

<asm1@opspgo1.em.cdc.gov>.

Programmatic technical assistance may be obtained from Robert Kohmescher, Division of HIV/AIDS Prevention, National Center for HIV/STD/TB Prevention, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE., Mailstop E-44, Atlanta, GA 30333, telephone (404) 639-8302, email: <rnk1@cidhiv2.em.cdc.gov>.

Please refer to Announcement 627 when requesting information and submitting an application.

Potential applicants may obtain a copy of "Healthy People 2000," (Full Report, Stock No. 017-001-00474-0) or "Healthy People 2000," (Summary Report, Stock No. 017-001-00473-1) referenced in the "INTRODUCTION," through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325, telephone (202) 512-1800.

#### Internet Home Page

The announcement will be available on one of two Internet sites on the publication date: CDC's home page at <<http://www.cdc.gov>>, or at the Government Printing Office home page (including free access to the Federal Register) at <<http://www.access.gpo.gov>>.

There may be delays in mail delivery and difficulty in reaching the CDC Atlanta offices during the 1996 Summer Olympics. Therefore, CDC suggests applicants use Internet, follow all instructions in this announcement and leave messages on the contact person's voice mail for more timely responses to questions.

Dated: June 4, 1996.

Joseph R. Carter,

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

[FR Doc. 96-14550 Filed 6-07-96; 8:45 am]

BILLING CODE 4163-18-P

#### [Announcement 626]

### Follow-up or Secondary Analysis of HIV Behavioral Intervention Research Studies

#### Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1996 funds for a grant program for conducting follow-up or secondary analysis of data from HIV behavioral intervention research studies. This announcement provides funds for two types of activities:

Activity 1 Follow-up or secondary analysis of outcome, process, or

economic data from existing HIV behavioral intervention data sets, and;

Activity 2 Secondary analysis of existing behavioral intervention data with methodological implications for how to conduct, analyze, or interpret research findings from behavioral intervention studies.

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 Human Immunodeficiency Virus (HIV) Infection. (For ordering a copy of "Healthy People 2000," see the section "WHERE TO OBTAIN ADDITIONAL INFORMATION.")

#### Authority

This program is authorized under sections 301 and 317(k), of the Public Health Service Act [42 U.S.C. 241 and 247b], as amended.

#### Smoke-Free Workplace

CDC strongly encourages all recipients to provide a smoke-free workplace and to 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, nonprofit and for-profit organizations and governments and their agencies. Thus, universities, colleges, research institutes, hospitals, other public and private organizations, State and local health departments or their bona fide agents or instrumentalities, federally recognized Indian tribal governments, Indian tribes or Indian tribal organizations, and small, minority- and/or women-owned businesses are eligible to apply.

Eligible applicants must have access to data sets of outcome, process, or economic data collected during efficacy or effectiveness studies of HIV behavioral interventions in the United States.

Applicants may submit applications for both Activity 1 (follow-up or secondary analysis) and Activity 2 (analysis with methodological implications) but must submit them as separate applications. Applications must state the activity type of the proposal in the application's title.

Note: Organizations described in section 501(c)(4) of the Internal Revenue Code of

1986 that engage in lobbying are not eligible to receive Federal grant/cooperative agreement funds.

#### Availability of Funds

Approximately \$600,000 is available in FY 1996 to fund a total of approximately six awards under Activities 1 and 2. It is expected that the average award will range from \$80,000 to \$120,000, depending on the number of analyses proposed. Awards are expected to begin on or about September 30, 1996, and will be made for a 12-month budget period within a project period of one year. Funding estimates may vary and are subject to change based on availability of funds. Grant funds are to be applied to analyses of existing behavioral intervention data and cannot be used for the collection of new or supplemental data, secondary analyses of behavioral survey data, data entry, purchase of furniture, software, computers, rental of facilities, equipment or support of interventions.

#### Purpose

These awards will expand the knowledge of HIV behavioral risk prevention by conducting further analyses of data sets from completed research on HIV behavioral interventions. Proposals are sought for the following activities:

Activity 1 Follow-up or secondary analysis of existing data sets collected during efficacy or effectiveness trials of theory-based HIV behavioral interventions.

Activity 2 Secondary analysis of existing behavioral intervention data with methodological implications for how to conduct, analyze, or interpret research findings from behavioral intervention studies. Examples of analyses include methods to assess the reliability or validity of behavioral measures, implementation and evaluation of intervention methods, the relationship between behavioral and biological outcome measures (including STD and HIV transmission), comparisons of data collection or sampling methods, methods to identify social networks, methods to determine cost-benefit or cost-effectiveness, and the use of behavioral intervention data to model transmission trends.

These awards also have the goal of obtaining information on diverse populations, on populations for whom there is little information on intervention effectiveness, on interventions conducted in geographic areas or venue types on which there is little intervention information, and on

the creativity and appropriateness of the intervention for the targeted population.

#### Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the following activities:

1. Secure access to the data set. The recipient will secure access to the completed outcome, process, and/or economic data set from the current manager of the data set with sufficient time to complete the proposed analysis.

2. Prepare the data set. The recipient will finish cleaning the data and debugging computer programs, if relevant.

3. Ensure completion of the project by sustaining analytic capability.

Throughout the course of the project, the recipient has the responsibility to sustain and continue the level of analytic capability which was presented in their application, particularly:

- a. The skills to analyze the data and to design, oversee, and evaluate the results of the follow-up or secondary analyses;

- b. Adequate and appropriate technical and support services for the proposed project;

- c. Adequate computer and data management systems for the proposed analyses; and

- d. Plan and capacity for storing the data securely and confidentially.

4. Conduct the proposed analyses.

The recipient will:

- a. Conduct the:

- (1) Follow-up or secondary analysis of outcome, process, or economic data from the data set (Activity 1); or

- (2) Analysis of the data set for methodological implications (Activity 2);

- b. Apply appropriate statistical methods; and

- c. Adhere to the proposed timeline for completion.

5. Disseminate results. The recipient is expected to publish the results of the funded analyses in a peer-reviewed journal and to prepare a report on the implication of those results for improving HIV prevention programs or future behavioral research.

#### Evaluation Criteria

Applications for Activities 1 and 2 will be reviewed and evaluated according to the following criteria:

1. Description of the Behavioral Intervention (15 points).

Thoroughness of the description of the intervention that generated the proposed data set, including completion and evaluation. Clarity of the goal of the intervention. Quality of the intervention

design, components, and methods.

Appropriateness of the theoretical basis for the target population and intervention method. Appropriateness of the intervention methods for the target population.

2. Quality of the Proposed Data Set (20 points).

Detailed description of the proposed data set, including contents, quality, size, integrity, and format. Statement whether the data are process, outcome, or economic. Description of previous analyses on the data set. Presence of required reprints. Demonstrated possession of or access to the data set.

3. Quality of the Research Question(s) (20 points).

Appropriateness of the research question(s) for the data set and the data collection design. Contribution toward improving HIV prevention programs and HIV behavioral intervention research and its effectiveness.

Uniqueness of the research question(s) and proposed analysis for the data set. Adequacy of justification for the proposed analysis and for additional funding if more than one analysis is proposed.

4. Adequacy of the Analysis Plan (20 points).

Thoroughness of analysis plan. Reasonableness and appropriateness to the data set, including demonstration that the data set is large enough to have the statistical power for the proposed analyses. Statistical rigor and complexity. Adequacy of time line.

5. Analytic Capability (25 points).

Overall ability of the applicant to perform the proposed analysis as reflected in staff qualifications, experience, demonstrated familiarity with HIV behavioral interventions, and statistical expertise. Clarity of the described duties and responsibilities of project personnel. The extent to which staff time commitments for the conduct of the analysis are realistic and sufficient. Quality of applicant's previous statistical and methodologic work. Adequacy of the facilities, equipment, and plans for the administration of the project. Quality of data processing and analysis capacity. Appropriate data management, software, and statistical packages for the proposed analysis. Adequacy of systems for the management of data security. Presence of required documentation.

6. Budget (not scored).

Extent to which the budget is reasonable, itemized, clearly justified, and consistent with the intended use of the funds.

#### Funding Priorities

It is the intention of this announcement to solicit proposals to fund further analyses of data sets from completed HIV behavioral intervention research. For Activity 1, priority will be given to proposals requesting funds to conduct quantitative analysis of outcome, process, or economic data collected during HIV intervention studies. Outcome (dependent) variables may include both behavioral and biological markers. Analysis of qualitative data or analysis of behavioral determinants may also be included if such data were collected during the implementation phase of intervention studies and are relevant to understanding the impact of a specific intervention. For Activity 2, priority will be given to proposals to conduct secondary analysis of existing behavioral intervention data with methodological implications for how to conduct, analyze, or interpret research findings from behavioral intervention studies.

Interested persons are invited to comment on the proposed funding priorities. All comments received on or before July 15, 1996, will be considered before the final funding priority is established. If the funding priorities should change as a result of any comments received, revised applications will be accepted prior to the final selection of awards.

Written comments should be addressed to: Van Malone, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E15, Atlanta, GA 30305.

#### Executive Order 12372 Review

Applications are subject to Intergovernmental Review of Federal Programs as governed by Executive Order (E.O.) 12372. E.O. 12372 sets up a system for State and local government review of proposed Federal assistance applications. Applicants (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 for each affected State. A current list of SPOCs is included in the application kit. If SPOCs have any State process recommendations on applications submitted to CDC, they should send

them to Van Malone, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E15, Atlanta, GA 30305, no later than 30 days after the application deadline. (The appropriation for this financial assistance program was received late in the fiscal year and would not allow for an application receipt date which would accommodate the 60-day State recommendation process period.) The granting agency does not guarantee to "accommodate or explain" for 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 the CDC, they should forward them to Van Malone, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E15, Atlanta, GA 30305. This should be done no later than 30 days after the application deadline date. The granting agency does not guarantee to "accommodate or explain" for 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 Impact Statement" (PHSIS), not 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 Single Point of Contact (SPOC) or directly from the applicant.

#### Catalog of Federal Domestic Assistance Number

Catalog of Federal Domestic Assistance number is 93.941.

#### Other Requirements

##### *HIV/AIDS Requirements*

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

#### Application Submission and Deadlines

##### *1. Preapplication Letter of Intent*

A non-binding letter of intent-to-apply is required from potential applicants. An original and two copies of the letter should be submitted to the Grants Management Branch, CDC (see "Applications" for the address). It should be postmarked no later than July 15, 1996. The letter should identify the announcement number, name of principal investigator, and specify the activity(ies) to be addressed by the proposed project. The letter of intent does not influence review or funding decisions, but it will enable CDC to plan the review more efficiently, and will ensure that each applicant receives timely and relevant information prior to application submission.

##### *2. Applications*

An original and two copies of the application PHS Form 5161-1, OMB Number 0937-0189) must be submitted to Van Malone, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE.,

Room 300, Mailstop E-15, Atlanta, GA 30305, on or before August 15, 1996.

#### 3. Deadlines

A. Applications shall be considered as meeting the deadline if they are either:

- (1) Received on or before the deadline date; or
- (2) Sent on or before the deadline date and received in time for submission to the objective review group. (Applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.)

B. Applications that do not meet the criteria in 3.A.(1) or 3.A.(2) 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 information call (404) 332-4561. You will be asked to leave your name, address, and phone number and will need to refer to Announcement 626. You will receive a complete program description, 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 Adrienne Brown, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E-15, Atlanta, GA 30305, telephone (404) 842-6634, email: <asm1@opspgo1.em.cdc.gov>. Programmatic technical assistance may be obtained from Robert Kohmescher, Division of HIV/AIDS Prevention, National Center for HIV/STD/TB Prevention, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE., Mailstop E-44, Atlanta, GA 30333, telephone (404) 639-8302, email: <rnk1@cidhiv2.em.cdc.gov>.

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Dated: June 4, 1996.

Joseph R. Carter,

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

[FR Doc. 96-14553 Filed 6-7-96; 8:45 am]

BILLING CODE 4163-18-P

### [Announcement 641]

### Health Promotion Disease Prevention Research Center for Teen Pregnancy Prevention

#### Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1996 funds for a cooperative agreement program for a Health Promotion Disease Prevention Research Center (PRC) to address teenage pregnancy prevention. Teen pregnancy is a nationally recognized social problem requiring multifactorial approaches, including behavioral interventions that focus on prevention. The central theme for the PRC will be teenage pregnancy prevention.

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 Family Planning. (For ordering a copy of "Healthy People 2000," see the section "Where To Obtain Additional Information.")

#### Authority

This program is authorized under Section 1706 (42 U.S.C. 300u-5), of the Public Health Service Act, as amended.

#### Smoke-Free Workplace

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

Assistance will be provided to an academic health center defined as a school of public health, medicine, or osteopathy that has:

A. Multidisciplinary faculty with expertise in public health and which has working relationships with relevant groups in such fields as medicine, psychology, nursing, social work, education, and business.

B. Graduate training programs relevant to disease prevention.

C. Core faculty in epidemiology, biostatistics, social sciences, behavioral and environmental health sciences, and health administration.

D. Demonstrated curriculum in disease prevention.

E. Capability for residency training in public health or preventive medicine.

Eligible applicants may enter into contracts, including consortia agreements (as described in the PHS Grants Policy Statement), as necessary to meet the essential requirements of this program and to strengthen the overall application.

In Senate Report 50-52, Congress directed CDC to initiate one new prevention center that would "focus on research, demonstration, evaluation, and training, for health and other public sector professionals, and community-based organizations to prevent teen pregnancy." This report further stated that the development and evaluation of successful programs which prevent teen pregnancies is one of the nation's most pressing needs.

Excluded are the University of Washington, Columbia University School, Johns Hopkins University, University of North Carolina at Chapel Hill, University of South Carolina, University of Alabama at Birmingham, the University of Illinois at Chicago, University of Texas Health Science Center at Houston, and the University of California at Berkeley, which were funded under Program Announcement 328: "Health Promotion and Disease Prevention Research Centers Cooperative Agreements"; the University of Oklahoma, the University of New Mexico, and Saint Louis University, which were funded under Program Announcement 432: "Health Promotion and Disease Prevention Research Centers Cooperative Agreements"; and the West Virginia

Health Promotion and Disease Prevention Research Center funded under Program Announcement 461: "West Virginia Health Promotion and Disease Prevention Research Center Cooperative Agreement."

#### Availability of Funds

Approximately \$375,000 is available in FY 1996 to fund 1 Health Promotion and Disease Prevention Research Center dedicated to teenage pregnancy prevention. It is expected that the award will be made on or about September 30, 1996. The award will be funded for a 12-month budget period within a project period of up to 2 years.

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

If requested, Federal personnel may be assigned to a project in lieu of a portion of the financial assistance.

The amount of this award may not be adequate to support the PRC activities and other sources of funding may be necessary.

#### Purpose

The purpose of this award is to support health promotion and disease prevention research that focuses on teen pregnancy prevention.

#### Program Requirements

The primary goal of the Health Promotion Disease Prevention Research Center Program will be to advance the scientific knowledge base and work with CDC-funded demonstration programs, such as Special Interest Projects (SIPs), to identify and disseminate strategies for teen pregnancy prevention. Lessons learned from these programs will be translated into models for teen pregnancy prevention, advance professional and community education and training so that effective interventions for teenage pregnancy prevention can be more fully integrated into communities.

The Health Promotion Disease Prevention Research Center Program must be interdisciplinary in approach, provide a behavioral science and evaluation focus, educate professionals, and work directly with teen populations through community partnerships.

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).