Road, NE., Room 320, Mail Stop E–15, Atlanta, Georgia 30305, on or before August 8, 1997.

1. *Deadline:* Applications will be considered as meeting the deadline if they are either:

A. Received on or before the stated deadline date; or

B. Sent on or before the deadline date and received in time for submission to the independent review group. (Applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks will not be accepted as proof of timely mailing.

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

Where to Obtain Additional Information

A complete program description, information on application procedures, an application package, and business management technical assistance may be obtained from Kevin Moore, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 320, Mail Stop E–15, Atlanta, Georgia 30305, telephone (404) 842–6550, E-mail address kgm1@cdc.gov. The announcement will be available on one of two Internet sites on the publication date: CDC's home page at http://www.cdc.gov, or at the Government Printing Office home page (including free access to the **Federal Register**) at http://www.access.gpo.gov.

Programmatic technical assistance may be obtained from Jeff Efird, Division of HIV/AIDS Prevention, National Center for HIV, STD, TB Prevention, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE., Mail Stop E–45, Atlanta, Georgia 30333, telephone (404) 639–6130, E-mail address jle1@cdc.gov. Eligible applicants are encouraged to call before developing and submitting their application. Please refer to Announcement Number 735 when requesting information.

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 from the Superintendent of Documents, Government Printing Office, Washington, DC 20402–9325, telephone (202) 512–1800.

Dated: July 1, 1997.

Joseph R. Carter,

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

[FR Doc. 97–17702 Filed 7–7–97; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 761]

Replication and Dissemination of Effective Breast and Cervical Cancer Health Education Interventions

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of funds in fiscal year (FY) 1997 for cooperative agreements to replicate and disseminate effective interventions for the early detection of breast and cervical cancer. These efforts should address health education for priority populations or professional education for health service providers. Activities under this Program Announcement are to be conducted in conjunction with the National Breast and Cervical Cancer Early Detection Program (NBCCEDP).

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 to improve the quality of life. This announcement is related to the priority area of Cancer. (To order a copy of Healthy People 2000, see the section WHERE TO OBTAIN ADDITIONAL INFORMATION.)

Authority

This program is authorized by Sections 317(k)(2) and 1507 [42 U.S.C. 247b(k)(2) and 42 U.S.C. 300n–3] of the Public Health Service Act, as amended.

Smoke-Free Workplace

CDC strongly encourages all grant recipients to provide a smoke-free workplace and to 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

Assistance will be provided to nonprofit public or private organizations. Applicants must have affiliate/local offices or organizations in more than, or with access to, two or more States, U.S. territories, or Indian tribes or Indian tribal organizations. In addition, applicants must have a primary relationship to one or more of the priority populations or the health care providers who serve them. A primary relationship is one in which the organization's service to the priority population or to the health care providers who serve them is viewed as the most important component of its mission.

National organizations; professional associations of health care providers and their regional, State, and local constituents and affiliates; are eligible to apply. These organizations provide a unique opportunity to replicate and disseminate interventions that address barriers to screening, enhance the quality of care, and improve the priority population's access to and utilization of early detection programs.

* * Applicants must complete the enclosed Eligibility Assurance included in the application package and must attach documentation to support compliance with these eligibility criteria.

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.

Glossary

Priority populations include uninsured or underinsured women, women who are aged 50 years and older; women who are racial, ethnic, and cultural minorities, such as American Indians, Alaskan Natives, African-Americans, Hispanics, Asian/Pacific Islanders, Lesbians, women with disabilities, and women who live in hard-to-reach communities in urban and rural areas. Priority populations, as defined above, will be used throughout this document.

Replication can include applying a proven, researched, and theoretically-based intervention proven to be effective:

(a) With one disease and one priority population and then adapted to breast and/or cervical cancer for another population or in a new geographic area;

(b) For increased screening for breast and cervical cancer and adapted for

another population or geographic area; or

(c) In increasing breast and cervical cancer screening in a limited population and then expanded to reach more members of the same population.

Intended partners are agencies working with priority populations and health care providers for whom an intervention is appropriate. These agencies will work with the cooperative agreement recipient to implement the replication package.

Additional program definitions and information are included in the application kit.

Availability of Funds

Approximately $3.5 million will be available in FY 1997 to fund approximately 10 awards. It is expected that the average award will be approximately $350,000, ranging from $250,000 to $400,000. It is the intent of CDC to fund a balanced distribution of organizations that propose a health education intervention for priority populations and those that propose a professional education intervention, e.g. award approximately five programs in each category.

It is expected that these awards will begin on September 29, 1997, and will be made for 12-month budget periods within a project period of up to 4 years. Funding estimates may vary and are subject to change.

Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds. Funds may not be expended for the purchase or lease of land or buildings, construction of facilities, renovation of existing space, or the delivery of clinical and therapeutic services. The purchase of equipment is discouraged but will be considered for approval if justified on the basis of being essential to the program and documented that equipment is not available from any other source.

Use of Funds

Restrictions on Lobbying

Applicants should be aware of restrictions on the use of Department of Health and Human Services (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 Departments of Labor, HHS, and Education, and Related Agencies 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. Section 503 of this new law, as enacted by the Omnibus Consolidated Appropriations Act, 1997, Division A, Title I, Section 101(e), Pub. L. No. 104–208 (September 30, 1996), 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.

Background

Breast Cancer

In the United States, approximately 500,000 women will die of breast cancer this decade. Among women, breast cancer accounts for 29 percent of all new cancer cases and is the second leading cause of cancer-related deaths. In 1996, the American Cancer Society estimated that 184,300 women were diagnosed with invasive breast cancer and that 44,300 women died of this disease. Death rates from the disease are highest among women aged 40 years or more, and among black women compared with white women for those aged less than 70 years.

It is not currently known how to prevent breast cancer. Thus, detecting carcinoma of the breast in its early stages is the key to more treatment options, improved survival, and decreased mortality. Research has shown that the use of mammography can reduce the mortality attributable to breast cancer among women aged 50 years and older by 30 percent.

The percent of women who are regularly screened for breast cancer decreases with age. The baseline data on mammography use from the 1992 National Health Interview Survey show that only 49 percent of women aged 50 years and older reported having had a mammogram within the past three years. This proportion was lower for racial and ethnic minority women, for women who had less than a high school education, for women who were over age 75 years, and for women who were living below the poverty level. In Healthy People 2000, the CDC established that by the year 2000, sixty (60) percent of women aged 50 years and older should receive a mammogram annually.

Cervical Cancer

The overall incidence of invasive cervical cancer has decreased steadily over the last several decades, but in recent years, this rate has increased among women who are less than 50 years old. In 1996, invasive cervical cancer was diagnosed among approximately 15,700 women, and carcinoma in situ was diagnosed among about 65,000 women, and about 4,900 women died of cervical cancer.

The primary goal for cervical cancer screening is to increase detection and treatment of precancerous cervical lesions and thus prevent the occurrence of cervical cancer. Although no clinical trials have studied the efficacy of Papanicolaou (Pap) test in reducing cervical cancer mortality, experts agree that it is an effective technology. Since the introduction of the Pap test in the 1940s, cervical cancer mortality rates have decreased by 75 percent in the United States.

In 1991, the PHS established that by the year 2000, 75 percent of women should be receiving a Pap test within the preceding one to three years. Baseline data on the use of the Pap test from the 1992 National Health Interview Survey (NHIS) show that only 65 percent of women aged 18 years and older reported having had a Pap test within the past three years. As with mammography screening, this proportion was lower for racial and ethnic minority women, for women who had less than a high school education, for women who were over 75 years of age, and for women who had low incomes.

National Breast And Cervical Cancer Early Detection Program

In 1990, the U.S. Congress passed The Breast and Cervical Cancer Mortality Prevention Act, Pub. L. 101–354 to reduce the morbidity and mortality from breast and cervical cancer. This legislation enables CDC, in partnership with State health departments, U.S. Territories, and Indian tribes or Indian tribal organizations to make breast and cervical cancer screening, referral, tracking, and follow-up services available and accessible to women, with priority for services given to low-income, and uninsured and underinsured women. Many women do not have access to a well-coordinated and integrated approach to screening, follow-up, and treatment services because of social, financial, and geographic barriers.

In accordance with Pub. L. 101–354, a comprehensive program includes the following program components: (1) breast and cervical cancer screening, (2) referral and follow-up, (3) public health education, (4) professional education, (5) quality assurance, and (6) surveillance and program evaluation. Additionally, the success in carrying out these programs requires appropriate partnership development and community involvement. The importance of these program components and a systematic, coordinated approach is necessary to ensure maintenance of quality and comprehensive services. In FY 1997, with a Congressional appropriation of $140 million, CDC funded 50 States, five U.S. territories, the District of Columbia, and 13 Indian tribes or Indian tribal organizations.

Program success is enhanced when State, territorial, and tribal resources and efforts are combined with those of other State, territorial, and tribal programs, voluntary organizations, private sector organizations, and community-based organizations through partnership development. Statewide, territorial and tribal comprehensive breast and cervical cancer control programs can make a vital contribution to the nationwide effort to reduce morbidity and mortality and to improve quality of life.

Purpose

The purpose of this program is to improve and change the knowledge, attitudes, and behaviors of priority populations and/or the health care providers that serve them related to breast and cervical cancer early detection.

Ultimately the goal is to increase the number of women from the priority populations served by the NBCCEDP through the development of effective interventions and health care provider education. Examples of interventions can include:

Public Health Education—

- Interventions that reach priority populations and address cultural differences between individual providers and their clients.
- Interventions that have been effective with select priority populations for other health concerns or chronic diseases that have the potential to increase breast and cervical cancer screening for priority populations.

Professional Education—

- Training for health care providers that focus on breast and cervical cancer skills building and application in a culturally sensitive manner.
- Interventions that incorporate culturally sensitive breast and cervical cancers prevention education in medical, nursing, and other health service provider curricula.
- Interventions that change institutional polices and health provider practices to improve access to screening services for priority populations.

Program Requirements

CDC's intent is to support programs that will result in increased screening and rescreening at CDC supported National Breast and Cervical Cancer Early Detection Program (NBCCEDP) sites for priority populations. Applicants:

A. Should focus on affecting the priority population with whom they have the greatest likelihood of impacting or a professional organization that can influence health provider behavior.

B. Are encouraged to collaborate with other agencies in the replication and dissemination of an intervention that would target both the women to be screened and the health care providers that serve them.

C. Must have a currently existing or develop a collaborative relationship with recipients of the NBCCEDP in conducting these projects.

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

A. Recipient Activities

Activities under this Cooperative Agreement are divided into five phases. It is anticipated that recipients will complete and move from one phase to the next at different times, depending on the expertise and capabilities possessed by each. However, funding for each successive phase will depend on the availability of funds and documentation to CDC by the recipient that the previous phase has been successfully completed.

1. Phase 1: Recipients will develop the replication package.
2. Phase 2: Recipients will develop plans to implement and evaluate the replication package.
3. Phase 3: The replication package will be piloted.
4. Phase 4: The package will be refined based on the pilot experience and then implemented to others.
5. Phase 5: Recipients will analyze the replication package and prepare summary reports that address the effectiveness of the replication. Good replication of interventions should include proper process and outcome evaluation conducted throughout the span of the cooperative agreement.

The program requirements for the first phase of activity are:

Develop the replication package in collaboration with grantees of the NBCCEDP. The package will be written in language understandable to nonresearchers and contain:

1. A full description of the intervention on which the replication is based.
2. A list of the priority populations or the health care providers for whom the replication would target.
3. A time line of specific steps and costs for setting up the replication.
4. A list of the types of agencies needed for collaboration on the replication and approaches to establishing linkages with them.
5. A list of all necessary materials, other resources, staff commitment (numbers and time) and skills, and cost breakdowns for conducting the replication.
6. Protocols for implementing the replication and ensuring its quality and consistency.
7. If appropriate, plans for formative research with new or expanded target audiences, with an explanation of how the original intervention will be adapted or changed.
8. Specific strategies for overcoming barriers to implementation.
9. The replication package should include practical examples, strategies, and suggestions from the original intervention and should contain copies of all relevant materials.

The program requirements for the second phase of activity are:

Create a strategy to implement and evaluate the replication package. The recipient will:

1. Compile a list of intended partners.
2. Select ways to inform intended partners about the availability of the package. This strategy will be used to identify intended partners who are interested in carrying out the intervention package with the technical assistance of the recipient.
3. Create a timeline of specific steps and costs for marketing the intervention.
4. Develop methods and procedures for evaluating process, outcome, and cost-implications of the replication.

The program requirements for the third phase of activity are:

Pilot the replication package. The recipient will pilot test the replication package with at least two selected sites. This should include:

1. Develop procedures for collecting process data, e.g., on unforeseen barriers to implementation, solutions to barriers, and cost containment.
2. Implement the replication package with the partners at the pilot sites.
3. Provide on-going technical assistance and consultation.
4. Provide a timeline of specific steps and costs for implementing the intervention.

The program requirements for the fourth phase of activity are:

Implement the replication package. Based on the results of the pilot test, the recipient will:

1. Refine the package and select at least four intended partners to participate in the implementation of the replication package.
2. Provide the intended partners with the replication package and with specific instructions for implementation.
3. Provide ongoing technical assistance and consultation.
4. Provide a timeline of specific steps and costs for conducting the intervention.

The program requirements for the fifth phase of activity are:

Analyze and Evaluate the replication package. Such evaluation should:

1. Use appropriate qualitative or quantitative methods.
2. Include an assessment of the fidelity of the implementation of the intervention to the methods and protocols presented in the replication package.
3. Provide a timeline of specific steps and costs for evaluating the replication package.
4. Describe results of the replication package on priority populations' or health care providers' behaviors.

Any materials developed in whole or in part with CDC funds shall be subject to a nonexclusive, irrevocable, royalty-free license to the Federal government to reproduce, translate, publish, or otherwise use and authorize others to use for government purposes.

B. CDC Activities

1. Provide consultation and technical assistance regarding the adaptation, implementation, and evaluation of the replication package.
2. Collaborate with recipients in developing, implementing, evaluating and disseminating the replication packages designed to improve and change the knowledge, attitude, and screening behaviors of priority populations and/or the health care providers who serve them.
3. Monitor the recipient's performance of project activities and attainment of project objectives through the provisions of technical assistance and progress reporting.
4. Provide periodic updates about public knowledge, attitudes, and practices regarding the early detection and control of breast and cervical cancer and up-to-date scientific information.
5. Assist with the evaluation of project activities including the analysis of ongoing process measures and the redirection of activities as necessary.
6. CDC will cooperate with the preparation and publication of study findings.

Technical Reporting Requirements

Progress Reports

An original and two copies of a progress report must be submitted on a semiannual basis, no later than 30 days after the end of each 6-month period. The semiannual progress reports should include:

A. A brief program description.

B. A comparison of the actual accomplishments to the goals and objectives established for the period.

C. If established goals and objectives were not accomplished or 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, when appropriate, analysis and explanation of unexpectedly high costs for performance.

Financial Status Reports

An original and two copies of the financial status reports (FSR) must be submitted no later than 90 days after the end of each budget period. Final financial status and performance reports are required no later than 90 days after the end of the project period. All reports are submitted to the Grants Management Branch, Procurement and Grants Office, CDC.

Application Content

Applicants may elect to submit proposals that address one of the following types of activities: (1) health education interventions designed to increase the participation of priority populations in screening services; or (2) health care provider interventions designed to build skills of health service providers to better encourage client participation in screening services.

Applicants must develop their applications in accordance with PHS Form 5161–1 (Rev. 7–92), information contained in the program announcement, and the instructions below. *The application, excluding appendixes, should not exceed 50 pages.*

A. Health Education and Professional Education Intervention(s)

1. Description and justification.

(a) Supply permission from the original developers of the proposed intervention to replicate the intervention, including use of appropriate materials, etc.

(b) Describe the intervention(s) to include:

(1) priority population for whom the replication package was designed (including behavioral risks), (2) theoretical basis, (3) intervention design and components, (4) programmatic objectives, (5) behavior change goal, (6) methods of delivery, and (7) outcome evaluation method. Identify the agency(ies) that originally developed, conducted, and evaluated the intervention that will be the object of the replication and dissemination.

(c) Substantiate the need for replication in terms of (1) size of priority population, (2) appropriateness to selected population groups (on the basis of analysis of the current data), (3) program objectives of the intended partners, (4) and address the inclusion of women and members of minority groups and their sub-populations.

2. Demonstrated effectiveness.

(a) Provide appropriate documentation of the original intervention's effectiveness. This includes professional publications, technical reports, or other appropriate documents. These documents should address a description of the original intervention including the population served, intervention components, and the time period in which the intervention was conducted.

(b) Describe the research methods used that include what variables were measured.

(c) Describe results of the evaluation.

B. Replication Package Plans for Implementation and Evaluation

1. Discuss the (1) purpose, (2) intended users, (3) programmatic objectives, (4) format, and (5) message concepts of each component of the package, and (6) how these features are appropriate for the intended partners' needs and capabilities.

2. Explain how recipients of CDC's National Breast and Cervical Cancer Early Detection Programs will be involved in the development of the package.

3. Describe the proposed package (materials, protocols, and guidelines). Examples: (1) priority populations for whom the replication would be appropriate; (2) specific steps for setting up the replication; (3) necessary collaborators; (4) necessary materials, other resources, and staff commitment (numbers and time) and skills for conducting the intervention; (5) protocols for carrying out the replication and ensuring quality and consistency; (6) barriers to implementation and how they were overcome; and (7) evaluation methods.

4. Outline the planned procedures for reviewing and piloting materials developed as part of the package.

5. Present a timeline for developing the replication package.

C. Piloting the Replication Package

1. Discuss a plan to identify intended partners and indicate any that have already shown interest in or may be interested in implementing the replication package.

2. Describe how the participation of partners will be solicited.

3. Elaborate on the criteria and mechanism for selecting the partners who will pilot the replication package.

D. Implementing the Replication Package

1. Describe the strategy to facilitate implementation of the package, including direct technical assistance from the recipient to the partners selected.

2. Discuss procedures to involve selected partners in implementing the package to include use of the selected partner's existing staff and resources, and barriers to implementation and how to overcome them. Feasibility and ability to sustain the replication with existing resources are important for the successful adoption of the package.

E. Evaluation Activities

Describe the plan for evaluating the replication package. Address: (1) methods, (2) research protocols that should include ongoing process and outcome measures, (3) supervision, (4) quality assurance, (5) consistency, (6) confidentiality of participant information, (7) employee recruitment and retention, (8) participant recruitment and follow-up, (9) accuracy and completeness of record keeping, (10) documentation of intervention episodes, (11) monitoring of intervention delivery, and (12) forming and maintaining collaborative relationships.

F. Capacity

1. Demonstrate capacity to conduct the proposed activities.

2. Explain the proposed staffing, show percentages of each staff member's commitment to this and other projects, division of duties and responsibilities for this project; include brief position descriptions for existing and proposed personnel.

3. Demonstrate that the staff have the expertise to complete this project.

4. Discuss any partnership between the applicant and recipients of CDC's National Breast and Cervical Cancer Early Detection Programs and also general activities, such as project oversight that will contribute to the completion of activities.

5. Name the staff members that are key to the completion of the project. Include: (a) their curriculum vitae; (b) a description of their experience with interventions, particularly those involving breast and cervical cancer control, or the development, implementation, and evaluation of other health interventions, (c) a description of their work in developing partnerships with others, (d) and their experience in providing technical assistance.

6. Describe equipment and facilities that will be used for the proposed activities.

G. Budget

Provide a detailed budget and justification of all operating expenses consistent with the stated objectives and planned activities of the project. Be precise about the program purpose of each budget item and itemize calculations when appropriate.

Typing and Mailing

Applicants are required to submit an original and two copies of the application. Appendixes should be of a reasonable length; only include documents necessary to support the application. Pages should be clearly numbered and a complete index to the application and any appendixes included. The original and each copy of the application must be submitted unstapled and unbound. All materials must be typewritten, single-spaced, with unreduced type on 8 1/2″ by 11″ paper, with at least 1'' margins, headers and footers, and printed on one side only.

Evaluation Criteria (100 Points)

Applications will be reviewed and evaluated according to the following criteria:

A. Health Education and Professional Education Intervention (17 Points Total)

1. Description and justification (7 points) Thoroughness of the description and quality of the original intervention design, components, and methods. Appropriateness of the intervention methods for the proposed priority population. Convincing need for the intervention's replication. Feasibility of implementation by organizations with limited resources. Documented permission from the developers of the intervention proposed for replication to publicize and market replication materials and protocols. As appropriate, information is provided on the extent to which the proposed work addresses the inclusion of women, racial and other ethnic minorities.

2. Documented effectiveness (10 points) Thoroughness of the description of the documented effect of the intervention to be replicated including evaluation and research findings. Extent of the intervention's effectiveness, as defined in the **APPLICATION CONTENT** section. Inclusion of publications.

B. Description of the Replication Package (18 Points)

Level of detail in the description or outline of the proposed package, including materials, protocols, and guidelines. Clarity of described intended audiences, objectives, format, and concepts. Justification of the appropriateness of the package's objectives, format, and concepts to the intended users' (e.g. health care providers or community-based organizations) needs and capabilities. Level of involvement from recipients of CDC's National Breast and Cervical Cancer Early Detection Programs in development of the package. Adequacy of method or strategy to review and pretest proposed materials. Time scheduled for completing the proposed steps of the package's development is realistic.

C. Description of Plan to Pilot the Package (15 Points)

Quality of plan identifying proactive methods to identify and solicit intended partnerships. Adequacy of criteria and mechanism for selecting the partnerships for carrying out the package.

D. Description of Replication Implementation (15 Points)

Clarity of the strategy to coordinate with selected partners in adopting and implementing the replication package. Understanding of barriers to implementation and demonstration of how to identify and overcome them. Adequacy and feasibility of plan to assist selected partners in implementing the replication package using their existing resources and staff.

E. Description of Plan to Evaluate Implementation (15 Points)

Feasibility and appropriateness of the plan to evaluate the selected partner's implementation of the replication package. Intervention components to be evaluated are thorough and realistic.

F. Demonstrated Capacity (20 Points)

Overall ability of the applicant to perform the proposed activities as reflected in their staff's and consultant's qualifications, experience with intervention development, evaluation, dissemination, and demonstrated familiarity with breast and cervical cancer screening interventions. The ability to publicize the replication. Adequacy of existing support staff, equipment, and facilities.

G. Budget (Not Weighted)

Extent to which the budget is reasonable, itemized, clearly justified, and consistent with the intended use of the funds.

Executive Order 12372 Review

Applications are subject to Intergovernmental Review of Federal Programs as governed by Executive Order (E.O.) 12372. E.O. 12372 sets up a system for State and local government review of proposed Federal assistance applications. Applicants (other than federally recognized Indian tribal Governments) should contact their State Single Point of Contact (SPOC) as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC of each affected State. A current list of SPOCs is included in the application kit. If SPOCs have any State process recommendations on applications submitted to CDC, they should send them to 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., Room 314, mail Stop E–18, Atlanta, Georgia 30305, no later than 30 days after the application deadline. The Program Announcement Number and Program Title should be referenced on the document. The granting agency does not guarantee to ''accommodate or explain'' State process recommendations it receives after that date.

Indian tribes are strongly encouraged to request tribal government review of the proposed application. If tribal governments have any tribal process recommendations on applications submitted to CDC, they should forward them to Sharron P. Orum, Grants Management Office, Grants Management Branch, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 314, Mailstop E–18, Atlanta, Georgia 30305. This should be done no later than 30 days after the application deadline. The granting agency does not guarantee to ''accommodate or explain'' for tribal process recommendations it receives after that date.

Public Health System Reporting Requirements

This program is subject to the Public Health System Reporting Requirements. Under these requirements, all community-based nongovernmental applicants must prepare and submit the items identified below to the head of the appropriate State and/or local health agency(s) in the program area(s) that may be impacted by the proposed project no later than the receipt date of the Federal application. The appropriate State and/or local health agency is determined by the applicant. The following information must be provided:

A. A copy of the face page of the application (SF 424).

B. A summary of the project that should be titled ''Public Health System Impact Statement'' (PHSIS), not to exceed one page, and include the following:

1. A description of the population to be served;

2. A summary of the services to be provided; and

3. A description of the coordination plans with the appropriate State and/or local health agencies.

If the State and/or local health official should desire a copy of the entire application, it may be obtained from the State Single Point of Contact (SPOC) or directly from the applicant.

Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance number is 93.283.

Other Requirements

Paperwork Reduction Act

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

Human Subjects

If the proposed project involves research on human subjects, the applicant must comply with the Department of Health and Human Services Regulations (45 CFR Part 46) regarding the protection of human subjects. Assurance must be provided to demonstrate that the project will be subject to initial and continuing review by an appropriate institutional review committee. The applicant will be responsible for providing assurance in accordance with the appropriate guidelines and form provided in the application kit, including those surrounding the issues of human subjects.

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 Indians, Alaskan Natives, Asian/Pacific Islanders, Blacks and Hispanics. Applicants shall ensure that 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, or sex of participants. 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

The original and two copies of the application PHS Form 5161–1 (Revised 7–92, OMB #0937–0189) must be submitted to Sharron P. Orum, Grants Management Officer, Procurement and Grants Office, Centers for Disease Control and Prevention, 255 East Paces Ferry Road, NE., Room 314, MS E–18, Atlanta, GA 30305, on or before August 15, 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 will not be accepted as proof of timely mailing.)

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

Where to Obtain Additional Information

To receive additional written information, call (404) 332–4561. You will be asked to leave your name, address, and telephone number. Please refer to Program Announcement 761. You will receive a complete program description, information on application procedures, and application forms. If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from Albertha Carey, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 314, Mail Stop E–18, Atlanta, Georgia 30305, telephone (404) 842–6591; electronic mail at ayc1@cdc.gov.

Programmatic technical assistance may be obtained from Corinne Graffunder or Patti Poindexter, Program Services Branch, Division of Cancer Prevention and Control, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC), 4770 Buford Highway NE., Mailstop K–57, Atlanta, GA 30341–3724; telephone (770) 488–4880; electronic mail at com5@cdc.gov and pxt1@cdc.gov, respectively.

You may obtain this announcement from one of two Internet sites on the actual publication date: 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 761 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: July 1, 1997.

Joseph R. Carter,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Announcement 773]

National Organizational Strategies for the Prevention, Early Detection, and Control of Cancers

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of funds for fiscal year (FY)1997 for competing cooperative agreements to conduct nationwide educational activities related to the delivery of prevention, early detection, and control of cancers, especially cancers of the breast, cervix, colon, rectum, and skin for priority populations (including, but not limited to Hispanics, African-Americans, American Indian/Alaska Natives, older Americans, urban Americans, youths, etc.).

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 to improve the quality of life. This announcement is related to the priority areas of Cancer. (To order a copy of Healthy People 2000, see the section ''Where To Obtain Additional Information'.)

Authority

This program is authorized by Sections 317(k)(2) [42 U.S.C. 247b(k)(2)] of the Public Health Service Act, as amended.

Smoke-Free Workplace

CDC strongly encourages all grant recipients to provide a smoke-free workplace and to 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, or early childhood development services are provided to children.

Eligible Applicants

Eligible applicants are private and public nonprofit national organizations that have established and conducted nationwide programs and activities related to health promotion and disease prevention.

National organizations and their regional, State, and local constituents provide a unique opportunity to develop and conduct interventions to address barriers to prevention and screening, improve the quality of care, and improve the priority population's access to cancer prevention and early detection programs. National organizations that have established credible working relationships with priority populations or which can impact these populations through policy or resource allocation can identify appropriate recruitment strategies, interpersonal channels, education messages, resources and organizational linkages, learning modules, and instructional tools that will assist increasing participation in cancer prevention and early detection programs nationwide.

All private, nonprofit organizations must include evidence of its nonprofit status with the application. Any of the following is acceptable evidence.

(a) A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.

(b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.

(c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.

(d) A certified copy of the organization's certificate of