justice system, State and local domestic violence and rape prevention programs, State sexual assault prevention coalitions, the education community (public and private schools, colleges and universities), the religious community, human service entities such as child welfare agencies, substance abuse programs, mental health programs, business and civic leaders, and the media. A female victim of intimate violence should also be included as a full participating team member. The coalition will serve a community leadership function, bringing together leaders from each sector of the community to develop a coordinated response to the prevention of intimate partner violence. The community coalition may also identify, select, and oversee a steering committee consisting of representatives of the various community sectors who will chair subcommittees of the coalition focusing on specific intimate partner violence prevention and service delivery strategies. See Application Content section of the program announcement included in the application kit for greater detail.

Comparison community is one that closely resembles the applicant's community in the following areas: population size and community setting (urban/suburban/rural), ethnic composition, socioeconomic

characteristics, and reported rates of intimate partner violence (number of reported cases per 1,000 women in the community ages 12–45). Sources of data must be consistent between both the comparison and applicant communities.

Purpose

The purposes of this program are to:

1. Establish and enhance community coalitions and coordinated community responses for addressing intimate partner violence;
2. Establish and enhance community programs directed at the primary prevention of intimate partner violence;
3. Enhance services directed at victims of intimate partner abuse and their families; and
4. Evaluate the process and impact of the coordinated community response on reducing intimate partner violence.

Part 1: The purpose of funding is to help designated communities lacking intimate partner violence prevention coalitions, or whose coalitions are in the early stages of development, build their coalitions and begin to develop a coordinated community response to the problem of intimate partner violence. Developing the coalition will establish networking and communication that will enhance the funding recipient community's ability to respond to intimate partner violence. In addition, all recipients of this funding will collaborate with CDC and co-recipients, throughout the entire 3-year program period to evaluate the process of organizing intimate partner violence prevention coalitions and the resulting coordinated community responses.

Part 2: The purpose of funding under Part 2 is to (1) enhance and broaden in designated communities already existing community coalitions and coordinated community responses aimed at reducing intimate partner violence; (2) implement coalition-initiated primary prevention programs to prevent intimate partner violence; and (3) evaluate the impact of these activities on members of the applicant's community as compared to persons in comparison communities lacking coordinated community responses. This evaluation will be accomplished in part by means of a cross-site survey among all recipients of Part 2 funding and requires applicants to identify and assure the participation of a matched comparison community (see Definitions, Program Requirements, and Application Content (in the program announcement) sections). In addition, applicants will conduct an inventory of new and existing programs in both intervention and comparison sites.

Applicants receiving funding will be collaborating with CDC and the other recipients throughout the entire program period (3 years) in developing core process evaluation protocols and instruments (Parts 1 and 2 recipients), outcome protocols and instruments (Part 2 recipients), and the inventory data collection protocol (Parts 1 and 2 recipients). Efforts to address intimate partner violence should effectively reach racial, cultural, ethnic and language minorities.

Comprehensive efforts may include, but are not limited to the following strategies:

Primary Prevention Programs

1. Outreach, public awareness campaigns, and community education to dispel misconceptions about intimate partner violence and change knowledge, attitudes, beliefs, and behaviors that cause or promote intimate partner violence.
2. School-based interventions designed to promote healthy relationships and prevent dating violence.
3. School-based protocols to identify and assist school-age children who witness partner violence in the home.
4. Strategies aimed at improving parenting skills, improving job skills, increasing self-esteem, and bringing persons at risk for intimate partner violence into community programs.
5. Worksite violence prevention education programs.

Service Provision

1. Expansion of emergency shelter and support services for victims.
2. Coordination of programs, services, and working relationships among various community sectors.
3. Victim identification and referral protocols in settings such as managed care facilities, hospitals, health departments, social services facilities, and the workplace.
4. The application of community policing to the prevention of intimate partner violence and rape (with enhanced arrest procedures).

Treatment

1. Expansion of court-ordered treatment programs for batterers and rapists.
2. Therapeutic interventions for battered women, and for children who witness intimate partner violence in the home.

Training, Education, and Information

1. Training about intimate partner violence and rape for justice and law enforcement personnel, health care providers, social services personnel, etc.

2. Media campaigns on the availability of and access to community services for intimate partner violence.

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).

A. Recipient Activities

Recipient activities should include but are not limited to the following:

1. Convene the community coalition composed of representatives of the pertinent community sectors.
2. Develop protocols and data collection instruments for implementing and evaluating the selected primary prevention programs and activities comprising the program including the cross-site survey.
3. Develop, implement, monitor, and evaluate a coordinated community response for reducing intimate partner violence in the community.
4. Conduct the evaluation of the overall project in collaboration with the other funding recipients.

B. CDC Activities

1. Provide consultation in establishing baseline data, defining target populations, designing program protocols, and evaluating the cost, process(es), and outcomes of the program.
2. Provide consultation on developing standardized data collection instruments and procedures for the cross-site survey.
3. Provide consultation in the management of the cross-site survey.
4. Provide consultation in establishing standardized reporting systems to monitor program activities.
5. Provide up-to-date scientific and programmatic information about intimate partner violence prevention.
6. Compile and disseminate results from the cross-site survey and project evaluation.

Evaluation Criteria

Applications will be reviewed and evaluated according to the following criteria (maximum 100 total points):

Part 1 Applications Will Be Scored According to Criteria A Through G:

A. Needs Assessment: (5 points)

1. The extent to which the applicant documents that the community and target population are victims of or are at risk for intimate partner violence and associated injuries and deaths.

2. The extent to which the applicant provides statistical summaries of the target population and community, including demographics.

3. The availability of existing intimate partner violence primary prevention programs, and services, as well as gaps in their delivery.

B. Community Access: (15 points)

1. The extent to which the applicant has demonstrated an understanding of the target population.

2. The extent to which the applicant or coalition members have access to the target population.

C. Collaboration: (20 points)

1. The extent to which the pertinent sectors of the community are included on the coalition and have specific program responsibilities.

2. The extent to which the applicant provides evidence of other beneficial collaborative relationships between service providers and researchers, and between government, health, and community-based organizations who are or will be involved in the design, implementation, and evaluation of the project.

3. Inclusion of letters of support from proposed coalition members and delineation of specific responsibilities and commitment of time and resources.

4. Inclusion of organizational charts of collaborating agencies and institutions.

5. Establishment of culturally relevant and linguistically appropriate linkages within the community.

D. Goals and Objectives: (10 points)

The extent to which the applicant's goals are clearly articulated and objectives are time-phased, specific, measurable, and achievable; the extent to which the outcome objectives will achieve the desired program results.

E. Plan of Operations, Project Management, and Staffing: (30 points)

1. Specificity of the proposed program plan to establish the community coalition as well as deliver prevention program interventions and services to prevent injuries and deaths associated with intimate partner violence.

2. A program planning time line should provide sufficient detail about who will do what and when.

3. The applicant's chances of achieving the stated program objectives and for successfully delivering prevention programs and services at the community level should be realistic.

4. The proposed primary prevention programs and services should meet the intended purposes of the funding.

5. The applicant indicates its willingness to collaborate with CDC and

other funding recipients in the design of evaluation protocols and instruments and to collaborate in the publication of program findings.

6. The extent to which the management staff and their working partners are clearly described, appropriately assigned, and have appropriate skills and experiences.

7. The extent to which the applicant and working partners have the capacity and facilities to design, implement, and evaluate the project.

8. The extent to which the applicant provides details regarding the level of effort and allocation of time for each staff position.

9. The applicant should provide evidence that a full-time program manager and a full-time evaluation specialist are or will be available.

10. The applicant should submit an organizational chart and curriculum vitae for each proposed key staff member that indicates the applicant's ability to manage this project.

11. The applicant should provide details of involving personnel who reflect the racial and ethnic composition of the target group.

12. The applicant should include a chart of the proposed coordination plan.

F. Evaluation Plan: (20 points)

1. The applicant's plan to (a) evaluate program processes such as operational capacity of the coalition, and (b) conduct the inventory of existing programs and services to identify the magnitude and scope of primary prevention programs and services should be clear.

2. The applicant clearly describes its evaluation methods and statistical techniques.

3. The applicant should address the coalition's capacity for data collection, storage, and retrieval.

4. The applicant should address its willingness to collaborate with CDC and fellow funding recipients.

G. Proposed Budget: (Not scored)

The extent to which the budget request is clearly explained, adequately justified, reasonable, sufficient for the proposed project activities, and consistent with the intended use of the cooperative agreement funds.

Part 2 Applications Will Be Scored According to Criteria A Through G:

A. Needs Assessment: (5 points)

1. The extent to which the applicant documents that the community and target population are victims of or are at risk for intimate partner violence and associated injuries and deaths.

2. The extent to which the applicant provides statistical summaries of the target population and community, including demographics.

3. The availability of existing intimate partner violence primary prevention programs services, as well as gaps in their delivery.

B. Community Access: (10 points)

1. The extent to which the applicant has demonstrated an understanding of the target population.

2. The extent to which the applicant or coalition members have access to the target population and experience in the management and delivery of intimate partner violence primary prevention programs and services at the community level.

C. Collaboration: (20 points)

1. The extent to which the applicant describes how funding under this program announcement will enhance and strengthen existing community intimate partner violence primary prevention efforts.

2. The extent to which the applicant provides details of the community coalition as well as the design, implementation, and evaluation of the project.

3. The extent to which the pertinent sectors of the community are included on the coalition and have specific program responsibilities.

4. The extent to which the applicant provides evidence of other beneficial collaborative relationships between service providers and researchers, and between government, health, and community-based organizations who are or will be involved in the design, implementation, and evaluation of the project.

5. The applicant should include letters of support from proposed coalition members and the letters mention specific responsibilities and commitment of time and resources.

6. The applicant should submit organizational charts of collaborating agencies and institutions.

7. The applicant should show evidence of having established culturally relevant and linguistically appropriate linkages within the community.

D. Goals and Objectives: (10 points)

1. The extent to which the applicant's goals are clearly articulated and objectives are time-phased, specific, measurable, and achievable; the extent to which the outcome objectives will achieve the desired program results.

2. The objectives should reflect an enhancement of existing primary prevention programs and services.

E. Plan of Operations, Project Management, and Staffing: (30 points)

1. The extent to which the applicants program plan (1) to enhance or expend the existing community coalition and, (2) deliver expanded and enhanced primary prevention programs and services to prevent injuries and deaths associated with intimate partner violence are detailed and specific.

2. The extent to which the program planning time line provide sufficient detail about who will do what and when.

3. The extent to which the applicant's chances of achieving the stated program objectives and for successfully delivering services and interventions at the community level.

4. The extent to which the proposed services and interventions meet the intended purposes of the funding.

5. The extent the applicant indicates its willingness to collaborate with CDC and other funding recipients in the design of evaluation protocols and instruments and to collaborate in the publication of program findings.

6. The extent to which the management staff and their working partners are clearly described, appropriately assigned, and have appropriate skills and experiences.

7. The extent to which the applicant and working partners have the capacity and facilities to design, implement, and evaluate the project.

8. The extent to which the applicant provides details regarding the level of effort and allocation of time for each staff position.

9. The extent to which the applicant provides evidence that a full-time program manager and a full-time evaluation specialist are or will be available.

10. The applicant should submit an organizational chart and curriculum vitae for each proposed key staff member that indicates the applicant's ability to manage this project.

11. The extent to which the applicant provides details of involving personnel who reflect the racial and ethnic composition of the target group.

12. The applicant should provide a chart of the proposed coordination plan.

F. Evaluation Plan: (25 points)

1. The extent to which the applicant describes its methods for identifying and selecting a comparison community. The extent to which the methods and participation in the comparison community are assured.

2. The applicant should address its willingness to collaborate with CDC and the other funded projects and

participate in the community-wide survey and post-project publications.

3. The applicant's plan to (a) evaluate program processes such as operational capacity of the coalition, and (b) conduct the inventory of existing programs and services within the community to identify the magnitude and scope of primary prevention programs and services should be clear.

4. The applicant should clearly describe its evaluation methods and statistical techniques.

5. The applicant should address the coalition's capacity for data collection, storage, and retrieval.

G. Proposed Budget: (Not scored)

The extent to which the budget request is clearly explained, adequately justified, reasonable, sufficient for the proposed project activities, and consistent with the intended use of the cooperative agreement funds.

Funding Priorities

Funding priority under this announcement will be given to: (a) those applicants whose primary interest is in preventing violence against adolescent (12+ years of age) and adult women by persons known to the victim rather than by strangers, (b) those applicants that will undertake coalition-building activities, and (c) those applicants that will enhance or expand existing coalitions and associated primary prevention activities and services. Geographic distribution of awards will also be considered.

Interested persons are invited to comment on the proposed funding priority. All comments received on or before July 3, 1996 will be considered before the final funding priority is established. If the funding priority should change as a result of any comments received, a revised Announcement will be published in the Federal Register prior to the final selection of awards.

Written comments should be addressed to: Ron Van Duyne, 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-13, Atlanta, GA 30305.

Executive Order 12372 Review

Applications are subject to the 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, other than federally recognized Indian tribal

governments 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 of 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 forward them to Ron Van Duyne, 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-13, Atlanta, Georgia 30305, no later than 60 days after the application deadline date. The granting agency does not guarantee to "accommodate or explain" State process recommendations it receives after that date.

Indian tribes are strongly encouraged to request tribal government review of the proposed application. If tribal governments have any tribal process recommendations on applications submitted to CDC, they should forward them to Ron Van Duyne, 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-13, Atlanta, Georgia 30305, no later than 60 days after the application deadline date. The granting agency does not guarantee to "accommodate or explain" tribal 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 information 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 (CFDA) number for this project is 93.262.

Other Requirements

A. Paperwork Reduction Act

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

B. Accounting System

The services of a certified public accountant licensed by the State Board of Accountancy or equivalent must be retained throughout the project period as a part of the recipient's staff or as a consultant to the recipient's accounting personnel. These services may include the design, implementation, and maintenance of an accounting system that will record receipts and expenditures of Federal funds in accordance with accounting principles, Federal regulations, and terms of the cooperative agreement.

C. Audits

Funds claimed for reimbursement under this cooperative agreement must be audited annually by an independent certified public accountant (separate and independent of the consultant referenced above or recipient's staff certified public accountant). This audit must be performed within 60 days after the end of the budget period; or at the close of an organization's fiscal year. The audit must be performed in accordance with generally accepted auditing standards (established by the American Institute of Certified Public Accountants (AICPA)), governmental auditing standards (established by the General Accounting Office (GAO)), and Office of Management and Budget (OMB) Circular A-133.

D. State and Local Requirements

Recipients must comply with prevailing State and local regulations and laws regarding the delivery of social and health services to the public and mandatory reporting of sexual or physical abuse.

E. Confidentiality

All personal identifying information obtained in connection with the delivery of services provided to any person in any program carried out under this cooperative agreement cannot be disclosed unless required by a law of a State or political subdivision or unless such a person provides written, voluntary informed consent.

1. Nonpersonally identifying, unlinked information, which preserves the individual's anonymity, derived from any such program may be disclosed without consent:

- a. In summary, statistical, or other similar form, or
- b. For clinical or research purposes.

2. Personal identifying information: Recipients of CDC funds who must obtain and retain personally identifying information as part of their CDC-approved work plan must:

- a. Maintain the physical security of such records and information at all times;
- b. Have procedures in place and staff trained to prevent unauthorized disclosure of client-identifying information;
- c. Obtain informed client consent by explaining the risks of disclosure and the recipient's policies and procedures for preventing unauthorized disclosure;
- d. Provide written assurance to this effect including copies of relevant policies; and
- e. Obtain assurances of confidentiality by agencies to which referrals are made.

Assurance of compliance with these and other processes to protect the confidentiality of information will be required of all recipients. A DHHS certificate of confidentiality may be required for some projects.

F. Capability Audit

Some applicants may be required to participate in a fiscal Recipient Capability Audit prior to the award of funds.

Application Submission and Deadline

The original and two copies of the application PHS Form 5161-1 (OMB Number 0937-0189) must be submitted to Ron Van Duyne, 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-13, Atlanta, Georgia 30305, on or before August 2, 1996.

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

- a. Received on or before the deadline date; or

- b. Sent on or before the deadline date and received in time for submission to the objective review committee. For proof of timely mailing, 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.

2. Late Applications: Applications that do not meet the criteria in 1.a. or 1.b. above are considered late. Late applications will not be considered in the current competition 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 your name, address, and phone number and will need to refer to Announcement 621. In addition, this announcement is also available through the CDC Home Page on the Internet. The address for the CDC Home Page is <http://www.cdc.gov>. A complete program description and information on application procedures are contained in the application package. Business management technical assistance and an application package may be obtained from Georgia Jang, 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, Georgia 30305, telephone (404) 842-6814, Internet: glj2@opspgo1.em.cdc.gov.

Programmatic assistance may be obtained from Chester L. Pogostin, D.V.M., M.P.A., Centers for Disease Control and Prevention (CDC), National Center for Injury Prevention and Control, Division of Violence Prevention, Mailstop K-60, Atlanta, Georgia 30333, telephone (770) 488-4410, Internet: clp3@cipcod1.em.cdc.gov.

Please refer to Announcement Number 621 when requesting information and submitting an application.

There may be delays in mail delivery as well as difficulty in reaching the CDC Atlanta offices during the 1996 Summer Olympics (July 19-August 4). Therefore, CDC suggests the following to get more timely responses to any questions: using

internet/email, following all instructions in this announcement, and leaving messages on the contact person's voice mail.

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: May 28, 1996.

Joseph R. Carter,

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

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Administration for Children and Families

[Program Announcement No. ACF/ACYF/HS-URP&RS 96-1]

Fiscal Year 1996 Discretionary Announcement for Head Start/University Research Projects and Head Start Research Scholars; Availability of Funds and Request for Applications

AGENCY: Administration on Children, Youth and Families (ACYF), ACF, DHHS.

ACTION: Announcement of the availability of funds and request for applications for two priority areas related to Head Start.

SUMMARY: The Administration for Children and Families, Administration on Children Youth and Families announces the availability of funds to support research activities in two research areas, Head Start/University Partnerships and Head Start Research Scholars.

DATES: The closing time and date for receipt of applications is 5:00 p.m. (Eastern Time Zone) August 2, 1996. Applications received after 5:00 p.m. will be classified as late.

ADDRESSES: Mail applications to: Head Start Discretionary Research Grants Department of Health and Human Services ACF/Division of Discretionary Grants 6th floor, 370 L'Enfant Promenade, S.W. Washington, D.C. 20447 Mail Stop 6c-462 Attn: Application for Head Start Discretionary Research: (Head Start/University Partnerships or Head Start Research Scholars)

HAND DELIVERED, COURIER OR OVERNIGHT DELIVERY applications

are accepted during the normal working hours of 8:00 a.m. to 5:00 p.m., Monday through Friday, on or prior to the established closing date at: Program Announcement: ACYF/HS, Administration for Children and Families, Division of Discretionary Grants, ACF Mailroom, 2nd Floor Loading Dock, Aerospace Center, 901 D Street, S.W., Washington, D.C. 20024.

FOR FURTHER INFORMATION CONTACT: The ACYF Operations Center, Technical Assistance Team (1-800-351-2293), is available to answer questions regarding application requirements and to refer you to the appropriate contact person in ACYF for programmatic questions.

In order to determine the number of expert reviewers that will be necessary, if you are going to submit an application, you must send a post card or call with the following information: the name, address, telephone and fax number, and e-mail address of the principal investigator and the name of the university at least four weeks prior to the submission deadline date to: Administration on Children, Youth and Families, Operations Center, Ellsworth Associates, Inc., 3030 Clarendon Blvd., Suite 240, Arlington, VA 22201, (1-800-351-2293).

Part I. General Information

A. Table of Contents

This announcement is divided into four parts, plus appendices:

Part I provides information on the purpose of the discretionary research effort and a discussion of issues particularly relevant to the research under this announcement.

- A. Table of Contents
- B. Purpose
- C. Background

Part II contains key information on the statutory authority and each of the two priority areas such as eligible applicants, project periods, special conditions and other information. Each priority area description is composed of the following sections:

- **Eligible Applicants**—This section specifies the type of organization which is eligible to apply under the particular priority area.
- **Purpose**—This section presents the basic focus and/or broad goal(s) of the priority area.
- **Background Information**—This section briefly discusses the legislative background and/or the social context that supports the need for this particular priority area.
- **Special Conditions**—This section lists any special conditions with which the applicant must comply in order for

the application to be considered for review.

- **Project Duration**—This section specifies the maximum allowable length of time for the project period; it refers to the amount of time for which Federal funding is available.

- **Federal Share of Project Costs**—This section specifies the maximum amount of Federal support for the project.

- **Matching Requirement**—This section specifies the minimum non-Federal contribution, either through cash or in-kind match.

- **Anticipated Number of Projects to be Funded**—This section specifies the number of projects that ACYF anticipates it will fund in the priority area.

- **CFDA**—This section identifies the Catalog of Federal Domestic Assistance (CFDA) number and title of the program under which applications in this priority area will be funded.

Part III presents the criteria upon which the proposals will be reviewed and evaluated.

A. Criteria

B. Review Process

- Part IV contains information for preparing the fiscal year 1996 application.

- A. Availability of Forms
- B. Proposal limits
- C. Check List for a Complete Application
- D. Due Date
- E. Paperwork Reduction Act of 1995
- F. Required Notification of State Single Point of Contact

Appendix A includes the relevant forms necessary for completing the application.

Appendix B lists the Single Points of Contact for Each State and Territory.

Appendix C list the 53 Early Head Start programs that do not have Early Head Start Local Research cooperative agreements.

B. Purpose

The purpose of this announcement is to support research conducted by universities on behalf of faculty or doctoral-level graduate students who form partnerships with Head Start or Early Head Start programs in their communities for the purposes of contributing new knowledge or testing research applications which will improve services for low-income young children and their families. Priority Area 1.01 Head Start/University Partnerships supports faculty members in universities and 1.02 Head Start Research Scholars supports doctoral-level graduate students.