concentrate is non-corrosive to skin or eyes, non-toxic, or does not pose a risk of adverse health effects; that Let's Touch concentrate is non-toxic or does not pose a risk of adverse health effects; or that Let's Dance and Let's Touch use dilutions are classified as non-toxic under the Federal Hazardous Substances Act regulations.

Part II.A of the proposed order would require competent and reliable evidence, which when appropriate must be competent and reliable scientific evidence, for any representation that Let's Dance or Let's Touch use dilutions are non-toxic or do not pose a risk of adverse health effects; that Let's Dance or Let's Touch concentrates or use dilutions are less toxic than quaternary ammonium compound disinfectants or any other disinfectant or product; that Let's Dance is biodegradable; or, that Let's Dance is safe for the environment after ordinary use. Part II.B of the proposed order would require competent and reliable evidence, which when appropriate must be competent and reliable scientific evidence, for any representation, through the use of such terms as ''environmental formula,'' ''environmental formula, freon free, ozone friendly,'' ''environmental formula, will not harm the ozone, contains no freon, chlorofluorocarbons, methylene chloride, or 1,1,1-trichloroethane,'' or any other term of expression, that Let's Go spray or any other product containing any volatile organic compound will not harm the environment. Part II.C of the proposed order would require competent and reliable evidence, which when appropriate must be competent and reliable scientific evidence, for a representation that any disinfectant or aerosol product will offer any absolute or comparative health, safety, or environmental benefit.

Part III.A of the proposed order would prohibit misrepresentations of the extent to which any product or package is capable of being recycled; or the extent to which recycling collection programs for such product or package are available. Part III.B of the order gives examples of representations that would not violate part III.A.

Parts IV through IX are standard provisions requiring retention of certain records, distribution of the order to certain persons, notification to the Commission of changes in corporate structure or of employment of the individual respondent, termination of the order and filing of compliance reports.

The purpose of this analysis is to facilitate public comment on the proposed order, and it is not to constitute an official interpretation of the agreement and proposed order or to modify in any way their terms.

Benjamin I. Berman,

Acting Secretary.

[FR Doc. 96–20919 Filed 8–15–96; 8:45 am]

BILLING CODE 6750–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Health Care Policy and Research

Availability of Consumer Assessment of Health Plans Study Draft Questionnaires for Review

AGENCY: Agency for Health Care Policy and Research, HHS.

ACTION: Notice of availability.

SUMMARY: The Agency for Health Care Policy and Research (AHCPR) announces, for review, the availability of draft questionnaires on consumer assessments of health plans and services, which are being developed under cooperative agreements between Research Triangle Institute, Harvard University, and the RAND Corporation in cooperation with AHCPR. The Consumer Assessment of Health Plans Study is being conducted to assist consumers in selecting high-quality health plans and appropriate services. Comments will be considered in developing the final questionnaires, but they will not be responded to individually.

DATES: Comments must be postmarked by September 13, 1996.

SUPPLEMENTARY INFORMATION: The Consumer Assessment of Health Plans Study (CAHPS) is a 5-year project designed to: (1) Develop and test survey instruments with which to obtain assessments of health plans and services from consumers, (2) produce easily understandable reports for communicating survey information to consumers, and (3) evaluate the usefulness of these reports for consumers in selecting health care plans and services. The goal of CAHPS is to help consumers identify the best health care plans and services for their needs.

Request for Draft Questionnaires

The draft questionnaires and related materials can be obtained from the AHCPR Publications Clearinghouse (at 1–800–358–9295) by requesting publication number 96–R–114. Instructions for submitting comments are included in the package of draft questionnaires and related materials.

AHCPR Contact Person

Programmatic information is available from Diane Dwyer, Center for Quality Measurement and Improvement, AHCPR, at 301–594–1349 extension 1302.

Dated: August 9, 1996.

Clifton R. Gaus,

Administrator.

[FR Doc. 20967 Filed 8–15–96; 8:45 am]

BILLING CODE 4160–90–M

Centers for Disease Control and Prevention

[Announcement No. 704]

Draft Program Announcement and Availability of Funds for Fiscal Year 1997 Cooperative Agreements for Community-Based Human Immunodeficiency Virus (HIV) Prevention Projects

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services.

ACTION: Request for comments.

SUMMARY: CDC is preparing to announce the availability of fiscal year (FY) 1997 funds to support HIV prevention projects for minority and other community-based organizations (CBOs). This program will assist the Nation's disease prevention efforts by providing assistance to CBOs in developing and implementing effective community-based HIV prevention programs and promoting collaboration and coordination of HIV prevention efforts among CBOs and local activities of HIV prevention service agencies, public agencies including local and State health departments (and HIV prevention community planning groups), substance abuse agencies, educational agencies, criminal justice systems, and affiliates of national and regional organizations. Because of the unique nature of this program, CDC invites comments from organizations and individuals on the draft of this announcement. Based on comments received, the final announcement is expected to be published in September 1996.

DATES: Written comments to this notice should be submitted to the Office of the Director, National Center for HIV, STD, and TB Prevention, Attention: Gary West, Centers for Disease Control and Prevention (CDC), Mailstop D–21, Altanta, GA 30333. Comments must be received on or before September 16, 1996.

FOR FURTHER INFORMATION CONTACT: Gary West, Office of the Director, National

Center for HIV, STD and TB Prevention, telephone (404) 639–0902.

SUPPLEMENTARY INFORMATION: The following is the complete text of the draft program announcement for community-based human immunodeficiency virus (HIV) prevention projects.

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1997 funds for cooperative agreements for HIV prevention projects for minority and other community-based organizations (CBOs) serving populations at increased risk of acquiring or transmitting HIV infection.

(A cooperative agreement is a legal agreement between CDC and the recipient in which CDC provides *financial assistance and substantial Federal programmatic involvement* with the recipient during the performance of the project.)

Preapplication technical assistance workshops to assist all prospective applicants for these projects will be held during October and November 1996. The purpose of these workshops is to assist prospective applicants in understanding CDC application requirements and program priorities. During the workshops, information will be presented on application and business management requirements, programmatic priorities, HIV prevention community planning, and how to access additional preapplication resources relevant to application development. Prospective applicants are encouraged to attend a workshop in their area. For additional information on the preapplication workshops in your area (a schedule will be included in the final announcement), please contact your State or local health department or CDC at telephone (404) 639–8317.

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 relates to the priority areas of Educational and Community-Based Programs, HIV Infection, and Sexually Transmitted Diseases (STDs). It addresses the ''Healthy People 2000'' objectives by providing support for primary prevention for persons at increased risk for HIV infection and by increasing the availability and coordination of prevention and early intervention services for HIV-infected persons. A summary of the HIV-related objectives will be included in the application kit. (To order a copy of ''Healthy People 2000,'' see the section entitled ''Where to Obtain Additional Information.'')

Authority

This program is authorized under section 317(k)(2) [42 U.S.C. 247b(k)(2)] of the Public Health Service Act, as amended.

Smoke-Free Workplace

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

To be eligible for funding under this announcement, applicants must be a tax-exempt, non-profit CBO whose net earnings in no part accrue to the benefit of any private shareholder or person. Tax-exempt status is determined by the Internal Revenue Service (IRS) Code, Section 501(c)(3). Tax-exempt status may be proved by either providing a copy of the pages from the IRS' most recent list of 501(c)(3) of tax-exempt organizations or a copy of the current IRS Determination Letter. Proof of tax-exempt status must be provided with the application.

Note: Organizations described in section 501(c)(4) of the Internal Revenue Code of 1986 that engage in lobbying are not eligible to receive Federal grant/cooperative agreement funds.

CBOs may apply as either (1) *minority* CBOs or (2) CBOs *serving other high-risk populations.* To apply as a *minority* CBO the applicant organization must have the following: (1) A governing board composed of more than 50% racial or ethnic minority members, (2) a significant number of minority individuals in key program positions, and (3) an established record of service to a racial or ethnic minority community or communities. In addition, if the applicant organization is a local affiliate of a larger organization with a national board, the larger organization must meet the same requirements listed above. If applying as a minority CBO, proof of minority status must be provided with the application. Affiliates of national organizations must provide proof of their national organization's eligibility and include with the application an original, signed letter from their chief executive officer assuring their understanding of the intent of this program announcement and the responsibilities of recipients.

Organizations applying as a CBO serving other high-risk populations are not required to meet the minority requirements listed above.

CDC will not accept an application without proof of tax-exempt status, minority status (if applicable), and proof of eligibility for affiliates of national organizations (if applicable).

Applications requesting funds to support only administrative and managerial functions will not be accepted.

Governmental or municipal agencies, their affiliate organizations or agencies (e.g., health departments, school boards, public hospitals), and private or public universities and colleges are not eligible for funding under this announcement.

CBOs requesting funds under this announcement will be categorized into one of two mutually exclusive groups: (1) High prevalence Metropolitan Statistical Areas (MSAs); or (2) lower prevalence geographic areas. For the purposes of this program, high prevalence MSAs are defined by (1) greater than 500 reported AIDS cases in racial or ethnic minorities (African Americans, Alaskan Natives, American Indians, Asian Americans, Latinos/Hispanics, and Pacific Islanders) in the 3-year period 1993, 1994, and 1995, or as Title I eligible metropolitan areas (EMAs) for FY 1996 under the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. (Title I EMAs are defined as communities which as of March 31, 1995, reported a cumulative total of more than 20,000 cases of AIDS within the EMA, or that had a per capita incidence of cumulative cases of AIDS equal to or exceeding 0.0025.) Eligible high prevalence MSAs (and the corresponding OMB Federal Identification Processing (FIPS) code) are the following:

Arizona: Phoenix-Mesa (6200)
California: Los Angeles-Long Beach (4480), Oakland (5775), Orange County (5945), Riverside-San Bernardino (6780), Sacramento (6920), San Diego (7320), San Francisco (7360), San Jose (7400), Santa Rosa (7500)
Colorado: Denver (2080)
Connecticut: Hartford (3283), New Haven-Bridgeport-Stamford-Danbury-Waterbury (5483)
Delaware-Maryland: Wilmington-Newark (9160)
District of Columbia-Maryland-Virginia-West Virginia: Washington, D.C. (8840)
Florida: Ft. Lauderdale (2680), Jacksonville (3600), Miami (5000),

Orlando (5960), Tampa-St. Petersburg-Clearwater (8280), West Palm Beach-Boca Raton (8960)
Georgia: Atlanta (520)
Illinois: Chicago (1600)
Louisiana: New Orleans (5560)
Maryland: Baltimore (720)
Massachusetts-New Hampshire: Boston-Worcester-Lawrence-Lowell-Brockton (1123)
Michigan: Detroit (2160)
Minnesota-Wisconsin: Minneapolis-St. Paul (5120)
Missouri-Kansas: Kansas City (3760)
Missouri-Illinois: St. Louis (7040)
New Jersey: Newark (5640), Jersey City (3640), Bergan-Passaic (875), Middlesex-Somerset-Hunterdon (5015), Monmouth-Ocean (5190), Vineland-Millville-Bridgeton (8760)
New York: Duchess County (2281), New York City (5600), Nassau-Suffolk (5380)
North Carolina-South Carolina: Charlotte-Gastonia-Rock Hill (1520)
Ohio: Cleveland-Lorain-Elyria (1680)
Oregon-Washington: Portland-Vancouver (6440)
Pennsylvania-New Jersey: Philadelphia (6160)
Puerto Rico: Caguas (1310), Ponce (6360), San Juan-Bayamon (7440)
South Carolina: Columbia (1760)
Tennessee-Arkansas-Mississippi: Memphis (4920)
Texas: Austin-San Marcos (640), Dallas (1920), Ft. Worth-Arlington (2800), Houston (3360), San Antonio (7240)
Virginia-North Carolina: Norfolk-Virginia Beach-Newport News (5720), Richmond-Petersburg (6760)
Washington: Seattle-Bellevue-Everett (7600)

CBOs not located in the aforementioned list of high prevalence MSAs will be categorized as lower prevalence geographic areas.

Availability of Funds

In FY 1997, CDC expects a total of up to $17,000,000 to be available for funding approximately 80 CBOs (70 in high prevalence MSAs and 10 in lower prevalence geographic areas).

A. High Prevalence MSAs

Up to $16,000,000 of the total $17,000,000 will be made available to CBOs in high prevalence MSAs. The estimated awards will average $200,000 and will range from $75,000 to $300,000. In high prevalence MSAs, $12,000,000 is dedicated to supporting minority CBOs that represent and serve racial or ethnic minority persons and that meet the criteria outlined in the section entitled Eligible Applicants. The remaining $4,000,000 is dedicated to supporting CBOs serving other high-risk populations in high prevalence MSAs.

B. Lower Prevalence Geographic Areas

The remaining $1,000,000 of the total funds expected will be made available to fund CBOs in lower prevalence geographic areas. These estimated awards will average $100,000. Of the $1,000,000 available, up to $750,000 will support minority CBOs and at least $250,000 will support CBOs serving other high-risk populations.

These estimates are subject to change based on the following: the actual availability of funds; the scope and the quality of applications received; appropriateness and reasonableness of the budget request; proposed use of project funds; and the extent to which the applicant is contributing its own resources to HIV/AIDS prevention activities. However, no organization will be awarded more than $300,000 (direct and indirect costs) per year. Applications for more than $300,000 will be deemed ineligible and will not be accepted by CDC.

Funds available under this announcement must support activities directly related to primary HIV prevention. However, intervention activities which involve preventing other STDs and drug use as a means of reducing or eliminating the risk of HIV infection may be supported. No funds will be provided for direct patient medical care (including substance abuse treatment, medical prophylaxis or drugs). These funds may not be used to supplant or duplicate existing funding. Although applicants may contract with other organizations under these cooperative agreements, applicants must perform a substantial portion of the activities (including program management and operations and delivery of prevention services) for which funds are requested.

Awards will be made for a 12-month budget period within a 3-year project period. (Budget period is the interval of time into which the project period is divided for funding and reporting purposes. Project period is the total time for which a project has been programmatically approved.)

Noncompeting continuation awards for a new budget period within an approved project period will be made on the basis of satisfactory progress in meeting project objectives and the availability of funds. Progress will be determined by site visits by CDC representatives, progress reports, and the quality of future program plans. Proof of eligibility will be required with the noncompeting continuation application.

Background

The HIV epidemic constitutes a significant threat to the public health of the United States. There are specific high-risk behaviors that result in the transmission of HIV. HIV may also be transmitted perinatally. Some of the important means currently available to reduce the prevalence of behaviors placing individuals at risk of HIV infection or transmission include:

A. Effective education and counseling to assist persons in assessing their own high-risk behaviors and in planning behavior change; to support and sustain behavior change; and to facilitate linkages to other needed services;

B. Interpersonal skills training in negotiating and sustaining appropriate behavior change; and

C. Influencing community norms in support of safer behaviors.

Purpose

This program will provide assistance to CBOs to: (1) Develop and implement effective community-based HIV prevention programs (see the section entitled Community Planning for HIV Prevention) consistent with achieving national program goals, and the HIV prevention priorities outlined in their State/local health department's comprehensive HIV prevention plan (where available); and (2) promote collaboration and coordination of HIV prevention efforts among CBOs and the local activities of HIV prevention service agencies, public agencies including local and State health departments (and HIV prevention community planning groups), substance abuse agencies, educational agencies, criminal justice systems, and affiliates of national and regional organizations.

The national strategic goals for HIV, STD, and TB prevention are to:

A. Increase public understanding of, involvement in, and support for HIV, STD, and TB prevention.

B. Ensure completion of therapy for persons identified with active TB or TB infection.

C. Prevent or reduce behaviors or practices that place persons at risk for HIV and STD infection or, if already infected, place others at risk.

D. Increase individual knowledge of HIV serostatus and improve referral systems to appropriate prevention and treatment services.

E. Assist in building and maintaining the necessary State, local, and community support infrastructure and technical capacity to carry out prevention programs.

F. Strengthen current systems and develop new systems to accurately

monitor the HIV epidemic, STDs, and TB, as a basis for assessing and directing prevention programs.

In order to maximize the effective use of CDC funds, each applicant must conduct at least one, but no more than two, of the priority Health Education/Risk Reduction (HE/RR) interventions described below. Although activities may cross from one intervention type to another (e.g., individual or group level interventions may be a part of a community-level intervention), no more than two of the primary interventions listed below should be undertaken.

HE/RR interventions include programs and services to reach persons at increased risk of becoming HIV-infected or, if already infected, of transmitting the virus to others. The goal of HE/RR interventions is to reduce the risk of these events occurring. These interventions should be directed to persons whose behaviors or personal circumstances place them at high risk.

The following have been identified as successful HE/RR interventions for HIV prevention and will be funded within the scope of this announcement: Individual Level Interventions (including prevention case management), Group Level Interventions, Community Level Interventions, and Street and Community Outreach. The Guidelines for Health Education and Risk Reduction Activities (included in the application kit) will provide additional information on these interventions. A brief description of the priority interventions follows:

A. Individual Level Interventions provide a range of one-on-one client services that offer counseling, assist clients in assessing their own behavior and planning individual behavior change, support and sustain behavior change, and facilitate linkages to services in clinic and community settings (e.g., substance abuse treatment programs) in support of behaviors and practices that prevent the transmission of HIV. Some clients may be at very high risk of becoming HIV-infected or, if already infected, of transmitting the virus to others. Additional prevention counseling, as appropriate to the needs of these clients should be offered.

Prevention Case Management is an individual level intervention directed at persons who need highly individualized support, including substantial psychosocial, interpersonal skills training, and other support, to remain seronegative or to reduce the risk of HIV transmission to others. HIV prevention case management services are not intended as substitutes for medical case management or extended social services. Services provided under this component should concentrate on the identification, coordination, and receipt of appropriate prevention services. Prevention case management services should complement ongoing HIV prevention services such as HIV antibody counseling, testing, referral, and partner notification (CTRPN), and early medical intervention programs. Coordination with HIV counseling and testing clinics, STD clinics, TB testing sites, substance abuse treatment programs, and other health service agencies is essential to successfully recruiting or referring persons at high risk who are appropriate for this type of intervention.

B. Group Level Interventions shift the delivery of service from individual to groups of varying sizes. Group level interventions provide education and support in group settings to promote and reinforce safer behaviors and to provide interpersonal skills training in negotiating and sustaining appropriate behavior change to persons at increased risk of becoming infected or, if already infected, of transmitting the virus to others. The content of the group session should be consistent with the format, i.e., groups can meet one time or on an on-going basis. One-time sessions can provide participants an opportunity to hear and learn from one another's experiences, role play with peers, and offer and receive support. Ongoing sessions may offer stronger social influence with potential for developing emergent norms that can support risk reduction. A group level intervention can include more tailored individual level interventions with some of the group members.

C. Community Level Interventions are directed at changing community norms, rather than the individual or a group, to increase community support of the behaviors known to reduce the risk for HIV infection and transmission. While individual and group level interventions also may be taking place within the community, interventions that target the community level are unique in their purpose and are likely to lead to different strategies than other types of interventions. Community level interventions aim to reduce risky behaviors by changing attitudes, norms, and practices through health communications, social (prevention) marketing, community mobilization and organization, and community-wide events. The primary goals of these programs are to improve health status, to promote healthy behaviors, and to change factors that affect the health of community residents. The community may be defined in terms of a neighborhood, region, or some other geographic area, but only as a mechanism to capture the social networks that may be located within those boundaries. These networks may be changing and overlapping, but should represent some degree of shared communications, activities, and interests. Community level interventions are designed to impact on the social norms or shared beliefs and values held by members of the community. Specific activities include:

- Identifying and describing (through needs assessments and ongoing feedback from the community) structural, environmental, behavioral, and psychosocial facilitators and barriers to risk reduction in order to develop plans to enhance facilitators and minimize or eliminate barriers.
- Developing and implementing, with participation from the community, culturally competent, developmentally appropriate, linguistically specific, and sexual-identity-sensitive interventions to influence specific structural, environmental, behavioral, and psychosocial factors thought to promote risk reduction.
- Persuading community members who are at risk of acquiring or transmitting HIV infection to accept and use HIV prevention measures.

D. Street and Community Outreach Interventions are defined by their locus of activity and by the content of their offerings. Street and community outreach programs reach persons at high risk, individually or in small groups, on the street or in community settings, and provide them prevention messages, information materials, and other services, and assist them in obtaining other primary and secondary HIV-prevention services such as HIV-antibody counseling and testing, HIV risk-reduction counseling, STD and TB treatment, substance abuse prevention and treatment, family planning services, tuberculin testing, and HIV medical intervention. Street and Community Outreach is an activity conducted outside a more traditional, institutional health care setting for the purpose of providing direct HE/RR services or referrals. The fundamental principle of these outreach activities is that the outreach worker/specialist establishes face-to-face contact with the client in his/her own environment to provide HIV/AIDS risk reduction information, services, and referrals.

Community Planning for HIV Prevention

In 1994, the 65 State and local health departments that received CDC Federal funds for HIV prevention began an HIV

prevention community planning process. The goal of HIV Prevention Community Planning is to improve the effectiveness of HIV prevention programs by strengthening the scientific basis and targeting prevention interventions. Together, representatives of affected populations, epidemiologists, behavioral scientists, HIV/AIDS prevention service providers, health department staff, and others analyze the course of the epidemic in their jurisdiction, determine their priority prevention needs, and identify HIV prevention interventions to meet those needs. Community planning groups are responsible for developing comprehensive HIV prevention plans that are directly responsive to the epidemics in their jurisdictions. Minority and other CBOs submitting applications under this announcement must contact their State/local health departments to obtain a copy of the current comprehensive HIV prevention plan (if available). Program proposals must address high priority needs identified in this plan. More information on the HIV prevention community planning process is available from the HIV/AIDS Program in your jurisdiction's health department. A list of the names and telephone numbers of State health department points of contact to obtain a copy of the jurisdiction's comprehensive HIV prevention plan is provided with the application kit.

Program Requirements

In a cooperative agreement, there are roles and responsibilities shared between the CDC (grantor) and the recipient of Federal funds (awardee). In conducting activities to achieve the purpose of this program, the recipient shall be responsible for the activities under A. below; the CDC shall be responsible for activities under B. below; and both the CDC and the recipient shall be responsible for the activities under C. below:

A. Recipient Activities

The following four Health Education and Risk Reduction (HE/RR) Interventions will be conducted. These include Individual Level Interventions, Group Level Interventions, Community Level Interventions, and Street and Community Outreach Interventions. Each awardee must conduct at least one, but not more than two of the priority HE/RR interventions. Recipient activities are listed below:

1. Coordinate and collaborate with other organizations and agencies involved in HIV prevention activities, especially those serving the target populations in the local area.

2. Coordinate with HIV counseling and testing clinics, STD clinics, TB testing sites, substance abuse treatment programs, and other health service agencies to recruit and refer persons of high risk who are appropriate for individual level intervention.

3. Provide education and support in group settings to promote and reinforce safer behaviors and to provide interpersonal skills training in negotiating and sustaining appropriate behavior change to persons at increased risk of becoming infected or, if already infected, of transmitting the virus to others.

4. Identify the HIV/AIDS needs assessment of the community and develop a linguistically specific and sexual-identity-sensitive intervention plan to minimize barriers and to promote risk reduction.

5. Develop a street outreach program of face-to-face contact with persons of high risk to provide HIV/AIDS risk reduction information, services and referrals.

B. CDC Activities

1. Provide consultation and technical assistance in planning, operating, and evaluating prevention activities.

2. Provide up-to-date scientific information on the risk factors for HIV infection, prevention measures, and program strategies for prevention of HIV infection.

3. Assist in the evaluation of program activities and services.

4. Assist recipients in collaborating with State and local health departments and other HHS-supported HIV/AIDS recipients.

5. Facilitate the transfer of successful prevention interventions and program models to other areas through convening meetings of grantees, workshops, conferences, newsletters, and communications with project officers.

6. Monitor the recipient's performance of program activities, protection of client confidentiality, and compliance with other requirements.

7. Facilitate exchange of program information and technical assistance between community organizations, health departments, and national and regional organizations.

8. Assist prospective applicants in obtaining preapplication technical assistance and in obtaining copies of the comprehensive HIV prevention plan.

C. Recipient and CDC Responsibility Regarding Confidentiality

All personally identifying information obtained in connection with the delivery of services provided to any individual in any program supported under this announcement shall not be disclosed unless required by a law of a State or political subdivision or unless such an individual provides written, voluntary informed consent.

1. *Non-personally identifying,* unlinked information, which preserves the individual's anonymity, derived from any such program may be disclosed without consent:

a. In summary, statistical, or other similar form, or

b. For clinical or research purposes.

2. *Personally identifying information:* Recipients of CDC funds that must obtain and retain personally identifying information as part of their CDC-approved work plan must:

a. Maintain the physical security of such records and information at all times;

b. Have procedures in place and staff trained to prevent unauthorized disclosure of client-identifying information;

c. Obtain informed client consent by explaining the possible risks from disclosure and the recipient's policies and procedures for preventing unauthorized disclosure;

d. Provide written assurance to this effect including copies of relevant policies; and

e. Obtain assurances of confidentiality by agencies to which referrals are made.

An Institutional Review Board (IRB) approval or a certificate of confidentiality may be required for some projects.

Reporting Requirements

Quarterly narrative progress reports will be required 30 days after the end of each quarter. Quarterly progress reports should document services provided and problems encountered, with careful attention to answering questions and documenting accomplishments and problems encountered in meeting program objectives. Annual financial status reports are required no later than 90 days after the end of each budget period. Final financial status and performance reports are required 90 days after the end of the project period.

Application Requirements and Content

A. All applicants must develop their applications in accordance with PHS Form 5161–1, and the general instructions, information, and examples contained in the program announcement and section headings listed below. In addition, applicants should request an application kit (see section Where to Obtain Additional Information).

B. Applicants are required to show how the proposed priority HE/RR intervention(s) and the target populations for which they are intended to complement the HIV prevention priorities identified in the jurisdiction's comprehensive HIV prevention plan. The applicant should reference specific sections and pages in the comprehensive HIV prevention plan that support their proposed plan. A list of the names and telephone numbers of State health department points of contact from whom applicants may obtain a copy of the jurisdiction's comprehensive HIV prevention plan is provided with the application kit. If the jurisdiction's comprehensive HIV prevention plan is not available or does not adequately provide the necessary information, the applicant is expected to justify the need and the priority of their proposed program activities and summarize how the activities address prevention gaps and complement ongoing prevention efforts. Technical assistance is available to help with this.

C. The application for funding must include a detailed description of the first year activities and a brief description of future year activities.

D. In developing the application, CDC requires that applicants follow the instructions and format outlined below:

1. a. *Introduction* (not to exceed 2 pages): Applicants should briefly summarize the program for which funds are requested, including the target population to be served, activities to be undertaken, and services to be provided. Also, briefly describe proposed future year activities.

b. *Organizational History and Capacity:* The applicant should briefly describe as follows:

(1) A summary of programs provided in the past, both HIV prevention and general service and education programs;

(2) Organizational structure, the interests and constituencies represented, and examples of demonstrated or predicted ability to implement outreach and education programs to reduce the spread of HIV;

(3) Commitment and ability (i) to work with a variety of organizations and governmental programs including those providing HIV prevention services, and (ii) to coordinate program development with existing governmental and private educational efforts.

(4) Capacity to provide culturally competent and appropriate education and outreach which responds effectively to the cultural, environmental, social, and multilingual character of the target populations, including documentation of any history of such outreach or education.

2. *Description of the Priority Target Population* (not to exceed 2 pages): The applicant should clearly and specifically describe the priority target population(s) to be served through the proposed program, including the approximate number of individuals to be reached. Using the comprehensive HIV prevention plan as the basis, the applicant should describe the impact of the AIDS epidemic on the priority population and their community and any specific environmental, social, cultural, or multilingual characteristics of the priority populations which the applicant has considered and addressed in developing prevention strategies, such as:

a. HIV prevalence and reported AIDS cases in persons practicing risky behaviors;

b. HIV/AIDS-related baseline knowledge, attitudes, beliefs, and behavior;

c. Patterns of substance abuse and rates of STDs and tuberculosis (TB); and

d. Other relevant information.

3. *Description of the Needs Assessment (not to exceed 3 pages).* Using the State/local health department's comprehensive HIV prevention plan as the basis, applicants should describe how their proposed HE/RR interventions fill gaps or unmet needs identified in the area's comprehensive HIV prevention plan. If requesting funds to support continued implementation of an HE/RR intervention that is already in place, the applicant should describe the gap or unmet need that would result from discontinuation of services. In addition, the applicant should describe ongoing HIV prevention and risk-reduction efforts underway among the priority population(s), if any, and explain how proposed interventions complement these ongoing services. Additionally, the applicant should:

a. Explain any specific barriers to the dissemination of adequate HIV-prevention information and education which exist or have existed; and

b. Identify and describe the HIV prevention needs of the target population(s) which the proposed program directly addresses.

If the jurisdiction's comprehensive HIV prevention plan is not available or does not adequately provide the necessary information for items B. and D.3. above, the applicant is expected to justify the need and the priority of their proposed target population and program activities, and summarize how the activities address prevention gaps and complement ongoing prevention efforts. The available technical assistance for these tasks is outlined in the section on Where to Obtain Additional Information.

4. *Program Plan (not to exceed 8 pages):* The specific behaviors and practices that the interventions are designed to promote should be described, such as, increases in correct and consistent condom use, knowledge of serological status, not sharing needles, and enrollment in drug treatment and other preventive programs. The proposed plan should also describe the opportunities available for representatives of the target population to become active in planning, implementing, and evaluating activities and services. In addition, the proposed plan should describe how the proposed priority interventions and services implemented to accomplish the proposed objectives are culturally competent (i.e., program and services provided in a style and format respectful of the cultural norms, values, and traditions that are endorsed by community leaders and accepted by the target population), sensitive to issues of sexual identity, developmentally appropriate (i.e., information and services provided at a level of comprehension that is consistent with learning skills of persons to be served), linguistically-specific (i.e., information is presented in dialect and terminology consistent with the target population's traditional language and style of communication), and educationally appropriate. The program plan should describe and explain:

a. *Project objectives:* What the project will accomplish (i.e., *specific, time-phased, and measurable objectives for the project*). Approved programs must have objectives related to their jurisdiction's comprehensive HIV prevention plan (if available) and national HIV prevention goals, and should describe in realistic terms the expected outcomes of program activities on its priority population(s).

b. *Plan of Operation:* How the project will work (i.e., *what specific activities will be conducted and services provided to accomplish the objectives*). The applicant should outline the major steps or activities necessary to attain specified objectives, and note the approximate dates by which activities will be accomplished. The applicant should note all major activities which will represent necessary milestones in the attainment of objectives. The plan should describe, where possible, how the applicant will obtain participation and input into the program by State or local health departments, community planning groups, members of the target population, and other appropriate service groups or organizations; and

how collaborative relationships with other agencies and organizations will be established and maintained. Applicants must provide the following as attachments: (a) A list of major community resources and health care providers to which referrals will be made; (b) a plan for ongoing training to ensure that staff are knowledgeable about HIV and STD risks and prevention measures; (c) a plan to assess the performance of staff to ensure that they are providing information and services accurately and effectively; (d) a mechanism to initiate and verify referrals; and (e) protocols to guide and document training, activities, services, and referrals (e.g., applicants seeking funds for Street and Community Outreach Interventions must provide a description of the policies and procedures that will be followed to assure the safety of outreach staff).

5. *Plan of Evaluation (not to exceed 4 pages):* How project activities will be evaluated (i.e., *a plan which will help determine if the methods used to deliver these services are effective and the objectives are being achieved*). The applicant should clearly identify specific methods it will use to measure progress toward attaining objectives and monitoring activities during the first year of the program. The applicant should describe how information will be obtained, including a description of methods which will be implemented to gather and record data, and in what manner it will be summarized. The following are recommendations for the evaluation plan, the minimum data that should be collected, and the systems for collecting the data. Activities undertaken under the evaluation plan should be capable of the following:

a. Providing a detailed description of:

(1) Each program activity and the documented need for that activity; and

(2) Progress toward achieving each stated objective in the cooperative agreement,

b. Providing detailed information for:

(1) The specific service or intervention that was provided and how it differed from the planned services;

(2) The description and the number of persons who received the service, including demographics such as age, race and ethnicity, gender, and if appropriate and available, sexual orientation and risk exposure, and how the persons actually served differed from those the program intended to serve;

(3) When and how often the service or intervention was provided and how this differed from program plans; and,

(4) Where the service or intervention was provided (e.g., CTRPN site, STD clinic, street corner, housing project) and a comparison of these data to the expected locations of service delivery.

c. Documenting and describing program successes, unmet needs, barriers and problems encountered in planning, implementing, or providing services, or in coordinating services with other organizations and agencies serving target populations.

d. Documenting and describing the success of referral systems, including the numbers of persons referred and the number actually receiving services by site, and how well the system functions in identifying sources of services and in assisting persons in obtaining and receiving them.

e. Documenting and describing problems that affect planning or implementing program activities (e.g., recruiting, hiring, or retaining staff; training or ensuring quality staff performance; establishing or maintaining contracts with other CBOs or ensuring the quality of their performance), and

f. Describing client satisfaction with HIV prevention services. Client satisfaction should be assessed periodically via quantitative or qualitative methods (e.g., periodic focus groups with current or former clients).

Because of the additional cost and need for scientific support beyond the scope of these cooperative agreements, applicants should not conduct outcome evaluations with these funds (i.e., long-term effects of the program in terms of changes in behavior or health status, such as changes in HIV incidence after the intervention). CDC will continue to support special projects to evaluate the behavioral and other outcomes of interventions commonly used by CBOs and other organizations, and disseminate information and lessons learned from this research to CBOs, health departments, community planning groups, and other organizations and agencies involved in HIV prevention programs.

6. *Applicant Coordination of Efforts (not to exceed 4 pages):*

In this section, applicants should document and describe how proposed HE/RR priority intervention(s) and activities will be coordinated with other organizations and agencies involved in HIV prevention and education programs, especially those serving the target population in the local area. Such organizations must include State and local health departments and community planning groups, and should include, as appropriate the following:

a. Community groups and organizations, including churches and religious groups;

b. HIV/AIDS service organizations;

c. Ryan White CARE planning bodies;

d. Schools, boards of education, and other State or local education agencies;

e. State and local substance abuse agencies and drug treatment or detoxification programs;

f. Federally funded community projects, such as those funded by Center for Substance Abuse Treatment (CSAT), Center for Substance Abuse Prevention (CSAP), Health Resource Services Administration (HRSA), Office of Minority Health (OMH), and other Federal agencies;

g. Providers of services to youth in high risk situations (e.g., youth in shelters);

h. State or local departments of mental health;

i. Juvenile and adult criminal justice, correctional or parole systems and programs;

j. Family planning and women's health agencies; and

k. STD and TB clinics and programs.

Applicants should submit and include as attachments memoranda of understanding or agreement as evidence of these established or agreed-upon collaborative relationships. Evidence of continuing collaboration must be submitted each year to ensure that the collaborative relationships are still in place.

7. *Personnel:* The applicant should describe in detail each existing or proposed position for this program by job title, function, general duties, and activities. This should include the level of effort and allocation of time for each project activity by staff positions. If the identity of any key personnel who will fill a position is known, her/his name and curriculum vitae (not to exceed one page each) should be attached. Experience and training related to the proposed project should be noted.

8. *Budget Breakdown and Justification:* The applicant should provide a detailed budget for each HE/RR intervention (i.e., individual level, group level, community level, or street and community outreach) to be undertaken, with accompanying justification of all operating expenses that is consistent with the stated objectives and planned priority activities. CDC may not approve or fund all proposed activities. Applicants should be precise about the program purpose of each budget item, and should itemize calculations wherever appropriate.

For the personnel section, the job title, annual salary/rate of pay, and

percentage of time spent on this program should be indicated.

For contracts contained within the application budget, applicants should name the contractor, if known; describe the services to be performed; justify the use of a third party; and provide a breakdown of and justification for the estimated costs of the contracts; the kinds of organizations or parties to be selected; the period of performance; and the method of selection.

Attachments

The applicant must also provide the following as attachments:

A. Proof of its nonprofit status, as set forth under the Eligible Applicants section. No awards will be made without acceptable proof of nonprofit status;

B. A list of the members of its governing body and, for minority CBO applicants, their racial/ethnic backgrounds;

C. An organizational chart of existing and proposed staff, including volunteer staff (minority CBOs should include racial/ethnic backgrounds);

D. A description of any funding being received from CDC or other sources to conduct similar activities which includes:

1. A summary of funds and income received to conduct HIV/AIDS programs and other programs targeting the population proposed in the program plan. This summary must include the name of the sponsoring organization/source of income, level of funding, a description of how the funds have been used, and the budget period. In addition, identify proposed personnel devoted to this project who are supported by other funding sources and the activities they are supporting;

2. A summary of the objectives and activities of the funded program(s);

3. A description of how funds requested in this application will be used differently or in ways that will expand upon the funds already received, applied for, or being received; and

4. An assurance that the funds being requested will not duplicate or supplant funds received from any other Federal or non-Federal source.

E. Evidence of collaboration between the health department and other organizations serving the target population.

F. Independent audit statements from a certified public accountant for the previous 2 years.

G. Other information that may be required of organizations seeking support for priority HE/RR intervention(s).

H. Typing and Mailing

Applicants are required to submit an original and 2 copies of the application. Pages must be clearly numbered, and a complete index to the application and its appendices must be included. Please begin each separate section of the application on a new page. The original and each copy of the application set must be submitted unstapled and unbound. All material must be typewritten, single spaced, with unreduced type on 8½″ by 11″ paper, with at least 1″ margins, headings and footers, and printed on one side only. Materials which should be part of the basic plan will not be accepted if placed in the appendices.

Review and Evaluation Criteria

Eligible applications will be evaluated by a two-step process. Step 1 is a review of the merits of the application against the criteria listed in A.1. below. If an exceptionally large number of applications are received, CDC may conduct a two-phased review in which all applications receive a preliminary review ((A.1.–A.3. below) and the applications with high ratings receive the second phase of the review (A.1.–A.7.). Step 2 is a predecisional site visit.

CDC-convened Special Emphasis Panels will evaluate each application by the following criteria:

A. Application

Each application will be evaluated based on the following criteria:

1. Extent of experience in providing HIV prevention services to the target population; (15 points)

2. Extent of need for the program as evidenced by the comprehensive HIV prevention plan and other needs assessment information provided by the applicant; (15 points)

3. Extent that the applicant in the program plan identifies and describes how proposed HE/RR interventions address prevention gaps related to their proposed priority population(s); (10 points)

4. Degree to which the proposed objectives are specific, measurable, time-phased, related to the proposed activities, related to prevention priorities outlined in the jurisdiction's comprehensive HIV prevention plan and national HIV prevention goals, and consistent with the applicant organization's overall mission; (20 points)

5. The quality of the applicant's plan for conducting program activities, and the potential effectiveness of the proposed activities in meeting objectives; (20 points)

6. Degree of collaboration and coordination with other organizations serving the same priority population(s). This includes *signed* work plans, agreements, or other evidence of collaboration that describe previous, current, as well as future areas of collaboration; and (10 points)

7. The potential of the evaluation plan to measure the accomplishment of program objectives. (10 points)

B. Predecisional Site Visits

Before final award decisions are made, CDC may make site visits to CBOs whose applications are highly ranked. The purpose of these site visits will be to assess the organizational and financial capability of the applicant to implement the proposed program.

A fiscal Recipient Capability Audit may be required of some applicants prior to the award of funds.

Funding Priorities

In making awards, priority will be given to (1) Ensuring a geographic balance of funded CBOs (the number of funded CBOs may be limited in each eligible area based on the number of reported AIDS cases, e.g., no more than one funded CBO for each 1,000 reported AIDS cases in minority populations in 1993, 1994, and 1995), (2) providing support to racial and ethnic minority CBOs and CBOs serving other high risk populations with proven records of effectively reaching their target populations, and (3) supporting activities that address the HIV prevention priorities identified in the health department's comprehensive HIV prevention plan (if available).

Executive Order 12372 Review

Applications are subject to review as governed by Executive Order (E.O.) 12372, Intergovernmental Review of Federal Programs. 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 contact (SPOC) as early as possible to alert them to the prospective applications and receive instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC for each 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 forward them to Van Malone, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East

Paces Ferry Road, NE., Room 300, Mail Stop E–15, Atlanta, GA 30305, no later than 60 days after the application deadline date 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; and

3. A description of the coordination plans with the appropriate State and/or local health agencies.

Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance Number is 93.939, HIV Prevention Activities—Non-Governmental Organization Based.

Other Requirements

A. HIV Program Review Panel

Recipients must comply with the terms and conditions included in the document titled *Content of HIV/AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions in Centers for Disease Control and Prevention (CDC) Assistance Programs (June 1992),* a copy of which is included in the application kit. In complying with the program review panel requirements contained in this document, recipients are encouraged to use a current 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 also be an employee or a designated representative of a State or local health department. The names of review panel members must be listed on the Assurance of Compliance Form, CDC 0.1113.

B. Accounting System

The services of a certified public accountant licensed by the State Board of Accountancy or equivalent must be retained throughout the budget period as a part of the recipient's staff or as a consultant to the recipient's accounting personnel. These services may include the design, implementation, and maintenance of an accounting system that will record receipts and expenditures of Federal funds in accordance with accounting principles, Federal regulations, and terms of the cooperative agreement.

C. Audits

Funds claimed for reimbursement under this cooperative agreement must be audited annually by an independent certified public accountant (separate and independent of the consultant referenced above or recipient's staff certified public accountant). This audit must be performed within 60 days after the end of the budget period, or at the close of an organization's fiscal year. The audit must be performed in accordance with generally accepted auditing standards (established by the American Institute of Certified Public Accountants (AICPA)), governmental auditing standards (established by the General Accounting Office (GAO)), and Office of Management and Budget (OMB) Circular A–133.

D. 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 (in accordance with the appropriate guidelines and form provided in the application kit) to demonstrate that the project will be subject to initial and continuing review by an appropriate institutional review committee.

E. Paperwork Reduction Act

OMB clearance for the data collection initiated under this cooperative agreement is pending approval by the Office of Management and Budget.

Application Submission and Deadline

The original and two copies of the application (PHS Form 5161–1, OMB Number 0937–0189) must be submitted to Mr. 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, Mail Stop E–15, Atlanta, GA 30305, on or before October 15, 1996. Faxed copies will NOT be accepted. In addition, CDC strongly recommends that all applicants, simultaneously submit a copy of the application to their State HIV/AIDS Directors.

Deadline: Applications will meet 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 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 will not be acceptable proof of timely mailing.)

Applications that do not meet these criteria will be considered late and will not be considered in the current funding cycle. Late applications will be returned to the applicant.

Where to Obtain Additional Information

To receive the application kit, call (404) 332–4561. You will be asked to leave your name, address, and telephone number; and you must refer to Announcement Number 704. You will then receive program announcement 704, required application forms and attachments, a current list of SPOCs, a summary of HIV related objectives, a list of the State health department points of contact, and the HE/RR guidelines. 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 the documents, business management technical assistance may be obtained from Maggie Slay, 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, Mail Stop E–15, Atlanta, GA 30305, telephone (404) 842–6797, or INTERNET address, mcs9@ops.pgo1.em.cdc.gov.

Announcement Number 704, ''Cooperative Agreements for Minority Community-Based Human Immunodeficiency Virus (HIV) Prevention Projects'' must be referenced in all requests for information pertaining to these projects.

Programmatic technical assistance may be obtained by calling Norm Fikes

in the Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention (CDC), Mail Stop E–58, Atlanta, GA 30333, telephone (404) 639–8317. (Technical assistance may also be obtained from your respective State/local health departments.)

Preapplication Workshops will be held in October and November 1996. Prospective applicants are encouraged to attend a workshop in their area. The purpose of these workshops is to assist prospective applicants in understanding CDC application requirements and program priorities. During the workshops, information will be presented on this application guidance, programmatic priorities, HIV prevention community planning, CDC business management requirements, and how to access additional preapplication resources relevant to application development. For additional information concerning workshops in your area, please contact your State or local health department or a project officer in the Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention (CDC), Mail Stop E–58, Atlanta, GA 30333, telephone (404) 639–8317.

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.

Dated: August 12, 1996.

Joseph R. Carter,

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

[FR Doc. 96–20897 Filed 8–15–96; 8:45 am]

BILLING CODE 4163–18–P

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Evaluation of Family Support Programs.

OMB No.: New Request.

Description: This study, conducted under a contract to Abt Associates, Inc., responds to the requirement of Subpart 2, Section 435 of OBRA 1993, which directs the Secretary of Health and Human Services to evaluate the effectiveness of family support programs. The information collected will provide descriptive information about family support programs, including detailed information about program operations and variation among programs, and will address the question of the effectiveness of such programs in achieving their goals. The data collected will complement a previous review of existing evaluations of family support programs, and will provide prospective information on eight programs, including information about the operation of such programs and outcomes for families and children who participate. Information will be collected beginning in Fall, 1996, through interviews with parents, children, and teachers of children who are participants in family support programs. Domains of interest include adult and child strengths, home environment, child development, children's school success, development of children's social responsibility, family resources, family social support networks, adoption of healthy lifestyles, community environment, community resources, and community networks.

Respondents: Individuals or households, not-for-profit institutions.

ANNUAL BURDEN ESTIMATE

Instrument	Number of respondents	Number of responses per respondent	Average burden per response	Total burden hours
Family Interview	1,085	3.1	1.0	3,340
Child Interview	845	3.4	25	715
Student Interview	245	2	.25	125
Teacher Questionaire	825	2.8	.17	395

Estimated Total Annual Burden Hours: 4,575.

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

Dated: August 12, 1996.

Bob Sargis,

Acting Reports Clearance Officer.

[FR Doc. 96–20910 Filed 8–15–96; 8:45 am]

BILLING CODE 4184–01–M

New and Pending Demonstration Project Proposals Submitted Pursuant to Section 1115(a) of the Social Security Act: July 1996

AGENCY: Administration for Children and Families, HHS.

ACTION: Notice.

SUMMARY: This notice lists new proposals for welfare reform and combined welfare reform/Medicaid demonstration projects submitted to the Department of Health and Human Services for the month of July, 1996. It includes both those proposals being considered under the standard waiver process and those being considered under the 30 day process. Federal approval for the proposals has been requested pursuant to section 1115 of the Social Security Act. This notice also lists proposals that were previously submitted and are still pending a decision and projects that have been approved since July 1, 1995. The Health Care Financing Administration is publishing a separate notice for Medicaid only demonstration projects.

Comments: We will accept written comments on these proposals. We will, if feasible, acknowledge receipt of all comments, but we will not provide written responses to comments. We will, however, neither approve nor disapprove new proposals under the standard application process for at least 30 days after the date of this notice to allow time to receive and consider comments. Direct comments as indicated below.

ADDRESSES: For specific information or questions on the content of a project contact the State contact listed for that project.