

Estimated Total Annual Burden Hours: 38.7.

Additional Information: Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Information Services, Division of Information Resource Management Services, 370 L'Enfant Promenade SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer, Larry Guerrero.

OMB Comment: OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the Federal Register. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, 725 17th Street NW., Washington, DC 20503, Attn: Ms. Wendy Taylor.

Dated: May 31, 1996.

Larry Guerrero,
Director, Office of Information Services.
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Centers for Disease Control and Prevention

[Announcement 646]

National Institute for Occupational Safety and Health; Community Partners for Healthy Farming

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1996 funds for cooperative agreements for the Community Partners for Healthy Farming (CPHF), a program with a dual purpose: to conduct community-based and action-oriented health and safety surveillance and to pilot and evaluate interventions that can reduce or prevent work related injuries and illnesses in farm workers and their families.

The 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 improve the quality of life. This announcement is related to the priority area of Occupational Safety and Health. (For ordering a copy of Healthy People 2000, see the Section Where To Obtain Additional Information.)

Authority

This program is authorized under Section 20(a) of the Occupational Safety and Health Act of 1970 (29 U.S.C. 669(a)).

Smoke-Free Workplace

The CDC strongly encourages all grant recipients to provide a smoke-free workplace and promote the nonuse 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

Applications may be submitted by public and private, non-profit and for-profit organizations, governments and their agencies. Eligible applicants include domestic nonprofit organizations, official public health agencies of States, universities, colleges, research institutions, and other public and private organizations or their bona fide agents, federally recognized Indian tribal governments, Indian tribes or Indian tribal organizations, and small, minority- and/or women-owned businesses. CDC/NIOSH encourages the formation of partnerships between public health, research organizations and community based groups serving agricultural populations.

Note: Organizations described in Section 501(c)(4) of the Internal Revenue Code of 1986 which engage in lobbying activities are not eligible for the receipt of Federal grants or cooperative agreements.

Availability of Funds

Approximately \$1,600,000 is available in FY 1996 to fund approximately 9-16 awards. It is expected that for the seven to twelve sentinel event surveillance projects the average award will be approximately \$95,000, ranging from \$55,000 to \$105,000. It is anticipated that for the three to six intervention research projects the average award will be approximately \$130,000, ranging from approximately \$45,000 to \$175,000. It is further expected that the awards will be effective on or about September 30, 1996 and will be made for a 12-month budget period within a project period of up to three years. Funding estimates may vary and are subject to change.

CDC/NIOSH does not intend to fund more than one surveillance application per State, and intervention funding decisions may be made to assure an appropriate geographic distribution of awardees.

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

Recipient Financial Participation

CDC strongly encourages in-kind and other financial support by non-Federal agencies such as community and State organizations as well as private businesses (e.g., machinery and farm implement dealers). Such support will promote the continuation of efforts to prevent illness and injury in agriculture after the cessation of funding under this announcement.

Purpose

Surveillance

The purpose of the surveillance component of this announcement is to conduct on-going, action-oriented surveillance of agriculture-related disease, injury, and hazards in agricultural communities. This component continues surveillance efforts begun in 1990 under the Occupational Health Nurses in Agricultural Communities (OHNAC) program. The OHNAC program conducted community-based surveillance and intervention efforts and during a five-year period placed approximately 32 nurses in communities in ten States. These nurses conducted surveillance for illness and injury sentinel health events in their communities, developed strong partnerships with agricultural and health-care communities, and have focused public health attention on problems affecting farmers, farm workers, and farm families. Each State conducted case-based surveillance with varying methodologies as to case definition, geographic regions targeted, intensity of active vs. passive surveillance, and reporting sources (Connon et al., 1993). While generally successful, some surveillance efforts were limited by factors including the lack of reporting laws in some States, reliance on self-reporting of incidents by workers themselves, and lack of consistent case definitions between States. There was more efficient use of staff time for both surveillance and interventions when nurses focused work in a geographic region that kept travel time to a minimum but permitted expansion of both surveillance and interventions to larger geographic regions for investigation of specific occurrences or dissemination of findings.

Surveillance-driven prevention efforts in OHNAC have included the dissemination of surveillance findings

and recommendations for intervention including publications in trade periodicals; peer reviewed journals, an issue of a nursing journal dedicated to agricultural health (AAOHN, 1993); CDC's *Morbidity and Mortality Weekly Report*; and targeted mailings of NIOSH Updates and Alerts. Some of these sentinel events have included scalplings of women from inadequately protected rotating shafts; fatalities and injuries related to grain bins, manure pits, forage wagons, and augers; nicotine poisoning from dermal absorption during tobacco harvesting; cumulative trauma related to hand harvesting; eye injuries; tetanus; stress; carbon monoxide (CO) poisoning related to the use of small engines; and children on farms. Because of OHNAC and other NIOSH surveillance, The U.S. Environmental Protection Agency (EPA), Consumer Product Safety Commission (CPSC), Occupational Safety and Health Administration (OSHA) and NIOSH are collaborating on prevention of CO poisoning related to the use of small engines. Some of these findings (i.e., scalplings, CO poisoning, and nicotine poisoning), by virtue of their not being among commonly reported or researched occurrences in agriculture, may not have been detected by other than such community-based surveillance.

Intervention

The prevention intervention component contributes to the prevention of occupationally related disease and injury in the agriculture industry through community-based demonstration or intervention projects aimed at piloting and evaluating regulatory, behavioral, education, control or other preventive interventions. It is intended that this be accomplished by linking those with research expertise to agricultural community groups or populations in order that prevention interventions are piloted and evaluated within the agricultural working population. The focus for agricultural workplace safety and health intervention efforts can include specific engineering control technologies, information dissemination and health communication practices, worker/management participatory safety and health programs, and family and community safety and health training. Although many intervention strategies have been applied to various work settings, knowledge about what works best is limited. Employers, owner-operators, agricultural workers, public decision makers, cooperative extension services agents, and others need this information to make informed decisions about which prevention strategies work

well and support the use of limited resources. Research is needed to pilot and evaluate prevention intervention efforts which, if successful, will be adoptable on a wider scale in a region or throughout the nation. This work should be done in cooperation with agricultural workers and employers to assure consideration of the economic and organizational factors that determine if interventions will be adopted. Cultural, educational, gender, geographical and other related attributes of targeted populations will influence how safety and health messages are designed, distributed and received. Farm workers (including migrant, seasonal, minority, and permanent employees as well as women and children of the agricultural community) and agricultural organizations should join efforts to identify appropriate techniques for information dissemination and develop outcome measurements which can be utilized to determine the effectiveness of various dissemination efforts.

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/NIOSH will be responsible for the activities listed under B. (CDC/NIOSH Activities):

A. Recipient Activities

Surveillance

1. Select community-based staff with appropriate expertise who have the skills to communicate effectively with both individuals and groups in those communities, and preferably, with occupational and public health expertise. While in the OHNAC project, nurses, supplemented by partners in State health departments, Cooperative Extension, Agricultural Centers, the community, etc. effectively assumed this responsibility, NIOSH realizes that individuals with various backgrounds and training may also be appropriate.

2. Identify a suitable location, as appropriate, for the physical assignment of community-based staff, most likely in a local or county health department or community health center, an agricultural extension service office, hospital or other location that serves the needs of that agricultural community, and where access to agricultural, migrant and seasonal workers, their families, and extension agents would be facilitated.

3. Collaborate with other on-going occupational and agricultural health and safety activities in the State or

region. These could include the following CDC/NIOSH-supported programs: the Farm Family Health and Hazard Surveillance (FFHHS) project; Agricultural Health Promotion Systems (AHPS); regional Centers for Agricultural Disease and Injury Research, Education and Prevention, the Sentinel Event Notification System for Occupational Risks (SENSOR) and the Fatality Assessment, Control and Epidemiology (FACE) program. In the OHNAC program, members of the Cooperative Extension Service, at both the State and local level, were invaluable partners in successful efforts.

4. Develop and adhere to a timetable for planning and implementing this project.

5. Provide training and orientation of staff to occupational safety and health principles and concepts in surveillance and reporting; in securing expertise and assistance to community-based staff and local health officials; in securing appropriate technical support (engineering/industrial hygiene expertise and data analysis) ranging from site investigations to supplying handout literature; and in the final evaluation of proposed activities.

6. Ensure that community-based staff have personal computers and modems with the capability to link with CDC/NIOSH, the State or Territorial Health Department for reporting cases, requesting technical assistance, and other needs. This will permit timely responses from health personnel and timely requests for site investigations when appropriate. Each award recipient will participate in an electronic forum (currently via CDC/WONDER) for communication among and between CDC/NIOSH, other award recipients, and community-based staff.

7. Develop, implement and maintain a community-based system of reporting agricultural job-related diseases and injuries in locales that are representative of agriculture in the State or are otherwise appropriate for selected condition(s) and would most benefit from such surveillance.

- a. Incident reports should be sought systematically in accordance with the planned surveillance system and other appropriate sources. These may include, but are not limited to: emergency rooms, hospital admission and discharge summaries, physicians' offices and directly from agricultural workers (who may not seek professional health services for occupational health concerns).

- b. Incident reports should range from brief summaries of relatively unimportant events to detailed descriptions of more notable events or

conditions. Current exposure information on machinery and equipment used by agricultural workers, including typical operating times and circumstances, may also be included.

c. Ensure, regardless of selected topics, that the proposed surveillance system maintains a strong capacity to recognize and respond to unforeseen occurrences in the target communities.

8. Develop a plan for selecting events that, because of their public health importance (severity, number of workers potentially affected, potential preventability, likelihood of providing new information, need to increase awareness in health or agricultural communities, etc.) merit further investigation. These events could include fatalities, multiple occurrences or single occurrences affecting multiple individuals, occurrences of new or emerging problems, conditions that are of particular importance to agriculture.

a. Report such important events to CDC/NIOSH within one week of ascertainment by project staff. Such reporting is not expected for all events but is especially important for events that may require timely responses, involve CDC/NIOSH in its investigation, or potential need to expand investigation or public health response to other States. These reports are expected to be brief descriptions and may be transmitted electronically. (Examples from the OHNAC project include carbon monoxide poisoning related to small engines, green tobacco sickness, and suffocation in wells related to flooding.)

9. Develop a process of follow-back investigations of selected cases with agricultural workers and families. The purpose of such investigations is to ascertain preventable causes of illnesses and injuries leading to the development and dissemination of disease and injury prevention strategies. Depending on the importance of the problem, follow-back could range from a brief review of records and/or telephone contact to a detailed site investigation involving multiple disciplines. As indicated, applicants will collaborate with appropriate public health professionals, technical advisors (e.g., agricultural engineers), county extension agents, agricultural workers, agricultural worksite owners, CDC/NIOSH staff, other health department personnel in plan development and implementation.

a. Data could include descriptive information on prevention efforts that: (a) could have prevented injury or illness, (b) could have diminished injuries or illness, (c) were used that prevented further illness or injury in this (e.g., machine guard may have

prevented amputation) or (d) have been initiated since the incident and are likely to diminish the risk for further incidents.

10. Provide sensitive, confidential attention to reported cases, including case confirmation and determination of appropriate follow-up.

11. Evaluate the scientific and operational aspects of the surveillance project, including aspects of completeness, public health impact and the generalizability of methods and findings to other settings.

12. Transmit data (case reports, etc.) in an electronic format to CDC/NIOSH in established timeframes (e.g., quarterly).

13. Disseminate, via appropriate media and partners, findings and recommendations to affected populations, public health authorities and the scientific community.

Intervention

1. Develop a scientific protocol for the specific intervention which encompasses the following elements:

a. Design and implementation of intervention(s) based on a collaborative effort between those with scientific expertise and those who form the community base; and

b. Identification of the target population and specific description of the procedures to recruit the target population into the study.

2. Develop and conduct an appropriate independent peer review of the scientific protocol.

3. Conduct the project and evaluation according to the protocol and assess results.

4. Disseminate the final results of the project to a wide audience including, but not limited to, peer-reviewed journal articles, presentations at professional conferences, and presentations to agricultural or other client groups.

B. CDC/NIOSH Activities

1. Secure the materials and services of other personnel necessary to assist and support the activities of the staff.

2. Provide technical assistance, through site visits and other communication, in all phases of the development, implementation and maintenance of these cooperative agreements including, but not limited to: (a) providing guidance on occupational conditions appropriate for reporting; (b) recommending reporting guidelines; developing case reporting formats; (c) participating in peer review panels; and (d) providing CDC/NIOSH publications, educational materials, and

other documents, when appropriate and needed.

3. Foster and facilitate linkages between recipients and other groups, organizations and agencies involved in agricultural research and outreach.

4. Provide expertise and assistance to site staff and local partners, as needed and as resources permit, to assist in problem identification and resolution, and provide technical support.

5. Participate in the decisions to conduct field investigations and prevention efforts and respond to incident reports requiring field follow-up.

6. Provide technical assistance in the evaluation of the results of the surveillance and intervention activities.

7. Promote and facilitate scientific collaboration, as appropriate.

8. Assist in disseminating surveillance and intervention research results and relevant health and safety education and training information to appropriate Federal, State and local agencies, health care providers, the scientific community, agricultural workers and their families, management and union representatives and other CDC/NIOSH collaborators.

9. Collaborate in training and orienting staff to occupational safety and health principles and concepts in surveillance and reporting; in securing expertise and assistance to community-based staff and local health officials; in securing appropriate technical support (engineering/ industrial hygiene expertise and data analysis) ranging from site investigations to supplying handout literature; and in the final evaluation of proposed activities.

10. Cooperate in the development of case definitions that would allow aggregation of data among States.

Review Process

Upon receipt, applications will be reviewed by CDC staff for:

1. Completeness and Responsiveness

Incomplete applications and applications that are not responsive to the announcement will be returned to the applicant without further consideration.

2. Triage

Applications that are determined to be complete and responsive to the announcement may be subjected to a preliminary evaluation by reviewers to determine if the application is of sufficient technical and scientific merit to be competitive. The CDC will withdraw from further consideration applications judged to be noncompetitive and promptly notify the

principal investigator/program director and the official signing for the applicant organization.

3. Objective Review Process

Those applications judged to be competitive will be further evaluated by the objective review process. The review will be an evaluation of the scientific and technical merit of the application based on the following criteria:

Surveillance

(To fund 7–12 awards at \$55,000—\$105,000 for up to 3 years)

1. Understanding of the Objectives of the Proposed Agreement (Total percentage for this section: 12%)

A. Provides a comprehensive statement of the target problem(s), scope, and purpose of the proposed project to demonstrate complete understanding of the intent and requirements. This understanding indicates a clear awareness of the cooperative agreement objectives. (4%)

B. Ability and willingness to incorporate surveillance for agricultural occupational health and safety concerns as an integral part of public health programs for identification, investigation, control and prevention of agriculture related health injury, illness, and hazard exposure. (4%)

C. In-kind support by community and State organizations as well as private businesses (e.g., machinery and farm implement dealers) will promote the building of the infrastructure for both surveillance and interventions that are likely to continue after the completion of Federal funding of this. (4%)

2. Soundness of Approach (Total percentage for this section: 66 %)

A. Documentation of a State reporting requirement that incorporates agriculturally related injuries and illnesses. Ease of data collection, follow-back case investigation, and the absence of barriers to contacting victims are important. (5%)

B. Documented experience conducting surveillance in agriculture. (4%)

C. Capability to access surveillance data on agricultural injuries, illnesses, and hazards. Regardless of the presence of reporting requirements, a clearly defined and preferably tested means of collecting data is described and documented. This will include easy access to data sources and health records of victims. Applicants must document the ability to conduct timely follow-back investigations of cases and gain access to work sites and agricultural workers to assess health and

safety hazards or to investigate exposures that have resulted in injury or illness. (6%)

D. Selection of an efficient, cost-effective means of surveillance. Extent to which surveillance system makes efficient use of staff time. Ideally, routine activities would encompass a geographic area that does not require excessive travel time though with provisions for flexibility. Geographic area(s) is suitable for the selected surveillance activity. (6%)

E. Documented capacity for creative collaboration and coordination with local community and/or cooperating organizations and expertise for the purposes of implementing the proposed surveillance and follow-back investigations where indicated. (5%)

F. There is a collaborative effort involving the State or territorial public health agency of the State or its bona fide agent and other agricultural safety and health projects, e.g., those funded by CDC/NIOSH. (6%)

G. Valid basis for selection of condition(s); industry subgroups; and/or populations (children, seasonal workers) to focus upon in this project, i.e., documented or perceived risk to agricultural workers and their families in the area. Applicants are encouraged to select at least one illness-related topic (e.g., respiratory hazards, pesticides, prevention of noise-induced hearing loss). Efforts targeting specific industries (e.g., poultry, dairy, pork production) and special populations are also encouraged. Although the majority of effort is to be on the selected conditions, participants will be willing and able to conduct follow-back investigations on other agriculturally related sentinel events. (7%)

The degree to which the applicant has met the CDC policy requirements regarding the inclusion of women, ethnic, and racial groups in the proposed research. This includes:

1. The proposed plan for the inclusion of both sexes and racial and ethnic minority populations for appropriate representation.

2. The proposed justification when representation is limited or absent.

3. A statement as to whether the design of the study is adequate to measure differences when warranted.

4. A statement as to whether the plans for recruitment and outreach for study participants include the process of establishing partnerships with community(ies) and recognition of mutual benefits will be documented.

H. Flexibility regarding target condition, geographic region, and population with documented ability to

respond to important though relatively rare sentinel events. (5%)

I. Documented technical support or capability (e.g., industrial hygiene, safety engineering, agricultural engineering) for investigations of sentinel events and health and safety hazards. Such support shall be readily available for telephone consultation and on-site investigations. (6%)

J. A feasible schedule for initiating and accomplishing the activities of the cooperative agreement. (9%)

K. A feasible approach to evaluation of the surveillance system. (7%)

3. Personnel (Total percentage points for this section: 22%)

A. Appropriate designation and selection of staff for conducting community and/or State-wide surveillance activities. Staff will need (supported by documentation):

1. The expertise, education, and psychosocial skills in order to effectively interact with the agricultural community and health professionals alike. (4%)

2. Experience/education in epidemiology, public health, occupational health and safety, and agriculture. (5%)

3. To have support of the agricultural communities, health professionals, and others with whom they would interact. (4%)

4. The ability to access and understand medical records. (4%)

5. Documented capacity to conduct epidemiological studies and to coordinate activities involving State or Territorial Offices, members of the agricultural community, and health care providers. Staff must provide assurance of substantial time and resource commitment to the program. (5%)

B. Human Subjects (Not Scored).

Whether or not exempt from the Department of Health and Human Services (DHHS) regulations, are procedures adequate for protection of human subjects? Recommendations on the adequacy of protections include: (1) protections appear adequate, and there are no comments to make or concerns to raise, or (2) protections appear adequate, but there are comments regarding the protocol, or (3) protections appear inadequate and the Objective Review Group has concerns related to human subjects; or (4) disapproval of the application is recommended because the research risks are sufficiently serious and protection against the risks are inadequate as to make the entire application unacceptable.

C. Budget (Not Scored).

The budget will be evaluated to the extent that it is reasonable, clearly

justified, and consistent with the intended use of funds.

Intervention (To Fund 3–6 awards at \$45,000—\$175,000 for up to 3 years)

Applications will be reviewed and evaluated according to the following criteria:

1. The extent to which the applicant understands the purpose of the cooperative agreement and the relevance of the proposal to that purpose. (10%)

2. The extent to which the proposed goals and objectives are clearly stated, time-phased, and measurable. The extent to which they encompass both process and outcome features of the intervention. The extent to which specific research questions and/or hypotheses are described. (10%)

3. The extent to which the potential effectiveness of the intervention is theoretically justified and supported with epidemiologic, methodological, or behavior research. The extent to which the intervention is feasible and can be expected to produce the expected results in the target group. The extent to which the intervention, its implementation, the development of all necessary materials, and all necessary training are clearly described. The extent to which the setting in which the intervention is to be implemented is clearly described and shown to be adequate for reaching the target group and achieving the desired objectives. (25%)

4. The extent to which the target group is described and access to the target group is demonstrated. The extent to which it is demonstrated that the participation of the target group will be sufficient to evaluate the intervention in an unbiased fashion.

The degree to which the applicant has met the CDC policy requirements regarding the inclusion of women, ethnic, and racial groups in the proposed research. This includes:

a. The proposed plan for the inclusion of both sexes and racial and ethnic minority populations for appropriate representation.

b. The proposed justification when representation is limited or absent.

c. A statement as to whether the design of the study is adequate to measure differences when warranted.

d. A statement as to whether the plans for recruitment and outreach for study participants include the process of establishing partnerships with community(ies) and recognition of

mutual benefits will be documented. (15%)

5. The extent to which an evaluation plan has been developed to determine the success of the pilot intervention or demonstration project(s) and determine its utility as a public health prevention strategy with broader application in other communities. (15%)

6. The extent to which the management staff and their working partners are clearly described, appropriately assigned and have pertinent skills and experiences. The extent to which the applicant proposes to involve appropriate researchers and other personnel who reflect the racial/ethnic composition of the target population. The extent to which the applicant or a full working partner has the capacity and facilities to design, implement and evaluate the proposed intervention. (10%)

7. The extent to which the participants are clearly described and their qualifications for their component of the proposed work are explicitly stated. The extent to which the applicant provides proof of support (e.g. letters of support and/or memoranda of understanding) for proposed activities as well as commitment to participate from proposed partners. (15%)

8. Human Subjects (Not Scored). Whether or not exempt from the DHHS regulations, are procedures adequate for protection of human subjects? Recommendations on the adequacy of protections include: (a) protections appear adequate, and there are no comments to make or concerns to raise, or (b) protections appear adequate, but there are comments regarding the protocol, or (c) protections appear inadequate and the Objective Review Group has concerns related to human subjects; or (d) disapproval of the application is recommended because the research risks are sufficiently serious and protection against the risks are inadequate as to make the entire application unacceptable.

9. Budget (Not Scored).

The extent to which the program budget is reasonable, clearly justified, and consistent with the intended use of funds.

Executive Order 12372 Review

Applications are subject to the Intergovernmental Review of Federal Programs as governed by Executive Order 12372. Executive Order 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 Contacts (SPOCs)

as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. Indian tribes are strongly encouraged to request tribal government review of the proposed application. 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 or tribal governments 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), Room 300, 255 East Paces Ferry Road, NE., Atlanta, GA 30305, no later than 60 days after the application deadline date. The granting agency does not guarantee to "accommodate or explain" State or 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 (SF 424).

B. A summary of the project that should be titled "Public Health System 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 SPOC or directly from the applicant.

Catalog of Federal Domestic Assistance

The Catalog of Federal Domestic Assistance Number is 93.283.

Other Requirements

Paperwork Reduction Act

Projects funded through a cooperative agreement that involve collection of information from ten or more individuals will be subject to review under the Paperwork Reduction Act.

Human Subjects

If the proposed project involves research on human subjects, the applicant must comply with the Department of Health and Human Services Regulation, 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. In addition to other applicable committees, Indian Health Service (IHS) institutional review committees also must review the project if any component of IHS will be involved or will support the research. If any American Indian community is involved, its tribal government must also approve that portion of the project applicable to it. The applicant will be responsible for providing assurance in accordance with the appropriate guidelines provided in the application kit.

Women and Minority Inclusion Policy

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

Application Submission and Deadline

The original and two copies of the application PHS Form 5161-1 (Revised 7/92, OMB Control 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), Mailstop E13, 255 East Paces Ferry Road, NE., Room 300, Atlanta, Georgia 30305, on or before July 10, 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 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 U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.)

2. Late Applications: Applications which do not meet the criteria in 1. (a) or 1. (b) above are considered late applications. 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 to leave your name, address, and telephone number and will need to refer to Announcement 646. You will receive a complete program description and information on application procedures and application forms. If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from Oppie Byrd, 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-13, Atlanta, GA 30305, telephone (404) 842-6546, Internet: oxb3@opspgo1.em.cdc.gov, fax (404) 842-6513.

Programmatic technical assistance for surveillance may be obtained from Janet Ehlers, R.N., M.S.N., Occupational Health Nurse, National Institute for Occupational Safety and Health, Centers for Disease Prevention and Control (CDC), Division of Surveillance, Hazard Evaluations and Field Studies, 4676 Columbia Parkway, R-21, Cincinnati, OH 45226, telephone (513) 841-4205,

fax (513) 841-4489, Internet:

jje0@nioshe2.em.cdc.gov.

Programmatic technical assistance for intervention may be obtained from Teri Palermo, R.N., Public Health Advisor, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC), Division of Respiratory Disease Studies, Office of the Director, 1095 Willowdale Road, Mailstop 219, Morgantown, WV 26505-2888, telephone (304) 285-5836, fax (304) 285-5723, Internet: btp0@niords1.em.cdc.gov.

Please refer to Announcement 646 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: use Internet/email, follow all instructions in this announcement, and leave 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 30, 1996.

Diane D. Porter,
Acting Director, National Institute for Occupational Safety and Health Centers for Disease Control and Prevention (CDC).
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BILLING CODE 4163-19-P

[Announcement 649]

National Institute for Occupational Safety and Health; Prevention of Silicosis in Surface Miners

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1996 funds for a cooperative agreement program for prevention of silicosis in surface miners. The 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 improve the quality of life. This announcement is related to the priority area of Occupational Safety and Health. (For ordering a copy of Healthy People 2000, see the Section Where to Obtain Additional Information.)