organizations, and corporate employers. Third-party payors provide retail pharmacy service benefits to their beneficiaries, typically through intermediaries known as pharmacy benefit management (''PBM'') firms that create and administer retail pharmacy networks on behalf of third-party payors, whereby third-party payor beneficiaries may go to any pharmacy participating in the network to have prescriptions filled. In establishing these pharmacy networks, third-party payors generally rely on competition among large pharmacy chains to keep the cost of pharmacy services competitive. In markets where only a small number of pharmacy chains compete, third-party payors may pay higher rates for pharmacy services. Where a single pharmacy chain controls a large share of pharmacy locations in a given area, the chain is able to extract higher prices.

For purposes of assessing competitive harm in the market for the retail sale of pharmacy services to third-party payors, both states and metropolitan statistical areas may be appropriate geographic areas. Many third-party payors require coverage for their beneficiaries throughout a state or just in certain metropolitan areas where the majority of their beneficiaries reside. While the geographic areas in which to assess the potential competitive harm of a proposed acquisition depend on where particular third-party payors' beneficiaries reside, states and MSAs are close proxies for such plan-by-plan analysis.

CVS's proposed acquisition of Revco will give the combined entity a dominant position both in the state of Virginia and in the Binghamton, New York, metropolitan area. As a result, the complaint alleges that third-party payors would be unable cost-effectively to assemble pharmacy networks that did not include CVS or Revco stores, and therefore, CVS would be able to increase prices for the retail sale of pharmacy services to third-party payors. The complaint also alleges that timely entry in the market for the retail sale of pharmacy services to third-party payors in these geographic markets on the scale necessary to offset the competitive harm resulting from the combination of CVS and Revco is unlikely.

The proposed Consent Order would remedy the alleged violations by requiring divestitures to restore the lost competition that would result from the acquisitions. Under the proposed Consent Order, the respondents would be required to divest 114 Revco drug stores in Virginia to Eckerd or to a Commission-approved purchaser. The proposed Consent Order also requires the respondents to divest either specific pharmacy assets related to six Revco drug stores in the Binghamton, New York, metropolitan area to Medicine Shoppe International, Inc., or its subsidiary, Pharmacy Operations, Inc., or, six Revco drug stores in the Binghamton, New York, area to a Commission-approved purchaser. The respondents have ten days from the date the Order becomes final or four months after the Commission accepts the Agreement Containing Consent Order for public comment, whichever is later, to accomplish each divestiture to the named purchaser. Alternatively, if the respondents do not divest to Eckerd or Medicine Shoppe, they must divest to alternative Commission-approved buyers three months from the date the Order becomes final.

The proposed Order requires that the assets being divested in Virginia and Binghamton, New York, each go to a single purchaser in order to ensure competition by recreating a chain of sufficient size and coverage to serve as an alternative anchor pharmacy chain for a PBM retail pharmacy network.

Under the proposed Order, if either divestiture is not accomplished within the required time period, then the Commission may appoint a trustee to divest *all* 234 Revco drug stores in Virginia and the eleven CVS drug stores in the Binghamton, New York, metropolitan area, whichever applies. These ''crown jewel'' provisions in the proposed Order help ensure that a trustee would be able to accomplish each divestiture. The Order also contains an Asset Maintenance Agreement that requires CVS, pending divestiture, to maintain the Revco stores and assets relating to the Revco stores in the same condition and in the same business as they have been operating prior to the acquisition.

Under the proposed Order, the respondents must submit an initial report on compliance with the terms of the Asset Maintenance Agreement and on how they intend to comply with the divestiture provisions of the proposed Order. In addition, the respondents must provide the Commission with a report of compliance with the divestiture provisions of the Order within thirty days following the date this Order becomes final, and every thirty days thereafter until CVS and Revco have fully complied with the divestiture provisions of the proposed Order.

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

Donald S. Clark,

Secretary.

[FR Doc. 97–14745 Filed 6–5–97; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Announcement Number 762]

Hemophilia Prevention Education and Peer Support

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1997 funds for a cooperative agreement program to enhance the national hemophilia prevention program by supporting community-based peer support and educational programs delivered at the local, regional and national levels. For the purposes of this announcement, the term hemophilia includes all congenital bleeding disorders.

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 Immunization and Infectious Diseases and Diabetes and Chronic Disabling Conditions. (For ordering a copy of Healthy People 2000, see the Section Where to Obtain Additional Information.)

Authority

This program is authorized under Section 317 of the Public Health Service Act, as amended (42 U.S.C. 247b). Applicable program regulations are found in 42 CFR 51b—Project Grants for Preventive Health Services.

Smoke-Free Workplace

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

Eligible Applicants

Assistance will be provided only to a national nonprofit organization that has

a current working relationship with the hemophilia community and can provide an established network and ability to provide technical assistance to lay level hemophilia groups such as local chapters and foundations, as well as national hemophilia consumer networking organizations and hemophilia treatment center provider groups.

Since the purpose of this program is to enhance the national hemophilia prevention program, only organizations that can perform the above listed activities can be considered eligible applicants. The applicant must include evidence of 501(c)(3) nonprofit status and summarize their eligibility status in the Abstract of their application (see Application Content).

Note: Effective January 1, 1996, Public Law 104–65 states that an organization described in section 501(c)(4) of the Internal Revenue Code of 1986 which engages in Lobbying activities shall not be eligible for the receipt of Federal funds constituting an award, grant (cooperative agreement), contract, loan, or any other form.

Availability of Funds

Approximately $2.8 million is available in FY 1997 to fund approximately one award. It is expected that the award will begin on or about September 30, 1997, for a 12-month budget period within a project period of up to 5 years. Funding estimates may vary and are subject to change. Continuation awards within the project period will be made on the basis of satisfactory programmatic 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 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 legislation 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 primary congenital bleeding disorders consist of hemophilia A and B which affect approximately 1 in 7,500 males, and von Willebrand's Disease which affects approximately 1 in 100 persons (both male and female). Hemophilia A and B are bleeding disorders that result from congenital deficiencies of blood clotting factors VIII and IX, respectively. These deficiencies can result in both spontaneous internal bleeding and bleeding following injuries or surgical procedures. Bleeding episodes can result in severe joint damage, neurologic damage, and damage to other organ systems that are compromised by the hemorrhage and in rare cases, death. The treatment of bleeding episodes involves the prompt and proper use of clotting factor concentrates. Properly trained patients under the guidance of competent health care providers can use clotting factor concentrates to treat bleeding episodes on individualized self treatment programs to prevent most of these seriously disabling and fatal conditions (similarly to diabetes patients). However, inappropriate, misdirected, inadequate or delayed treatment often leads to premature death or a life coupled with pain and disability due to progressive joint and/or neurologic crippling, and, in many cases, loss of employment.

The HIV epidemic has had a devastating impact on the health and welfare of hemophilia patients and their families. As many as 65 percent of all persons with hemophilia in the United States were infected with HIV by 1985 as a direct result of receiving HIV-contaminated clotting factor products recommended to treat hemophilia. Universal screening and deferral of HIV-infected plasma donors, heat treatment of blood products, and the use of recombinant factor concentrates have virtually eliminated the transmission of HIV through contaminated blood products. However, transmission of other blood borne viruses through blood products remains a serious concern of the community and transmission of HIV and hepatitis from infected patients with hemophilia to their sex partners and offspring has remained an issue of public health concern. Although blood product therapy has improved the quality of life for persons with hemophilia, complications include the transmission of viral agents and diseases, development of inhibitors, liver disease, joint disease, and psychosocial issues related to coping with a chronic disorder are of paramount concern.

The cost of hemophilia care has escalated rapidly in the last decade, mainly due to increases in the cost of clotting factor. The annual product cost per patient with severe hemophilia can now reach $150,000. Although the annual costs of treating preventable complications of hemophilia have not been well documented, they could be as high as annual product costs. The economic burden of these costs rests with individuals with hemophilia who are reaching their lifetime maximum insurance benefits (for those able to get insurance), and on State programs that pay for hemophilia services such as Medicare, Medicaid, or other special State programs. New health care systems may prevent access to specialized care needed to improve the quality of life for persons with bleeding disorders.

Certain subgroups of the target population have been traditionally under or unserved due to the rarity of the disorder and socioeconomic, cultural, and geographical barriers. These groups include minorities, women, and adolescents. Access to information and services is often limited among these groups.

In response to the CDC's Congressional mandate, the CDC's National Hemophilia Program has adopted the primary mission to reduce or prevent complications of hemophilia and other bleeding and clotting disorders. This national prevention program is directed toward achieving

outcome-based goals to accomplish this mission. The complications of immediate concern are blood safety and prevention of joint disease. These complications were selected as a result of surveillance activities and consultation with representatives from all facets of the hemophilia community. The national program is organized in the functional units of surveillance, coordinated prevention intervention activities for the health care provider and lay populations, education, and epidemiologic and laboratory research directed towards providing the basis for translation into specific prevention focused interventions. Currently, there are several prevention messages and behaviors persons with bleeding disorders should engage in to improve their quality of life. As outcome data is analyzed, new messages will be developed by CDC. The prevention issues are:

1. Universal precautions when handling blood and blood products.
2. Vaccination for hepatitis A and B.
3. Comprehensive evaluation at least annually from hemophilia specialists such as that which exists in Hemophilia Treatment Centers.
4. Serum sample storage for blood safety monitoring and evaluation.
5. Early adequate treatment of bleeding episodes.
6. Development of strong, musculo-skeletal systems through regular physical exercise.

Purpose

The purpose of this award is to support consumer-based, peer-led prevention activities to increase knowledge about proven prevention strategies so that persons with bleeding disorders can make informed decisions regarding their care and engage in behaviors to reduce or eliminate the complications of hemophilia. This is best accomplished by a national program designed to strengthen and utilize local, regional, and national consumer-organized activities.

Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities under A., below, and the CDC will be responsible for conducting activities under B., below:

A. Recipient Activities

1. Obtain information from representatives from the hemophilia community to determine knowledge, attitudes, beliefs and behaviors of families with bleeding disorders to guide prevention programming development. Solicit input from a representative sample of the community, including those who are unserved or under served and/or who may have limited or no access to prevention and support programs.
2. In collaboration with CDC, provide information to the public about prevention peer programming directed toward reducing or eliminating complications of bleeding disorders.
3. Evaluate effectiveness of current educational programs and materials, identify gaps, and propose strategies to improve the availability of educational resources and information for prevention.
4. Maintain communication network and develop effective mechanisms to deliver prevention messages, provide information, referral, and updates on significant medical advances, hemophilia related policies, and blood safety issues to families with congenital bleeding disorders through a variety of educational forums and media.
5. Participate in a formalized network of communication with the CDC and the Food and Drug Administration (FDA) when blood safety issues arise.
6. Expand and enhance peer-based prevention and educational activities by coordinating a system to support programs at the local level. Provide technical assistance and financial support in the areas of program planning, development, implementation, evaluation, and public health education to local peer-led activities for the purpose of delivering prevention messages.
7. Obtain input from consumer and provider representatives to explore mechanisms and develop strategies for increasing collaboration between local chapters and hemophilia treatment centers (HTCs) to enhance prevention programs.
8. Provide opportunities for hemophilia care providers to receive state of the art prevention information and training by utilizing prevention messages and educational materials developed by this cooperative agreement.
9. Disseminate any educational or promotional materials, with the exception of regularly distributed newsletters, that are developed with funds from this cooperative agreement. These materials must be reviewed and approved by a program review panel prior to finalization.
10. Report any program income generated from fees or other charges in the Financial Status Report (FSR) as additive income (see Technical Reporting Requirements). This income should be available to be used to forward the goals of this cooperative agreement.
11. Provide semiannual reports of the progress toward achievement of the goals of this cooperative agreement (see Technical Reporting Requirements).

B. CDC Activities

1. Provide current scientific and public health information regarding the prevention of complications of hemophilia and other bleeding disorders including technical review of educational and promotional materials developed with funds from this cooperative agreement.
2. Provide consultation and technical assistance in the areas of program planning, development, implementation, and evaluation.
3. As requested, provide consultation and input to committees or working groups whose operations may impact the programs funded through this cooperative agreement.
4. Collaborate in the presentation and dissemination of information resulting from these activities.
5. Provide coordination between the recipient and Regional Hemophilia Treatment Center Programs to provide appropriate mechanisms of provider involvement and collaboration with consumer program activities.
6. Participate in the grantees meetings of consumer organizations to provide information and solicit input, as requested.

Technical Reporting Requirements

An original and two copies of progress reports must be submitted to CDC semiannually. The first progress report will cover the six-month period from the date of the award. Subsequent progress reports are required 30 days after the end of each successive six-month period and must include the following: (1) A comparison of actual accomplishments to the objectives established for the progress period, (2) the reasons for failing to meet any established objectives, (3) description and explanation of any modification of program activities and protocols, (4) other pertinent information such as key staffing changes or reasons for unexpectedly high or low costs for performance, and (5) these reports should keep the CDC appraised of significant activities of this program or decisions to be made that may impact the progress of the programs funded through this cooperative agreement.

An annual financial status report (FSR) and two copies are required no later than 90 days after the end of each budget period. A final FSR is due no later than 90 days after the end of the

project period. All reports or other correspondence will be submitted to: Sharron P. Orum, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Mailstop E–18, Room 300, Atlanta, Georgia 30305.

Application Content

Applicants should describe their ability to address the purpose and required activities of this announcement in a collaborative manner with CDC. Applicants must develop their applications in accordance with (1) the required activities stipulated in the Program Requirements section of this announcement, (2) Public Health Service (PHS) Form 5161–1 (Revised 7/92, OMB number 0937–0189), and (3) the content area provided below. The applicant should provide a detailed description of first-year activities and a brief overview of subsequent four year plan.

Content areas

A. Abstract (Maximum 3 pages)

Summarize the Eligible Applicant requirements, background, needs, capacity, goals, objectives, methods, and evaluation plan of the proposal.

B. Narrative (Maximum 30 pages)

1. *Background and need.* Describe current status of prevention education and support programming in existence, target populations, and areas of need for expansion. Identify source of needs assessment and assumptions and age of data. Identify potential barriers and facilitators to the delivery of a prevention program in this population.

2. *Capacity.* Discuss the scope and magnitude of previous experiences in prevention education and support programming. Characterize the unique capabilities of the applicant to accomplish (a) the hemophilia prevention program and recipient activities as proposed in this announcement, and (b) specific goals and objectives as proposed. Define the roles and responsibilities of participating organizations, and their type of relationship—contractual or voluntary collaboration. Describe roles, responsibilities, and level of expertise of all staff positions to implement this program by providing descriptions for all key project personnel.

3. *Goals and Objectives.* Identify one or more goals of the prevention program as related to the recipient activities. List and briefly describe specific, measurable, realistic, and time-phased objectives designed to achieve stated goals.

4. *Methods and Activities.* Describe the types of activities and methods used to accomplish each objective within the time frame indicated. Discuss how proposed methods will provide valid and reliable outcomes needed to accomplish proposed objectives. Explain the limitations and anticipated implementation barriers of the principal methods, and how these problems are expected to be resolved.

5. *Program Management and Evaluation.* Discuss the management systems and specific plans of evaluation used to ensure sufficient progress towards achievement of proposed goals and objectives. Describe the types, frequency, and methods of evaluation used. Explain how the above information will be used to improve or redirect program operations.

C. Budget

Include all major cost items for implementing the proposed program for twelve months. Submit line-item descriptive justifications for personnel, travel, supplies, and other services on Standard Form 424A, ''Budget Information'', provided with PHS 5161–1 (Revised 7/92). For each staff position for which funding is requested, submit name of person, title, annual salary, percent time spent on this effort, percent of salary requested from this cooperative agreement, and total dollars requested for each position and total personnel. For applicants requesting funding for contracts, include the name of the person or organization to receive the contract, the method of selection, the period of performance, and a description of the contracted service requested.

D. Supporting Materials (Appendices)

1. Letters of agreement from all contracting or voluntary collaborating entities detailing specific roles and responsibilities of each party.

2. Letters of support from other organizations with which the applicant will be collaborating in the development and/or implementation of activities.

3. Curriculum vitae and job descriptions of all project staff.

Format

Applicants are required to submit an original application and two copies. The original and two copies of the applications should be unstapled and unbound. Pages must be clearly numbered, and a complete index to the application and its appendices must be included. Begin each separate section on a new page. All materials must be typewritten, single-spaced and with unreduced type on 8½″ by 11″ paper. All pages should be printed on one side only, with at least 1″ margins, headers, and footers. The application narrative must be limited to 30 pages, excluding abstract, budget, and appendices. Materials that should be part of the basic plan will not be accepted if placed in the appendices.

Evaluation Criteria

Applications will be reviewed and evaluated according to the following criteria: (*Total 100 points*)

1. The applicant must have a working relationship with a majority of the current local hemophilia organizations, and the ability to provide technical assistance to the local chapters. The applicant should demonstrate commitment to the national goal of preventing the complications of hemophilia through the provision of strong and effective consumer based programs. (*25 points*)

2. Project personnel are well qualified by training and/or experience to manage, coordinate, and evaluate a national program involving multiple local peer organizations and HTCs. Project personnel have the expertise and capability to provide accurate information from national sources and efficiently disseminate hemophilia related prevention messages and information to families affected by bleeding disorders, lay leadership, and treatment providers. (*20 points*)

3. The applicant organization has adequate facilities and manpower including a mechanism for obtaining input from people with bleeding disorders and related family members representing the demographics of the community. (*15 points*)

4. The proposed activities support the CDC goals to reduce or eliminate the complications of hemophilia through community leadership; and, the capability to mobilize persons with bleeding disorders and their family members to engage in, design, and evaluate community-based prevention activities. (*40 points*)

5. The estimated cost to the Government of the project is reasonable; the budget justifiable and consistent with the intended use of the cooperative agreement funds. (*not scored*)

Executive Order 12372 Review

The program is not subject to the Executive Order 12372 review.

Public Health System Reporting Requirement

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

Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance number is 93.283, Centers for the Control and Prevention (CDC)—Investigations and Technical Assistance.

Other Requirements

Paperwork Reduction Act

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

HIV/AIDS Requirements

Recipients must comply with the document entitled ''Content of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions'' (June 15, 1992), a copy of which is included in the application kit. In complying with the requirements for a program review panel, recipients are encouraged to use an existing 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 be an employee (or a designated representative) of a government health department consistent with the content guidelines. The names of the review panel members must be listed on the Assurance of Compliance form CDC 0.1113, which is also included in the application kit. The recipient must submit the program review panel's report that indicates all materials have been reviewed and approved, this includes conference agendas.

Application Submission and Deadline

The original and two copies of the application PHS Form 5161–1 (OMB number 0937–0189) must be submitted to Sharron Orum, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E–18, Atlanta, Georgia 30305, on or before July 25, 1997.

1. *Deadline:* Applications shall be considered as meeting the deadline if they are either: a. Received on or before the deadline date; or b. Sent on or before the deadline date and received in time for submission to the objective review group. (Applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.)

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

Where To Obtain Additional Information

A complete program description and information on application procedures are contained in the application package.

Business management technical assistance may be obtained from Locke Thompson, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E–18, Atlanta, Georgia 30305, telephone (404) 842–6595; or by Internet or CDC WONDER electronic mail at: lxt1@cdc.gov. *Programmatic technical assistance* may be obtained from Sally Crudder, Hematologic Diseases Branch, Division of AIDS, STD, and TB Laboratory Research, National Center for Infectious Diseases, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE., Mailstop E–64, Atlanta, Georgia 30333, telephone (404) 639–4036; or by Internet or CDC WONDER electronic mail at: sic4@cdc.gov.

You may obtain this and other CDC announcements from one of two Internet sites: CDC's homepage at: http://www.cdc.gov or the Government Printing Office homepage (including free on-line access to the **Federal Register** at: http://www.access.gpo.gov).

Please refer to Announcement Number 762 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: June 2, 1997.

Joseph R. Carter,

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

[FR Doc. 97–14784 Filed 6–5–97; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Announcement 753]

NIOSH: Creating Healthy Work Organizations; Fiscal Year 1997 Funds Availability

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1997 funds for a cooperative agreement program to design, implement, and evaluate organizational change interventions to create healthy work organizations.

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 Occupational Safety and Health. (For ordering a copy of Healthy People 2000, see the section **WHERE TO OBTAIN ADDITIONAL INFORMATION**.)

Authority

This program is authorized under Sections 20(a) and 22(e)(7) of the Occupational Safety and Health Act of 1970 [29 U.S.C. 669(a) and 671(e)(7)].

Smoke-Free Workplace

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

Eligible Applicants

Applications may be submitted by public and private, non-profit 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, federally recognized Indian tribal governments,