and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. Once the application has been accepted for processing, it will also be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act, including whether the acquisition of the nonbanking company can ''reasonably be expected to produce benefits to the public, such as greater convenience, increased competition, or gains in efficiency, that outweigh possible adverse effects, such as undue concentration of resources, decreased or unfair competition, conflicts of interests, or unsound banking practices'' (12 U.S.C. 1843). Any request for a hearing must be accompanied by a statement of the reasons a written presentation would not suffice in lieu of a hearing, identifying specifically any questions of fact that are in dispute, summarizing the evidence that would be presented at a hearing, and indicating how the party commenting would be aggrieved by approval of the proposal. Unless otherwise noted, nonbanking activities will be conducted throughout the United States.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than October 28, 1996.

A. Federal Reserve Bank of Kansas City (John E. Yorke, Senior Vice President) 925 Grand Avenue, Kansas City, Missouri 64198:

1. ADbanc, Inc., Ogallala, Nebraska; to acquire 53.93 percent of the voting shares of The First State Bank, Lodgepole, Nebraska.

Board of Governors of the Federal Reserve System, September 27, 1996.

Jennifer J. Johnson

Deputy Secretary of the Board

[FR Doc. 96–25308 Filed 10-2-96; 8:45 am]

BILLING CODE 6210-01-F

Notice of Proposals to Engage in Permissible Nonbanking Activities or to Acquire Companies That are Engaged in Permissible Nonbanking Activities

The companies listed in this notice have given notice under section 4 of the Bank Holding Company Act (12 U.S.C. 1843) (BHC Act) and Regulation Y, (12 CFR Part 225) to engage *de novo*, or to acquire or control voting securities or assets of a company that engages either directly or through a subsidiary or other company, in a nonbanking activity that is listed in § 225.25 of Regulation Y (12 CFR 225.25) or that the Board has determined by Order to be closely related to banking and permissible for bank holding companies. Unless otherwise noted, these activities will be conducted throughout the United States.

Each notice is available for inspection at the Federal Reserve Bank indicated. Once the notice has been accepted for processing, it will also be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the question whether the proposal complies with the standards of section 4 of the BHC Act, including whether consummation of the proposal can ''reasonably be expected to produce benefits to the public, such as greater convenience, increased competition, or gains in efficiency, that outweigh possible adverse effects, such as undue concentration of resources, decreased or unfair competition, conflicts of interests, or unsound banking practices'' (12 U.S.C. 1843). Any request for a hearing on this question must be accompanied by a statement of the reasons a written presentation would not suffice in lieu of a hearing, identifying specifically any questions of fact that are in dispute, summarizing the evidence that would be presented at a hearing, and indicating how the party commenting would be aggrieved by approval of the proposal.

Unless otherwise noted, comments regarding the applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than October 17, 1996.

A. Federal Reserve Bank of Philadelphia (Michael E. Collins, Senior Vice President) 100 North 6th Street, Philadelphia, Pennsylvania 19105:

1. Prime Newco, Inc., Philadelphia, Pennsylvania; (to be renamed Prime Bancorp, Inc.) to acquire Prime Bank, Philadelphia, Pennsylvania, and thereby indirectly acquire Prime Abstract, Inc., Philadelphia, Pennsylvania, and thereby engage in operating a savings bank, pursuant to § 225.25(b)(9) of the Board's Regulation Y; in community development activities, pursuant to § 225.25(b)(6) of the Board's Regulation Y; and in real estate title abstracting, pursuant to Federal Reserve Board Order, *The First National Company, 81 Fed. Res. Bull. 805 (1995).*

B. Federal Reserve Bank of Atlanta (Zane R. Kelley, Vice President) 104 Marietta Street, N.W., Atlanta, Georgia 30303:

1. Pioneer Bankcorp, Inc., Clewiston, Florida; to engage *de novo* through its subsidiary, Development Investments, Inc., Clewiston, Florida, in community development activities designed primarily to promote community welfare, pursuant to § 225.25(b)(6) of the Board's Regulation Y. The activity will be conducted throughout the State of Florida.

C. Federal Reserve Bank of Chicago (James A. Bluemle, Vice President) 230 South LaSalle Street, Chicago, Illinois 60690:

1. Anita Bancorporation, Newton, Iowa; to acquire 50 percent of the voting shares of Rolling Hills Insurance Agency, L.C., Atlantic, Iowa, and thereby engage in insurance agency activities, pursuant to § 225.25(b)(8) of the Board's Regulation Y. The remaining 50 percent of the voting shares are owned by McCauley Insurance Agency, Atlantic, Iowa.

Board of Governors of the Federal Reserve System, September 27, 1996.

Jennifer J. Johnson

Deputy Secretary of the Board

[FR Doc. 96–25309 Filed 10-02-96; 8:45 am]

BILLING CODE 6210-01-F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Announcement No. 704]

Community-Based Human Immunodeficiency Virus (HIV) Prevention Projects

Introduction

The Centers for Disease Control and Prevention (CDC) announces the expected 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.

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.'')

Preapplication Workshops

The following preapplication technical assistance workshops will be held to assist all prospective applicants in understanding CDC application requirements and program priorities:

10/11 Washington, DC
National Skills Building Conference, Washington Hilton Towers, 1919 Connecticut Ave. NW
10/15 San Juan, PR
Sands Hotel—Isla Verde, San Juan
10/15 Detroit, MI
Dept. of Health, Herman Kiefer Health Center, 1151 Taylor St., 7th Floor Chapel
10/16 Dallas, TX
Holiday Inn, 3005 W. Airport Freeway, (Bedford, TX)
10/16 Philadelphia, PA
Doubletree Hotel, Broad Street at corner of Locust Street
10/16 St. Louis, MO
St. Louis City Health Dept., 634 N. Grand Ave., Conference Rm 100
10/16 Orlando, FL
Radisson Hotel, 60 S. Ivanhoe Blvd.
10/17 Ft. Lauderdale, FL
Broward County Public Library, 1350 E. Sunrise Blvd., Suite 100
10/18 Kansas City, MO
Bartle Hall Convention Center, 301 West 13th St.
10/18 Austin, TX
Red Lion Inn, 6121 North I–35 Hwy 290
10/21 Memphis, TN
State Tech Inst.–Farris Auditorium, 5983 Macon Cove
10/21 Seattle, WA
Wyndham Garden Hotel Sea/Tac, 18118 Pacific Highway South
10/21 Cleveland, OH
Cleveland Convocation Center, 2000 Prospect Avenue
10/22 Minneapolis, MN
Minnesota American Indian Women's Resource Center, 2300–15th Ave S.
10/23 Denver, CO
Cherry Creek Inn, 600 S. Colorado Blvd
10/24 Atlanta, GA
Holiday Inn, 130 Clairmont Ave., (Decatur, GA)
10/24 Richmond, VA
Sheraton Airport, 4700 S. Laburnum Ave.
10/24 Chicago, IL
Chicago Public Library, Harold Washington Center, 400 South State St.
10/25 Washington, DC
American Society of Association Executives, 1575 I Street NW
10/25 Phoenix, AZ
State Health Dept., 1740 West Adams St., 4th floor Conf. Room A/B,
10/28 Rock Hill, SC
Baxter Hood Center, 452 S. Anderson Rd.
10/28 Boston, MA
Dept. of Public Health, 250 Washington Street
10/29 New York, NY
New York Hilton Conference Center, 1335 Avenue of the Americas, 53rd to 54th St.
10/29 Orange Co, CA
Red Lion Inn, 3050 Bristol St. (Costa Mesa, CA)
10/30 New Orleans, LA
Radisson Inn New Orleans Airport, 2150 Veterans Blvd. (Kenner, LA)
10/30 North Haven, CT
Holiday Inn North Haven, 201 Washington Ave.
10/31 Oakland, CA
Oakland Marriott, 1001 Broadway St.,
11/01 Somerset, NJ
Woodbridge Hilton, 120 Wood Ave. South, (Iselin, New Jersey)

All workshops are scheduled from 9:00 a.m.–4:00 p.m. and are being held in the high HIV prevalence Metropolitan Statistical Areas.

Application kits will be available at the workshops.

Conference calls for States/territories categorized as low HIV prevalence geographic areas will be scheduled as follows:

10/29, 12–3 p.m. EDST (WY, ID, MT, SD, ND, UT, WI, IN, IA, NE, NV)
11/4, 9–12 p.m. EDST (ME, NH, VI, WV)
11/6, 11–2 p.m. EDST (MS, AL, KY, OK, AR, NM, KS)
11/8, 4–7 p.m. EDST
(Marshall Islands, Micronesia, HI, AK, Palau, Samoa, Guam, Mariana Islands)

The telephone number for all conference calls is: 404–639–4100 and the pass code (when asked by the automated voice) is 267012.

For additional information about the conference calls or workshops, call your State or City Health Department Contact.

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.

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.

Prospective applicants are encouraged to attend a workshop in their area.

Authority

This program is authorized under the Public Health Service Act, Sections 301(a) (42 U.S.C. 241(a)), and 317(k)(2) (42 U.S.C. 247b(k)(2)).

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 authorized under section 501(c)(4) of the Internal Revenue Code of 1986 are not eligible to receive Federal grant/cooperative agreement funds.

CBOs may apply as either: (1) minority CBOs intending to serve predominantly racial or ethnic minority populations at high risk of acquiring or transmitting HIV infection, or (2) CBOs serving high-risk populations without regard to their racial or ethnic identity. Each organization may submit only one application. The applicant must clearly indicate whether it is applying as a minority or other CBO. 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 (including management, administrative and service provision) who reflect the racial and ethnic demographics and other characteristics of the population to be served, and (3) an established record of service to a racial or ethnic minority community or communities. In addition, if the minority 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 high-risk populations, without regard to their racial or ethnic identity, must meet the criteria listed above, except for the proof of minority status.

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 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. 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) (including Prince Georges County).
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 $15,400,000 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, $11,500,000 will be 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 $3,900,000 will be dedicated to supporting CBOs serving high-risk

populations without regard to their racial or ethnic identity, in high prevalence MSAs.

B. Lower Prevalence Geographic Areas

The remaining $1,600,000 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 $1,600,000 available, up to $1,200,000 will support minority CBOs and at least $400,000 will support CBOs serving high-risk populations without regard to their racial or ethnic identity.

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.

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.

Purpose

This program will provide assistance to CBOs to: (1) Develop and implement effective community-based HIV prevention programs that reflect national program goals and are consistent with the HIV prevention priorities outlined in their State or local health department's comprehensive HIV prevention plan developed through HIV Prevention Community Planning (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.

In order to maximize the effective use of CDC funds, each applicant must conduct at least one of the priority Health Education and Risk Reduction (HERR) 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), each applicant must indicate which one of the four interventions is its primary focus. Because of the resources, special expertise, and organizational capacities needed for success, applicants are discouraged from undertaking more than two of the priority interventions listed below.

HERR 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 HERR 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 HERR 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 and early medical intervention programs. Coordination with HIV counseling and testing clinics, STD clinics, TB testing sites, substance abuse treatment programs, family planning services, 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 promote community support of prevention efforts by working with 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 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 HERR services or referrals. The fundamental principle of these outreach activities is that the outreach worker establishes face-to-face contact with the client in his or her own environment to provide HIV/AIDS risk reduction information, services, and referrals.

Program Requirements

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. In a cooperative agreement, CDC and the recipient of Federal funds share roles and responsibilities. In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities under A. below; CDC will be responsible for activities under B. below.

A. Recipient Activities

1. Conduct a health education and risk reduction intervention(s) for individuals, groups or communities at high risk of becoming infected or transmitting HIV to others. The following four HERR interventions will be funded in FY 1997: Individual Level, Group Level, Community Level, and Street and Community Outreach. Each recipient must conduct at least one of these priority HERR interventions.

2. As needed, refer high-risk clients, both HIV negative and HIV positive, and assist them in gaining access to HIV antibody counseling and testing; HIV medical care or early medical intervention; STD screening, testing, and treatment; psychosocial support; mental health services; substance abuse treatment; TB prevention and treatment; reproductive health; and other supportive services.

3. Coordinate and collaborate with health departments, community planning groups, and other organizations and agencies involved in HIV prevention activities, especially those serving the target populations in the local area. This includes participation in the HIV Prevention Community Planning Process. Participation may include involvement in workshops; attending meetings; if nominated and selected, membership on the group; reporting on program activities; or commenting on plans.

4. Evaluate all major program activities and services supported with CDC HIV prevention funds.

Further guidance on these recipient activities is available in the application kit.

B. CDC Activities

1. Provide consultation and technical assistance in planning, operating, and evaluating prevention activities. CDC will provide consultation and technical assistance both directly and indirectly through prevention partners such as health departments, national and regional minority organizations (NRMOs), contractors, and other national organizations.

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, community planning groups, and other federally-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.

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

1. Extent of experience in providing HIV prevention services to the target population; (20 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; (10 points).
3. How well the program plan identifies and describes how proposed HERR 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; (15 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; (15 points) and
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, review the application and program plans for priority HERR interventions, assess compliance with the jurisdiction's HIV prevention priorities as outlined in the comprehensive plan, and determine any special programmatic conditions and technical assistance requirements of the applicant.

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 high risk populations without regard to their racial or ethnic identity, with proven records of effectively reaching their target populations, and (3) supporting activities that address the HIV prevention priorities identified in the jurisdiction's comprehensive HIV prevention plan (if available). Consideration will also be given to ensuring a national balance of funded CBOs in terms of targeted populations and behaviors.

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.

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 93.939, 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

Data collection initiated under this cooperative agreement has been approved by the Office of Management and Budget under number 0920–0249, ''HIV Prevention Programs in Minority and Other Community-Based Organizations Project Reports,'' Expiration date 8/31/99.

F. 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, that 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 who 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.

Some projects may require an Institutional Review Board (IRB) approval or a certificate of confidentiality.

Application Submission and Deadline

On or before January 6, 1997, submit the original and two copies of the application (PHS Form 5161–1, OMB Number 0937–0189) 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. 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 of 4:30 p.m. (EDST), January 6, 1997, 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 departments contact, and the HERR 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 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 Tim Quinn or Sam Taveras 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.)

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: September 27, 1996.

Joseph R. Carter,

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

[FR Doc. 96–25313 Filed 10–2–96; 8:45 am]

BILLING CODE 4163–18–P

National Institute for Occupational Safety and Health; Draft Document ''Engineering Control Guidelines for Hot Mix Asphalt Pavers''

AGENCY: National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control