

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).

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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,

Indian tribes or Indian tribal organizations, and small, minority- and/or women-owned businesses are eligible to apply.

Note: Public Law 104-65, dated December 19, 1995, prohibits an organization described in section 501(c)(4) of the IRS Code of 1986, that engages in lobbying activities to influence the Federal Government, from receiving Federal funds.

Availability of Funds

Approximately \$150,000 is available in FY 1997 to fund one award. The project period may last up to three years, depending on availability of funds, with budget periods of 12 months. It is expected that the award will begin on or about September 30, 1997. The funding estimate is subject to change.

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

Much research over the past 25 years has identified stressful job factors and work routines which are associated with employee stress and ill-health and has resulted in lengthy lists of both job stressors and stress-related health outcomes. A recent conceptual development has been a broadening of the focus from job stressor-health relationships to global organizational health. Organizational health is a broader, more inclusive concept and refers to enhanced organizational performance (productivity and effectiveness) plus worker good health and well-being. A healthy work organization is one whose culture/climate, values and practices promote employee well-being as well as company productivity and effectiveness. This broad definition suggests an accommodation of heretofore opposing goals: (1) the organizational goals of profitability and competitiveness, and (2) individual worker goals of health and well-being.

In 1991, NIOSH initiated a program of research to study healthy work organizations. The research emphasized the interrelationship of individual worker well-being and organization effectiveness, and focused on macro-organization characteristics, in addition to job-level characteristics, as risk factors for ill health and performance impairment. Working with industry partners, NIOSH analyzed organizational climate survey data obtained from one corporate partner during the years 1993-1995. Over 10,000 workers filled out the anonymous questionnaire, which contained measures of stress and coping, management practices, individual and team performance, organizational culture/climate, values, and organizational performance/effectiveness. Statistical analyses of these cross-sectional data identified several key organizational variables

associated with low employee stress and high organizational productivity.

Based on these analyses, NIOSH developed a provisional model of healthy work organizations which contains three broad, interrelated categories: *organizational values*, *culture/climate*, and *management practices*. Healthy work organizations have a set of company values which emphasize integrity and honesty in communication, workforce diversity, view the individual worker as a valuable human resource, and have a commitment to employee growth/development. These organizations have a culture/climate in which workers (a) feel personally valued, (b) have authority to take actions to solve problems, (c) are encouraged by management to express opinions and become involved in decision-making, and (d) resolve group conflicts effectively. Management practices in a healthy work organization include (1) management is actively engaged in leadership and strategic planning, (2) management makes the necessary changes to follow through on long term business strategies, (3) workers are recognized for problem-solving and rewarded for doing quality work, and (4) first line supervisors provide assistance and resources in helping workers plan for their future.

Beyond these empirically determined characteristics, two additional factors need to be incorporated into the model: *external economic/market conditions* and *physical work conditions*. External market conditions exert a strong influence on company profitability and competitiveness independent of the culture/climate, values, and management practices. Similarly, a healthy work organization should meet certain minimum standards for physical working conditions in order to protect the health and safety of employees. Measures or indicators of these characteristics need to be included in future studies.

In summary, the job and organizational characteristics listed above form a provisional profile of a healthy work organization, and can be used to design preventive interventions aimed at creating healthy work organizations. The model is provisional because it has not been validated in other manufacturing settings and has not been tested across other industry groups. Furthermore, it is not known whether all of the characteristics listed above are necessary and sufficient measures of a healthy work organization or whether certain combinations of characteristics are more important than others.

Proposals are being solicited to conduct field studies which identify characteristics of healthy work organizations.

Purpose

The purpose of this program is to focus on worksite primary prevention efforts, which can involve:

A. Examination of on-going studies in companies where changes are being, or have been, introduced to improve organizational effectiveness and employee health, or

B. New studies which test models of healthy work organizations.

Interventions can consist of structural and/or functional changes targeting culture/climate, values or management practices.

The major objectives should be development, installation, and evaluation of interventions to create healthy work organizations.

Project results, in combination with other research, will provide the basis for recommendations on how to create healthy work organizations.

Program Requirements

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

A. Recipient Activities

1. Evaluate the effectiveness of healthy work organization interventions in reducing health care costs and stress-related health conditions while improving productivity and effectiveness.

2. Implement the study protocol that reviews the pertinent literature on healthy work organizations and describes the study methodology, data to be collected, and proposed analysis of the data. Present the protocol to a panel of scientific peer reviewers (if required) and revise the protocol as required for final approval.

3. Perform data collection and management. Data will include subjective and objective measures of worker health and performance, company health care costs, and performance/productivity indicators.

4. Prepare a report summarizing the study methodology, results obtained, and conclusions reached. Develop recommendations (e.g., best practices) for creating healthy work organizations.

5. Report study results to the scientific community via presentations at professional conferences and articles in peer-reviewed journals.

B. CDC/NIOSH Activities

1. Provide scientific and technical collaboration for the successful completion of this project.

2. Identify reviews and/or clearances that must be fulfilled by the recipient and, if necessary, assist in convening a scientific peer review panel to review draft study protocol.

3. Provide technical assistance, if needed, at key stages of the study including study design, survey instrument design, interpretation of results and preparation of written reports.

Technical Reporting Requirements

An original and two copies of a progress report are required annually. An original and two copies of a final performance report and Financial Status Report are due no later than 90 days after the end of the project period.

Annual progress report should include:

A. A brief program description.
B. A listing of program goals and objectives accompanied by a comparison of the actual accomplishments related to the goals and objectives established for the period.

C. If established goals and objectives to be accomplished were delayed, describe both the reason for the deviation and anticipated corrective action or deletion of the activity from the project.

D. Other pertinent information, including the status of completeness, timeliness and quality of data.

Application Content

The entire application, including appendices, should not exceed 40 pages and the Proposal Narrative section contained therein should not exceed 25 pages. Pages should be clearly numbered and a complete index to the application and any appendices included. The original and each copy of the application must be submitted unstapled and unbound. All materials must be typewritten, double-spaced, with unredacted type (font size 12 point) on 8½" by 11" paper, with at least 1" margins, headers, and footers, and printed on one side only. Do not include any spiral or bound materials or pamphlets.

The applicant should provide a detailed description of first-year activities and briefly describe future-years objectives and activities.

A. Title Page

The heading should include the title of grant program, project title, organization, name, and address, project

director's name address and telephone number.

B. Abstract

A one page, singled-spaced, typed abstract must be submitted with the application. The heading should include the title of grant program, project title, organization, name and address, project director and telephone number. This abstract should include a work plan identifying activities to be developed, specific activities to be completed, and a time-line for completion of these activities.

C. Proposal Narrative

The narrative of each application must:

1. Briefly state the applicant's understanding of the need or problem to be addressed and the purpose of this project. Prepare a draft protocol for the study.

2. Proposals must include a description of the intervention or change strategy and an evaluation plan which includes both subjective and objective measures of antecedent factors and outcomes.

3. Describe clearly the objectives of this project, the steps and timelines to be taken in planning and implementing this project, and the respective responsibilities of the applicant for carrying out those steps.

4. Provide a proposed method of evaluating the accomplishments.

5. Provide documentation of access to potential study sites, and provide documentation of management and labor support for the study.

6. Document the applicant's expertise in the area of organizational behavior, organization development, job stress, and psychosocial risk factors as they pertain to healthy work organization research.

7. Provide the name, qualifications, and proposed time allocation of the Project Director who will be responsible for administering the project. Describe staff, experience, facilities, equipment available for performance of this project, and other resources that define the applicant's capacity or potential to accomplish the requirements stated above. List the names (if known), qualifications, and time allocations of the existing professional staff to be assigned to (or recruited for) this project, the support staff available for performance of this project, and the available facilities including space.

8. Human Subjects: State whether or not Humans are subjects in this proposal. (See *Human Subjects* in the Evaluation Criteria and Other Requirements sections.)

9. Inclusion of women, ethnic, and racial groups: Describe how the CDC policy requirements will be met regarding the inclusion of women, ethnic, and racial groups in the proposed research. (See *Women, Racial and Ethnic Minorities* in the Evaluation Criteria and Other Requirements sections.)

10. Provide a detailed budget which indicates: (a) anticipated costs for personnel, travel, communications, postage, equipment, supplies, etc., and (b) all sources of funds to meet those needs.

Evaluation Criteria

The application will be reviewed and evaluated according to the following criteria:

A. Understanding of the Problem (25%)

Responsiveness to the objective of the cooperative agreement including: (a) applicant's understanding of the general objectives of the proposed cooperative agreement, and (b) evidence of ability to design and evaluate organizational change interventions.

B. Program Personnel (15%)

1. Applicant's technical experience (e.g., in the areas of healthy work organizations, job stress, organizational behavior, organization development), and
2. The qualifications and time allocation of the professional staff to be assigned to this project.

C. Study Design (35%)

1. Adequacy of the study design and methodology for accomplishing the stated objectives. Steps proposed for implementing this project and the respective responsibilities of the applicant for carrying out those steps. Evidence of the applicant's access to companies who will serve as the study populations (e.g., commitment from company sites for installing and evaluating the interventions and for providing objective data for evaluation).
2. The degree to which the applicant has met the CDC policy requirements regarding the inclusion of women, ethnic, and racial groups in the proposed project. This includes: (a) The proposed plan for the inclusion of both sexes and racial and ethnic minority populations for appropriate representation; (b) The proposed justification when representation is limited or absent; (c) A statement as to whether the design of the study is adequate to measure differences when warranted; and (d) A statement as to whether the plan for recruitment and outreach for study participants include

the process of establishing partnerships with community(ies) and recognition of mutual benefits.

D. Project Planning (15%)

The applicant's schedule proposed for accomplishing the activities to be carried out in this project and for evaluating the accomplishments.

E. Facilities and Resources (10%)

The adequacy of the applicant's facilities, equipment, and other resources available for performance of this project.

F. Human Subjects (Not Scored)

Whether or not exempt from the Department of Health and Human Services (DHHS) regulations, are procedures adequate for the protection of human subjects? Recommendations on the adequacy of protections include: (1) protections appear adequate, and there are no comments to make or concerns to raise, (2) protections appear adequate, but there are comments regarding the protocol, (3) protections appear inadequate and the Objective Review Group has concerns related to human subjects; or (4) disapproval of the application is recommended because the research risks are sufficiently serious and protection against the risks are inadequate as to make the entire application unacceptable.

G. Budget Justification (Not Scored)

The budget will be evaluated to the extent that it is reasonable, clearly justified, and consistent with the intended use of funds.

Executive Order 12372 Review

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

Public Health System Reporting Requirements

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

Catalog of Federal Domestic Assistance Number

(The Catalog of Federal Domestic Assistance number for this project is 93.283)

Other Requirements

Paperwork Reduction Act

Projects that involve the collection of information from ten or more individuals and funded by this cooperative agreement will be subject to review and approval 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 DHHS Regulations, 45 CFR Part 46, regarding the protection of human subjects. Assurance must be provided to demonstrate the project will be subject to initial and continuing review by an appropriate institutional review committee. The applicant will be responsible for providing assurance in accordance with the appropriate guidelines and form provided in the application kit.

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.

Women, Racial and Ethnic Minorities

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

Application Submission and Deadline

1. Preapplication Letter of Intent

Although not a prerequisite of application, a non-binding letter of intent-to-apply is requested from potential applicants. The letter should be submitted to Victoria Sepe, Grants Management Branch, Procurement and Grants Office, CDC at the address listed in this section. It should be postmarked no later than July 8, 1997. The letter

should identify Program Announcement number 753, name of principal investigator, and address of the proposed project. The letter of intent does not influence review or funding decisions, but it will enable CDC to plan the review more efficiently and will ensure that each applicant receives timely and relevant information prior to application submission.

2. Application

The original and two copies of the application PHS Form 5161-1 (Revised 7/92, OMB Number 0937-0189) must be submitted to Victoria Sepe, 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, Atlanta, GA 30305, on or before July 24, 1997.

1. **Deadline:** Applications will 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. (The applicants must request a legibly dated U.S. Postal Service postmark or obtain a 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 Applicants:** Applications that 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 applicants.

Where To Obtain Additional Information

To receive additional written information call (404) 332-4561. You will be asked to leave your name, address, and telephone number and will need to refer to NIOSH Announcement 753. You will receive a complete program description, information on application procedures, and application forms. CDC will not send application kits by facsimile or express mail. Please refer to announcement number 753 when requesting information and submitting an application.

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from Victoria Sepe, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), Mailstop E-13, Room 321, 255 East Paces Ferry Road, NE., Atlanta, GA

30305, telephone (404) 842-6804, Internet: vxw1@cdc.gov.

Programmatic technical assistance may be obtained from Lawrence R. Murphy, Ph.D., Motivation and Stress Research Section, Applied Psychology and Ergonomics Branch, Division of Biomedical and Behavioral Science, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC), Mailstop C-24, 4676 Columbia Parkway, Cincinnati, OH 45226-1998, telephone (513) 533-8171, Internet: lrm2@cdc.gov.

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

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>.

Dated: May 30, 1997.

Diane D. Porter,

Acting Director, National Institute for Occupational Safety and Health Centers for Disease Control and Prevention (CDC).

[FR Doc. 97-14766 Filed 6-5-97; 8:45 am]

BILLING CODE 4163-19-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Announcement 755]

NIOSH: Demonstration to Motivate Small Businesses to Adopt Appropriate Hazard Control Technology in a Single Small Business Sector; 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 demonstrate approaches to motivating small businesses to adopt hazard control technology.

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 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, non-profit or 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, Indian tribes or Indian tribal organizations, and small, minority- and/or women-owned businesses are eligible to apply.

Note: Public Law 104-65, dated December 19, 1995, prohibits an organization described in section 501(c)(4) of the IRS Code of 1986, that engages in lobbying activities to influence the Federal Government, from receiving Federal funds.

Availability of Funds

Approximately \$120,000 is available in FY 1997 to fund approximately three awards. It is expected that the average award will be \$40,000, ranging from \$25,000 to \$55,000. It is expected that the awards will begin on or about September 1, 1997, with 12-month budget periods within project periods of up to two years. The funding estimate is subject to change.

Continuation awards within the project period will be determined 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 sub-tier contractors) are prohibited from using appropriated Federal funds (other than profits from a