

guidelines and form provided in the application kit.

#### *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 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 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.

#### *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 of which is included in the application kit. At least one member of the program review panel must be an employee (or designated representative) of the health department consistent with the Content guidelines. 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, as an attachment to the quarterly summaries, the program review panel's report that all material 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 24, 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 19, 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 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 630. 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>.

Please refer to Announcement 630 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 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. 96-15382 Filed 6-17-96; 8:45 am]

BILLING CODE 4163-18-P

#### **[Announcement 637]**

### **Grant for Injury Control Training and Demonstration Center**

#### *Introduction*

The Centers for Disease Control and Prevention (CDC) announces the availability of funds in fiscal year (FY) 1996 for a Grant for an Injury Control Training and Demonstration Center. CDC is committed to achieving the health promotion and disease prevention objectives described in "Healthy People 2000," a national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority area of Unintentional Injuries. (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 391 of the Public Health Service Act (42 U.S.C. 241 and 280b), as amended. Program regulations are set forth in Title 42 of the Code of Federal Regulations, Part 52.

### Smoke-Free Workplace

CDC strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products, and Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, and early childhood development services are provided to children.

### Eligible Applicants

Applications may be submitted by public and private, nonprofit and for-profit organizations, and governments and their agencies. Thus, universities, colleges, research institutions, hospitals, other public and private organizations, State and local governments or their bona fide agents, federally recognized Indian tribal governments, Indian tribes or Indian tribal organizations, and small, minority-and/or women-owned businesses are eligible to apply.

**APPLICATIONS THAT FAIL TO COMPLY WITH THE FOLLOWING REQUIREMENT WILL BE CONSIDERED NON-RESPONSIVE, AND WILL BE RETURNED:** Applicants must demonstrate that they will carry out the activities of this grant in a State that is predominately comprised of economically depressed rural communities where a relatively large portion of the work force is engaged in underground mining, family farming and other rural occupations.

Note: Eligible applicants may enter into contracts and consortia agreements and understandings, as necessary, to meet the requirements of the program and to strengthen the overall application. The intent to use such mechanisms must be stated in the application and the nature and scope of work of these mechanisms require the approval of CDC.

### Availability of Funds

Approximately \$1,350,000 is available in FY 1996 to support both direct and indirect costs for one injury control training and demonstration center. It is expected that the award 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 three years. Funding estimates may vary and are subject to change. Continuation of funding for future years will be made on the basis of satisfactory progress,

including the achievement of milestones towards development of the training, research and services components of the center, and the availability of funds. Funding for the second and third year of the project is expected to be approximately \$1,000,000 for each year.

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

### Purpose

The purpose of this grant program is to provide support for an injury control training and demonstration center in a State predominately comprised of economically depressed rural communities where a relatively large portion of the work force is engaged in underground mining, family farming and other rural occupations.

### Program Requirements

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

1. Maintain a level 1 trauma center that has established linkages with isolated, rural hospitals that provide medical care services in communities where economic conditions are depressed and where many residents work in occupations, including underground mining and family farming that have an increased risk for severe injuries.

2. Provide a full-time director/coordinator at the level 1 trauma center with authority and responsibility to carry out the requirements of the program.

3. Provide qualified staff, other resources, and knowledge to implement the components of the program.

4. Provide a state-of-the-art telecommunications system with 24 hour capability.

5. Maintain an applied research program in rural trauma care and EMS systems to enhance and extend prevention, acute care and rehabilitation services.

6. Maintain training and continuing education programs for emergency physicians, surgeons, trauma nurses, physician assistants, and prehospital personnel.

7. Maintain a population-based trauma registry with uniform case criteria and data elements, to be used for trauma care assessment and injury surveillance.

8. Maintain an effective, well-defined working relationships with regional and State health agencies that have responsibility for EMS and trauma care services.

9. Provide a plan to ensure continuation of the injury control training and demonstration center beyond expiration of grant support.

### Evaluation Criteria

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

1. The applicant's understanding of the problem of addressing rural trauma care issues. Applicants must demonstrate that this grant will be carried out in a State that is predominately comprised of economically depressed rural communities where a relatively large portion of the work force is engaged in underground mining, family farming and other rural occupations. Applicants must demonstrate a history of addressing the special needs of trauma victims engaged in these occupations (15%).

2. Technical merit, comprehensiveness, and the ability to maintain a balance of activities associated with an injury control training and demonstration center as outlined in this announcement, including summary descriptions (i.e., goals and objectives, rationale, methods, and potential outcomes) of all projects proposed for applied research, training and continuing education, injury surveillance, and injury prevention and intervention activities.

The degree to which applicants have 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. (30%)

3. Training and experience of the proposed program director(s) and staff. The program director(s) must have an appropriate medical training in the field of rural trauma care and technical expertise in medical supervision and trauma patient management. The program director(s) must also provide assurances of major time commitment to the program (20%).

4. Appropriateness of facilities, telecommunication systems, and linkages with isolated rural community hospitals as described in this announcement. Applicants must demonstrate that they have operated a statewide computerized rural emergency department-based injury surveillance system, and that this system has been used for resource planning, and quality assurance. Also, applicants must demonstrate that this surveillance system is currently linked with other sources of injury data, such as inpatient hospital data, emergency medical services data, and highway crash data (20%).

5. Proposed implementation plan with milestones and schedule for initiating and accomplishing the major activities of the grant (15%).

6. Budget: The budget will be evaluated to the extent that it is reasonable, clearly explained, adequately justified, sufficient for the proposed project activities, and consistent with the intended use of funds. (not scored)

7. Human Subjects Review: Whether or not exempt from the Department of Health and Human Subjects (DHHS) Regulations, are procedures adequate for the 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. (not scored)

#### Executive Order 12372 Review

Applications are not subject to review by Executive order 12372.

#### Public Health System Reporting Requirements

This program is not subject to the Public Health System Reporting Requirements.

#### Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance Number is 93.136.

#### Other Requirements

##### *Human Subjects*

If the proposed project includes research on human subjects, applicants must comply with the DHHS

Regulations, 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. 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 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.

#### *Paperwork Reduction Act*

Projects that involve the collection of information from 10 or more individuals and are funded by the grant will be subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act. This project received OMB approval June 1995. The OMB number is 0920-0364 and expires June 1998.

#### *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 Joanne A. Wojcik, 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, Georgia 30305 on or before August 13, 1996.

#### *1. Deadlines*

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

- Received on or before the deadline date, or

- 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.

#### *2. Late Applications*

Applications which do not meet the criteria in 1.a. or 1.b., above are considered late. Late applications will not be considered in the current competition and will be returned to the applicant.

#### *Where to Obtain Additional Information*

To receive additional information call (404) 332-4561. You will be asked to leave your name, address and telephone number and will need to refer to Announcement 637. You will receive a complete program description, information on application procedures and application forms. The announcement is also available through the CDC home page on the Internet. The address for the CDC home page is <http://www.cdc.gov>.

If you have questions after reviewing the contents of all documents, business management assistance may be obtained from Joanne A. Wojcik, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 E. Paces Ferry Road, NE., Mailstop E13, Atlanta, GA 30305, telephone (404) 842-6535, or INTERNET address [jcw6@opspgo1.em.cdc.gov](mailto:jcw6@opspgo1.em.cdc.gov).

Scientific or technical assistance may be obtained from Daniel A. Pollock, M.D., Division of Acute Care, Rehabilitation Research, and Disability Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (CDC), 4770 Buford Highway, NE., Mailstop F-41, Atlanta, Georgia 30341-3724, telephone (770) 488-4031.

Programmatic technical assistance may be obtained from Paul Burlack,

Division of Acute Care, Rehabilitation Research, and Disability Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (CDC), 4770 Buford Highway, NE., Mailstop F-41, Atlanta, Georgia 30341-3724, telephone (770) 488-4031.

Please refer to Announcement Number 637 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) through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325, telephone (202) 512-1800.

Atlanta, Georgia will be the host of the 1996 Summer Olympics Games (July 19 through August 4, 1996). As a result of this event, it is likely that the Procurement and Grants Office (PGO) may experience delays in the receipt of both regular and overnight mail deliveries. Contacting PGO employees during this timeframe may also be hindered due to the possible telephone disruptions.

Dated: June 11, 1996.

Joseph R. Carter.

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

[FR Doc. 96-15376 Filed 6-17-96; 8:45 am]

BILLING CODE 4163-18-P

## [Announcement 622]

### Improving Effectiveness of Tuberculosis Prevention and Control Programs in Developing Countries

#### Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1996 funds for a grant to provide education, and technical assistance to improve the quality, efficiency, and effectiveness of programs for the prevention and control of tuberculosis (TB) in the developing countries of Central America (Mexico) and Southeast Asia (Vietnam and the Philippines), whose TB situation is of strategic interest to the United States.

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 Immunization and Infectious Diseases. (To order a copy of "Healthy

People 2000," see the section **WHERE TO OBTAIN ADDITIONAL INFORMATION.**)

#### Authority

This program is authorized under Section 317E of the Public Health Service Act (42 U.S.C. 247b-6) as amended.

#### Smoke-Free Workplace

CDC strongly encourages all grant recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products, and Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, and early childhood development services are provided to children.

#### Eligible Applicant

Applications may be submitted by public and private, nonprofit and for-profit organizations and governments and their agencies. Thus, universities, and colleges; and research institutions, hospitals, other public and private organizations, State and local governments or their bona fide agents, federally recognized Indian tribal governments, Indian tribes or Indian tribal organizations, and small, minority- and/or women-owned businesses are eligible to apply. Applicants must be able to:

1. Demonstrate that their membership is comprised of a wide variety of members from governmental and non-governmental organizations, and individual members that can ensure the success of the activities specified under this program announcement;

2. Document a membership of at least 1,000 persons, including members from each country whose TB situation is of strategic interest to the United States, i.e., Mexico, Vietnam and the Philippines; and

3. Demonstrate experience in providing ongoing technical assistance and practical training for TB programs in a number of countries in the developing world.

#### Availability of Funds

Approximately \$100,000 is available in FY 1996 to fund one award. The award is anticipated to begin on or about September 1, 1996, for a 12-month budget period within a three-year project period. The funding estimate is subject to change. Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.

#### Purpose

The purpose of this grant is to support and maintain collaborative relationships with organizations to provide TB education, technical assistance and other TB information to TB program managers and non-governmental organizations in developing countries. By providing TB education, information and technical assistance, the management of TB control programs in developing countries will be improved and the global control effort will be enhanced as well as providing additional potential impact on the TB problem in the U.S.

#### Program Requirements

1. Identify and assess the TB-related public health infrastructure, TB informational needs, and training needs of health care providers and TB control program personnel in developing countries contributing to the U.S. immigrant population, and especially in Mexico, Vietnam, and the Philippines.

2. Facilitate the incorporation of epidemiologic principles in TB national prevention and control programs and expedite the dissemination of epidemiologic findings in order to improve these programs.

3. Encourage collaboration between TB control programs in the United States that have a high prevalence of TB among the foreign born and developing countries in their TB control efforts.

4. Identify and propose project activities in response to findings in 1 through 3 above. These activities may include training courses, support of regional and international meetings designed to improve information transfer on a regional or international basis, and epidemiologic studies that can be used to improve the diagnosis and treatment of TB and improve TB control in developing countries contributing to the U.S. immigrant population, and especially in Mexico, Vietnam, and the Philippines.

#### Evaluation Criteria

The application will be reviewed and evaluated according to the following criteria. (100 total points maximum)

1. Extent to which the applicant understands the requirements, problems, objectives, complexities, and interactions required of this project (10 Points);

2. Degree to which the proposed epidemiologic studies are realistic and relevant to the purpose of this project (10 Points);

3. Degree to which the proposed programmatic plans are clearly stated, realistic, time phased, and related to the purpose of this project (20 Points);