U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks will not be acceptable as proof of timely mailing.

2. Late Applications:

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

Where To Obtain Additional Information

To receive additional written information call (404) 332–4561. You will be asked your name, address, and phone number and will need to refer to Announcement 745. A complete program description and information on application procedures are contained in the application package. Business management technical assistance, and an application package may be obtained from Joanne Wojcik, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 321, Mailstop E–13, Atlanta, Georgia 30305, telephone (404) 842–6535; Internet: jcw6@cdc.gov.

FAS surveillance technical assistance may be obtained from Karen Hymbaugh at telephone (770) 488–7370, Internet: kxh5@cdc.gov, or programmatic assistance from Gregg Leeman, at telephone (770) 488–7370, Internet: gcl1@cdc.gov, Division of Birth Defects and Developmental Disabilities, National Center for Environmental Health, Centers for Disease Control and Prevention (CDC), 4770 Buford Highway, NE., Mailstop F–15, Atlanta, Georgia 30341–3724.

This and other CDC announcements are available through the CDC homepage on the Internet. The address for the CDC homepage is [http://www.cdc.gov].

CDC will not send application kits by facsimile or express mail. Please refer to Announcement Number 745 when requesting information and submitting an application.

Potential applicants may obtain a copy of ''Healthy People 2000'' (Full report; Stock No. 017–001–00474–0) or ''Healthy People 2000'' (Summary Report; Stock No. 017–001–00473–1) referenced in the ''INTRODUCTION'' through the Superintendent of Documents, Government Printing Office, Washington, DC 20402–9325, telephone (202) 512–1800.

Dated: May 16, 1997.

Joseph R. Carter

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

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BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Announcement 752]

Health Services Research on Sexually Transmitted Diseases Prevention Within Managed Care Settings

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1997 funds for applied health services research projects on sexually transmitted diseases (STDs) prevention within managed care settings.

CDC is committed to achieving the health promotion and disease prevention objectives of ''Healthy People 2000,'' a national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority area of Sexually Transmitted Diseases (STDs). (To order a copy of ''Healthy People 2000,'' see the Section ''WHERE TO OBTAIN ADDITIONAL INFORMATION.'')

Authority

This program is authorized under Section 318 of the Public Health Service Act (42 U.S.C. 247C), as amended.

Smoke-Free Workplace

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

Eligible Applicants

Applications may be submitted by public and private, nonprofit and for-profit organizations and governments and their agencies. Thus, universities, colleges, research institutions, hospitals, other public and private organizations, State and local health departments or their bona fide agents or instrumentalities, federally recognized Indian tribal governments, Indian tribes or Indian tribal organizations, small, minority, or women-owned businesses, managed care organizations and clinical public health entities such as: sexually transmitted disease (STD) clinics and family planning clinics are eligible to apply.

Applications from health departments, Indian tribal governments, academic institutions, and contractors will be required to demonstrate partnership with a managed care organization, and applications from managed care organizations will be required to demonstrate partnership with a State or local health department. All eligible applicants must have research capacity involving previous experience with health services research, and access to relevant clinic populations such as adolescents, women, minorities, and Medicaid populations.

Availability of Funds

Approximately $650,000 is available in FY 1997 to fund up to a total of five awards in four research areas. It is expected that the average award will be $200,000, ranging from $100,000 to $300,000. Specifically, organizations may submit applications in EACH or ANY of the following four research areas:

1. STD-Managed Care Prevention Services Survey. (1 year funding)
2. Quality of Service Studies. (2–3 years funding)
3. Notifiable Disease Reporting and Information Systems Studies. (2–3 years funding)
4. Population-Level STD Prevention Studies. (2–3 years funding)

It is expected that awards will begin on or about September 15, 1997, and will be made for a 12-month budget period within a one to three year project period. Funding estimates may vary and are subject to change. Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.

Use of Funds

Funds are awarded for a specifically defined purpose and may not be used for any other purpose or program. Funds may be used to support personnel and to purchase equipment, supplies, and services directly related to project activities. Funds may not be used to supplant State or local health department funds or for inpatient care, medications, or construction.

Restricitons on Lobbying

Applicants should be aware of restrictions on the use of HHS funds for

lobbying of federal or state legislative bodies. Under the provisions of 31 U.S.C. Section 1352 (which has been in effect since December 23, 1989), recipients (and their subtier contractors) are prohibited from using appropriated federal funds (other than profits from a federal contract) for lobbying Congress or any federal agency in connection with the award of a particular contract, grant, cooperative agreement, or loan. This includes grants/cooperative agreements that, in whole or in part, involve conferences for which federal funds cannot be used directly or indirectly to encourage participants to lobby or to instruct participants on how to lobby.

In addition, the FY 1997 HHS Appropriations Act, which became effective October 1, 1996, expressly prohibits the use of 1997 appropriated funds for indirect or ''grass roots'' lobbying efforts that are designed to support or defeat legislation pending before state legislatures. This new law, Section 503 of Pub. L. No. 104–208, provides as follows:

Sec. 503(a) No part of any appropriation contained in this Act shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress, * * * except in presentation to the Congress or any State legislative body itself.

(b) No part of any appropriation contained in this Act shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislaiton or appropriations pending before the Congress or any State legislature. Department of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 1997, as enacted by the Omnibus Consolidated Appropriations Act, 1997, Division A, Title I, Section 101(e), Pub. L. No. 104–208 (September 30, 1996).

Background

The recent Institute of Medicine (IOM) report ''The Hidden Epidemic: Confronting Sexually Transmitted Diseases'' (NAP 96) concluded that STDs represent a tremendous health and economic burden in the United States (U.S.). That committee recommended that comprehensive high quality STD-related health services be available to all persons.

Managed care represents a revolution in the way health care is funded, organized, and delivered in the U.S. This has and will continue to have impact on the way in which STD prevention is conducted in both the private and public sectors. In the public sector, many health departments are in some stage of transition from directly delivering clinical services in categorical clinics to utilizing other delivery models that involve managed care. Thus, in the private sector, managed care providers play a key role in the way STDs are diagnosed and managed for increasing numbers of Americans. With more diagnostic and treatment services for STDs moving into the private sector, new partnerships are needed between Managed Care health plans and public health agencies to design and implement essential STD-related services in innovative ways.

Purpose

The purpose of this applied health services research program is to develop a knowledge base through published research in scientific literature which will improve delivery of STD prevention services within managed care settings. Such a knowledge base includes a variety of activities covering the range of STD interventions, such as risk assessment, screening asymptomatically infected persons, early diagnosis of infected persons, treatment, partner notification and management, notification of reportable diseases, counseling, and laboratory services.

This program also seeks to improve the availability, accessibility, delivery, quality, effectiveness, cost-effectiveness, and outcomes of STD prevention services in managed care health plans. The objectives include provision of data for policy development, assessment, and capacity building at the State and local level with respect to managed care and the health department's ability to develop appropriate STD prevention policies and to conduct STD surveillance in a changing environment.

It is anticipated that an additional benefit will be to establish new partnerships and relationships between managed care health plans and public health agencies that will collaboratively address the challenges of improving the delivery of STD treatment and prevention services.

Program Requirements

Work performed under this agreement will be the result of collaborative efforts. Recipients will be responsible for research methods and design, analysis, use of data and dissemination via peer publications or other related material. CDC will coordinate these collaborative efforts and expects to work closely with each award recipient.

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

A. Recipient Activities

In conducting activities to achieve the purpose of this program, the recipient will:

1. STD-Managed Care Prevention Services Survey:

Develop a nationally representative health services survey examining the extent and characteristics of STD care that occur within managed care health plans. The survey is expected to address the following questions:

a. How alternative managed care systems affect access and utilization, quality, cost and outcomes of STD-related treatment and prevention services. This would address issues related to laboratory, screening, counseling, treatment, health promotion, STD case management, partner management. This would also address the extent to which diagnosis and treatment of STDs is syndromic (i.e., presumptive STD diagnosis and empirical treatment based on symptoms and physical examination alone).

b. How STD care and delivery of prevention services vary with organization, structure, and financing of health plans, specifically with respect to type of services offered, access, and quality (including patient satisfaction). For example:

(1) Address the characteristics (including demographic characteristics such as age, race/ethnicity, income, occupation, socioeconomic status, type of insurance) of those enrolled. Also address the characteristics of those actually receiving care (e.g., what is the coverage?), and discuss how plans target adolescents, women, high-risk patients, and underserved population groups of interest.

(2) Address the organizational linkages to essential components of STD services not provided by a health plan (e.g., partner notification, counseling). Also address whether or not referral is occurring, and how is it handled (e.g., what is the nature of the referral arrangements?)

2. Quality of Service Studies:

Conduct studies to improve the quality of STD prevention services to promote early detection, effective

treatment, and follow up of STDs within managed care health plans. Projects should consider how the information could be used by consumers and purchasers to improve decision making. One or both of the following items must be addressed:

a. Develop and test STD-related performance measures and other quality measurement tools to improve quality assurance monitoring in health plans and other clinical venues. Recipients will address the issue of data and use of information systems that support the assessment, analysis and evaluation aspects of performance monitoring.

b. Conduct demonstration projects that will improve access to high-quality STD-related services. These may focus on interventions for providers or for patients, and may address issues of access, screening, diagnosis, treatment, counseling and education, or partner management. Recipients should pay special attention to the effectiveness and outcomes of the interventions studied.

3. Notifiable Disease Reporting and Information Systems Studies:

Conduct studies to develop and evaluate information systems that can meet the internal data requirements of managed care plans while improving the completeness and accuracy of surveillance and disease reporting activities of the plan. Recipients should:

a. Assess the current status of electronic information systems in the health plan and associated health department, document their characteristics, and determine the feasibility for data sharing. Elements to be considered are: disease (morbidity) data, laboratory data, encounter data, pharmacy data, and use of and integration with existing systems such as sexually transmitted diseases management information system (STD*MIS), national electronic transmission surveillance (NETS), health plan and employer data information set (HEDIS), public health laboratory information system (PHLIS), or other equivalent State health department data collection system.

b. Address the issues of confidentiality of data and the use of data for reimbursement of services provided by health departments.

4. Population-Leveled STD Prevention Studies:

Conduct studies that involve the development and testing of interventions based on collaborative partnerships to achieve population-level goals (e.g., to decrease transmission and not just treat symptoms and prevent sequelae). One or both of the following items must be addressed:

a. How managed health care plans can adopt public health preventive measures. An example of this would be to develop and evaluate methods for plans to effectively manage sex partners of members who are diagnosed with an STD to prevent re-infection and reduce further transmission. Another example would be to develop and evaluate methods for provider-based counseling or education.

b. How managed health care plans can target or reconfigure existing services to reduce disease transmission within the community. An example of this would be to develop and evaluate methods for screening health plan members at risk for STDs who do not otherwise present for care. Another example would be to develop cost-effective risk assessment and targeted screening protocols for use in primary care settings to reduce the incidence of pelvic inflammatory disease.

B. CDC Activities

1. Assist recipients to develop, pilot test, and implement protocols and instruments.

2. Provide scientific and technical guidance in the general operations.

3. Provide advice in monitoring and evaluating scientific and operational accomplishments.

4. Assist in data analysis and presentation and reporting of research materials and results.

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

6. Provide technical assistance that may be needed to improve electronic data transmission between reporting organizations and associated health departments.

Technical Reporting Requirements

An original and two copies of a quarterly progress report must be submitted no later than 30 days after the end of each budget quarter. An original and two copies of a financial status report (FSR) is required no later than 90 days after the end of each budget period. A final progress report and FSR are due no later than 90 days after the end of the project period. All reports will be submitted to the Grants Management Branch, CDC.

Application Content

Applicatons must be developed in accordance with PHS Form 5161–1 (OMB Number 0927–0189), information contained in the program announcement, and the instructions and format provided below.

Applicants are required to submit an original and two copies of the application. Number each page clearly and sequentially, and provide a complete index to the application and its appendices. The original and each copy of the application set must be submitted UNSTAPLED and UNBOUND. All material must be typewritten, double 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 application will not be accepted if placed in the appendices.

If an applicant responds to more than one research area, each research area must be addressed separately, including a separate project-specific narrative, budget, and attachments.

The application must include an executive summary not to exceed four pages. The application must also include:

1. Background

a. Describe the STD clinical and preventive health services available in the community and within the managed care health plan.

b. Describe the epidemiology of gonorrhea, chlamydia, and primary and secondary (P&S) syphilis in calendar year 1995 for the proposed project area.

c. Describe those at risk for STDs and their access to health care, the percentage uninsured, unemployed, under the poverty level, and those receiving Temporary Assistance for Needy Families (TANF), formerly Aid to Families with Dependent Children.

d. Describe the managed care system and extent of managed care penetration and competition with the local or regional health care market. Describe the managed care structure, organization and financing, and the percentage of Medicaid population under managed care contracts and of those at risk for STDs under managed care contracts.

e. Include additional background on any health care reform legislation, policies and additional environmental and socio-demographic factors that may be relevant to the study of STD services in managed care. Examples include privatiization of categorical STD clinics, existing or pending Federal Medicaid waivers, and the extent to which existing Medicaid managed care contracts address public health issues, existing contracts, memoranda of understanding, agreements or arrangements between health plans and health departments.

2. Site Selection

Define a project area based on specific information included in the background.

3. Objectives

Provide a focused research agenda with long-term and short-term objectives that is realistic, specific, measurable, time-phased, and consistent with the objectives of the announcement.

4. Methods

Described the methods and activities that will be undertaken to accomplish the objectives, including, where applicable, outcomes to be evaluated (i.e., health services-related outcomes, program-related outcomes, or STD specific health-related outcomes), the use of appropriate comparison groups, the sampling scheme and sample size calculations, qualitative and quantitative methods, and how data will be accessed, collected and used.

5. Evaluation Plan

Applications must provide an evaluation plan to monitor the effectiveness of the project activities and the progress made towards meeting the objectives.

6. Partnerships

Applications from health departments, academic institutions, and contractors will be required to demonstrate partnership with a managed care organization. Applications from managed care organizations will be required to demonstrate partnership with a State or local health department.

Provide evidence of partnership and documentation of the commitment of collaborating organizations, agencies or individual researchers. Include letters summarizing the nature of the collaboration and indicating support. Letters should be signed by the chair of an academic department and the Dean of the institution; the STD program manager and director of communicable disease control or health officer; the director of research (if applicable), and medical director or other senior officer of the health plan.

7. Research Capacity

Provide evidence of health services research capability. Describe past and current research experience, including the experience of the proposed staff who will participate in this project (include details of experience and competence in research design, data collection, analysis and dissemination). Attach the curriculum vitae of key staff. Describe your plan for project administration.

The research team should include qualified and experienced personnel. Health services research is an interdisciplinary field drawing on theory and methods from biostatistics, epidemiology, medicine, health economics, sociology, operations research, psychology, nursing, and other disciplines. Thus, qualified researchers may come from a variety of fields but must have appropriate training and experience, and previous involvement with health services research projects. Minimum requirements for the research team are a principle investigator, statistician, and data manager.

8. Access to Populations At Rick For STDs

Applications must also provide evidence of access to relevant clinic populations such as adolescents, women, minorities, and Medicaid populations.

9. Budget

Provide a detailed, line-item budget for the project and a budget narrative that justifies each line-item.

Review and Evaluation Criteria

If an applicant applies for more than one research area, each proposal will be evaluate separately. Applications will be reviewed and evaluated according to the following criteria:

1. Background and Objectives (15 points)—Understanding of purpose and objectives of this research as reflected in the statement of research background and research questions.

2. Site Selection (10 points)—The extent to which the choice of a site to conduct this research is appropriate to the objectives, STD epidemiology, social demography, and managed health care system. Emphasis will be placed on demonstrated access to one or more populations considered at high risk for STDs and their complications, including adolescents, women, minorities, or Medicaid enrollees in the project area.

3. Methods (25 points)—The appropriateness and adequacy of the research design and methodology proposed to answer the research questions. This includes: (a) the selection of appropriate outcomes related to health services, STD programs, and STD morbidity; (b) the use of appropriate comparison groups; (c) the inclusion of appropriate sampling schemes, sample size calculation, handling of sampling biases; (d) access to the relevant data sources and the plan for data collection and; (e) the description of the specific quantitative and qualitative analytic technique to be used to answer the research questions.

4. Evaluation (10 points)—The extent to which the applications present a sound evaluation plan that includes aspects such as: research progress measurements and communications, baseline data collection; intervention(s) testing, determination of intervention(s) effectiveness; and economic evaluation.

5. Partnerships (20 points)—The extent to which the proposed research is interdisciplinary, programmatically relevant, and establishes effective collaborative partnership arrangements necessary for the research. The extent to which the application includes letters from the appropriate persons summarizing the nature of the collaboration and indicating support.

6. Research Capacity (20 points)—Overall ability to perform the technical aspects of the project including: (a) the availability of qualified and experienced personnel for a multi-disciplinary team in health services research (including level of education and training, and relevant research experience of the principle investigator and key research personnel; (b) the availability of adequate facilities, general environment, and resources for the conduct of the proposed research and; (c) plans for the administration of the project(s), including a detailed and realistic schedule for the specified activities.

7. Budget (not scored)—The appropriateness of budget estimates in relation to the proposed research. The extent to which budget is reasonable, clearly justified, and consistent with the intended use of funds.

Funding Preferences

CDC reserves the right to make final funding selections based on geographic diversity, the level of STD in an applicants area/jurisdiction, and coverage of the research activities across applications. Matching funds: applicants are asked to demonstrate a commitment to provide matching funding with a letter from a private source, such as a foundation or managed care organization. Preference will be given to those with 1:1 Federal to private funds ratio, with more preference given to those with greater levels of private matching funds.

Executive Order 12372 Review

Applications are subject to Intergovernmental Review of Federal Programs as governed by Executive Order (E.O.) 12372. E.O. 12372 sets up a system for State and local government review of proposed Federal assistance applications. Applicants (other than

federally recognized Indian tribal governments) should contact their State Single Point of Contact (SPOC) as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC for each affected State. A current list of SPOCs is included in the application kit. If SPOCs have any State process recommendations on applications submitted to CDC, they should send 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, Atlanta, GA 30305, no later than 60 days after the application deadline. The Program Announcement Number and Program Title should be referenced on the document. The granting agency does not guarantee to ''accommodate or explain'' State process recommendations it receives after the date.

Indian tribes are strongly encourage to request tribal government review of the proposed application. If tribal governments have any tribal process recommendations on applications submitted to CDC, they should send 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, Atlanta, GA 30305, no later than 60 days after the application deadline. The Program Announcement Number and Program Title should be referenced on the document. The granting agency does not guarantee to ''accommodate or explain'' State process recommendations it receives after that date.

Public Health System Reporting Requirements

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

Catalog of Federal Domestic Assistance

The Catalog of Federal Domestic Assistance number is 93.978.

Other Requirements

Paperwork Reduction Act

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

Human Subjects

If the proposed project involves research on human subjects, the applicant must comply with the Department of Health and Human Services Regulations, 45 CFR Part 46, regarding the protection of human subjects. Assurance must be provided to demonstrate that the project will be subject to initial and continuing review by an appropriate institutional review committee. In addition to other applicable committees, Indian Health Service (IHS) institutional review committees also must review the project if any component of IHS will be involved or will support the research. If any American Indian community is involved, its tribal government must also approve that portion of the project applicable to it. The applicant will be responsible for providing assurance in accordance with the appropriate guidelines and form provided in the application kit.

Confidentiality

Any personally identifying information obtained in connection with the delivery of services provided to any individual under any program that is being carried out with a cooperative agreement made 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.

Women, Racial and Ethnic Minorities

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

Application Submission and Deadlines

1. Preapplication Letter of Intent (LOI)

A non-binding letter of intent-to-apply is requested from potential applicants. An original and two copies of a two-page, typewritten LOI should be submitted to the Grants Management Branch, CDC (see ''Applications'' for address). It should be postmarked no later than June 13 1997. The letter should identify the announcement number, title of the specific research activity for which application is being submitted, the name and institutional affiliation of the principal investigator, and the identity of other key participants and participating institutions. No attachments, booklets, or other documents accompanying the LOI will be considered. The letter should also include the estimated total cost of the research activity and the percentage of the total cost being requested from CDC. The LOI does not influence review of funding decisions, but it will enable CDC to plan more efficiently, and will ensure that each applicant receives timely and relevant information prior to application submission.

2. Applications

An original and two copies of the application Form PHS–5161–1 (OMB Number 0937–0189) must be submitted on or before *July 25, 1997* to Van Malone, Grants Management Officer, Attention: Kathy Raible, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E–15, Atlanta, GA 30305.

3. Deadlines

A. Applications will meet the deadline if they are either:

1. Received on or before the deadline date; or

2. Sent on or before the deadline date and received in time for submission to the objective review committee. (Applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.)

B. Applications that do not meet the criteria in 3.A.1 or 3.A.2. above are considered late applications. Late applications will not be considered in current competition and will be returned to the applicant.

Where To Obtain Additional Information

A complete application package which will include program description, information on application procedures, etc. and business management technical assistance may be obtained from Kathy Raible, Grant Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E–15, Atlanta, GA 0305, telephone 404) 842–6592, email or via email at: <kcr8@cdc.gov>.

Programmatic technical assistance may be obtained from William J. Kassler, M.D., M.P.H., Chief Health Services Research and Evaluation Branch Division of STD, National Center for HIV/STD/TB

Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC), 1600 Clifton Road; Mailstop E–44, Atlanta, GA 30333, telephone (404) 639–8276, or facsimile (404) 639–8607, INTERNET address: <wxkl@cdc.gov>.

Internet Home Page

The announcement will be available on one of two Internet sites on the publication date: CDC's home page at <http://www.cdc.gov>, or at the Government Printing Office home page (including free access to the Federal Register) at <http://www.access.gpo.gov>.

Potential applicants may obtain a copy of ''Healthy People 200'' (Full Report, Stock No. 017–001–00474–0), or ''Healthy People 2000'' (Summary Report, Stock No. 017–001–00473–1) referenced in the ''INTRODUCTION'' through the Superintendent of Documents, Government Printing Office, Washington, DC 20402–9325, telephone (202) 512–1800.

Dated: May 16, 1997.

Joseph R. Carter,

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

[FR Doc. 97–13425 Filed 5–21–97; 8:45 am]

BILLING CODE 4163–18–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Announcement Number 766]

Development of State Health Promotion and Chronic Disease Prevention Databases/Clearinghouses

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1997 funds for a cooperative agreement program for development of State health promotion and chronic disease prevention databases/clearinghouses that are compatible with Chronic Disease Prevention File (CDP) and the Combined Health Information Database (CHID). CDP File and CHID link health information and education resources into a national network of information on programs, interventions, and methods, and act as a mechanism for collecting, sharing, and distributing information, bibliographies, literature, and health promotion and chronic disease prevention information to professionals responsible for planning, developing, conducting, and evaluating health promotion and chronic disease prevention programs.

CDC is committed to achieving the health promotion and disease prevention objectives of ''Healthy People 2000'', a national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority areas of Cancer, Clinical Preventive Services, Diabetes and Chronic Disabling Conditions, Educational and Community-Based Programs, Family Planning, Heart Disease and Stroke, HIV Infection, Maternal and Infant Health, Nutrition, Oral Health, Physical Activity and Fitness, Sexually Transmitted Diseases, Surveillance and Data Systems, and Tobacco. (For ordering a copy of ''Healthy People 2000,'' see section ''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 tobacco products, and Public-Law 103–227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, and early childhood development services are provided to children.

Eligible Applicants

Eligible applicants are the official public health agencies of States or their bona fide agents. This includes the District of Columbia, American Samoa, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Republic of the Marshall Islands, the Republic of Palau, and federally recognized Indian tribal governments.

Funding is limited to one three-year project period to provide start-up costs for establishing a State database. Therefore, Colorado, Minnesota, and Missouri are not eligible applicants because they were funded September 1, 1991, for a three-year project period, under Program Announcement Number 940, entitled ''Assistance Program for Chronic Disease Prevention and Control.'' California, Florida, and Michigan are not eligible participants because they were funded September 30, 1993, for a three-year project period, under Program Announcement Number 344, entitled ''Development of State Health Promotion and Chronic Disease Prevention Databases/Clearinghouses.'' Delaware, Oklahoma, and Washington are not eligible participants because they were funded September 30, 1995, for a three-year project period, under Program Announcement Number 540, entitled ''Development of State Health Promotion and Chronic Disease Prevention Databases/Clearinghouses.''

Availability of Funds

Approximately $90,000 is available in FY 1997 to fund approximately three awards. It is expected that the average award will be $30,000. It is expected that the awards will begin on or about September 1, 1997, and will be made for a 12-month budget period within a project period of up to three years. Funding estimates may vary and are subject to change.

Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.

Use of Funds

Restrictions on Lobbying

Applicants should be aware of restrictions on the use of HHS funds for lobbying of federal or state legislative bodies. Under the provisions of 31 U.S.C. Section 1352 (which has been in effect since December 23, 1989), recipients (and their subtier contractors) are prohibited from using appropriated