Stock No. 017–001–00473–1) referenced in the INTRODUCTION through the Superintendent of Documents, Government Printing Office, Washington, D.C. 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. 97–17703 Filed 7–7–97; 8:45 am]

BILLING CODE 4163–18–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Announcement Number 789]

Research and Demonstration Programs in Surveillance, Prevention, and Control of Healthcare-Associated Infections and Antimicrobial Resistant Infections

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1997 funds to provide assistance for cooperative agreements to develop research and demonstration programs in the surveillance, prevention, and control of healthcare-associated infections and antimicrobial resistant infection.

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 Section(s) 301 [42 U.S.C. 241] and 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, and early childhood development services are provided to children.

Eligible Applicants

Applications may be submitted by public and private nonprofit health care delivery systems and organizations. Thus, universities, colleges, research institutions, hospitals, other public and private non-profit organizations are eligible to apply.

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

Availability of Funds

Approximately $700,000 will be available in Fiscal Year 1997 to fund 2 to 3 cooperative agreements. The award is expected to begin on or about September 29, 1997, for a 12-month budget period within a project period of up to 3 years. The funding estimate is subject to change. Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds. There are no matching or cost participation requirements; however, the applicant's anticipated contribution to the overall program costs, if any, should be provided in the application.

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

Nosocomial, or hospital-acquired, infections occur at a rate of 5 to 10 per hundred admissions in U.S. hospitals. An estimated 30,000 patients die each year as a direct result of nosocomial bloodstream infection. Furthermore, many nosocomial infections are associated with an extended length of stay, substantial morbidity, and prolonged therapy. It has been estimated that nosocomial infections have a direct cost of $5 billion to $10 billion annually in this country.

Purpose

The purpose of these cooperative agreements is to provide assistance in establishing centers of excellence for research and demonstration to improve the surveillance, prevention, and control of healthcare-associated infections and antimicrobial resistant infections. For purposes of this program announcement, centers of excellence in the surveillance, prevention, and control of healthcare-associated infections and antimicrobial resistant infections are defined as those recipients who are successfully conducting the activities delineated below. Thus, recipients will establish centers by developing programs with three components: (1) program to conduct research and demonstrate academic leadership in healthcare epidemiology and infection control; (2) program to adapt and implement infection control and healthcare epidemiology practice across the full range of settings in an integrated health care delivery model; (3) program to conduct training of healthcare epidemiologists and infection control practitioners that utilizes quality

management and outcomes management methods and practices.

These programs may be developed sequentially or at the same time; however, the research program must be developed during the first year of the program and the program to adapt practice to integrated delivery models must be developed no later than during the second year of multi-year projects. It is not required that all three components be fully operational at the end of the three-year project period; however, clear progress toward completion of all three components should be demonstrable by the end of year three of multi-year programs.

These centers are intended to conduct research in and demonstrate the application of infection surveillance, prevention, and control principles and methods in health care delivery systems encompassing the fullest range of settings, including, but not limited to acute inpatient care, long term and chronic care, ambulatory care, ambulatory surgical care, and home health care, with an emphasis on adaptations relevant to populations of patients whose health care is provided by managed care organizations. They are also intended to conduct training in healthcare epidemiology. Component programs should demonstrate activities directed toward the three principal goals of infection control and healthcare epidemiology: (1) protection of patients from adverse health events; (2) protection of health care workers from occupationally-acquired illness; and (3) research to identify risk factors for infection and develop interventions to ameliorate those risk factors and prevent infections in a cost-effective manner.

The specific objectives of this cooperative agreement program are:

1. To study the effectiveness of traditional hospital-based infection control methods and practice in integrated health care delivery systems.

2. To improve and enhance existing methods by developing and studying innovative approaches to infection surveillance, prevention, and control that will maximize effectiveness in integrated health care delivery systems.

3. To develop and study innovative approaches to using new management information systems for the surveillance of antimicrobial resistance and monitoring of the use of antimicrobial agents.

4. To develop and study improved evaluation methodologies to assess the effectiveness of prevention and control methods for healthcare-associated infections and antimicrobial resistant infections.

5. To develop and study innovative approaches for training of infection control practitioners and hospital epidemiologists that include the techniques and practices of quality management and outcomes management.

6. To foster collaborative relationships between the demonstration program center and CDC.

Program Requirements

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

A. Recipient Activities

1. *Program in research.*

a. Recipient will assess the relationship between nurse-to-patient ratios in intensive care units (ICUs) and the risk of bloodstream infections (BSI) in ICU patients.

b. Recipient will study clinical performance indicator systems and outcomes measures for infectious diseases and infection control practice based on surveillance methods used in the National Nosocomial Infections Surveillance (NNIS), and compare these to other types of outcome indicators in use in hospitals and integrated delivery systems, such as those based on data obtained from insurance claims and medical records coding.

2. *Program to adapt and implement infection control and epidemiologic practice in integrated health care delivery systems.* Recipient will identify infection control issues in the major areas of nosocomial infection control (antimicrobial resistant infections, bloodstream infections, nosocomial pneumonias, and surgical site infections) for which adaptation and modification of existing infection control methods as practiced within an acute care general hospital may improve patient outcome and effectiveness in the setting of a health network or integrated delivery system.

3. *Publish and disseminate research findings.*

4. *Program in training.* Recipients will develop and demonstrate innovative training programs for hospital epidemiologists and infection control practitioners which respond to current and likely changes in the organization of health care delivery.

B. CDC Activities

1. Provide technical assistance in the design and conduct of research activities, in the design and implementation of innovative approaches to hospital epidemiologic and infection control practice, and in the design of educational and training strategies and the dissemination of educational and training materials.

2. Provide assistance regarding development of study protocols, data collection methods, and analyses as necessary.

3. Assist in the development of data management processes and protocols.

4. Participate in the preparation of study findings for publication and presentation.

Technical Reporting Requirements

Progress reports on project activities should be submitted within a non-competing continuation application and in an annual report. An original and two copies of a final performance report must be submitted within 90 days after the end of the project period. These reports must address progress toward overall objectives as represented in the Purpose and Recipient Activities sections of this announcement.

Financial status reports must be submitted no later than 90 days after the end of each budget period. A final financial status report is 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 Process

Letter of Intent

In order to assist CDC in planning for and executing the evaluation of applications submitted under this Program Announcement, ALL PARTIES INTENDING TO SUBMIT AN APPLICATION ARE REQUESTED TO SUBMIT A LETTER OF INTENTION TO APPLY TO CDC BEFORE THE APPLICATION DUE DATE. The letter should include (1) name and address of institution and (2) name, address, and telephone number of contact person. Notification should be provided by facsimile or, postal mail 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, Mailstop E–18, Atlanta, Georgia 30305; facsimile: (404) 842–6513. Announcement Number 789 must be referenced.

Application Content

All applicants must develop their application in accordance with the PHS Form 5161–1 (revised 5/96), information contained in this cooperative agreement announcement, and the instructions outlined below.

General Instructions:

1. All pages must be clearly numbered.

2. A complete index to the application and its appendixes must be included.

3. The original and two copies of the application must be submitted unstapled and unbound. No bound materials will be accepted.

4. All materials must be typewritten, single spaced, and in unreduced type (no smaller than font size 12) on 8½'' by 11'' white paper, with at least 1'' margins, headers, and footers.

5. All pages must be printed on one side only.

Specific Instructions:

The application narrative must not exceed 20 pages (excluding budget and appendixes). Unless indicated otherwise, all information requested below must appear in the narrative. Materials or information that should be part of the narrative will not be accepted if placed in the appendices. The application narrative must contain the following sections in the order presented below:

1. *Abstract:* Provide a brief (two pages maximum) abstract of the project. State the length of the project period (maximum is 3 years) for which assistance is being requested (see ''Availability of Funds'' for additional information).

2. *Background and Need:* Discuss the background and need for the proposed project. Demonstrate a clear understanding of the purpose and objectives of this cooperative agreement program. Illustrate and justify the need for the proposed project that is consistent with the purpose and objectives of this cooperative agreement program.

3. *Capacity and Personnel:* Describe applicant's past experience in conducting projects/studies similar to that being proposed. Describe applicant's resources, facilities, and professional personnel that will be involved in conducting the project. Include in an appendix curriculum vitae for all professional personnel involved with the project. Describe plans for administration of the project and identify administrative resources/ personnel that will be assigned to the project. Provide in an appendix letters of support from all key participating non-applicant organizations, individuals, etc., which clearly indicate their commitment to participate as described in the operational plan. Do not include letters of support from CDC personnel. Letters of support from CDC will not be accepted in the application.

4. *Objectives and Technical Approach:* For each of the proposed Recipient Activities (A.1.a., A.1.b., A.2., and A.3.,) described under Program Activities, describe specific objectives which are measurable and time-phased and are consistent with the purpose and goals of this cooperative agreement. Present a detailed operational plan for initiating and conducting the project which clearly and appropriately addresses all Recipient Activities. (If proposing a multi-year project for one or more of the Recipient Activities, provide a detailed description of first-year activities and a brief overview of activities in subsequent years. Clearly state the proposed length of the project period for each of these activities.) Clearly identify specific assigned responsibilities for all key professional personnel. Include a clear description of applicant's technical approach/methods which are directly relevant to the study objectives.

Describe specific study protocols or plans for the development of study protocols. Describe the nature and extent of collaboration with CDC and/or others during various phases of the project. Describe in detail a plan for evaluating study results and for evaluating progress toward achieving project objectives.

a. Within the research component of the program, as described in Recipient Activities A.1., applicants should submit proposals for each of the listed activities (A.1.a. and A.1.b.), although both activities will not necessarily be funded at each site. The design and plan for implementation of each of the projects should demonstrate the recipients' implementation of the innovative approaches sought in this announcement. Describe methods for inclusion of Women, Racial, and Ethnic Minorities.

1. Within research activity A.1.a., assessing the relationship between nurse-to-patient ratios in ICUs and the risk of bloodstream infections (BSI) in ICU patients. Recipient, ideally as part of a multi-hospital system so that data can be collected from ICUs at several large hospitals, should conduct prospective surveillance for BSIs using standardized methods. Prospective surveillance should be conducted at different types (e.g., medical, surgical, pediatric, neonatal) of ICUs. Definitions, denominators, and rate calculations at all participating facilities will be done using standardized criteria and methods such as those used in the NNIS system; e.g., use of central venous catheter days as the denominator. Standardized methods will also be used to control for severity of illness (on admission and at the time of BSI in those with BSIs) and underlying disease. Recipients will then also assess daily and monthly change in the nurse-to-patient ratio and its effect on the BSI rate. Recipient should stratify by nurse level of training and perform observational studies to assess nursing practices and attempt to calculate periodic handwashing indices. Monthly ICU-specific BSI rates should be calculated and correlated with the nurse-to-patient ratio. Among the outcomes of interest will be to determine if there is a threshold nurse to patient ratio level below which ICU patient risk of BSI significantly increases or whether there is a linear relationship between nurse staffing and infection risk.

2. Within research activity A.1.b., studying clinical performance indicator systems and outcomes measures for infectious diseases and infection control practice. The goal of this activity should be to determine the relative utility of outcome indicators derived from more traditional infection control surveillance methods and those derived from indicator systems based on data collected from International Classification of Diseases, 9th Revision,(ICD–9) codes; i.e., from medical record coding and/or the uniform bill, for measuring quality of care and for directing quality improvement activities. Recipients should have access to multiple institutions, through collaboration with national or regional health care systems or through agencies or organizations already operating clinical performance indicator systems at multiple institutions. The validity of performance indicators should be evaluated using strict epidemiologic criteria to determine which measures will best assess quality of care across five parameters:

a. Do the indicators measure true outcomes or do they measure processes of care?

b. Can the indicators be related to processes of care in a way that permits quality improvement methods to be applied to identify and correct problems?

c. Does the methodology for data collection and analysis ensure comparability of data between institutions?

d. Is the risk adjustment methodology adequate to ensure accurate inter-hospital comparison?

e. How do the validity and comparability of infection control/ infections disease performance measures compare to other types of performance measures (e.g., anaesthesia

mortality, cardiovascular complications, medication errors, etc.)?

In the second and third years of this activity, recipients should assess the utility of performance indicators as a tool for improving quality of care. Assessments may include correlation between outcome measures and changes in health care practice or institutional policy (e.g., ''plan-do-check-assess'' cycle) and/or the use of clinical practice guidelines to modify practice.

b. Within the component to adapt and modify existing infection control methods to the setting of a health network or integrated delivery system (Recipient Activities A.2.), modified and enhanced approaches to infection control and healthcare epidemiologic methods should be rigorously evaluated and compared to existing practice. Among these approaches may be the use of practice guidelines or critical paths, implementation of disease management, care management, or outcomes management models, quality management techniques, and/or other techniques developed for this program. Comparisons should be based on specific outcome measures and should include cost-effectiveness and/or cost-benefit analysis. Modifications should demonstrate applicability to the continuity of care modeled by a health network or integrated delivery system, e.g., the concept of ''covered lives.'' Specific activities which could demonstrate such modifications and adaptations may include:

1. Implementation of outcome measures for infection control and infectious diseases management as part of a clinical performance indicator system, and demonstrated use of these outcome data in assessing and, as necessary, altering and modifying clinical and administrative practices.

2. Implementation of systems to monitor patient risk factors and outcome through the continuum of care, i.e., prior to and after acute care hospital admission, with the ultimate goal of continuous monitoring of infection risks and health outcomes of both individual patients and populations of patients enrolled in a managed care organization or health network.

3. Development and implementation of programs to reduce the incidence and prevent the spread of antimicrobial resistance within the population served by a health network or integrated health care system, with special emphasis on groups at highest risk, e.g., patients in intensive care units, nursing home residents, patients with long-term indwelling devices, and patients on chronic antimicrobial therapy.

4. Use of management information systems to enhance physician practice, especially for antimicrobial prescribing, as by providing ''on-line'' access to patient-specific clinical, microbiologic, and pharmacologic data that assist physicians in selecting appropriate antimicrobial therapy.

5. Assessment of existing risk-adjustment methods and, as necessary, development of more accurate risk-adjustment methods, for comparing surveillance data between facilities and between providers, including comparisons of individual providers practicing in multiple facilities.

c. Within the component of the program to develop and demonstrate innovative training programs which respond to changes in the organization of health care delivery (Recipient Activities A.3.), changes which may require this response include increased delivery of care through managed care organizations, increased utilization of outpatient and home health care, implementation of quality management programs in tandem with infection control programs, implementation of clinical practice guidelines and outcomes management, etc. These model training programs should include core curricula, didactic approaches, and experiential learning for infection control practitioners and hospital epidemiologists. Recipients should incorporate recommendations of applicable professional societies and certifying bodies such as the Association for Practitioners in Infection Control, the Society for Healthcare Epidemiology of America, the American Board of Internal Medicine subspecialty board for Infectious Diseases, and the National Association for Healthcare Quality.

5. *Budget:* Provide in an appendix a budget and accompanying detailed justification for the first-year of the project that is consistent with the purpose and objectives of this program. If proposing a multi-year project, also provide estimated total budget for each subsequent year. For the research component of Recipient Activities (A.1.) provide separate budgets for each of the two research activities (A.1.a. and A.1.b.) If requesting funds for contracts, provide the following information for each proposed contract: (1) Name of proposed contractor, (2) breakdown and justification for estimated costs, (3) description and scope of activities to be performed by contractor, (4) period of performance, and (5) method of contractor selection (e.g., sole-source or competitive solicitation).

6. *Human Subjects:* If the proposed project involves human subjects, describe in an appendix adequate procedures to ensure that individuals of both sexes and various racial and ethnic groups will be included in this CDC cooperative agreement whenever feasible and appropriate. Identify gaps in knowledge about health problems that affect women and racial and minority populations and describe efforts for conduct studies to address these problems.

Evaluation Criteria

Applications will be reviewed and evaluated based on the following weighted criteria:

1. Background and Need (15 Points)

Extent to which applicant's discussion of the background for the proposed project demonstrates a clear understanding of the purpose and objectives of this grant/cooperative agreement program. Extent to which applicant illustrates and justifies the need for the proposed project that is consistent with the purpose and objectives of this grant/cooperative agreement program.

2. Capacity (25 Points Total)

a. The extent to which background information and other data demonstrate that the applicant has the appropriate organizational structure, administrative support, and ability to access appropriately defined target populations or study objects, and that this access will ensure an adequate sample size and representativeness so that epidemiologic analysis of risk factors and evaluations of intervention strategies will be appropriate and statistically valid. (10 points)

b. Extent to which applicant documents that professional personnel involved in the project are qualified, by training and experience; have demonstrated achievement in research related to that proposed, as evidenced by curriculum vitae, publications, etc.; and have an appropriate projected level of effort directed toward accomplishment of the proposed objectives. (10 points)

c. Extent to which applicant demonstrates appropriate collaborative and consortia arrangements needed to fulfill the operational plan. Extent to which application includes letters of support from non-applicant organizations, individuals, etc. and that these letters clearly indicate the author's commitment to participate as described in the operational plan. (5 points)

3. Objectives and Technical Approach (60 Points Total)

a. Extent to which applicant describes specific objectives of the proposed project which are consistent with the purpose and goals of this cooperative agreement program and which are measurable and time-phased. (5 points)

b. Extent to which applicant presents a detailed operational plan for initiating and conducting each of the specific research projects clearly and appropriately addressing all aspects of Part 1 of Recipient Activities. Extent to which applicant clearly identifies specific assigned responsibilities for all key professional personnel. Extent to which the plan clearly describes applicant's technical approach/methods for conducting the proposed studies and extent to which the plan is adequate to accomplish the objectives. Extent to which applicant describes specific study protocols or plans for the development of study protocols that are appropriate for achieving project objectives. (25 points)

c. Extent to which applicant presents a detailed operational plan for developing innovative approaches to infection control and health care epidemiology practice well adapted to integrated health care delivery systems, clearly and appropriately addressing all aspects of Part 2 of Recipient Activities. (25 points)

d. 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:

1. The proposed plan for the inclusion of both sexes and racial and ethnic minority populations for appropriate representation.

2. The proposed justification when representation is limited or absent.

3. A statement as to whether the design of the study is inadequate to measure differences when warranted.

4. 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. (5 points)

4. Budget (Not Scored)

The extent to which the budget is reasonable, clearly justified, and consistent with the intended use of cooperative agreement funds.

5. Human Subjects (Not Scored)

Whether or not exempt from the Department of Health and Human Services (HHS) regulations, are procedures adequate for the protection of human subjects? Recommendations on the adequacy of protections include: (1) Protections appear adequate and there are no comments to make or concerns to raise, (2) protections appear adequate, but there are comments regarding the protocol, (3) protections appear inadequate and the Objective Review Group (ORG) 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.

Executive Order 12372 Review

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

Public Health System Reporting Requirements

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

Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance Number is 93.283.

Other Requirements

Paperwork Reduction Act

Projects that involve the collection of information from ten 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.

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 evidence of this assurance in accordance with the appropriate guidelines and form provided in the application kit.

Women, Racial and Ethnic Minorities

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

Application Submission and Deadline

The original and two copies of the completed application Form PHS–5161–1 (revised 5/96, OMB Number 0937–0189) and appendices must be submitted to Sharron P. Orum, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, N.E., Mailstop E–18, Room 314, Atlanta, Georgia 30305, on or before August 15, 1997.

Applications will be considered to meet the deadline if they are:

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

a. Received on or before the deadline date; or

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

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

Where to Obtain Additional Information

To receive additional written information, call telephone (404) 332–4561. You will be asked to leave your name, address, and telephone number. Please refer to Announcement 789. 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 Steven L. Solomon, M.D., Hospital Infections Program, National Center for Infectious Diseases, Centers for Disease Control and Prevention, 1600 Clifton Road, Mailstop A07, Atlanta, GA 30333, telephone (404) 639–6476; electronic mail at sls1@cdc.gov.

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

Please refer to Program Announcement 789 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. 97–17700 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 779]

Applied Research in Emerging Infections Hepatitis C Virus Infection

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—epidemiologic studies of hepatitis C virus (HCV) infection.

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, 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 non-profit businesses are eligible to apply.

Availability of Funds

Approximately $150,000 is available in FY 1997 to fund one award. It is expected the award 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 three years. Funding estimate may vary and is subject to change.

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

Determination of Which Instrument to Use

Applicants must specify the type of award for which they are applying, either grant or cooperative agreement. CDC will review the applications in accordance with the evaluation criteria. Before issuing awards, CDC will determine whether a grant or cooperative agreement is the appropriate instrument based upon the need for substantial CDC involvement in the project.

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

Once expected to be eliminated as a public health problem, infectious diseases remain the leading cause of death worldwide. In the United States