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).

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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

and elsewhere, infectious diseases increasingly threaten public health and contribute significantly to the escalating costs of health care.

In 1992, the Institute of Medicine of the National Academy of Sciences published a report entitled Emerging Infections, Microbial Threats to Health in the United States highlighting the threat of emerging infections and making specific recommendations to address the threat. This report emphasized a critical leadership role for CDC in a national effort to detect and control infectious disease threats.

In partnership with other Federal agencies, State and local health departments, academic institutions, and others, CDC has developed a plan for revitalizing the nation's ability to identify, contain, and prevent illness from emerging infectious diseases. The plan, Addressing Emerging Infectious Disease Threats; A Prevention Strategy for the United States, identifies objectives in four major areas: surveillance; applied research; prevention and control; and infrastructure.

Under the objective for applied research, the plan proposes to integrate laboratory science and epidemiology to optimize public health practice in the United States. One component of these efforts is to implement an extramural program for research in emerging infectious disease surveillance, epidemiology, and prevention which will fill the gaps in existing support for such research. In FY 1996, CDC initiated the Extramural Applied Research Program in Emerging Infections (EARP) and made grant or cooperative agreement awards to seven institutions for projects in the areas of antimicrobial resistance and tickborne diseases. This grant/cooperative agreement announcement specifically addresses the area of hepatitis C virus infection (HCV).

In the United States, HCV is an important cause of acute and chronic liver disease, although the natural history of this infection is not well understood. An estimated 3.9 million persons are chronically infected with HCV and are a potential source of transmission to others. In the absence of pre-or post-exposure prophylaxis, preventing the transmission of HCV and providing infected persons with specific information about the risk and consequences of infection are dependent on a better understanding of the natural history and the risk of transmission in different settings.

In studies conducted to date, an average of 5 percent of infants of anti-HCV positive mothers are infected perinatally; however, little is known about the natural history of infection in these infants. Understanding the outcome of perinatal HCV infection is essential for developing recommendations and providing appropriate information to HCV infected persons regarding any special precautions or restrictions related to pregnancy, as well as determining the need for development of therapeutic interventions in pediatric populations.

Case-control studies conducted prior to the discovery of HCV showed that household contact with a person with hepatitis was a risk factor for acquiring acute non-A, non-B hepatitis. Since the discovery of HCV, cross sectional studies of household contacts of persons with chronic HCV infection have demonstrated an average seroprevalence of 4 percent; however, none of these studies was done in the United States, none conclusively demonstrated that transmission occurred within the household, and none had a sufficient sample size to estimate the risk if such transmission occurred. To determine if specific recommendations are needed for preventing transmission of HCV in the household setting, the risk of, and risk factors for, household transmission of HCV need to be addressed.

Follow-up studies among infants and other household contacts of HCV-infected women identified through prenatal testing can address questions regarding the natural history of perinatal HCV infection and regarding household transmission of HCV.

Purpose

The purpose of this grant/cooperative agreement announcement is to provide assistance for projects addressing HCV infection. Specifically, applications are solicited for projects addressing the natural history of perinatal HCV infection and household transmission of HCV:

a. Follow a cohort of infants with perinatal HCV infection through the first five years of life.

b. Assess the incidence of and risk factors for HCV infection among household contacts of HCV-infected women of childbearing age.

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. Natural history of perinatal HCV infection:

a. Identify an existing group of at least 10 perinatally-infected infants with follow-up data, including serial results of appropriate laboratory testing available from birth until at least 2 years of age. Infants should be anti-HIV negative;

b. Perform additional follow-up clinical evaluations for all HCV-infected infants in the group for a 3-year period (until children are ≥5 years of age), including history, physical examination, laboratory testing, and liver biopsy, as appropriate according to clinical practice standards.

2. Risk for household transmission of HCV infection:

a. Identify an existing cohort of at least 200 anti-HCV positive women of childbearing age and their household contacts with the following characteristics:

(1) Majority of women anti-HIV negative,

(2) Women who gave birth to at least one child since their anti-HCV status was confirmed,

(3) Anti-HCV status (baseline) of all household contacts known,

(4) A complete history of risk factors for HCV infection for all women and their household contacts.

b. Determine the incidence of HCV infection among anti-HCV negative household contacts by conducting anti-HCV testing and obtaining history of potential risk factors for transmission at least 3 years after baseline testing. Employ methods to maintain participation of the cohort during the interim period between baseline and follow-up testing.

c. For incident HCV infections in households, identify virus-specific factors that may be responsible for transmission and confirm the identity of virus strains in household contact-pairs when both are infected.

3. Publish results.

B. CDC Activities

1. Research Project Grants

A research project grant is one in which substantial programmatic involvement by CDC is not anticipated by the recipient during the project period. Applicants for grants must demonstrate an ability to conduct the proposed research with minimal assistance, other than financial support, from CDC. This would include possessing sufficient resources for clinical, laboratory, and data management services and a level of scientific expertise to achieve the objectives described in their research proposal without substantial technical assistance from CDC.

2. Cooperative Agreements

A cooperative agreement implies that CDC will assist recipients in conducting the proposed research. The application should be presented in a manner that demonstrates the applicant's ability to address the research problem in a collaborative manner with CDC. In addition to the financial support provided, CDC may collaborate by: (a) providing technical assistance in the design and conduct of the research; (b) performing selected laboratory tests as appropriate and necessary;(c) participating in data management, the analysis of research data, and the interpretation and presentation of research findings; and (d) providing biological materials as necessary for studies, etc.

Technical Reporting Requirements

An original and two copies of a narrative progress report are required semiannually. The first semiannual report is required with each year's non-competing continuation application and should cover program activities from date of the previous report (or date of award for reporting in the first year of the project).

The second semiannual report and Financial Status Report (FSR) are due 90 days after the end of each budget period and should cover activities from the date of previous report. Progress reports should address the status of progress toward specific project objectives and should include copies of any publications resulting from the project. The final performance report and FSR are required no later than 90 days after the end of the project period.

All reports should be directed to the CDC Grants Management Officer at the address referenced in the following section.

Application Process

Notification of Intent to Apply

In order to assist CDC in planning and executing the evaluation of applications submitted under this Program Announcement, ALL PARTIES INTENDING TO SUBMIT AN APPLICATION ARE REQUESTED TO INFORM CDC OF THEIR INTENTION TO DO SO AS SOON AS POSSIBLE PRIOR TO THE APPLICATION DUE DATE BUT NOT LATER THAN 10 BUSINESS DAYS PRIOR TO THE APPLICATION DUE DATE. Notification should cite this Announcement Number 779 and include: (1) name and address of institution and (2) name, address, and phone number of contact person. Notification can be provided by facsimile, postal mail, or electronic mail (E-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 300, Mailstop E–18, Atlanta, Georgia 30305, facsimile (404) 842–6513 or E-mail spo2@cdc.gov.

Application Content

All applicants must develop their application(s) in accordance with the PHS Form 398, information contained in this grant/cooperative agreement announcement, and the instructions outlined below. In order to ensure an objective, impartial, and prompt review, applications must conform to these instructions.

General Instructions

Due to the need to reproduce copies of the applications for the reviewers, ALL pages of the application must be in the following format:

1. The original and two copies must be unstapled and unbound.
2. All pages must be clearly numbered, and a complete index to the application and its appendices must be included.
3. All materials must be typewritten, single-spaced, using a font no smaller than size 12, and on 8–½″ by 11″ white paper.
4. Any reprints, brochures, or other enclosures must be copied onto 8–½″ by 11″ white paper by the applicant. NO BOUND MATERIALS WILL BE ACCEPTED.
5. All pages must be printed on ONE side only, with at least 1″ margins, headers, and footers.

Special Instruction

The application narrative must not exceed 10 pages (excluding budget and appendices). 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. Clearly identify the type of award that is being applied for: grant or cooperative agreement.

2. Background and Need:

Discuss the background and need for the proposed project. Demonstrate a clear understanding of the purpose and objectives of this grant/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. Award of a cooperative agreement implies CDC participation as outlined in the Program Requirements section of this announcement.

4. Objectives and Technical Approach:

Present specific objectives for the proposed project which are measurable and time-phased and are consistent with the Purpose and Recipient Activities of this Program Announcement. Present a detailed operational plan for initiating and conducting the project which clearly and appropriately addresses these objectives (if proposing a multi-year project, provide a detailed description of first-year activities and a brief overview of subsequent-year 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 above objectives. Describe specific study protocols or plans for the development of study protocols. Describe the nature and extent of collaboration with CDC (if applying for a cooperative agreement) 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.

5. Budget:

Provide a line-item budget and accompanying detailed, line-by-line justification that demonstrates the request is consistent with the purpose and objectives of this program. If requesting funds for contracts, provide the following information for each proposed contract: (a) Name of proposed contractor, (b) breakdown and justification for estimated costs, (c) description and scope of activities to be performed by contractor, (d) period of performance, and (e) method of

contractor selection (e.g., sole-source or competitive solicitation).

Note: If indirect costs are requested from CDC on a new or continuation application, a copy of the organization's current negotiated Federal indirect cost rate agreement or cost allocation plan must be provided.

6. Human Subjects:

Whether or not exempt from DHHS regulations, if the proposed project involves human subjects, describe in an appendix adequate procedures for the protection of human subjects. Also, ensure that women, racial and ethnic minority populations are appropriately represented in applications for research involving human subjects.

Evaluation Criteria

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

1. Background and Need (10 Points)

Extent to which applicant demonstrates a clear understanding of the subject area and of the purpose and objectives of this grant/cooperative agreement program.

2. Capacity (45 Points)

Extent to which applicant describes adequate resources and facilities (both technical and administrative) for conducting the project. Extent to which applicant documents that professional personnel involved in the project are qualified and have past experience and achievements in research related to that proposed as evidenced by curriculum vitae, publications, etc. If applicable, extent to which applicant includes letters of support from non-applicant organizations, individuals, etc., and the extent to which such letters clearly indicate the author's commitment to participate as described in the operational plan.

3. Objectives and Technical Approach (45 Points Total)

a. Extent to which applicant describes objectives of the proposed project which are consistent with the purpose and goals of this grant/cooperative agreement program and which are measurable and time-phased. (10 points)

b. Extent to which applicant presents a detailed operational plan for initiating and conducting the project, which clearly and appropriately addresses all ''Recipient Activities'' for the specific project area being addressed in the application. Extent to which applicant clearly identifies specific assigned responsibilities of 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 approach/methods are appropriate and 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. Extent to which applicant describes adequate and appropriate collaboration with CDC (if applying for a cooperative agreement). Extent to which women, racial and ethnic minority populations are appropriately represented in applications involving human research. (30 points)

c. Extent to which applicant provides a detailed and adequate plan for evaluating progress toward achieving project process and outcome objectives. If the proposed project involves notifiable conditions, the degree to which applicant describes an adequate process for providing necessary information to appropriate State and/or local health departments. (5 points)

4. Budget (Not Scored)

Extent to which the proposed budget is reasonable, clearly justifiable, and consistent with the intended use of grant/cooperative agreement funds.

5. Human Subjects (Not Scored)

If the proposed project involves human subjects, whether or not exempt from the Department of Health and Human Services (DHHS) regulations, the extent to which adequate procedures are described for the protection of human subjects. Note: Objective Review Group (ORG) 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 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 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 grant/cooperative agreement will be subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

Human Subjects

If the proposed project involves research on human subjects, the applicant must comply with the 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.

In addition to other applicable committees, Indian Health Service (IHS) institutional review committees also must review the project if any component of IHS will be involved or will support the research. If an American Indian community is involved, its tribal government must also approve that portion of the project applicable to it.

Women, Racial and Ethnic Minorities

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

is contained in the **Federal Register**, Vol. 60, No. 179, pages 47947–47951, dated Friday, September 15, 1995.

Application Submission and Deadline

The original and five copies of each application PHS Form 398 should be submitted to Sharron Orum, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E–18, Atlanta, Georgia 30305, on or before August 25, 1997.

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

(a) Received on or before the deadline date; or

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

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

Where to Obtain Additional Information

To receive additional written information call (404) 332–4561. You will be asked to leave your name, address, and telephone number and will need to refer to Announcement 779. 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 Oppie M. Byrd, 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, Mailstop E–18, Atlanta, Georgia 30305, telephone (404) 842–6546, facsimile (404) 842–6513, E-mail oxb3@cdc.gov.

Programmatic technical assistance may be obtained from Harold S. Margolis, M.D., National Center for Infectious Diseases, Division of Viral and Rickettsial Diseases, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE., Mailstop A–33, Atlanta, Georgia 30333, telephone (404) 639–2339, E-mail address hsm1@cdc.gov.

Please refer to Announcement 779 when requesting information regarding this program.

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

Potential applicants may obtain a copy of Healthy People 2000 (Full Report, Stock No. 017–001–00474–0) or Healthy People 2000 (Summary Report, Stock No. 017–001–00473–1) 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).

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Announcement 763]

Initiatives by Organizations to Strengthen National Tobacco Control Activities in the United States

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of funds for fiscal year (FY) 1997 for cooperative agreements with national organizations that serve one or more of the following special targeted populations; African-Americans, Hispanics, Asians/Pacific Islanders, American Indians/Alaska Natives, women, and youth, blue-collar workers, and lower education groups, military personnel, and males (ages 12–24). The purpose of the awards is to improve or initiate tobacco control programs that are culturally appropriate to reduce nicotine addiction and other health related problems associated with the consumption of tobacco, with the ultimate goal of tobacco use reduction.

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 Tobacco. (For ordering a copy of Healthy People 2000, see the section **Where To Obtain Additional Information**.)

Authority

This program is authorized under section 317(k)(2) and 317(k)(3) [42 U.S.C. 247b(k)(2) and 247b(k)(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

Eligible applicants are public and private non-profit, national organizations that have the ability to reach those special populations specified in the **Introduction**.

Eligible applicants must meet all the criteria listed below and provide evidence of eligibility in a cover letter and supporting documentation attached to their application. If the applicants do not meet all the eligibility criteria below, the application will be returned and not reviewed.

A. The applicants organization must have a primary relationship with one of the targeted populations. A primary relationship is one in which the targeted population is viewed as the most important component of the organization's mission. The relationship to the targeted population must be direct (membership or service) rather than indirect or secondary (philanthropy, fund raising, education).

B. The applicant organization must have affiliate offices, chapters, or related-membership organizations in more than one State or territory. Individual affiliates or chapters of parent organizations are not eligible to apply.

C. The applicant organization must provide a copy of a letter of commitment from the organization's President or Executive Director, acknowledging their intent to develop a tobacco control policy and plan that will be adopted by the national organization, and moved for adoption by affiliates, chapters, and related-membership organizations. If a tobacco control policy and plan already exist within the national organization's office, they should be submitted in lieu of a letter of commitment.