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

incorporation or similar document if it clearly establishes the nonprofit status of the organization.

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 will not be eligible for the receipt of Federal funds constituting an award, grant, cooperative agreement, contract, loan, or any other form.

Availability of Funds

Approximately $1 million is available in FY 1997 for approximately 6 awards. It is expected that the average award will be $150,000, ranging from $100,000 to $200,000. It is expected that the awards will begin on or about September 30, 1997, and will be made for a 12-month budget period within a project period of up to 5 years. It is expected that CDC will fund approximately 3 projects for breast and cervical cancer; approximately 1 project for colorectal cancer; approximately 1 project for skin cancer and approximately 1 project for a cross-cutting activity which may impact more than one priority cancer. Funding estimates may vary and are subject to change.

Continuation awards within the approved 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 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

One of every five deaths in the United States is of cancer. The American Cancer Society (ACS) estimates that approximately 7.4 million Americans alive today have a history of cancer. In the last half-century, the cancer mortality rate in the United States has risen steadily. The age-adjusted rate in 1930 was 143 per 100,000 population. It rose to 158 in 1950, to 163 in 1970, and to 174 in 1990. In 1997, about 560,000 people will die of cancer—over 1,500 people a day.

In 1997, about 1,382,400 new cancer cases will be diagnosed. This estimate does not include carcinoma in situ and basal and squamous cell skin cancers. The incidence of these skin cancers is estimated to be more than 900,000 cases annually.

The financial costs of the disease are significant. Cancer accounts for about 10 percent of the total cost of disease in the United States. The National Cancer Institute (NCI) estimates overall costs for cancer at $104 billion; $35 billion for direct medical costs, $12 billion for morbidity costs (cost of lost productivity), and $57 billion for mortality costs.

CDC's Division of Cancer Prevention and Control (DCPC), within the National Center for Chronic Disease Prevention and Health Promotion, provides technical consultation, assistance, and training to State and local public health departments and other health care provider organizations to improve education, training, and skills in the prevention, detection, and control of selected cancers, including breast, cervical, colorectal, and skin cancers. In its commitment to reach the targeted populations at risk for developing cancer, the division encourages States to build local coalitions and to implement relevant grassroots and community activities.

Breast Cancer

Among women, breast cancer is the second leading cause of cancer-related deaths. An estimated one of every eight women in the United States will develop breast cancer in her lifetime. In 1997, the American Cancer Society estimates that 180,200 women will be diagnosed with invasive breast cancer and 43,900 women will die of this disease. According to the most recent data, mortality rates are decreasing among white women, but not among African-American women.

The percent of women screened for breast cancer decreases with age. Approximately 70 percent of women aged 50 years and older reported in the 1995 Behavioral Risk Factor Surveillance System (BRFSS) having had a mammogram within the last two years. This proportion was much 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 Public Health Service (PHS) established that by the year 2000, 60 percent of all women aged 50 years and older should receive a mammogram every 2 years.

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 younger than 50 years. In 1997, invasive cervical cancer will be diagnosed in approximately 14,500 women. In this same year, about 4,800 women will die of cervical cancer. The mortality rate from cervical cancer is more than twice as high for black women as for white women.

The primary goal of 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. The rate of invasive cervical cancer has decreased steadily over the last several decades and has decreased approximately 2 percent each year since 1988. This decrease is attributed to widespread use of the Pap test. Cervical carcinoma in situ, a precancerous condition, is now more frequent than invasive cancer, particularly among women younger than 50 years.

In 1991, the PHS established that by the year 2000, 85 percent of women aged 18 years and older should be receiving a Pap test within the preceding one to three years. Baseline data on the use of the Pap test from the 1987 National Health Interview Survey (NHIS) show that only 75 percent of women aged 18 years and older reported having had a Pap test within the past three years. Women who are minorities, are beyond their reproductive years, have less education, and have a low income are less likely to have had a recent Pap test.

Colorectal Cancer

Colorectal cancer is a major cause of morbidity and mortality. The ACS estimates that in 1997, 131,200 people will be diagnosed with colorectal cancer and that an estimated 54,900 people will die of this cancer in the United States. When colorectal cancers are detected early, the 5-year survival rate is 91 percent. For individuals who are diagnosed with cancer that has spread regionally to involve adjacent organs or lymph nodes, the rate drops to 63 percent.

The natural history of colorectal cancer makes it a disease suitable for screening. Most colorectal cancers are thought to develop over a period of many years from premalignant polyps, or adenomas. Screening tests are available that can detect both preclinical adenomas and early stage cancers. Thus, like cervical cancer, colorectal cancer can, optimally, be prevented by the removal of premalignant lesions, and survival is greatly enhanced when colorectal cancer is treated at an early stage. Although the U.S. Preventive Services Task Force currently recommends that clinicians screen for colorectal cancer with periodic flexible sigmoidoscopy and annual fecal occult blood testing (FOBT) for all persons aged 50 years and older, actual usage rates of these screening tests are quite low. An estimated one-third of the deaths from colorectal cancer could be prevented through screening.

Skin Cancer

Skin cancer is the most common and most rapidly increasing form of cancer in the United States. Almost one million cases of skin cancer are estimated to occur each year. The two major types of skin cancers are nonmelanoma, which includes basal cell and squamous cell carcinoma, and melanoma. Every decade, the incidence of melanoma doubles. Mortality rates are also increasing. In the United States, the lifetime risk of developing cutaneous malignant melanoma is currently 1 in 87. If current trends continue, by the year 2000, the lifetime risk will climb to 1 in 75. It is estimated that about 40,300 new cases of melanoma will be diagnosed in 1997. Although nonmelanoma skin cancers occur more frequently, about three quarters of skin cancer deaths are attributed to malignant melanoma. In 1997, skin cancers of all kinds will claim the lives of approximately 9,490 people'7,300 of malignant melanoma and 2,190 of other skin cancers.

If detected and treated early, basal cell carcinoma has a cure rate greater than 95 percent. Squamous cell carcinoma is also highly curable if detected and treated early. Non-melanoma skin cancers can lead to substantial morbidity, but mortality rates are low. Melanoma can be treated successfully if detected early but can result in death if left untreated. A person who has had one type of melanoma is at increased risk of getting another type by five to nine times.

Since 1994, CDC has continued to develop partnerships and conduct activities that have supported the growth of CDC's National Skin Cancer Prevention Education Program. The program's aim is to increase public awareness about skin cancer and to help the nation achieve skin cancer prevention objectives established by Healthy People 2000. Currently there is no scientific evidence to support mass screening for skin cancer. Skin self examination, although not scientifically proven as effective, is prudent for persons at high risk. The incidence and mortality of skin cancer can be reduced by changing risk factors associated with sun exposure. Educational programs for both adults and children are important.

Purpose

These awards will assist private and public nonprofit national organizations to educate their constituents about cancer prevention and early detection issues; increase access to cancer screening programs; to identify priority populations; and develop strategies for reaching identified priority populations nationwide. Program options may include generating publications; collaborating with State and local health departments to implement model educational interventions; developing technical assistance and training tools; developing, testing, and evaluating cancer control efforts; and adopting cancer early detection and control objectives as part of the national organization's priorities.

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 will be responsible for conducting activities under B. (CDC Activities).

A. Recipient Activities

1. Develop, evaluate, and disseminate programs or strategies designed to improve cancer prevention, early detection, and control among the priority population.

2. Develop and carry out educational strategies to improve knowledge, attitudes, skills and behaviors regarding cancer prevention, early detection, and control practices among the priority populations.

3. Establish specific, measurable, and realistic program objectives at national, State, and local levels for the accomplishment of program activities.

4. Identify and select appropriate staff.

5. Establish partnerships with CDC-funded State health departments, American Indian/Alaska Native organizations, U.S. territories, and the District of Columbia in implementing outreach programs and or professional education.

6. Participate in a minimum of two meetings per year to facilitate the accomplishment of program objectives.

7. Evaluate achievement through a well-designed evaluation plan that assesses each objective component of the program.

8. Disseminate intervention information at the national, State, and local levels regarding program achievements and activities.

9. Participate in the dissemination and sharing of pertinent program information with other CDC funded grantees, appropriate agencies and partners.

B. CDC Activities

1. Provide technical assistance.

2. Collaborate with recipients in the development, implementation,

evaluation, and dissemination of programs designed to improve the knowledge, attitude, prevention, and screening behaviors of priority populations and or the health care providers who serve them.

3. Provide periodic updates about public knowledge, attitudes, and practices regarding prevention, early detection and control of cancer, and up-to-date scientific information.

4. Collaborate with recipients to develop meeting agendas and convene personnel from all recipient organizations and funded State and territorial health departments, American Indian/Alaska Native tribes and tribal organizations, and the District of Columbia for regular meetings to review program activities.

5. Collaborate with recipients in the development of publications, manuals, modules, etc. that relate to this award.

6. Facilitate the exchange of program information and technical assistance and the development of partnerships between recipients funded under this announcement, community organizations, health departments, and other partners.

Technical Reporting Requirements

An original and two copies of a semiannual progress report are due 30 days after the end of the first six months and 30 days after the end of the budget period. The progress reports must include the following for each program, function, or activity involved: (1) a comparison of actual accomplishments to the goals established for the period; (2) the reasons for slippage if established goals were not met; and (3) other pertinent information including, when appropriate, analysis and explanation of unexpectedly high costs for performance.

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. A final financial status and performance report 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 should focus on affecting the priority population that they have the greatest likelihood of impacting. Interventions may be targeted toward the priority population, health care providers, or others who may impact cancer prevention and control services in the priority populations. Priority populations are defined as uninsured, underinsured, children and youths, older persons, racial and ethnic minorities, those who live in hard-to-reach rural or urban communities, and organizations that can impact the health of these populations.

Program definitions and information that can be helpful in completing this application are attached.

Applicants must develop their applications in accordance with PHS Form 5161–1 (Rev. 7–92, OMB Number 0937–0189), information contained in the program announcement, and the instructions below. The application including appendixes should be limited to no more than 50 single-spaced pages, including PHS forms, budget information, and appendixes.

A. Background and Need

1. Describe the priority population as it relates to the purpose of this program announcement, magnitude and scope of the problem within the priority population, barriers to or gaps in cancer prevention and control efforts, and proposed solutions to barriers or gaps.

2. Describe the organization's past and present program activities in the prevention, early detection and control of cancers, especially cancers of the breast, cervix, colon, rectum, and skin.

3. Describe the applicant's history and experience with and any services provided to the priority population, and the rationale for use of previously conducted or newly developed innovative strategies to enhance the delivery of health messages, services, and or programs regarding the prevention, early detection, and control of cancers, especially cancers of the breast, cervix, colon, rectum, and skin.

B. Goals and Objectives

1. Objectives: Identify specific and time-related, measurable objectives consistent with the purpose of the cooperative agreement.

2. Activities: Clearly identify the specific activities and outreach strategies that will be undertaken to achieve each of the program's objectives during the budget period.

3. Milestone Chart: Submit a milestone-to-completion chart consistent with the time frame of the project period.

C. Capabilities

1. Describe nature and extent of constituent support for past and present organizational activities related to screening and follow-up for cancers, especially cancers of the breast, cervix, colon, rectum, and skin.

2. Describe the nature and extent of health education activities, especially those related to cancer screening and follow-up.

3. Provide a comprehensive plan for national dissemination of program activities.

D. Project Management

1. Submit a copy of the organization's mission statement.

2. Describe the organization's structure and function, size, national membership, substructure, activities on a regional, State, or local level, and methods of routine communication with members (newsletters journals, meetings, etc.).

3. Describe each current or proposed position for this program by job title, function, general duties, and activities with which that position will be involved. Include the level of effort and allocation of time for each project activity by staff position. Minimal staffing should include a full-time project coordinator.

E. Collaborative Activities

Describe past and proposed collaborative working partnerships with providers, community groups who serve the priority population and or have established linkages in the priority population. Include evidence of collaborations with partners such as memorandums of agreement.

F. Program Evaluation Plan

Identify methods for measuring progress toward attaining program objectives and monitoring activities. The evaluation plan should include qualitative and quantitative data collection and assessment mechanisms. This plan should include baseline data or the mechanism that will be used to establish the baseline data; the outcomes to be expected; the minimum data to be collected; the systems for collecting and analyzing the data. Minimum data to be reported include, but are not limited to the following:

1. Describe the number of persons in the priority population, the number you expect to reach, and the plan for evaluating the number actually reached.

2. Demographic information such as race, ethnicity, residence, insurance status, annual income, etc.

3. Information about the health providers reached, such as profession, worksite description, and populations served.

4. When, where, and how often activities are conducted.

G. Budget and Narrative Justification

Provide a detailed line-item budget and narrative justification of all operating expenses consistent with the

proposed objectives and planned activities. Be precise about the program purpose of each budget item and itemize calculations when appropriate.

Applicants should budget for the following costs:

Out-of-State Travel: Participation in CDC-sponsored training workshops and meetings is essential to the effective implementation of cancer control programs. Travel funds should be budgeted for the following meetings:

- Three persons to Atlanta, Georgia to attend the Annual National Cancer Prevention and Control Conference (3 days).
- Three to five persons to Atlanta, Georgia to report program implementation progress (reverse site visit) and for consultation and technical assistance (2 days) (1 trip per year).
- Up to 2 additional 2-person trips to Atlanta, or other specified destination to attend or assist with national training center educational programs on national work groups, task forces or committees (1–3 days).

H. Attachments

Provide these attachments:

1. An organizational chart and résumés of current and proposed staff.
2. A list of applicant's constituents by regional, State, and local organization(s).
3. Evidence of collaboration with other organizations that serve the same priority populations. Include Memorandums of Agreement and letters of support.
4. A description of funding from other sources to conduct similar activities:

(a) Describe how funds requested under this announcement will be used differently or in ways that will expand on the funds already received, applied for, or being received.

(b) Identify proposed personnel devoted to this project who are supported by other funding sources and the activities they are supporting.

(c) Ensure that the funds being requested will not duplicate or supplant funds received from any other sources.

Typing and Mailing

Applicants are required to submit an original and two copies of the application. Number all pages clearly and sequentially and include a complete index to the application and its appendixes. The original and each copy of the application must be submitted unstapled and unbound. Print all material, single-spaced, in a 12-point or larger font on 8 ½″ by 11″ paper, with at least 1″ margins and printed on one side only.

Evaluation Criteria (100 Points)

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

A. Background and Need (25 Points)

1. The extent to which the applicant demonstrates an understanding of the program purpose and objectives (13 points).
2. The extent to which the applicant identifies the priority population(s) and evidenced need for the proposed activities (12 points).

B. Goals and Objectives (20 Points)

The degree to which specific, time-related, and measurable objectives and process and outcome measures are consistent with the stated purposes of the cooperative agreement.

C. Capabilities (20 Points)

The quality and feasibility of the proposed program activities for achieving the objectives. The extent to which applicants demonstrate the ability to impact a segment of the priority populations (e.g., uninsured, underinsured, children and youths, older persons, racial and ethnic minorities, and persons who live in hard-to-reach communities in rural and urban America, etc.) for the cancer(s) they propose to address. This ability may be demonstrated by providing documentation of populations currently served, services provided, and linkages with other health agencies and organizations, as well as by outlining a cancer prevention and control plan consistent with generally accepted theories and practices of public health.

D. Project Management (10 Points)

The adequacy of proposed personnel time allocations and the extent to which proposed staff exhibit appropriate qualifications and experience to accomplish the program activities.

E. Collaborative Activities (15 Points)

The appropriateness and relevance of collaborative linkages, and the extent to which the applicant demonstrates the ability to access the priority population(s) on a national basis and to disseminate programs nationally.

F. Program Evaluation Plan (10 Points)

The quality of the evaluation plan for monitoring progress that relates to intervention activities and objectives.

G. Budget and Justification (Not Weighted)

The extent to which the budget is reasonable and consistent with the purpose and objectives of the cooperative agreement.

H. Human Subjects (Not Weighted)

Whether or not exempt from the DHHS regulations, procedures must be 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.

Content of Noncompeting Continuation Applications

In compliance with 45 CFR 74.51(d), non-competing continuation applications submitted within the project period need only include:

A. A brief progress report that describes the accomplishments of the previous budget period.

B. Any new or significantly revised items or information (objectives, scope of activities, operational methods, evaluation, etc.) not included in the year 01 application.

C. An annual budget and justification. Existing budget items that are unchanged from the previous budget period do not need rejustification. Simply list the items in the budget and indicate that they are continuation items. Supporting justification should be provided where appropriate.

Executive Order 12372 Review

Applications are not subject to 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 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.

Application Submission and Deadline

The original and two copies of the application PHS Form 5161–1 (Revised 7–92, OMB Number 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 300, Mail Stop E–15, Atlanta, GA 30305, on or before August 8, 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

A complete program description and information on application procedures may be obtained in an application package. Business management technical assistance may be obtained from Nealean K. Austin, 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, GA 30305; telephone (404) 842–6508 or the Internet at, nea1@cdc.gov. Programmatic technical assistance may be obtained from Heidi Holt, 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., Mail Stop K–64, Atlanta, GA 30341–3724; (770) 488–3085, or the Internet at: hym3@cdc.gov.

You may also obtain this announcement, and other CDC announcements, 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 773 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).

[FR Doc. 97–17699 Filed 7–7–97; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Announcement Number 778]

Extraumural Applied Research Program in Emerging Infections; Novel Methods for Identification of Emerging Infections

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1997 funds for competitive cooperative agreements and/or grants to support applied research on emerging infections.

The 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 Immunization and Infectious Diseases. (For ordering a copy of Healthy People 2000, see the section WHERE TO OBTAIN ADDITIONAL INFORMATION.)

Authority

This program is authorized under Sections 301 and 317 of the Public Health Service Act, as amended (42 U.S.C. 241 and 247b).

Smoke-Free Workplace

CDC strongly encourages all grant recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products, and Public Law 103–227, the Pro-Children's 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 organizations and governments and their agencies. Thus, universities, colleges, research institutions, hospitals, other public and private organizations, including State and local governments 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: An organization described in section 501(c)(4) of the Internal Revenue Code of 1986 which engages in lobbying activities shall not be eligible to receive Federal funds constituting an award, grant, contract, loan, or any other form.

Availability of Funds

Approximately $1,205,000 is available in FY 1997 to fund 7 to 11 awards in six specific focus areas as follows:

Focus Area #1

Evaluating Algorithms to Diagnose Emerging Causes of Infectious Diarrhea: Approximately $480,000 is available to make 2–3 awards with a maximum project period of 3 years.

Focus Area #2

Rapid Identification of Emerging and Unusual Pathogenic Bacteria by Partial 16S rRNA Sequencing: Approximately $60,000 is available to make one award with a maximum project period of 3 years.

Focus Area #3

Development and Evaluation of Improved Tests for Malaria Diagnosis in the United States: Approximately $100,000 is available to make 1–2 awards with a maximum project period of 2 years.

Focus Area #4

Development of Improved Diagnostic Tests for Leishmaniasis: Approximately $150,000 is available to make 1–2 awards with a maximum project period of 2 years.

Focus Area #5

Identification of Unrecognized Etiologic Agents in Idiopathic Sexually Transmitted Disease Syndromes: Approximately $300,000 is available to make one to two awards with a maximum project period of 2 years.