

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).

[FR Doc. 97-17704 Filed 7-7-97; 8:45 am]

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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.

D. A private nonprofit organization must include evidence of its nonprofit status with the application. Any of the following is acceptable evidence.

1. 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.

2. A copy of a currently valid Internal Revenue Service Tax exemption certificate.

3. 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.

4. A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.

States or their bona fide agents or instrumentalities are not eligible for funding under this program announcement. States are currently funded for tobacco control activities under CDC Program Announcement 332 or by the National Cancer Institute under the America Stop Smoking Intervention Study (ASSIST) demonstration program.

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.

Glossary

National organizations are those that have affiliate offices, chapters, or related-membership organizations in more than one State or territory.

Tobacco Control Programs are defined as population-based interventions that use a combination of educational strategies, environmental measures, or actions designed to reduce the incidence, prevalence, and initiation of tobacco use in the entire population. For purposes of this Announcement, special emphasis is placed on those target populations at high risk for tobacco use and targeted tobacco industry marketing.

Tobacco Control Policy is defined as a plan or course of action designed as a guiding principle for the development of internal organizational tobacco control programs and the promotion of innovation approaches in community settings to protect nonsmokers from exposure of environmental tobacco smoke, to curtail youth and adult

consumption of tobacco products, and to assist in the implementation of Federal programs within the Food and Drug Administration (FDA) and the Substance Abuse and Mental Health Services Administration to prevent the illegal sales of tobacco products to minors. Note: There are certain restrictions on the extent to which a CDC funded Grantee can participate in or implement environmental changes within their respective communities. (See Section: Use of Funds.)

Availability of Funds

Approximately \$1,200,000, is available in FY 1997 to fund approximately 8 awards. It is expected that the average award will be \$150,000, ranging from \$50,000 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 3 years. Funding estimates may vary and are subject to change.

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

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

Tobacco use continues to be the single most preventable cause of disease and death in the United States. Every year, more than 400,000 Americans die prematurely as a result of their addiction to tobacco. One of the Healthy People 2000 objectives is to reduce cigarette smoking in the United States to no more than 15 percent of people aged 18 years and over. Smoking has a significant economic impact on our society. Direct medical costs attributed to smoking are estimated to be \$50 billion each year, approximately seven percent of the total U.S. health care cost.

In 1994, an estimated 48.0 million adults including 25.3 million men and 22.7 million women were smokers. Racial/ethnic group-specific prevalence is highest among American Indian/Alaskan Native (42.7) compared to (27.2) percent among Blacks and lowest among Asian/Pacific Islanders (13.9) percent. Smoking prevalence among males are highest among American Indian/Alaskan Native (53.7) compared to (33.9) percent among Blacks and (24.3) percent among Hispanics. Among women, it is reported that American Indian/Alaskan Native (33.1) percent smoke compared to (24.7) percent of white women, and (21.8) percent of Black women. Racial/ethnic variations in smoking prevalence probably reflect the differences in educational level, income, employment status, and cultural factors. With the exception of persons with 0-8 years of education, smoking prevalence vary inversely with levels of education and is highest among persons with 9-11 years of education (38.2) percent. Smoking prevalence is highest among persons living below poverty level (34.7) than among those persons living at or above the poverty level (24.1) percent.

Current scientific and program findings support the implementation of the following tobacco control programs:

- Clean Indoor Air protection from ETS in buildings, restaurants, schools, day care centers, and private work sites. ETS protection promotes positive environmental changes by reducing the use of tobacco, protecting the non smoker, and reducing the modeling of tobacco use;

- Decreased tobacco advertising and promotion that specifically target African Americans, Hispanics, American Indians/Alaska Natives, Asian/Pacific Islanders, youth, and women. Communities must be aware of tobacco industry campaigns which target youth, and other special populations that are disproportionately impacted by tobacco advertising and promotion, and communities need to be informed about ways to limit advertising and promotion of tobacco use;

- Increased educational efforts to provide broad-based tobacco related curricula to multiple school grades and the general public to educate youth and adults on the need to promote tobacco control measures and programs;

- Support and enforcement of existing laws such as the Federal Food and Drug Administration (FDA) and State and local laws to reduce the appeal and illegal sales of tobacco products to young people;

- Promoting the adoption of comprehensive school health programs that involves parents, the strategic use of mass media, community organizations, and other tobacco control programs that can effectively raise awareness about the consequences of smoking and the need for environmental supports to reduce tobacco use; and

- Increased availability of smoking cessation programs that contain the following elements: (1) Nicotine replacement therapy (nicotine patches or gum); (2) Social support (clinician-provider encouragement and assistance); and (3) Skills training/problem solving (techniques on achieving and maintaining abstinence).

CDC is committed to working collaboratively with national organizations to help improve the health of our nation through community organization and mobilization actions on tobacco control programs, economic incentives, and public awareness. CDC has already awarded tobacco control cooperative agreements to State health agencies to develop infrastructure and strengthen capacity to implement tobacco control programs and collaborate with other national organizations and health agencies in the

implementation of local and State tobacco control programs.

Purpose

These awards are to assist national organizations to provide leadership, training, and technical assistance and to mobilize their affiliates, chapters, and membership-related organizations in the development and accomplishment of tobacco control policies and programs among selected targeted populations in order to achieve the Healthy People 2000 tobacco objectives.

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 the activities listed under B. (CDC Activities).

A. Recipient Activities

1. Develop an internal tobacco control policy for dissemination throughout affiliates, chapters, and related-membership organizations. Components of this activity should include the following:

- a. An internal policy that explicitly delineates the organization's position on tobacco. This internal policy should be developed by the end of the first six months of the first budget period. (A copy of the internal organizational policy must be submitted to CDC, as part of the year 01 biannual report.) If an internal tobacco control policy already exists, the organization should submit it to CDC, as part of the original application.

- b. A plan to carry out the tobacco control policy. This activity should be completed by the end of the first year budget period. (A copy of the plan must be submitted to CDC, as part of the year 01 annual report.)

2. Facilitate the development of tobacco prevention and control leadership skills within affiliates, chapters, and related-membership organizations and among community leaders within the respective targeted populations. These skills are for the purpose of accomplishing recipient activities 3, 4, and 5 listed below. This may be accomplished through training, convening leadership forums, or workshops and mobilizing affiliates, chapters, and related-membership organizations in one or more of the following content areas:

- a. Youth access issues (Food and Drug Administration (FDA) regulations, licensing, retailer education, compliance checks, Synar Amendment).

- b. Environmental tobacco smoke (clean indoor air protection).

- c. Counter advertising and promotion (advertising strategies to counter the promotion of tobacco use).

- d. Economic incentives (tobacco pricing, economics of tobacco production, and economic impact of health-related cost attributable to tobacco use).

- e. Product regulation (current Federal, State and local regulations on tobacco products).

- f. Media and public education (strategic use of media).

- g. Women and girls tobacco issues (sex differences, weight control, industry marketing, and advertising).

- h. Farming issues (economic development and alternatives to tobacco farming, new agricultural skills, empowering farmers to sustain and develop new educational and training programs, marketing strategies, and education for program changes to assist farmers with improving the marketplace to grow and sell alternative crops).

- i. Tobacco industry (tobacco industry's role in sustaining the use of tobacco).

- j. Minority issues (culturally appropriate materials, programs and messages, alternative sponsorship, counter advertising and promotion).

- k. Community mobilization (mobilize targeted populations to support tobacco control programs).

3. Facilitate the mobilization of the primary targeted population in support of tobacco control activities (e.g., World No Tobacco Day, The Great American Smokeout, national conferences, tobacco control initiatives, public education campaigns, tobacco cessation programs, and participation in tobacco control coalitions).

4. Establish formal and informal linkages where appropriate, with national, State, and local tobacco control organizations and networks or coalitions (e.g., the American Cancer Society, the American Lung Association, the American Heart Association, the Advocacy Institute, SmokeLess States, the National Center for Tobacco Free Kids, Stop Teenage Addiction to Tobacco, Americans for Nonsmoker's Rights, and Doctors Ought to Care) to:

- a. Support and promote tobacco control programs;

- b. Provide assistance in the planning and implementation of tobacco control programs within the targeted populations;

- c. Participate in existing tobacco control coalitions, or build new coalitions if appropriate; and

d. Share and disseminate information to affiliates, chapters, and related-membership organizations, and other interested health-related agencies (e.g., electronic bulletin boards, SCARCNet, newsletters, professional journals and publications, editorials, articles, tobacco news alerts, and press conferences).

5. Participate in national tobacco control campaigns sponsored by the CDC's Office on Smoking and Health (OSH) (e.g., Media Campaign Resource Center, Stop the Sale, Prevent the Addiction, Performance Edge Campaign, etc.).

6. Establish linkages with CDC and other appropriate agencies in planning and participating in the National Tobacco Prevention and Control annual conference, the Tobacco Control Summer Institute, and one 2-day workshop in Atlanta, Georgia, for national organizations.

B. CDC Activities

1. Provide and periodically update information related to the purposes or activities of this program announcement.

2. Provide programmatic consultation and guidance related to establishing linkages with relevant tobacco control networks, assist in the planning, implementation, and evaluation of the grantees program goals and objectives, and disseminate successful tobacco control strategies (i.e., guidelines and model programs on clean indoor air protection, tobacco advertising, and reducing the illegal sales of tobacco products to minors).

3. Plan meetings with national, State, and local partners, which include training meetings to address issues and program activities related to improving tobacco control programs.

4. Assist in the evaluation of program activities.

Technical Reporting Requirements

An original and two copies of a progress report are required on a semiannual basis. Progress reports are required no later than 30 days after the end of the first 6 months of the budget period; and 30 days after the end of the budget period. The progress reports must include the following for each goal and objective: (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.

A Financial Status Report (FSR) is required no later than 90 days after the

end of each budget period. The final FSR and progress report are required no later than 90 days after the end of the project period. All reports must be submitted to the Grants Management Branch, Procurement and Grants Office, CDC.

Application Content

All applicants must develop their application in accordance with Form PHS 5161-1, (Revised 7/92, OMB Number 0937-0189), information contained in the program announcement, and the instructions provided in this section. The application should not exceed 75 pages, including appendixes.

A. Need to Address Tobacco Control (Not More Than 4 Pages)

Describe the tobacco control needs within the targeted populations and the action proposed to alleviate the problem. Information should describe the following:

1. Interest in addressing tobacco control in the targeted population.
2. Existing capacity of the organization to undertake tobacco control activities.
3. State of readiness of applicant and the targeted population to engage in tobacco control activities.
4. The relationship of applicant and existing tobacco control organizations at national and State levels.
5. The relationship of the applicant and the targeted population to the tobacco industry and whether the applicant or target population receive funding or support from the tobacco industry.

B. Goals and Objectives (Not More Than 3 Pages)

1. Goals: List realistic goals that will be achievable over the 3-year project period. (Do not list separate goals for each budget year.)
2. Objectives: List objectives for each recipient activity for each 12-month budget period of the 3-year project. Objectives should be specific, measurable, and feasible to be accomplished during each projected 12-month budget period and directly relate to the project goals.

Note: See section on recipient activities.

C. Action Plan (Not More Than 10 Pages)

1. Submit a plan that identifies specific activities that are proposed for each objective during each year of the 3-year project period. This plan must describe how the national office, affiliates, chapters, and related-membership organizations will achieve

the purpose and recipient activities of this program announcement.

Note: See section on recipient activities.

2. Identify staff responsible for completing each activity.
3. Provide a chart that includes timelines for completing the proposed tobacco control activities.

D. Capacity (Not More Than 8 Pages)

1. Submit a copy of the organization's purpose, mission, and goals.
2. Describe how the national office communicates its purpose, mission, and goals to affiliates, chapters, and related-membership organizations (e.g., newsletters, conferences, minutes, bylaws, etc.).
3. Submit a copy of the organizational chart and describe the existing organizational structure and how it supports the development of a tobacco agenda, and programs.
4. Describe the proposed project staffing. Provide job descriptions and indicate if they are for existing or proposed positions. Staffing should include the commitment of at least one full-time staff member to provide direction for the proposed activities. Demonstrate that staff members have the professional background, experience, and organizational support needed to fulfill the proposed responsibilities. Include a curriculum vitae for each staff member and job descriptions for staff not yet identified.
5. Describe the affiliates, chapter, and related-membership organizations, to include:
 - a. Experience working with affiliates, chapters, and related-membership organizations within the last 12 months.
 - b. Provide a list of affiliates, chapters, and related-membership organizations.
 - c. Geographical location of affiliates, chapters, and related-membership organizations.
6. Describe efforts and relevant experience at the national, State, and local levels that would demonstrate the ability and capacity to perform the program activities, to include but not limited to:
 - a. Current and past experience in providing leadership in the development of health-related programs, training programs, health promotion or health-related campaigns, and programs within the organization or respective targeted population.
 - b. Current and past experience in mobilizing targeted populations, networking, and building partnerships and alliances with other organizations, particularly in health promotion and other health-related areas.
 - c. Current level of experience and ability that will demonstrate the

capacity to form linkages and to develop and carry out tobacco control initiatives in the targeted population and among affiliates, chapters, and related-membership organizations.

d. Current and past experience working with public and private agencies, (e.g., Federal agencies, State and local health departments, community-based organizations, civic, social, and religious organizations).

E. Evaluation (Not More Than 4 Pages)

Provide a plan for monitoring progress in meeting program objectives. Applicants must articulate what they want to achieve before actual implementation of their tobacco control activities. The applicant should submit an evaluation strategy that demonstrates the following:

- a. How ongoing monitoring will be performed.
- b. How information collected from the targeted population will be used.
- c. How impact of tobacco control activities on the targeted population will be determined.

Evaluation of program performance should include:

1. Process evaluation. Describe how progress and performance in achieving the objectives and conducting activities during each of the 12-month budget periods will be evaluated.
2. Outcome evaluation. Describe how performance of goals, including organizational tobacco control programs, developing leadership skills, establishing informal and formal linkages, convening educational forums, supporting State or local tobacco control programs, and mobilizing community resources will be assessed.

F. Budget and Accompanying Justification (No Page Limitation)

Provide a detailed budget and line item justification that is consistent with the stated objectives and planned activities of the project. To the extent necessary, applicants are encouraged to include budget items for the following:

1. A computer, modem, communicating software, and a dedicated telephone line to support a communications network, such as SCARNet, CDC WONDER/PC, and Internet for sharing and dissemination of information.
2. Travel for not more than two persons to attend and participate in the 3-day National Tobacco Control Conference, held in the spring or fall each year.
3. Two trips, one to Atlanta, Georgia, for two individuals to attend a training and technical assistance workshop, and for one or two individuals to attend the

Tobacco Use Prevention Summer Institute.

Evaluation Criteria (Total 100 Points)

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

A. Need to Address Tobacco Control (10 Points)

The extent of the need of tobacco control activities within the target population(s), to include (1) a description of the targeted population; (2) state of readiness of the applicant and the targeted population; and (3) an existing or lack of tobacco control programs in the target population and proposed methodologies for overcoming current barriers, or enhancing existing programs.

B. Goals and Objectives (15 Points)

The extent to which the goals and objectives are achievable within the 3-year project period and consistent with the purpose of the announcement; and objectives are specific, measurable, feasible, and likely to be accomplished during the first 12-month budget period.

C. Action Plan (30 Points)

The feasibility, appropriateness, and extent to which the Action Plan describes (1) organizational involvement (national office, affiliates, chapters, and related-membership organizations) in program activities; (2) the likelihood of reducing tobacco use within the targeted population; (3) activities likely to achieve objectives during each of the three 1-year budget periods; (4) proposed linkages with other tobacco control networks; (5) roles and responsibilities of staff person responsible for the proposed tobacco control activities; and (6) provides timelines for completing proposed activities.

D. Capacity (35 Points)

The extent to which the applicant's capacity and ability to support and promote a tobacco control program as evidenced by their (1) statement and communication of purpose, goals, and mission, to affiliates, chapters, and related-membership organizations; (2) the organizational chart, structure, and tobacco control agenda, and programs; (3) current and proposed for project staff, to include one full-time staff member to direct program activities, and job descriptions; (4) professional background and experience of current or proposed staff; (5) ability of affiliates, chapters, and related-membership organizations to engage in tobacco control activities within their targeted

populations; (6) comprehensive listing of affiliates, chapters, and related-membership organizations' names and geographical locations; and (7) past experiences with coalition building, program development, collaboration with decision-makers, leaders of the target population, and other agencies on issues relevant to proposed program activities.

E. Evaluation (10 Points)

The extent and appropriateness of the evaluation plan in performing ongoing monitoring of the program's activities, measuring program effectiveness, and determining the level of tobacco control interventions necessary to achieve the desired program outcomes.

F. Budget and Accompanying Justification (Not Weighted)

The extent to which the applicant provides a detailed and clear budget consistent with the stated objectives and workplan of the project.

Typing and Mailing

Applicants are required to submit an original and two copies of the application, including an executive summary of not more than one page. Pages must be clearly numbered, and a complete table of contents for the application and its appendixes must be included. Begin each separate section on a new page. The original and each copy of the application set must be submitted unstapled and unbound. All materials must be typewritten, single-spaced with unrounded type on 8½"×11" paper, with at least a 1" margin including headers and footers, and printed on one side only.

Content of Noncompeting Continuation Application

In compliance with 45 CFR 74.51(d), as applicable, noncompeting 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 01 Year application.

C. An annual budget and justification. Existing budget items that are unchanged from the previous budget period do not need justification. Simply list the items in the budget and indicate that they are continuation items.

Executive Order 12372 Review

This program is not subject to Executive Order 12372.

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, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention, Mail Stop E-18, 255 East Paces Ferry Road, NE., Room 314, Atlanta, GA 30305, on or before August 8, 1997.

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

- Received on or before the deadline date; or
- 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 the U.S. Postal Service. Private metered postmarks shall not be acceptable 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 are contained in the application package. Business management technical assistance may be obtained from Nealean Austin, Grants Management Specialist, Grants Management Branch, Procurement and

Grants Office, Centers for Disease Control and Prevention, Mail Stop E-18, 255 East Paces Ferry Road, NE., Room 314, Atlanta, GA 30305; telephone (404) 842-6803, or the Internet address: nea1@cdc.gov.

Programmatic technical assistance may be obtained from Bonnie C. Dyck, Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, 4770 Buford Highway, NE., Mail Stop K-50, Atlanta, GA 30341-3724; telephone (404) 488-5707, or the Internet address: bxd5@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 763 when requesting information and submitting an application.

Potential applicants may obtain a copy of Healthy People 2000 (Full Report, Stock Number 017-001-00474-0), or Healthy People 2000 (Summary Report, Stock Number 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. 97-17701 Filed 7-7-97; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Disease Control and Prevention****Occupational Safety and Health Study Section; (NIOSH) Teleconference**

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces the following committee meeting:

Name: Task Group Session of the Safety and Occupational Health Study Section, National Institute for Occupational Safety and Health (NIOSH) teleconference meeting.

Time and Date: 1 p.m.-2:30 p.m., July 23, 1997.

Place: Teleconference originating at the NIOSH Grants Office, 1095 Willowdale Road, Morgantown, West Virginia 26505-2888.

Status: The meeting will be closed in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), title 5 U.S.C., and the Determination of the Associate Director for Management and Operations, CDC, pursuant to Pub. L. 92-463. Application(s) and/or proposal(s) and the discussions could reveal confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the application(s) and/or proposal(s), the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Purpose: The Task Group Session of the Safety and Occupational Health Study Section will review, discuss, and evaluate grant application(s) in response to the Institute's standard grants review and funding cycles pertaining to research issues in occupational safety and health and allied areas.

It is the intent of NIOSH to support broad-based research endeavors in keeping with the Institute's program goals which will lead to improved understanding and appreciation of the magnitude of the aggregate health burden associated with occupational injuries and illnesses, as well as to support more focused research projects which will lead to improvements in the delivery of occupational safety and health services and the prevention of work-related injury and illness. It is anticipated that research funded will promote these program goals.

Agenda items are subject to change as priorities dictate.

Contact Person For More Information: Pervis C. Major, Ph.D., Scientific Review Administrator, Office of Extramural Coordination and Special Projects, Office of the Director, NIOSH, CDC, 1095 Willowdale Road, Morgantown, West Virginia 26505-2888, telephone 304/285-5979.

Dated: July 1, 1997.

John C. Burckhardt,

Acting Director, Management Analysis and Services Office Centers for Disease Control and Prevention (CDC).

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Food and Drug Administration**

[Docket No. 97M-0272]

Biocompatibles, Inc.; Premarket Approval of Soft-55 EW Aphakic (vifilcon A) Soft (Hydrophilic) Contact Lenses for Extended Wear

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing its