

Secretariat has submitted to the Office of Management and Budget (OMB) a request to review and approve a new information collection requirement concerning Subcontract Consent (FAR Case 95-011). A request for public comments was published at 62 FR 19464 on April 21, 1997. No comments were received.

DATES: *Comment Due Date:* July 28, 1997.

ADDRESSES: Comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, should be submitted to: FAR Desk Officer, OMB, Room 10102, NEOB, Washington, DC 20503, and a copy to the General Services Administration, FAR Secretariat, Room 4037, 1800 F Street, NW, Washington, DC 20405. Please cite FAR case 95-011, Subcontract Consent, in all correspondence.

FOR FURTHER INFORMATION CONTACT: Ms. Linda Klein, Office of Federal Acquisition Policy, GSA (202) 501-3775.

SUPPLEMENTARY INFORMATION:

A. Purpose

The objective of consent to subcontract, as discussed in FAR Part 44, is to evaluate the efficiency and effectiveness with which the contractor spends Government funds, and complies with Government policy when subcontracting. The consent package provides the administrative contracting officer a basis for granting, or withholding consent to subcontract. The rule reduces the burden on contractors by placing greater reliance on purchasing system approvals, and by reducing the number of subcontract actions under which they must submit consent packages.

B. Annual Reporting Burden

Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The annual reporting burden is estimated as follows: Respondents 4,252; responses per respondent, 3.61; total annual responses, 15,344; preparation hours per response, .87; and total response burden hours, 13,384.

Obtaining Copies of Justifications: Requester may obtain copies of justifications from the General Services Administration, FAR Secretariat (MVRs), Room 4037, 1800 F Street, NW,

Washington, DC 20405, telephone (202) 501-4755. Please cite FAR case 95-011, Subcontract Consent, all correspondence.

Dated: June 23, 1997.

Sharon A. Kiser,

FAR Secretariat.

[FR Doc. 97-16731 Filed 6-25-97; 8:45 am]

BILLING CODE 6820-EP-P

DEPARTMENT OF DEFENSE

GENERAL SERVICES ADMINISTRATION

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

[OMB Control No. 9000-0096]

Submission for OMB Review; Comment Request Entitled Patents

AGENCIES: Department of Defense (DOD), General Services Administration (GSA), and National Aeronautics and Space Administration (NASA).

ACTION: Notice of request for an extension to an existing OMB clearance (9000-0096).

SUMMARY: Under the provisions of the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35), the Federal Acquisition Regulation (FAR) Secretariat has submitted to the Office of Management and Budget (OMB) a request to review and approve an extension of a currently approved information collection requirement concerning Patents. A request for public comments was published at 62 FR 19313, April 21, 1997. No comments were received.

FOR FURTHER INFORMATION CONTACT: Jack O'Neill, Federal Acquisition Policy Division, GSA (202) 501-3856.

DATES: *Comment Due Date:* July 28, 1997.

ADDRESSES: Comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, should be submitted to the General Services Administration, FAR Secretariat, 1800 F Street, NW, Room 4037, Washington, DC 20405. Please cite OMB Control No. 9000-0096 in all correspondence.

SUPPLEMENTARY INFORMATION:

A. Purpose

The patent coverage in FAR subpart 27.2 requires the contractor to report each notice of a claim of patent or copyright infringement that came to the contractor's attention in connection with performing a Government contract

above a dollar value of \$25,000 (sections 27.202-1 and 52.227-2). The contractor is also required to report all royalties anticipated or paid in excess of \$250 for the use of patented inventions by furnishing the name and address of licensor, date of license agreement, patent number, brief description of item or component, percentage or dollar rate of royalty per unit, unit price of contract item, and number of units (sections 27.204-1, 52.227-6, and 52.227-9). The information collected is to protect the rights of the patent holder and the interest of the Government.

B. Annual Reporting Burden

Public reporting burden for this collection of information is estimated to average .5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The annual reporting burden is estimated as follows: Respondents, 30; responses per respondent, 1; total annual responses, 30; preparation hours per response, .5; and total response burden hours, 15.

Obtaining Copies of Proposals: Requester may obtain a copy of the justification from the General Services Administration, FAR Secretariat (MVRs), Room 4037, 1800 F Street, NW, Washington, DC 20405, telephone (202) 501-4755. Please cite OMB Control No. 9000-0096, Patents, in all correspondence.

Dated: June 23, 1997.

Sharon A. Kiser,

FAR Secretariat.

[FR Doc. 97-16733 Filed 6-25-97; 8:45 am]

BILLING CODE 6820-EP-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Announcement 768]

HIV, STDs, and TB Related Applied Research Projects

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of funds beginning in fiscal year (FY) 1997 for cooperative agreements to conduct human immunodeficiency virus (HIV), sexually transmitted diseases (STDs), and tuberculosis (TB) related applied research into the control and prevention of HIV, STDs and TB.

CDC is committed to achieving the health promotion and disease prevention objectives of "Healthy People 2000," a national activity to reduce morbidity and mortality and improve the quality of life. This announcement relates to the Healthy People 2000 priority areas of Educational and Community-Based Programs, HIV Infection, Sexually Transmitted Diseases (STDs), and Immunization and Infectious Diseases. (For ordering a copy of "Healthy People 2000," see the section entitled "Where to Obtain Additional Information.")

Authority

This program is authorized under the Public Health Service Act, Sections 317(k)(2)(42 U.S.C. 247b(k)(2), 317E (42 U.S.C. 247b-6) and 318 of the Public Health Service Act, (42 U.S.C. 247c), as amended. Regulations governing grants for STD research are codified in Part 51b, Subparts A and F of Title 42, Code of Federal Regulations.

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

Eligible applicants will include universities, colleges, research institutions, hospitals, public and private non-profit organizations, community-based, national, and regional organizations, State and local governments or their bona fide agents or instrumentalities, federally recognized Indian Tribal governments, Indian tribes or organizations, and small, minority-and/or women owned non-profit businesses.

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

Availability of Funds

Approximately \$500,000 is available in FY 1997 to fund up to three awards. The awards will be made for a 12-month budget period within a project period of up to five years. Funding will be available during the fiscal year for applications submitted that are consistent with the National Center for HIV, STD, and TB Prevention (NCHSTP) National Program Goals. Funding

estimates may vary and are subject to change.

Continued support in future years will be based on the availability of funds and success in demonstrating progress toward achievement of objectives.

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 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).

Program Priority Areas

In future announcements, CDC will announce priority areas through both the **Federal Register** and the Internet.

Background

HIV continues to be a major health problem in the Nation with an estimated 650,000 to 900,000 persons currently infected. Through the end of June 1996, 548,102 AIDS cases and 346,127 deaths were reported. AIDS is currently the eighth leading cause of death in Americans of all ages and the leading cause of death in persons aged 25 to 44 years.

STDs are a major public health problem in the United States with over 12 million new cases occurring every year. These diseases frequently result in severe, irreversible complications, including involuntary infertility, fatal ectopic pregnancy, fetal wastage, congenital infections, cervical cancer, and at least a three-to five-fold increased risk of HIV transmission. Effective STDs prevention efforts in the United States require a broad base of support and collaboration between public and private providers. The prevention of STDs will result in achievement of goals for other programs as well as including reduction in HIV transmission and healthier women and infants.

Between 1985 and 1992, after more than 3 decades of steady decline, there was a resurgence of TB in this country with a 20 percent increase in the number of reported cases. In 1992, many State and local TB prevention and control programs received funding increases for TB control in response to the needs created by this resurgence. These programs rapidly mobilized to implement portions of the 1989 Strategic Plan for the Elimination of Tuberculosis in the United States and the "1992 National Action Plan to Combat Multi-drug Resistant Tuberculosis". The funding increases allowed programs to improve laboratory capabilities for prompt diagnosis of TB; pay close attention to program performance indicators to measure and improve success; and apply techniques to ensure that patients complete therapy and are no longer infectious (such as hiring outreach workers to meet with patients and provide directly observed therapy). As a result, the number of reported cases for 1996 will be the fourth consecutive annual decline as compared to the previous year. However, the global TB problem (over 8 million cases and 3 million deaths per year) has an important impact on the United States, where in 1995 an increasing percentage of new cases were

in foreign-born persons (35 percent). Thus, the efforts responsible for the recent decreases in TB cases must be sustained to achieve the ultimate elimination of TB from the United States. State and local TB control programs are working to prevent, control, and eventually eliminate TB in the United States. This effort requires a wide variety of activities and collaboration between private and public efforts and patients or patient advocates.

Purpose

The purpose of this program is to provide funding for new and innovative methods that further the prevention efforts related to HIV, STDs and TB. Projects that will be considered for funding are applied research into the control and prevention of HIV, STDs, or TB.

National Program Goals

CDC's national strategic goals for the programs supported by the National Center for HIV, STDs and TB Prevention are:

1. Increase public understanding of, involvement in, and support for HIV, STDs, and TB prevention.
2. Ensure completion of therapy for persons identified with active TB or TB infection.
3. Prevent or reduce behaviors or practices that place persons at risk for HIV and STDs infection or, if already infected, place others at risk.
4. Increase individual knowledge of HIV serostatus and improve referral systems to appropriate prevention and treatment services.
5. Assist in building and maintaining the necessary State, local, and community infrastructure and technical capacity to carry out necessary prevention programs.
6. Strengthen the current systems and develop new systems to accurately monitor HIV, STDs, and TB, as a basis for assessing and directing prevention programs.

Program Requirements

Recipient activities to achieve the purposes of this program will vary by project. Some examples of the range and types of activities are described below under Recipient Activities. CDC will be responsible for the activities under CDC Activities.

1. Recipient Activities

A. Develop and implement prevention strategies for HIV, STDs or TB transmission.

B. Develop and implement strategies for identifying and addressing

behavioral, diagnostic, prevention and treatment problems that have not been fully explored.

C. Develop and implement an evaluation plan that measures the effectiveness of the projects.

D. Ensure that appropriate approvals are secured for the protection of human subjects, Office of Management and Budget and Paperwork Reduction Act, privacy, confidentiality, and data security.

E. Compile and disseminate findings.

2. CDC Activities

A. Monitor and evaluate scientific and operational accomplishments of the project through periodic site visits, frequent telephone calls, and review of technical reports and interim data analysis.

B. If an awardee should need to collaborate with a State or local health department, CDC will assist in facilitating the planning and implementation of the necessary linkages with local or State health departments and assist with the developmental strategies for applied clinical or prevention oriented research programs.

C. Assist in the development and implementation of an evaluation plan that measures the effectiveness of the projects and their overall impact on prevention goals.

D. Facilitate the technological and methodological dissemination of successful prevention and intervention models among appropriate target groups, such as, State and local health departments, community based organizations, and other health professionals.

E. Participate in planning, implementing, and evaluating strategies and protocols.

F. Participate in the publication and dissemination of study results.

Technical Reporting Requirements

Progress reports are required annually as part of the continuation application (75 days prior to the start of the next budget period). The progress reports must contain information on accomplishments during the previous budget period. Financial status reports (FSR) are required no later than 90 days after the end of the budget period. The final performance and financial status reports are required 90 days after the end of the project period. The final performance report should include, at a minimum, a statement of original objectives, a summary of methodology, a summary of positive and negative findings, and a list of publications resulting from the project. Research

papers, project reports, or theses are acceptable items to include in the final report. The final report should stand alone rather than citing the original application. Three copies of reprints of publications prepared under the award should accompany the report. All reports must be submitted to the Grants Management Branch, Procurement and Grants Office, CDC.

Letter of Intent (LOI)

Potential applicants must submit an original and two copies of a two-page typewritten Letter of Intent (LOI) that briefly describes the title of the project, purpose and need for the project as well as its relationship to the National Program Goals, the estimated total cost of the proposed project, and the dollar amount and percentage of the total cost being requested from CDC. Current recipients of CDC funding must provide the award number and title of the funded programs. No attachments, booklets, or other documents accompanying the LOI will be considered.

LOI's will be reviewed by CDC program staff and an invitation to submit a full application will be made based on the documented need for the proposed project, contribution to the National Program Goals, and the availability of funds.

An invitation to submit a full application does not constitute a commitment by CDC to fund the applicant.

Application Content

Applications may be submitted only after a Letter of Intent has been approved by the CDC and a written invitation from the CDC has been extended to the prospective applicant. Applicants who are invited to submit a full application must use Form PHS 398 (OMB Number 0925-0001), and submit an original and five copies. The application narrative should consist of:

1. Abstract (Not to exceed 1 page): An executive summary of your program covered under this announcement.
2. Program Plan (Not to exceed 10 pages): In developing the application under this announcement, please review the recipient activities and evaluation criteria and respond concisely and completely.
3. Budget: Submit an itemized budget that is consistent with your proposed program plan.

Evaluation Criteria

Applications responding to this announcement will be evaluated individually according to the following criteria:

1. Degree to which proposed objectives are clearly established, obtainable, and for which progress toward attainment can be measured, are time-phased, and related to the program objectives. The degree to which the applicant has met the CDC Policy requirements regarding the inclusion of women, ethnic, and racial groups in the proposed research. This includes:

a. The proposed plan for the inclusion of both sexes and racial and 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 plans for recruitment and outreach for study participants include the process of establishing partnerships with community(ies) and recognition of mutual benefits. (40 points)

2. The degree to which the applicant institution offers a supportive environment and documents success in achieving objectives similar to those of this project. (30 points)

3. Extent to which personnel involved in this project are qualified, including evidence of past achievements appropriate to the project. Evidence of adequacy of facilities and other resources needed to carry out the project. (30 points)

4. Other (not scored).

(a) Budget: Will be reviewed to determine the extent to which it is reasonable, clearly justified, consistent with the intended use of the funds, and allowable. All budget categories should be itemized.

(b) Human Subjects: Whether or not exempt from the Department of Health and Human Services regulations, are procedures adequate for the protection of human subjects? Recommendations on the adequacy of protections include the following: (a) protections appear adequate and there are no comments to make or concerns to raise, (b) protections appear adequate, but there are comments regarding the protocol, (c) protections appear inadequate and the Objective Review Group (ORG) has concerns related to human subjects; or (d) 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.

Executive Order 12372 Review

Applications are not subject to review as governed by Executive Order 12372,

Intergovernmental Review of Federal Programs.

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 numbers are 93.941, HIV Demonstration, Research, Public and Professional Education; 93.943, Epidemiologic Research Studies of Acquired Immunodeficiency Virus (AIDS) and Human Immunodeficiency Virus (HIV) Infection in Selected Population Groups; 93.947, Tuberculosis Demonstration, Research, Public and Professional Educations; and 93.978, Prevention Health Services—Sexually Transmitted Diseases Research, Demonstrations, and Public Information and Education Grants.

Other Requirements

Human Subjects

Recipients 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. The applicant will be responsible for providing assurance in accordance with the appropriate guidelines provided in the application kit.

Confidentiality

All 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 CDC to ensure that individuals of both sexes and the various racial and ethnic groups will be included in CDC-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, Friday, September 15, 1995, pages 47947–47951 (a copy is included in the application kit).

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.

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 1992), a copy of which is included in the application kit. At least one member of the program review panel must be an employee (or a designated representative) of the health department consistent with the "Content" guidelines. The names of the review panel members must be listed on the Assurance of Compliance for CDC 0.1113, which is also included in the application kit. The recipient must submit, as an attachment to the application, the program review panel's report affirming that all materials have been reviewed and approved.

Submission Requirements and Deadlines

A. Letter of Intent (LOI)

ONE ORIGINAL AND TWO COPIES of the LOI must be postmarked on or before July 18, 1997. (FACSIMILES ARE NOT ACCEPTABLE.)

B. Application

ONE ORIGINAL AND FIVE COPIES of the invited applications must be submitted on Form PHS 398 (OMB Number 0925–0001) and must be postmarked on or before August 15, 1997.

C. Address for Submission of Letter of Intent and Invited Application

Van Malone, Grants Management Officer, Grants Management Branch, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road NE., Room 300, Mailstop E–15,

Atlanta, Georgia 30305, ATTN: Juanita Dangerfield.

D. Application Deadline

Letters of Intent and Applications shall be considered as meeting the deadline if they are either:

1. Received on or before the deadline date, or
2. Postmarked 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.)

E. Late Applications

Applications that do not meet the criteria in D.1. or D.2. above are considered late applications and will be returned to the applicant without review.

Where To Obtain Additional Information

Business management technical assistance may be obtained from Juanita Dangerfield, Grants Management Specialist, Grants Management Branch, Centers for Disease Control and Prevention (CDC), Procurement and Grants Office, 255 East Paces Ferry Road NE., Room 300, Mailstop E-15, Atlanta, GA 30305, telephone (404) 842-6577, or facsimile at (404) 842-6513, or INTERNET address: jdd2@cdc.gov.

Programmatic technical assistance may be obtained from the National Center for HIV, STDs and TB Prevention, Centers for Disease Control and Prevention (CDC), Atlanta, GA 30303, for HIV, contact Lynn Austin, telephone (404) 639-0902; for STD, contact Sevgi Aral, telephone (404) 639-8259; for TB, contact Bess Miller, telephone (404) 639-8120.

Please refer to Announcement 768 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), "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 20, 1997.

Joseph R. Carter,

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

[FR Doc. 97-16725 Filed 6-25-97; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[Program Announcement No. OCS 97-07A]

Fiscal Year 1997 Family Violence Prevention and Services Discretionary Funds Program; Availability of Funds and Request for Applications

Correction

In the **Federal Register**, Vol. 62, No. 103, May 29, 1997, beginning on page 29244 make the following correction:

On page 29249 in the second column, under Minimum Requirements for Project Design, in the last sentence, "900 hours per semester" should read "400 hours per year."

(Catalog of Federal Domestic Assistance number 93.592, Family Violence Prevention and Services)

Dated: June 23, 1997.

Donald Sykes,

Director, Office of Community Services.

[FR Doc. 97-16775 Filed 6-25-97; 8:45 am]

BILLING CODE 4184-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[Program Announcement No. OCS 97-09]

Request for Applications Under the Office of Community Services' Fiscal Year 1997 Training, Technical Assistance, and Capacity-Building Program

AGENCY: Office of Community Services, ACF, DHHS.

ACTION: Request for Applications Under the Office of Community Services' Training, Technical Assistance and Capacity-Building Program.

SUMMARY: The Office of Community Services (OCS) announces that competing applications will be accepted for new grants pursuant to the Secretary's authority under section 674(a) of the Community Services Block Grant Act of 1981, as amended, the Human Services Amendments of 1994,

(Pub. L. 103-252). This Program Announcement consists of seven parts. Part A covers information on the legislative authority and defines terms used in the Program Announcement. Part B describes the purposes and Priority Areas that will be considered for funding, and describes which organizations are eligible to apply in each Priority Area. Part C provides details on application prerequisites, anticipated amounts of funds available in each Priority Area, tentative numbers of grants to be awarded, etc. Part D provides information on application procedures including the availability of forms, where to submit an application, criteria for initial screening of applications, and project evaluation criteria. Part E provides guidance on the content of an application package and the application itself. Part F provides instructions for completing an application. Part G details post-award requirements.

CLOSING DATE: The closing time and date for receipt of applications is 4:30 p.m., Eastern time zone, on August 11, 1997. Applications received after 4:30 p.m. on that date will be classified as late. Postmarks and other similar documents do not establish receipt of an application. Detailed application submission instructions including addresses where applications must be received are found in Part D of this Announcement.

FOR FURTHER INFORMATION CONTACT: Margaret Washnitzer, Director, Division of State Assistance, Office of Community Services, Administration for Children and Families, 370 L'Enfant Promenade, SW., Washington, DC. 20447 (202) 401-9343. This Program Announcement is accessible on the OCS Electronic Bulletin Board for downloading through a computer modem by calling 1-800-627-8886. For assistance in accessing the Bulletin Board, *A Guide to Accessing and Downloading* is available from Ms. Minnie Landry at (202) 401-5309.

Part A—Preamble

1. Legislative Authority

Under section 674(a)(1) and (2) of the Community Services Block Grant (CSBG) Act of 1981, as amended by the Human Services Amendments of 1994, Pub. L. 103-252, the Secretary of Health and Human Services is authorized to utilize a percentage of appropriated funds for training, technical assistance, planning, evaluation, and data collection activities related to programs or projects carried out under this subtitle. To carry out the above activities, the Secretary is authorized to