Other Requirements

1. Paperwork Reduction Act

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

2. Human Subjects

This program involves research on human subjects. Therefore, all applicants must comply with the Department of Health and Human Services Regulations, 45 CFR Part 46, regarding the protection of human subjects. Assurance must be provided to demonstrate that the project or activity will be subject to initial and continuing review by an appropriate institutional review committee. The applicant will be responsible for providing assurance in accordance with the appropriate guidelines and form provided in the application kit.

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 with or support the research. If any American Indian community is involved, its tribal government must also approve that portion of the project applicable to it.

3. 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 a designated representative) of a State or local health department. The names of the review panel members must be listed on the Assurance of Compliance form CDC 0.1113, which is also included in the application kit. The recipient must submit the program review panel's report that indicates all materials have been reviewed and approved.

4. Patient Care

Applicants should provide assurance that all HIV-infected patients enrolled in their studies will be linked to an appropriate local HIV care system that can address their specific needs such as medical care, counseling, social services, and therapy. Details of the HIV care system should be provided, describing how patients will be linked to the system. Funds will not be made available to support the provision of direct care for study participants.

5. Women, Racial and Ethnic Minorities

It is the policy of the CDC to ensure that individuals of both sexes and the various 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 populations are appropriately represented in applications for research involving human subjects. Where clear and compelling rationale exist that inclusion is inappropriate or not feasible, this situation must be explained as part of the application. This policy does not apply to research studies when the investigator cannot control the race, ethnicity and/or sex of subjects. Further guidance to this policy is contained in the Federal Register, Vol. 60, No. 179, Friday, September 15, 1995, pages 47947–47951 (a copy is included in the application kit).

Application Submission and Deadline

The original and five copies of the completed application packet PHS 398 (Revised 5/95, OMB No. 0925–0001) must be submitted to Van Malone, Grants Management Officer (ATTN: Kevin Moore), Grants Management Branch, Procurement and Grants Office (625), Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 320, Mail Stop E–15, Atlanta, Georgia 30305, on or before August 2, 1996. States and local governments may use Form PHS–5161–1 (Revised 7/92, OMB No. 0937–0189); however, Form PHS–398 is preferred. If using Form PHS–5161–1, submit an original and two copies to the address stated above.

1. Deadline

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

a. Received on or before the stated 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 accepted 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 applications. Late applications will not be considered in the current competition and will be returned to the applicant.

Where to Obtain Additional Information

A complete program description, information on application procedures, an application package, and business management technical assistance may be obtained from Kevin Moore, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 320, Mail Stop E–15, Atlanta, Georgia 30305, telephone (404) 842–6550, E-mail address kgm1@opspgo1.em.cdc.gov. 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.

Programmatic technical assistance may be obtained from Jeff Efird, Division of HIV/AIDS Prevention, National Center for HIV, STD, TB Prevention, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE., Mail Stop E–45, Atlanta, Georgia 30333, telephone (404) 639–6130. Eligible applicants are encouraged to call before developing and submitting their application. Please refer to Announcement Number 625 when requesting information.

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 from the Superintendent of Documents, Government Printing Office, Washington, DC 20402–9325, telephone (202) 512–1800.

Dated: June 11, 1996.

Joseph R. Carter,

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

[FR Doc. 96–15379 Filed 6–17–96; 8:45 am]

BILLING CODE 4163–18–P

[Announcement Number 620]

Prevention of the Complications of Hemophilia through Hemophilia Treatment Centers

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1996 funds for a cooperative agreement program to prevent the complications of congenital bleeding disorders, particularly hemophilia A and B (henceforth referred to as hemophilia).

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 Diabetes and Chronic Disabling Conditions. (For ordering a copy of Healthy People 2000, see the Section Where to Obtain Additional Information.)

Authority

This program is authorized under Sections 301(a) and 317(k)(2) of the Public Health Service Act, as amended [42 U.S.C. 241(a) and 247b(k)(2)]. Applicable program regulations are found in 42 CFR Part 51b—Project Grants for Preventive Health Services.

Smoke-Free Workplace

CDC strongly encourages all grant recipients to provide a smoke-free workplace and to promote 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 only to comprehensive hemophilia treatment centers (HTCs), defined as public or private entities that provide: 1) regional services to support hemophilia comprehensive treatment centers or 2) diagnostic and treatment services to persons with hemophilia and other congenital blood disorders. This definition of HTCs is currently used by the Health Resources and Services Administration (HRSA) to fund a grant program for comprehensive hemophilia treatment centers for the provision of prevention and care services to persons with hemophilia and other congenital bleeding disorders. The definition is also used by HRSA to determine eligibility of HTCs to receive Public Health Pricing under the Veterans Health Care Act.

Because of the degree of specialization required in the treatment of hemophilia, competition is limited to HTCs as defined above.

This project requires experience in providing comprehensive outreach, diagnostic, treatment, and preventive services to patients with hemophilia which can only be provided by HTCs.

One award per region will be made to support the core HTC and other contracting or collaborating HTCs in the region. For the purposes of these awards, regional breakdowns are as follows: Region I: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont; Region II: New Jersey, New York, Puerto Rico, and the U.S. Virgin Islands; Region III: Delaware, the District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia; Region IV-North: Kentucky, North Carolina, South Carolina, and Tennessee; Region IV-South: Alabama, Florida, Georgia, and Mississippi; Region V-East: Indiana, Michigan, and Ohio; Region V-West: Illinois, Minnesota, North Dakota, South Dakota, and Wisconsin; Region VI: Arkansas, Louisiana, Oklahoma, and Texas; Region VII: Iowa, Kansas, Missouri, and Nebraska; Region VIII: Arizona, Colorado, Montana, New Mexico, Utah, and Wyoming; Region IX: California, Hawaii, Nevada, American Samoa, Northern Mariana Islands and Guam; Region X: Alaska, Idaho, Oregon, and Washington.

Availability of Funds

Approximately $5,700,000 is available in FY 1996 to fund approximately 12 awards. It is expected that the awards will range from $200,000 to $750,000. One award will be made for each of the following Regions: I, II, III, VI, VII, VIII, IX, and X; two awards will be made for each Region IV and V. It is expected that the awards will begin on or about September 30, 1996, and will be made for a 12-month budget period within a project period of up to 5 years. Funding estimates may vary and are subject to change. Continuation awards within the project period will be made on the basis of satisfactory programmatic progress and the availability of funds.

Purpose

The purpose of the hemophilia complications prevention cooperative agreement program is to assist recipients in (1) providing comprehensive prevention services to persons with hemophilia or related disorders to prevent the complications of their bleeding disorder, (2) developing a prevention evaluation network to assess the efficacy of these prevention services and make refinements as necessary, and (3) building their capacity to serve as public health prevention centers in the hemophilia community.

Program Requirements

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

A. Recipient Activities

1. Implement and evaluate prevention interventions directed at attaining specific outcomes of reduced complications.

a. Implement mechanisms for clinical outcomes evaluation including evaluation of prevention strategies.

b. Work collaboratively with specified sites to collect standardized clinical outcomes data.

c. Develop appropriate management and evaluation systems to ensure that other HTCs within the region implement the activities of this program appropriately and use clinical outcomes data collection instruments.

d. Analyze, present, and publish local, State, or regional hemophilia prevention outcomes.

e. Develop and maintain strict policies on protecting the confidentiality of persons with hemophilia, and ensure the security of databases and other records through controlled access to areas with confidential information, database password protection, locking file cabinets, and other security features.

f. Recipients are encouraged to propose and conduct longitudinal clinical prevention studies of persons with hemophilia-related complications.

2. Prioritize targets for interventions, including, but not limited to, prevention of joint disease in persons with hemophilia and prevention of infections due to unsafe blood and blood products or unsafe practices related to treatment of persons with hemophilia.

3. Implement intervention strategies for reducing complications of hemophilia.

a. Implement prevention guidelines as they are developed and as appropriate for providing proper prevention services to persons with hemophilia. Develop mechanisms for appropriate delivery of prevention protocols, messages, and materials to persons with hemophilia and their family members (consumers of hemophilia care and prevention services, or consumers).

b. Make available appropriate training resources and opportunities, including attending local, regional, or national trainings as necessary.

c. Provide persons with hemophilia and their family members with appropriate and up-to-date prevention messages and notice of training opportunities. Prevention messages include those directed at preventing transmission of HIV from infected persons with hemophilia to their sexual partners, offspring, or other contacts, as well as preventing other complications of hemophilia such as joint disease and viral diseases.

(1) Utilize these consumers as possible in delivering prevention messages through mechanisms of peer-led prevention education, outreach, and support.

(2) Review home infusion, home safety, and infection control practices with each patient and/or family as applicable at least yearly at comprehensive clinic visit or every other year for patients on biennial comprehensive visit schedules.

d. Establish mechanism for consumer input and involvement in planning, implementing, and assessing HTC prevention activities. Work collaboratively and regularly with local hemophilia consumer organization or ad hoc consumer consultation committee to solicit this input.

e. Work collaboratively with other HTCs in the region to effectively disseminate information to HTC personnel and clients.

4. Advise CDC of any patients who have become newly infected with HIV or hepatitis A, B, or C viruses (HAV, HBV, or HCV), potentially as a result of contaminated clotting factor concentrates.

a. Collect sera and/or cells from patients with hemophilia and ship these to a central, specified laboratory for testing and reporting results. This central laboratory will be determined through a contract with CDC.

5. Serve as liaison with all HTCs in the defined region, their clients, the Hemophilia Program at the Maternal and Child Health Bureau, and CDC. As a liaison be responsible for coordination of activities of the region, including contracting or collaborating HTCs. Those responsibilities should include:

a. Coordinate prevention and programmatic activities of HTCs in region and promote collaboration of HTCs within the region;

b. Promote collaboration of HTCs with their local consumer organization or ad hoc consumer consultation committee;

c. Coordinate technical assistance to HTCs, including conducting program assessments, site visits, and necessary implementation of findings. Coordinate CDC consultation when necessary;

d. Coordinate assessments of training needs of HTC personnel and clients and work with CDC and designated training center as necessary to assist HTC personnel and clients in locating appropriate resources to meet defined training needs. These designated training centers will be determined by contract with CDC.

e. Coordinate development of HTC program plans, goals and objectives, and progress tracking and reporting for HTCs in the region; and

f. Coordinate, annually or bi-annually, and with CDC participation, a regional meeting for HTCs and consumer organizations or ad hoc consumer consultation committees in the region for the purposes of information sharing and program planning. Regional meetings may be joint with other regions with similar needs.

B. CDC Activities

1. Assist in setting priority areas for prevention of complications of hemophilia as a collaborative effort with the participating HTCs. Provide consultation, scientific and technical assistance in planning, implementing, and evaluating activities to prevent the complications of hemophilia. This assistance includes the development of standard instruments to evaluate prevention protocols and accompanying software.

2. Assist hemophilia programs in the implementation of prevention guidelines developed through a collaborative effort.

3. Provide programmatic coordination of prevention protocol development, including evaluation of the effectiveness of prevention protocols and other studies to determine the efficacy of the guidelines.

4. Assist in the analysis and reporting of aggregate clinical outcomes data collected from funded programs; coordinate and consolidate the transfer of tabulated data, analyses, and conclusions among recipients.

5. Provide or locate necessary follow-up and technical assistance to implement any noted changes or recommendations resulting from programmatic evaluations or assessments.

6. Collaborate with HTCs and appropriate State or local health departments to investigate any suspect HIV, HAV, HBV, HCV or parvovirus seroconversions that are reported by HTCs.

7. Provide technical assistance to coordinate routine annual testing of patient samples for HAV, HBV, HCV, and parvovirus and reporting of results back to HTC. Provide technical assistance to designated laboratory for permanent storage of blood samples. These laboratories will be determined by contract with CDC.

8. Collaborate with the National Hemophilia Foundation and other consumer organizations to provide appropriate mechanisms of consumer involvement in program activities as required in Recipient Activity number 3.

9. Participate in regional meetings of HTCs and consumer organizations.

10. Collaborate with Regional Coordinators, HTC personnel, consumers, and designated training centers to provide appropriate training resources to providers and consumers.

11. Disseminate current information related to the development, implementation, and evaluation of these regional programs to the funded HTCs and the public as necessary and as requested.

Evaluation Criteria

All applications will be reviewed and evaluated according to the following criteria: (Total 100 points).

A. Capacity (30 Points Maximum)

1. The capacity of the applicant to access persons with hemophilia in the region to provide prevention services. The applicant must demonstrate the ability to work cooperatively with all HTCs in the region when the funds are awarded. This is regardless of whether other HTCs in the defined region submit an application to be the coordinating HTC for the region. The capacity to access the hemophilia community is measured by (a) the extent that this proposal incorporates shared responsibility between participating HTCs to serve the patients in the defined catchment area, and (b) the extent to which this collaboration is evidenced by included letters of support from contracting or voluntary collaborating HTCs. (15 points)

2. The scope and magnitude of previous experiences in treatment of hemophilia, in prevention of disease complications, in hemophilia-related epidemiologic or clinical studies, and in management and coordination of a regional network of HTCs. (7 points)

3. The allocation of time, number, and qualifications of proposed staff to meet stated objectives and goals; and, the availability of facilities to be used during the project period. (8 points)

B. Goals and Objectives (15 Points Maximum)

The extent to which the applicant's proposed goals and objectives meet the required activities specified under ''A. Recipient Activities,'' part 1. *Required activities for all recipients* in the Program Requirements section of this announcement, and are measurable, specific, time-phased, and realistic. (15 points)

C. Methods and Activities (50 Points Maximum)

1. The quality of the applicant's plan for conducting program activities and the extent to which prevention methods proposed are: (a) Appropriate to accomplish stated goals and objectives, and (b) feasible within programmatic and fiscal restrictions. (14 points)

2. The extent to which the proposal incorporates gathering and using input from persons with hemophilia, their family members, and local consumer organizations; and the applicant's willingness to cooperate with consumers in the development and implementation of prevention services. (18 points)

3. The applicant's willingness to cooperate with CDC and other funded applicants to (a) collect a unified set of clinical outcomes data, as defined by CDC, to assess the efficacy of prevention activities, and (b) develop and implement prevention protocols and guidelines. (18 points)

D. Program Management and Evaluation (5 Points Maximum)

The extent to which management systems, including the types, frequency, and methods of evaluation, are used to assure appropriate implementation of the activities of this program, including implementation of program activities in contracting and voluntary collaborating HTCs; and, assurance that women, racial and ethnic minority populations are appropriately represented in applications for research involving human subjects. (5 points)

E. Budget

The extent to which the budget is reasonable and consistent with the intended use of the cooperative agreement funds. (not scored)

F. Human Subjects

Whether or not exempt from the DHHS regulations, are procedures adequate for the 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. (Not scored)

Funding Preference

In order to maximize the utility of a service provision infrastructure, one award will be made per region (two awards for Regions IV and V) and funding preference will take into consideration geographic location.

Executive Order 12372 Review

Applications are subject to Intergovernmental Review of Federal Programs as governed by Executive Order 12372. E.O. 12372 sets up a system for State and local government review of proposed Federal assistance applications. Applicants should contact their State Single Point of Contacts (SPOCs) 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 reference this announcement number (620) and forward recommendations to Sharron Orum, 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–18, Atlanta, Georgia 30305. The due date for State process recommendations is 30 days after the application deadline date for new awards (the appropriation for these awards 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 within FY 1996). CDC does not guarantee to ''accommodate or explain'' State process recommendations it receives after that date.

Public Health System Reporting Requirements

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

(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 number is 93.283, Centers for Disease Control and Prevention (CDC)—Investigations and Technical Assistance.

Other Requirements

Paperwork Reduction Act

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

Human Subjects Requirement

If the proposed project involves research on human subjects, the applicant must comply with the Department of Health and Human Services Regulations (45 CFR Part 46) regarding the protection of human subjects. Assurance must be provided which demonstrate that the project will be subject to initial and continuing review by an appropriate institutional review committee. The applicant will be responsible for providing evidence of this assurance in accordance with the appropriate guidelines and forms provided in the application kit.

All information obtained in connection with this program shall not, without such individual's consent, be disclosed except as may be necessary to provide services to him or her or as may be required by a law of a State or political subdivision of a State. Information derived from any such

program may be disclosed: (1) In summary, statistical, or other form, or (2) for clinical or research proposed, but only if the identity of the individuals under such program is not disclosed.

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 15, 1992), a copy of which is included in the application kit. In complying with 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 a designated representative) of a government health department consistent with the content guidelines. The names of the review panel members must be listed on the Assurance of Compliance form CDC 0.1113, which is also included in the application kit. The recipient must submit the program review panel's report that indicates all materials have been reviewed and approved, this includes conference agendas.

Women, Racial and Ethnic Minorities

It is the policy of the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) to ensure that individuals of both sexes and the various racial and ethnic groups will be included in CDC/ATSDR-supported research projects involving human subjects, whenever feasible and appropriate. Racial and ethnic groups are those defined in OMB Directive No. 15 and include American Indian, Alaskan Native, Asian, Pacific Islander, Black and Hispanic. Applicants shall ensure that women, racial and ethnic minority populations are appropriately represented in applications for research involving human subjects. Where clear and compelling rationale exist that inclusion is inappropriate or not feasible, this situation must be explained as part of the application. This policy does not apply to research studies when the investigator cannot control the race, ethnicity and/or sex of subjects. Further guidance to this policy is contained in the Federal Register, Vol. 60, No. 179, pages 47947–47951, dated Friday, September 15, 1995.

Application Submission and Deadline

The original and two copies of the application PHS Form 5161–1 (OMB number 0937–0189) must be submitted to Sharron Orum, 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–18, Atlanta, Georgia 30305, on or before August 5, 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 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

A complete program description and information on application procedures are contained in the application package.

Business management technical assistance may be obtained from Locke Thompson, 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–18, Atlanta, Georgia 30305, (404) 842–6595; or by Internet or CDC WONDER electronic mail at: lxt1@opspgo1.em.cdc.gov. Programmatic technical assistance may be obtained from Sarah Wiley, MPH, Hematologic Diseases Branch, Division of AIDS, STD, and TB Laboratory Research, National Center for Infectious Diseases, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE., Mailstop E–64, Atlanta, Georgia 30333, telephone (404) 639–4026; or by Internet or CDC WONDER electronic mail at: sed5@ciddas1.em.cdc.gov.

Please refer to Announcement Number 620 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.

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

Dated: June 11, 1996.

Joseph R. Carter,

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

[FR Doc. 96–15381 Filed 6–17–96; 8:45 am]

BILLING CODE 4163–18–P

[Announcement 630]

Formative Behavioral Intervention Research on the Prevention of Sexual Transmission of HIV by HIV-Seropositive Men

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1996 funds for a cooperative agreement program for the prevention of the sexual transmission of HIV by men who have tested positive for HIV infection.

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)(2), of the Public Health Service Act (42 U.S.C. 241 and 247b(k)(2)) 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.