

cooperative agreement and which are measurable and time-phased. Extent to which applicant presents a detailed plan for initiating and conducting the project which clearly and appropriately addresses all "Recipient Activities." Extent to which the plan clearly describes applicant's technical approach/methods for conducting the proposed studies. Extent to which applicant describes specific study protocols or plans for the development of study protocols that are appropriate for achieving project objectives. Extent to which applicant describes adequate collaboration with CDC during various phases of the project. Extent to which applicant provides a detailed plan for evaluating study results and for evaluating progress towards achieving project objectives. (35 points)

#### *D. Budget*

Extent to which the proposed budget is reasonable, clearly justifiable, and consistent with the intended use of cooperative agreement funds. (Not Scored)

#### *Executive Order 12372 Review*

This program is not subject to Executive Order 12372.

#### *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;
  - (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.

#### *Other Requirements*

##### *Animal Subjects*

If the proposed project involves research on animal subjects, the applicant must comply with the "PHS Policy on Humane Care and Use of Laboratory Animals by Awardee Institutions." An applicant organization proposing to use vertebrate animals in PHS-supported activities must file an Animal Welfare Assurance with the Office for Protection from Research Risks at the National Institutes of Health.

##### *Application Submission and Deadline*

The original and two copies of the application PHS Form 5161-1 (Revised 7/92, OMB Number 0937-0189) must be submitted to Sharron P. 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 314, Mail Stop E-18, Atlanta, Georgia 30305, on or before August 20, 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 314, Mail Stop E-18, Atlanta, Georgia 30305, telephone (404) 842-6593, or through

the Internet or CDC Wonder electronic mail at: lxt1@opspgo1.em.cdc.gov. Programmatic technical assistance may be obtained from Jim Mills, National Center for Infectious Diseases, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE., Mail Stop G-13, Atlanta, Georgia 30333, telephone (404) 639-1075, or through the Internet or CDC Wonder electronic mail at: jum0@ciddavd1.em.cdc.gov.

Please refer to Announcement Number 644 when requesting information regarding this program.

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.

#### *Important Notice*

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

To the extent authorized, please consider the use of voice mail, e-mail, and facsimile transmissions to the maximum extent practicable. Please do not fax lengthy documents, contract proposals or grant applications.

Dated: June 21, 1996.

Joseph R. Carter,

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

[FR Doc. 96-16387 Filed 6-26-96; 8:45 am]

BILLING CODE 4163-18-P

#### **[Announcement Number 655]**

### **Emerging Infections Program**

#### *Introduction*

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1996 funds for a cooperative agreement program to establish an Emerging Infections Program (EIP) to join a national network of EIPs. This program will assist in local, State, and national efforts to conduct surveillance and applied epidemiologic and laboratory research in emerging infectious diseases and to pilot and evaluate prevention measures. Although only one award will

be made in FY 1996, CDC may make additional awards in FY 1997 to approved applications received and evaluated under this announcement.

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 Immunization and Infectious Diseases. (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) [42 U.S.C. 241(a)] and 317(k) [42 U.S.C. 247b(k)] of the Public Health Service Act, as amended.

#### Smoke-Free Workplace

CDC strongly encourages all grant 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

Eligible applicants are the official public health agencies of States or their bona fide agents. This includes the District of Columbia, American Samoa, the Commonwealth of Puerto Rico, the Virgin Islands, the Federated States of Micronesia, Guam, the Northern Mariana Islands, the Republic of the Marshall Islands, the Republic of Palau, and federally recognized Indian tribal governments. Non-State public health agency applicants must provide certification by the State designating the institution as the State's official applicant.

#### Availability of Funds

Approximately \$500,000 is available in FY 1996 to fund one award. 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 3 years. Funding estimates may vary and are 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 cooperative agreement is to assist State health departments to establish Emerging

Infections Programs (EIP) as part of a national network. EIPs will be population-based centers designed to assess the public health impact of emerging infections and to evaluate methods for their prevention and control. Activities of the EIPs will fall into the general categories of: (1) active surveillance; (2) applied epidemiologic and applied laboratory research; and (3) implementation and evaluation of pilot prevention/intervention projects.

Activities of the EIPs will be focused in the areas of drug-resistant infections, foodborne and waterborne diseases, and vaccine preventable or potentially vaccine preventable diseases. The EIPs will maintain sufficient flexibility to accommodate changes in projects as required by the emergence of public health infectious disease problems. EIPs will be strategically located to serve a variety of geographical areas, diverse groups and difficult-to-reach populations—e.g., underserved women and children, the homeless, immigrants and refugees, and persons infected with HIV. They will enlist the participation of local health departments, academic institutions, and other public and private organizations with an interest in addressing public health issues relating to emerging infectious diseases, and will seek support from sources, in addition to CDC, to operate the EIP.

#### Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities under A. (Recipient Activities), and CDC will be responsible for the activities listed under B. (CDC Activities).

##### A. Recipient Activities

1. Establish and operate an EIP to further local, State, and national efforts to address emerging infectious diseases.

a. Organize the EIP so that it will have the capacity to conduct approximately four concurrent projects.

b. Organize the EIP so that it will maintain the ability to accommodate changes in specific projects and priorities as the public health system's need for information changes or new health problems emerge.

c. Operate the EIP so that it can function effectively as part of a national network of EIPs. EIPs will need to coordinate project priorities with CDC and among themselves to assure that important emerging infections issues are addressed appropriately.

d. Establish the EIP in a defined population, which could include either an entire State or a geographically defined area (or areas) within a State. To

accomplish the objectives of certain EIP activities, a minimum population base of approximately 1,000,000 may be necessary.

2. Work to obtain technical and financial assistance to supplement the core assistance from CDC, as well as programmatic collaboration from other "partner organizations." Partner organizations may be academic institutions and other public and private organizations with an interest in addressing public health issues relating to emerging infectious diseases (e.g., local public health agencies, public health laboratories, medical examiners, university medical schools, schools of public health, health care providers, clinical laboratories, community-based organizations, other Federal and State government agencies, research organizations, medical institutions, foundations, etc.).

3. Propose and conduct emerging infections activities in collaboration with appropriate partner organizations. Collaborate with other EIPs, as appropriate, to finalize protocols for EIP activities.

a. Categories of EIP activities. Activities of the EIP will fall into three categories:

(1) Active population-based surveillance projects. These may include collection and submission of disease-causing infectious agents to State, CDC, or other laboratories. For example, the surveillance case definition for the condition might involve detection of a positive culture or a drug resistant isolate in a microbiology laboratory, a serologic test result, a histopathologic finding, or a clinical syndrome, depending upon the disease or condition under surveillance; the specific approach to surveillance could also vary depending on the disease or condition under surveillance.

(2) Applied epidemiologic and applied laboratory projects. Examples of potential projects include: evaluation of illnesses often not specifically diagnosed for which information about trends and etiology are important (e.g., diarrhea, community-acquired pneumonia); evaluation of drug resistant infections; evaluation of the clinical spectrum of influenza and the efficacy of influenza vaccines in target populations; investigation of the relationships between infections and chronic diseases (e.g., respiratory infections and asthma attacks); behavioral surveillance projects designed to assess trends in behaviors (e.g., food handling practices, antibiotic use) that affect the risk for infectious diseases; assessment of the use and impact of newer diagnostic tools on the

diagnosis and management of specific diseases (e.g., neonatal group B streptococcal disease, Lyme disease); evaluation of emerging infectious diseases in difficult-to-reach populations, such as persons who do not have access to routine medical care or the homeless; examination of infectious diseases in particular populations (e.g., studying the relationship between cervical papillomavirus infection and cervical carcinoma in women); evaluation of the economic impact of infectious diseases or cost-benefit studies of intervention strategies.

(3) Implementation and evaluation of pilot prevention/intervention projects for emerging infectious diseases. Examples might include assessment of efforts to promote safe food preparation in the home, evaluation of impact of hand washing promotion on infectious diseases in child care facilities, or evaluation of antibiotic prescribing practices in outpatient settings.

b. Specific EIP activities.

(1) Propose and conduct the following core activities:

Active population-based laboratory surveillance for invasive disease caused by emerging, vaccine preventable, and drug resistant bacterial diseases, and for foodborne diseases (for additional information see Application Content, Operational Plan, paragraph d. of the Program Announcement included in the application kit).

(2) Propose up to 2 additional projects that could be conducted in the EIP. The optional projects may be chosen from the following list (see more complete description in Application Content, Operational Plan, paragraph e. of the Program Announcement included in the application kit).

(a) Population-based surveillance for hepatitis,

(b) Surveillance for emerging etiologies of pneumonia in the U.S.,

(c) Laboratory-based surveillance for Vancomycin-resistant Gram-positive pathogens,

(d) Laboratory-based Surveillance for *Clostridium difficile*,

(e) Infectious complications associated with blood transfusion,

(f) Surveillance for emerging etiologies of protozoal diarrhea,

(g) Surveillance for metronidazole-resistant *Trichomonas* infection,

(h) Evaluation of prevention of neonatal group B streptococcal disease,

(i) Active surveillance for Hemolytic Uremic Syndrome.

4. As a part of certain EIP projects, provide specimens such as disease-causing isolates or serum specimens to appropriate organizations (which may

include CDC) for laboratory evaluation (e.g., molecular epidemiologic studies, evaluation of diagnostic tools).

5. Manage, analyze, and interpret data from EIP projects, and publish and disseminate important public health information stemming from EIP projects in collaboration with CDC.

6. Provide training opportunities (e.g., infectious disease fellows).

7. Monitor and evaluate scientific and operational accomplishments of the EIP and progress in achieving the purpose and overall goals of this program.

*B. CDC Activities*

1. Provide consultation and scientific and technical assistance in general operation of the EIP and in designing and conducting individual EIP projects.

2. Participate in analysis and interpretation of data from EIP projects. Participate in the dissemination of findings and information stemming from EIP projects.

3. Assist in monitoring and evaluating scientific and operational accomplishments of the EIP and progress in achieving the purpose and overall goals of this program.

4. As needed, perform laboratory evaluation of specimens or isolates (e.g., molecular epidemiologic studies, evaluation of diagnostic tools) obtained in EIP projects and integrate results with other data from EIP projects.

*Notice of Intent To Apply*

In order to assist CDC in planning for and executing the evaluation of applications submitted under this announcement, all parties intending to submit an application are requested to inform CDC of their intention to do so at their earliest convenience prior to the application due date. Notification should include: (1) name and address of institution, and (2) name, address, and telephone number of contact person. Notification should be provided by facsimile, postal mail, or E-mail, to Greg Jones, M.P.A., Funding Resources Specialist, National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE., Mailstop C-19, Atlanta, GA 30333, E-mail address [gij1@cidod1.em.cdc.gov](mailto:gij1@cidod1.em.cdc.gov), facsimile (404) 639-4195.

*Evaluation Criteria*

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

*1. Understanding the objectives of the EIP (total 5 points):*

The extent to which the applicant demonstrates a clear understanding of

the objectives of this cooperative agreement program. The extent to which the applicant demonstrates a clear understanding of the requirements, responsibilities, problems, constraints, and complexities that may be encountered in establishing and operating the EIP.

*2. Population Base (total 5 points):*

The extent to which the applicant defines clearly the geographic area and population base in which the EIP will operate. The extent to which the applicant defines a population base for the EIP that is sufficiently large and diverse to accomplish proposed EIP activities. The extent to which the applicant clearly describes various special populations in the EIP area, such as the rural or inner city poor, underserved women and children, the homeless, immigrants/refugees, and persons infected with HIV, that could be the focus of one or more EIP projects.

*3. Capacity (total 35 points):*

a. The extent to which the applicant demonstrates its capacity and ability to conduct active surveillance, applied epidemiologic and applied laboratory research, and prevention research in emerging infectious diseases (25 points).

b. The extent to which the applicant demonstrates its ability to develop and maintain strong cooperative relationships with various public and private local and regional medical, public health, academic, and community organizations. The extent to which applicant demonstrates its ability to solicit and secure financial and technical support and programmatic collaboration from other public and private organizations for conducting public health research projects. The extent to which applicant provides letters of support from non-applicant participating agencies, institutions, organizations, individuals, consultants, etc., indicating their willingness to participate, as represented in applicant's operational plan, in establishing and operating the center (total 10 points).

*4. Operational Plan (total 40 points):*

a. The extent to which the applicant's proposed plan for establishing and operating the EIP is detailed and clearly describes the proposed organizational and operating structure/procedures and clearly identifies the roles and responsibilities of all participating agencies, organizations, institutions, and individuals. The extent to which the applicant describes plans for collaboration with CDC in the establishment and ongoing operation of the EIP and individual EIP projects. The

extent to which the applicant's plan addresses all Recipient Activities listed in the announcement and appears feasible and capable of accomplishing the purpose of the program (15 points).

b. The extent to which the applicant proposes to conduct the core activities, as outlined in the Application Content section of the Program Announcement included in the application kit. The extent to which the applicant proposes potential additional appropriate projects that could be conducted at the EIP. The extent to which the proposed core and additional projects demonstrate that the applicant understands and is capable of conducting population-based surveillance, applied epidemiologic and applied laboratory studies, and pilot prevention programs. The quality of the proposed projects regarding consistency with public health needs, intent of this program, feasibility, methodology/approach, and collaboration/participation of partner organizations. The degree to which the applicant has met the CDC policy requirements regarding the inclusion of women, ethnic, and racial groups in 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; and (4) documentation of plans for recruitment and outreach for study participants that includes the process of establishing partnerships with community(ies) and recognition of mutual benefits (total 15 points).

c. The extent to which the applicant's plan clearly describes partnerships with appropriate organizations for establishing and operating the proposed EIP and for conducting individual EIP projects. Partner organizations may be academic institutions and other public and private organizations with an interest in addressing public health issues relating to emerging infectious diseases (e.g., local public health agencies, public health laboratories, medical examiners, university medical schools, schools of public health, health care providers, clinical laboratories, community-based organizations, other Federal and State government agencies, research organizations, medical institutions, foundations, etc.). The extent to which the applicant's plan describes possible training opportunities (e.g., infectious disease fellows). The extent to which the applicant proposes a clearly detailed and viable plan for soliciting and

securing financial and technical assistance from other public and private organizations to supplement the core funding from CDC (total 10 points).

*5. Project Management and Staffing (total 10 points):*

The extent to which the applicant identifies its own professional and support staff, and professional and support staff from other agencies, institutions, and organizations, that have the experience, authority, and willingness to carry out recipient activities as evidenced by job descriptions, curriculum vitae, organizational charts, etc. The extent to which the applicant describes an approach to maintaining sufficiently flexible EIP staffing to accommodate the likelihood that the requirements of EIP projects will change from time to time.

*6. Evaluation (total 5 points):*

The extent to which applicant provides a detailed evaluation plan. The quality of the proposed plan for monitoring scientific and operational accomplishments of the EIP and of individual EIP projects. The quality of the proposed evaluation plan for monitoring progress in achieving the purpose and overall goals of this program.

*7. Budget (not scored):*

The extent to which the proposed budget is reasonable, clearly justifiable, and consistent with the intended use of cooperative agreement funds. The extent to which both Federal and non-Federal (e.g., State funding) contributions are presented.

*8. Human Subjects (not scored):*

If any proposed project involves human subjects, whether or not exempt from the DHHS regulations, the extent to which adequate procedures are described for the protection of human subjects. Note: Objective Review Group (ORG) 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 ORG 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.

*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 (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. Indian tribes are strongly encouraged to request tribal government review of the proposed application. If SPOCs or tribal governments have any process recommendations on applications submitted to CDC, they should forward them to Sharron P. Orum, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Mailstop E-18, Room 314, Atlanta, GA 30305. The due date for State process recommendations is 30 days after the application deadline date for new and competing continuation awards. 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. CDC does not guarantee to "accommodate or explain" for State process recommendations it receives after that date.

*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 93.283.

*Other Requirements*

*Paperwork Reduction Act*

Projects that involve the collection of information from ten or more individuals and funded by the cooperative agreement will be subject to review by the Office of Management and Budget (OMB) 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 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 the 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 and form provided in the application kit.

### 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.

### Animal Subjects

If the proposed project involves research on animal subjects, the applicant must comply with the "PHS Policy on Humane Care and Use of Laboratory Animals by Awardee Institutions." An applicant organization proposing to use vertebrate animals in PHS-supported activities must file an Animal Welfare Assurance with the Office for Protection from Research

Risks at the National Institutes of Health.

### 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 Sharron P. 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 314, Mailstop E-18, Atlanta, GA 30305, Attention: Marsha Driggans, on or before August 23, 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 Marsha Driggans, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 314, Mailstop E-18, Atlanta, GA 30305, telephone (404) 842-6523, facsimile (404) 842-6513, E-mail mdd2@opspgo1.em.cdc.gov or CDC WONDER.

Programmatic technical assistance may be obtained from Robert Pinner, M.D., or Pat McConnon, M.P.H., Office of the Director, National Center for Infectious Diseases, Centers for Disease Control and Prevention (CDC), Mailstop C-12, 1600 Clifton Road, NE., Atlanta, GA 30333, telephone (404) 639-2603. E-mail address for Dr. Pinner: rwp1@cidod1.em.cdc.gov or CDC WONDER. E-mail address for Mr. McConnon: pjm2@cidod1.em.cdc.gov or CDC WONDER.

Please refer to Announcement Number 655 when requesting information and submitting and application.

Important Notice: Atlanta, GA, 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), CDC, may experience delays in the receipt of both regular and overnight mail deliveries. Contacting PGO employees during this time frame may also be hindered due to the possible telephone disruptions. To the extent authorized, please consider the use of voice mail, E-mail, and facsimile transmission to the maximum extent practicable. However, do not fax lengthy documents or grant applications.

You may obtain this announcement from one of two Internet sites on the actual publication date: CDC's homepage at <http://www.cdc.gov> or at the Government Printing Office homepage (including free on-line access to the Federal Register at <http://www.access.gpo.gov>).

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.

Potential applicants may obtain a copy of "Addressing Emerging Infectious Disease Threats: A Prevention Strategy for the United States" through the Centers for Disease Control and Prevention (CDC), National Center for Infectious Diseases, Office of Planning and Health Communication—EP, Mailstop C-14, 1600 Clifton Road, Atlanta, GA 30333. Requests may also be sent by facsimile to (404) 639-3039.

Dated: June 21, 1996.

Joseph R. Carter,

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

[FR Doc. 96-16389 Filed 6-26-96; 8:45 am]

BILLING CODE 4163-18-P

### [Announcement Number 664]

### Primate Model for Studying the Pathogenesis of Measles Infections and for Development of Improved Measles Vaccines

#### Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1996 funds for a cooperative agreement