of 1986 (Pub. L. 99–660) created a system of no-fault compensation for certain individuals who have been injured by specific childhood vaccines: namely, diphtheria, tetanus, pertussis, polio, measles, mumps or rubella vaccines. Section 313 of Public Law 99–660 called for the Secretary of Health and Human Services to arrange for a study of the risks associated with certain of these vaccines and to establish guidelines based on the results of the 313 study ''respecting the administration'' of the vaccines that were reviewed, which guidelines shall include:

(i) The circumstances under which any such vaccine should not be administered;

(ii) The circumstances under which administration of any such vaccine should be delayed beyond its usual time of administration; and

(iii) The groups, categories, or characteristics of potential recipients of such vaccine who may be at significantly higher risk of major adverse reactions to such vaccine than the general population of potential recipients.

We have examined the recommendations of the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), as set forth in the Morbidity and Mortality Weekly Reports Recommendations and Reports, dated September 6, 1996, entitled, ''Update: Vaccine Side Effects, Adverse Reactions, Contraindications and Precautions.'' Members of the public may obtain copies of the report by writing to MS Publications, C.S.P.O. Box 9120, Waltham, MA 02254, telephone 1–800–843–6356, 617–893–3800 (Massachusetts). The cost of the publication is $4.00. It may be obtained without charge through use of the World-Wide Web (WWW). The address is ''http://www.cdc.gov/epo/mmwr/mmwr—rr.html.'' As stated by the Secretary in the February 20, 1997, **Federal Register** (62 Fed. Reg. 7687), we have found that the ACIP recommendations are consistent with the findings that the Department made as part of section 313 NPRM (60 FR 56289, Nov. 8, 1995), and that they satisfy the statutory requirements for guidelines. Accordingly, we proposed that the ACIP recommendations will constitute the guidelines called for by section 313.

Section 313 calls for consultation with the Advisory Commission on Childhood Vaccines (ACCV) and notice and opportunity for public hearing with respect to these guidelines. The ACIP recommendations were submitted to the ACCV at its meeting of June 6–7, 1996.

The hearing will be held on September 11, 1997, beginning at 1:00 p.m., in Conference Rooms D and E in the Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857. The hearing will be held following the noon adjournment of the September 10–11 meeting of the ACCV.

The presiding officer representing the Secretary of HHS, will be Mr. Thomas E. Balbier, Jr., Director, Division of Vaccine Injury Compensation, Bureau of Health Professions (BHPr), Health Resources and Services Administration.

Persons who wish to participate are requested to file a notice of participation with the Department on or before August 28, 1997. The notice should be mailed to Division of Vaccine Injury Compensation, BHPr, Room 8A–35, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857. To ensure timely handling, any outer envelope should be clearly marked ''Guidelines.'' The notice of participation should contain the interested person's name, address, telephone number, any business or organizational affiliation of the person desiring to make a presentation, a brief summary of the presentation, and the approximate time requested for the presentation. Groups that have similar interests should consolidate their comments as part of one presentation. Time available for the hearing will be allocated among the persons who properly file notices of participation. If time permits, interested parties attending the hearing who did not submit a notice of participation in advance will be allowed to make an oral presentation at the conclusion of the hearing.

Persons who find that there is insufficient time to submit the required information in writing may give oral notice of participation by calling Mr. Thomas E. Balbier, Jr., Director, Division of Vaccine Injury Compensation, at (301) 443–6593 no later than August 28, 1997. Those persons who give oral notice of participation should also submit written notice containing the information described above to the Department by the close of business September 4, 1997.

After reviewing the notices of participation and accompanying information, the Department will schedule each appearance and notify each participant by mail or telephone of the time allotted to the person(s) and the approximate time the person's oral presentation is scheduled to begin.

Written comments and transcripts of the hearing will be made available for public inspection as soon as they have been prepared, on weekdays (Federal holidays excepted) between the hours of 8:30 a.m. and 5:00 p.m. at the Division of Vaccine Injury Compensation, Room 8A–35, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857.

Dated: July 14, 1997.

Claude Earl Fox,

Acting Administrator.

[FR Doc. 97–18908 Filed 7–17–97; 8:45 am]

BILLING CODE 4160–15–U

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Announcement Number 783]

Cooperative Agreements for Postdoctoral Fellowship Training Programs in Infectious Diseases

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1997 funds for cooperative agreements to provide assistance for Postdoctoral Fellowship Training Programs in Infectious Diseases.

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 (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 Pub. L. 103–227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, and early childhood development services are provided to children.

Eligible Applicants

Assistance will be provided only to university affiliated schools of medicine with infectious disease programs accredited by the Accreditation Council for Graduate Medical Education (ACGME). Applicants meeting this criteria are the most appropriate

organizations to conduct the work under this cooperative agreement because: The purpose of this cooperative agreement is to respond to the documented shortage of physicians trained academically in infectious diseases. Correspondingly, the infectious disease departments of university schools of medicine are the legitimate organizations in which to base a program such as proposed in this announcement.

Availability of Funds

Approximately $130,000 is available in FY 1997 to fund two to four awards. It is expected that the average award will be $40,000. It is expected that the awards will begin on or about September 30, 1997, and 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 an approved project period will be made on the basis of satisfactory progress and availability of funds. Preference will be given to competing continuation applications over applications for programs not already receiving support under the PFTP program. Current grantees have physicians/fellows enrolled in their programs with 2–3 years remaining in their fellowship. It is expected, though, that one or more new awards will be made in addition to any competing continuations.

Use of Funds

Grantee cost-sharing is required under this program. CDC will provide up to 50 percent of the total costs for items directly related to support of fellows' stipends (consistent with PHS policies), and professional travel. CDC funds will not be provided to support salaries/fringe, travel, etc., for recipient's faculty or administrative personnel. In a training grant, recipient indirect charges are limited to 8 percent of direct costs.

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

In the past decade, much has been written about emerging microbial threats to health. Recently, the Institute of Medicine's (IOM) Committee on Emerging Microbial Threats to Health published its report entitled ''Emerging Infections: Microbial Threats to Health in the United States'', (National Academy Press, 1992). This report discusses one of the key problems facing the U.S. public health system's ability to adequately respond to the problem of emerging infectious diseases—the present and projected future shortage of scientists, physicians, and others trained to conduct basic and applied research on infectious diseases. Because of this shortage of appropriately trained public health researchers, strategies to anticipate the emergence of infectious diseases and prevent them from becoming significant threats to public health are lacking.

This is corroborated by other sources such as the American Society for Microbiology, Infectious Diseases Society of America, American Society of Tropical Medicine and Hygiene, American Public Health Association, and by previously published IOM reports. All cite the need for increases in programs for the recruitment and training of professionals for careers in infectious diseases, such as epidemiology, basic laboratory research, and clinical research.

In 1994, CDC initiated the Postdoctoral Fellowship Training Program in Infectious Diseases (PFTP) and made awards to two U.S. medical schools. Under these awards, the PFTP was integrated into the school's existing postdoctoral program as a separate PFTP track and several physicians have been enrolled. Through this program announcement, CDC intends to continue the PFTP.

Purpose

The purpose of this cooperative agreement is to assist recipients in the development and implementation of a two-to three-year Postdoctoral Fellowship Training Program in Infectious Diseases (PFTP) which utilizes the combined resources of the recipient and CDC to provide a combination of clinical training and basic laboratory or epidemiologic training in infectious diseases. The goal is to improve the ability of the U.S. public health system to respond to the problem of infectious diseases by increasing the number of academic infectious disease physicians with demonstrated skills in the public health aspects of infectious diseases and to provide them with the essential, pertinent clinical and research skills.

The PFTP is designed to be implemented as a separate track or component of recipient's existing infectious disease postdoctoral training program and is aimed at physicians with training in infectious diseases who wish to pursue a career in academic infectious diseases. The objective is to offer a combination of research and clinical training which will lead to eligibility for certification in infectious diseases by the American Board of Internal Medicine, Subspecialty Board of Infectious Diseases (the cognizant member board of the American Board of Medical Specialties). Specific areas of clinical concentration at recipient's facilities may include: clinical rotations in infectious diseases, infectious diseases in transplant recipients, clinical microbiology, outpatient infectious diseases, pediatric infectious diseases, or infectious disease pharmacology. The recipient must be able to provide support for physicians of unusual ability and promise or proven achievement by giving them an opportunity to conduct clinical, laboratory, and epidemiologic research on significant public health problems caused by infectious diseases. Specific areas of research may include: viral and rickettsial infections, nosocomial

infections, antimicrobial resistance, acquired immunodeficiency syndrome, vector-borne infectious diseases, respiratory and food-borne bacterial diseases, sexually transmitted diseases, and parasitic diseases. The laboratory or epidemiologic research may be conducted at CDC facilities under the guidance of a CDC preceptor.

Program Requirements

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

A. Recipient Activities

1. As a track or component of recipient's existing infectious disease postdoctoral fellowship program, develop and conduct a two- to three-year PFTP that combines clinical and basic laboratory or epidemiologic research in prevention and control of infectious diseases of public health importance. The clinical training will occur at recipient facilities. Conduct the PFTP such that the clinical training and the research activities are appropriately interrelated.

2. Design and conduct the PFTP such that, upon completion of the fellowship, fellows will become eligible for certification in infectious diseases by the American Board of Internal Medicine.

3. Provide preceptors for training conducted at recipient's facilities.

4. Develop a fellowship candidate application, review, ranking, and selection process. Based on this process, select applicants to be awarded two-to three-year PFTP fellowships.

5. Provide administrative support to fellows during their tenure in the PFTP including the payment of stipends, professional travel, etc. (see Availability of Funds for cost sharing requirements).

6. Assist fellows in publishing and/or otherwise disseminating results of their research.

7. Monitor and evaluate the progress of fellows and progress toward achieving program goals. To measure the overall success of the PFTP, establish a mechanism to follow-up and report on fellows (e.g., where they work, in what field, etc.) periodically for up to 5 years after they complete the PFTP.

B. CDC Activities

1. Provide technical assistance in the development and management of the PFTP.

2. The laboratory or epidemiologic research may occur at CDC facilities.

3. Provide preceptors for research/training that occurs at CDC facilities.

4. Assist in monitoring and evaluating the progress of fellows and of the progress toward achieving program goals.

Technical Reporting Requirements

Narrative progress reports are required semiannually. The first semiannual report is required with each year's noncompeting 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 is 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 all recipient activities above, including the status of training and research activities for individual fellows enrolled. Progress reports should also include copies of any publications resulting from the PFTP.

An original and two copies of a financial status report (FSR) are required no later than 90 days after the end of each budget period. A final performance report and financial status report are due no later than 90 days after the end of the project period.

All reports are submitted to the Grants Management Branch, Centers for Disease Control and Prevention (CDC), Attention: Sharron Orum, Grants Management Officer, Procurement and Grants Office, 255 East Paces Ferry Road, NE., Mailstop E18, Room 300, Atlanta, Georgia 30305.

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 should inform CDC of their intention to do so as soon as possible but not later than 10 business days prior to the application due date. Notification should include (1) name and address of institution and (2) name, address, and telephone number of contact person. Notification can be provided by facsimile, postal mail, or electronic mail (Email) to Greg Jones, M.P.A., National Center for Infectious Diseases, CDC, 1600 Clifton Road, NE., Mailstop C–19, Atlanta, Georgia 30333, facsimile (404) 639–4195, Email address gjj1@cdc.gov.

Application Content

All applicants must develop their application in accordance with the PHS Form 5161–1 (OMB Number 0937–0189), information contained in this cooperative agreement announcement, and the instructions outlined below.

Typing and Mailing

All pages must be clearly numbered and a complete index to the application and its appendices must be included. Do not bind, staple, or paperclip any pages of any copy of the application, including appendices. Do not include any bound documents (e.g., pamphlets or other publications) in the appendices. Do not include cardboard, plastic, or other page separators between sections. The entire application must be typewritten, single spaced, and in unreduced type on 8 1/2'' by 11'' white paper, with at least 1'' margins, including headers and footers, and printed on one side only.

Specific Instructions

The application narrative must not exceed 10 pages (excluding abstract, 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 (less than 2 pages) summary of the proposed PFTP.

2. Background and Need

Discuss the background and need for the proposed project. Demonstrate a clear understanding of the purpose and objectives of the PFTP cooperative agreement program. Demonstrate a clear understanding of the requirements, responsibilities, problems, constraints, complexities, etc., that may be encountered in administration of the proposed PFTP.

3. Capacity and Personnel

a. Describe applicant's goals, objectives, and efforts to promote the field of academic infectious diseases. Describe relevant degree programs and sponsored regular national meetings, seminars, and/or workshops devoted to pertinent issues in academic infectious diseases with relevance to public health.

b. Demonstrate applicant's experience in academic infectious diseases education and training in general, including experience in maintaining programs that lead to eligibility for certification in infectious diseases by the American Board of Internal Medicine. Describe applicant's existing postdoctoral fellowship training programs for physicians in infectious diseases.

c. 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. Operational Plan

Present a detailed and time-phased plan for establishing and conducting the PFTP. Describe procedures to accomplish all of the required recipient activities, within the performance period. Describe how the clinical and research activities will be coordinated within the PFTP. Present a plan for monitoring and evaluating the progress of fellows and the progress toward achieving program goals. Describe how the plan will ensure that all fellows become eligible for certification in infectious diseases by the American Board of Internal Medicine by the end of fellowship tenure.

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. Clearly indicate by line-item:

(1) The full cost of the PFTP
(2) The amount requested from CDC
(3) The amount of cost sharing (not less than 50 percent) to be provided by applicant (see Availability of Funds section for further information).

Evaluation Criteria (100 Points)

The applications will be reviewed and evaluated based on the following criteria:

1. The extent to which the applicant demonstrates that they have been and are devoted to promoting the field of academic infectious diseases. The extent to which the applicant has promoted the field of academic infectious diseases by conducting regular national meetings and workshops devoted to current topics. The extent to which the applicant documents experience in education and training in academic infectious diseases, including documentation of relevant degree programs offered and evidence of experience in successfully preparing students for certification in infectious diseases by the American Board of Internal Medicine. (15 points)

2. The extent to which applicant describes adequate resources and facilities (clinical, academic, and administrative) for conducting the PFTP. Extent to which applicant documents that professional personnel involved in the PFTP are qualified and have past experience and achievements related to that proposed as evidenced by curriculum vitae, publications, etc. (15 points)

3. The extent to which the applicant demonstrates significant institutional experience in managing postdoctoral fellowship training programs for physicians in the area of infectious diseases. The extent to which applicant documents they have a successful existing postdoctoral fellowship program in infectious diseases. (30 points)

4. The extent to which the proposed operational plan is clear, detailed, and meets the purpose and goals of this cooperative agreement program. The extent to which the proposed operational plan addresses all required recipient activities. The extent to which the proposed plan coordinates the clinical and research activities so that they comprise a complementary and congruent training program. (30 points)

5. The quality of the proposed plan to monitor, evaluate and track individual fellows; and overall plan to evaluate activities and objectives. (10 points)

6. The extent to which the proposed budget is reasonable, clearly justifiable, and consistent with the intended use of cooperative agreement funds. (not scored)

Executive Order 12372 Review

Applications are not subject to review as governed by Executive Order 12372 (45 CFR part 100), Intergovernmental Review of Federal Programs.

Public Health System Reporting Requirements

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

Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance Number is 93.283.

Other Requirements

Paperwork Reduction Act

Projects that involve the collection of information from 10 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 any research/training activities for the fellows involve 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 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 two copies of the application Form PHS–5161–1 (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 (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E–18, Atlanta, Georgia 30305, on or before August 19, 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

A complete program description and information on application procedures are contained in the application package. Business management technical assistance may be obtained from Bernice A. Moore, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E–18, Atlanta, Georgia 30305, telephone (404) 842–6802, facsimile (404) 842–6513, or Internet or CDC WONDER electronic mail at bam0@cdc.gov.

Programmatic technical assistance may be obtained from Greg Jones, M.P.A., National Center for Infectious Diseases, Centers for Disease Control and Prevention (CDC), Mailstop C–19, 1600 Clifton Road, NE., Atlanta, Georgia 30333, telephone (404) 639-2434, facsimile (404) 639–4195, or Internet or CDC WONDER electronic mail at gjj1@cdc.gov.

To receive an application kit, please call (404) 332–4561. You will be asked to leave your name, mailing address, and telephone number. Please refer to Announcement Number 783 when requesting information regarding this program. You may obtain this announcement from one of two Internet sites on the actual publication date: CDC's homepage at http://www.cdc.gov or 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, DC 20402–9325, telephone (202) 512-1800.

Dated: July 14, 1997.

Joseph R. Carter,

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

[FR Doc. 97–18947 Filed 7–17–97; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement Number 781]

Cooperative Agreement To Provide Information Concerning the Diagnosis, Prevention and Treatment of Viral Hepatitis-Related Liver Disease

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of funds beginning in fiscal year (FY) 1997 for a cooperative agreement program with one or more national organizations to develop and distribute materials to educate the general public, affected patients, risk groups, physicians, and other health care providers about the prevention, diagnosis and medical management of acute and chronic liver disease due to all types of viral hepatitis, with initial emphasis on hepatitis C.

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. (To order a copy of Healthy People 2000, see **WHERE TO OBTAIN ADDITIONAL INFORMATION.**)

Authority

This program is authorized under sections 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 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 limited to national nonprofit organizations which devote a major portion of their activities to educating the public, patients, and health care providers about the diagnosis, prevention, and medical management of viral hepatitis-related liver disease. Eligible applicants must also have established collaboration with diverse national organizations and groups that represent health care professionals, minority populations, volunteers, consumers, patients, community organizations, groups at risk of infection with hepatitis viruses, government entities, and others.

Organizations that meet these eligibility requirements are the most appropriate applicants because:

1. They have the expertise and experience needed to produce effective health education materials and messages and develop strategies to maximize health care professionals and public awareness and education about the risk factors, preventive measures, and treatment options for viral hepatitis, including hepatitis C.

2. They have demonstrated interest in providing accurate, pertinent information on viral hepatitis-related liver disease to the public, populations at risk of infection, patients, and health care professionals.

3. They have the ability to collaborate with health professional schools (medical, dental, public health, nursing, allied health), medical and health professional societies, blood banks, health care facilities, community organizations, at-risk populations, and local, State, and Federal government agencies to increase awareness of how viral hepatitis, in general, and hepatitis C virus (HCV) infections specifically, can be identified, treated, and prevented.

4. They can conduct formative research, pilot test potential messages and materials, and evaluate their effectiveness in increasing knowledge and motivating behavior change.

Availability of Funds

Approximately $250,000 is available in FY 1997 to fund up to two cooperative agreements. It is expected that the awards will begin on or about September 1, 1997, for a 12-month budget period within a project period of up to three years. Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds. Funding estimates may vary and are subject to change.