

on respondents, including through the use of automated collection techniques for other forms of information technology. Send comments to Wilma Johnson, CDC Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

### Proposed Projects

1. Formative Research on Weapons Carrying and Use Among Youth—New—The Division of Violence plans to conduct formative research on weapon carrying behavior among young persons and victims of interpersonal violent injury. CDC has initiated an effort to collect qualitative information from: 1. Systems representatives (adults 18 and older who work and interact with youth) and 2. adolescents, (ages 11–18), who are at high, medium and low risk for weapon carrying and interpersonal

injury. The purpose of the proposed data collection is to explore what factors influence youths to possess or carry weapons. The results of this study will be useful to officials planning or operating violence prevention interventions in the study community and other communities.

The study is to be conducted in two phases: Phase 1 will involve the collection of research data from one-on-one, semi-structured interviews with 70 systems representatives. Systems representatives are persons who have contact with youth (which includes but is not limited to): (1) Formal providers or people who serve in an official capacity, or interact with youth (e.g. youth outreach workers, youth hostel workers, community-based agency staff members, law enforcement officers who patrol gang areas); and (2) informal

providers: people who informally serve, the target population of youth (e.g. mall shop owners, school bus drivers, drug dealers).

In Phase 2, qualitative survey research will be conducted with key participant informants (youth ages 11–18), to verify data collected during Phase I, and to collect ethnographic data regarding risk and protective behaviors among youth. Specifically, Phase 2 will involve the collection of research data from one-on-one, semi-structured interviews with 132 key participant informants. The specific target area includes the East, North, West Downtown and Wrigley areas of the City of Long Beach and one segment of Dominguez. Interviews will be conducted in a setting or location which is most comfortable and convenient for the study subjects. There is no cost to Respondents.

Respondents	No. of respondents	No. of responses	Average burden/response (in hrs.)	Total burden (in hrs.)
Systems Representatives .....	70	1	1	70
Key Participant Informants .....	132	1	1.5	198
Total .....				268

Dated: December 11, 1997.

**Wilma G. Johnson,**

*Acting Associate Director for Policy Planning And Evaluation, 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 802]

### Public Health Conference Support Cooperative Agreement Program for Human Immunodeficiency Virus (HIV) Prevention

#### Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1998 funds for the Public Health Conference Support Cooperative Agreement Program for Human Immunodeficiency Virus (HIV) Prevention. 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 HIV Infection. (For ordering a copy of Healthy People 2000 and CDC's Strategic Plan for Preventing Human Immunodeficiency Virus (HIV) Infection (July 8, 1992), see the section **WHERE TO OBTAIN ADDITIONAL INFORMATION.**)

#### Authority

This program is authorized under Section 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 non-use of all tobacco products, and Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, or early childhood development services are provided to children.

#### Eligible Applicants

Eligible applicants are non-profit organizations including universities, colleges, research institutions, hospitals, other public and private (e.g., national, regional) non-profit organizations and federally recognized Indian tribal governments, Indian tribes or Indian tribal organizations. State and local

health departments may only apply for funding under Category 2 (See Application Section).

**Note:** Organizations authorized under section 501(c)(4) of the Internal Revenue Code of 1986 are not eligible to receive Federal grant/cooperative agreement funds.

#### Availability of Funds

Approximately \$400,000 is available in FY 1998 to fund approximately 15 to 25 awards. It is expected that the average award will be \$20,000 and will be funded for a 12-month budget and project period. Funding estimates may vary and are subject to change.

#### Use of Funds

- CDC funds may be used for direct cost expenditures: salaries, speaker fees, rental of conference related equipment, registration fees, and transportation cost (not to exceed economy class fares) for non-Federal employees.

- CDC funds may be used for only those parts of the conference specifically supported by CDC as documented in the Notice of Cooperative Agreement (award document).

- CDC funds may not be used for the purchase of equipment, payments of honoraria, organizational dues, entertainment or personal expenses, cost of travel and payment of a Federal

employee, or per diem or expenses, other than mileage, for local participants.

- CDC funds may not be used for reimbursement of indirect costs.
- CDC funds may not be used to purchase novelty items (e.g., bags, T-shirts, hats, pens) distributed at meetings.
- CDC will not fund 100 percent of the proposed conference. Part of the cost of the proposed conference must be supported with other than Federal funds.
- CDC will not fund a conference after it has taken place.
- CDC funds may be used for only those parts of the conference specifically supported by CDC as documented on the notice of award.

### Restrictions on Lobbying

Fiscal year 1997 appropriation lobbying language remains in full effect as follows: Applicants should be aware of restrictions on the use of HHS funds for lobbying under the requirements of Section 1352 of Public Law 101-121, effective December 23, 1989. This law provides, in pertinent part, that recipients (and their subtier contractors and/or subgrantees) 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 would include grants/cooperative agreements that, in whole or in part, involve conferences for which Federal funds cannot be used directly or indirectly encouraging participants to lobby or instructing participants on how to lobby.

Section 503 of the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act (Public Law 104-208), effective October 1, 1996, establishes additional restrictions on the use of Federal funds for lobbying. Whereas previous anti-lobbying prohibitions involved only activities for or against passage of legislation pending before the Congress, the FY 1997 appropriations language establishes an additional prohibition against lobbying for or against legislation pending before State legislatures:

Section 503(a): No part of any appropriation contained in the FY 1997 Appropriations 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 itself or any State legislature.

Section 503(b): No part of any appropriation contained in the 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.

Under Section 503, any activity designed to influence action in regard to a particular piece of pending legislation would be considered "lobbying." That is, Section 503 prohibits lobbying for or against pending legislation, as well as indirect or "grass roots" lobbying efforts by award recipients that are directed at inducing members of the public to contact their elected representatives at the Federal or State levels to urge support of, or opposition to, pending legislative proposals. As a matter of policy, CDC extends the prohibitions to lobbying with respect to local legislation and local legislative bodies.

The new provisions are not intended to prohibit all interaction with the legislative branch, or to prohibit educational efforts pertaining to public health. Clearly there are circumstances when it is advisable and permissible to provide information to the legislative branch in order to foster implementation of prevention strategies to promote public health. However, it would not be permissible to influence, directly or indirectly, a specific piece of pending legislation.

It remains permissible to use CDC funds to engage in activity to enhance prevention; collect and analyze data; publish and disseminate results of research and surveillance data; implement prevention strategies; conduct community outreach services; provide leadership and training, and foster safe and healthful environments.

Recipients of CDC grants and cooperative agreements need to be careful to prevent CDC funds from being used to influence or promote pending legislation. With respect to conferences, public events, publications, and "grassroots" activities that relate to specific legislation, recipients of CDC funds should give close attention to isolating and separating the appropriate use of CDC funds from non-CDC funds. CDC also cautions recipients of CDC funds to be careful not to give the appearance that CDC funds are being used to carry out activities in a manner that is prohibited under Federal law.

### Background

The HIV epidemic constitutes a significant threat to the public health of

the United States. The most recent estimate of HIV prevalence indicates that between 650,000 and 900,000 Americans are living with HIV. Recently, there has been a marked decrease in deaths among people with AIDS. The decline in deaths is likely due to both the slowing of the epidemic and to improved treatments over the past several years. However, women and people of color are still disproportionately affected by HIV. Declines in deaths were greater among whites (28 percent) than among blacks (10 percent) and Hispanics (16 percent). Among women, AIDS deaths declined only 7 percent in the first three quarters of 1996. HIV/AIDS remains a leading cause of death.

Although the number of AIDS cases in men who have sex with men has declined, they continue to account for the largest proportion of reported cases. In 1996, women represented 20 percent of adults and adolescents reported with AIDS, greater than the proportion in any previous year. Among women, heterosexual contact and injecting drug use accounted for 40 percent and 34 percent, respectively, of cases reported in 1996. For the first time, blacks represented 41 percent of adults and adolescents reported with AIDS, exceeding the proportion in the white population.

A great number of public and private health care providers have made significant strides in developing effective strategies for HIV information dissemination and prevention. However, mechanisms are needed to disseminate information about the newest developments in disease prevention, health promotion techniques, and their practical applications nationwide.

CDC supports local, State, regional, national, and international health efforts to prevent unnecessary disease, disability, and premature death and to improve the quality of life. This support often takes the form of education, including the transfer of research findings and public health strategies and practices, through symposia, seminars, and workshops. Through its support of conferences and meetings related to the areas of public health research, education, and prevention applications, CDC is a key participant in the dissemination of essential prevention information and in the implementation of HIV prevention programs.

### National HIV Prevention Goal

Applications must be consistent with the CDC national goal of assisting in building and maintaining the necessary

State, local, and community infrastructure and technical capacity to carry out necessary HIV and STD prevention programs.

#### **Purpose**

The purpose of the HIV Prevention Conference Support funding is to provide PARTIAL support for specific non-Federal conferences in the areas of health promotion, disease prevention information and education programs, and applied research. Because conference support by CDC creates the appearance of CDC co-sponsorship, there will be active participation by CDC in the development and approval of those portions of the agenda supported by CDC funds. CDC funds will not be expended for non-approved portions of conference. In addition, CDC will reserve the right to approve or reject the content of the full agenda, press events, promotional materials (including press releases), speaker selection, and site selection. Contingency awards will be made allowing usage of only 25 percent of the total amount to be awarded until a final full agenda is approved by CDC. This will provide funds to support costs associated with preparation of the agenda. The remainder of funds will be released only upon approval of the final full agenda. CDC reserves the right to terminate co-sponsorship at any time.

This program is not meant for conferences to educate the general public or to deliver prevention interventions to persons at risk for HIV infection.

- Any conference sponsored by CDC shall be held in facilities that are fully accessible to the public as required by the Americans with Disabilities Act Accessibility Guidelines (ADAAG). Accessibility under ADAAG addresses accommodations for persons with sensory impairments as well as persons with physical disabilities or mobility limitations. The Director, or his/her designee, of the CIO(s) providing funds or approving CDC sponsorship of a conference must assure that the proposed meeting facilities comply with ADAAG.

- The conference organizer(s) may use CDC's name only in factual publicity for the conference and should understand that CDC involvement in the conference does not necessarily indicate support for the organizer's general policies, activities, or products.

Topics concerned with issues and areas other than HIV prevention should be directed to other public health agencies or in accordance with the current **Federal Register** Notice (see

**Federal Register** Notice 803, [61 FR 19296] published on April 29, 1997).

#### **Program Requirements**

Development of HIV prevention conferences may require substantial CDC collaboration and involvement. In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities listed under A. (Recipient Activities) and CDC will be responsible for the activities listed under B. (CDC Activities).

##### *A. Recipient Activities*

1. Manage all activities related to conference content (e.g., objectives, topics, participants, session design, workshops, special exhibits, speakers, fees, agenda composition, printing). Many of these items may be developed in concert with assigned CDC project personnel.

2. Provide draft copies of the agenda and proposed ancillary activities to the CDC Grants Management Office for review and comment. Submit a copy of the final agenda and proposed ancillary activities to the CDC Grants Management Office for acceptance.

3. Determine and manage all promotional activities (e.g., title, logo, announcements, mailers, press). CDC must review and approve the use of any materials with reference to CDC involvement or support.

4. Manage all registration processes with participants, invitees, and registrants (e.g., travel, reservations, correspondence, conference materials and hand-outs, badges, registration procedures).

5. Plan, negotiate, and manage conference site arrangements, including all audio-visual needs.

6. Develop and conduct education and training programs on HIV prevention.

7. If the proposed conference is or includes a satellite broadcast:

- a. Provide individual, on-camera rehearsals for all presenters,

- b. Provide at least one full dress rehearsal involving the moderator, all presenters, equipment, visuals, and practice telephone calls at least one day before the actual broadcast and as close to the actual broadcast time as possible,

- c. Provide full scripting and Teleprompter use for the moderator and all presenters,

- d. Select a professional moderator.

8. Collaborate with CDC staff in reporting and disseminating results and relevant HIV prevention and education and training information to appropriate Federal, State, and local agencies, health-care providers, HIV/AIDS

prevention and service organizations, and the general public.

##### *B. CDC Activities*

1. Provide technical assistance through telephone calls, correspondence, and site visits in the areas of program agenda development, implementation, and priority setting related to the cooperative agreement.

2. Provide scientific collaboration for appropriate aspects of the program, including selection of speakers, pertinent scientific information on risk factors for HIV infection, preventive measures, and program strategies for the prevention of HIV infection.

3. Review draft agendas and the Grants Management Officer will issue approval or disapproval of the final agenda and proposed ancillary activities prior to release of restricted funds.

4. Assist in the reporting and dissemination of research results and relevant HIV prevention education and training information to appropriate Federal, State, and local agencies, health-care providers, the scientific community, and HIV/AIDS prevention and service organizations, and the general public.

#### **Technical Reporting Requirements**

An original and two copies of final performance and financial status reports (reporting actual expenses) are required no later than 90 days after the end of the budget/project period. The performance report should include: (1) The cooperative agreement number; (2) title of the conference; (3) name of the principal investigator, program director or coordinator; (4) name of the organization that conducted the conference; (5) a copy of the agenda; (6) a list of individuals who participated in the formally planned sessions of the meeting; (7) a summarization of the results of the meeting, including a discussion of the accomplishments related to stated conference objectives; and (8) the Program Review Panel's report that all written materials have been reviewed as required (see the section Program Review Panel).

With the prior approval of CDC, copies of proceedings or publications resulting from the conference may be substituted for the final performance report, provided they contain the information requested in items (1) through (8) above.

#### **Application Content**

Organizations should submit separate applications in any of the three following categories:

*Category 1:* Regional, national, or international conferences for

individuals or organizations implementing HIV prevention programs or providing relevant services. The focus will be on information exchange including lessons learned and successful programs;

*Category 2:* Local, statewide, or regional conferences providing information about technology transfer regarding interventions for effective HIV prevention for a defined population within a specific locality, State, or multi-state area (State and local health departments may apply only under Category 2); and

*Category 3:* Regional, national, or international conferences for researchers to impart theoretically based or empirically demonstrated health research with the intention to train health and other professionals in innovative, enhanced interventions, e.g., newly emerging science-based interventions for health professionals.

#### A. Letter Of Intent (LOI)

Applicants must submit an original and two copies of a two-page typewritten LOI that briefly describes the application category (1, 2, or 3), title, location, proposed conference dates, purpose, target population(s) (e.g., youth, women, Men Who Have Sex with Men (MSM), Injecting Drug Users (IDU), and the intended audience (number and description)). The LOI must also include the estimated total cost of the conference, the percentage of the total cost (which must be less than 100 percent) being requested from CDC, and the relationship of the conference to CDC Topics of Special Interest (listed below).

#### Topics of Special Interest

##### 1. Prevention of HIV infection among:

A. Under-served populations (e.g., women of reproductive age, racial and ethnic minorities)

B. High-risk populations (e.g., men who have sex with men, drug users, in-school and out-of-school youth, and migrant workers)

C. Populations in special settings (e.g., correctional institutions)

D. Under-served geographic areas  
Preferences may be given to supporting organizations that serve multiple high-risk populations.

2. Development of HIV prevention strategies with a broad range of community, regional, or national partners.

Preferences are established to include national priorities, to ensure a balance of CDC HIV prevention funding, and to address at-risk populations and geographic areas that are under-served. No preference will be given to

organizations that have received funding in past years.

LOIs will be reviewed by CDC and an invitation to submit an application will be made based on:

1. Documented need for the proposed conference,

2. Contribution to the prevention of HIV/AIDS,

3. National HIV prevention priorities based on emerging trends in the epidemic,

4. The proposed conference's relationship to the CDC determined topics of special interest,

5. Timing of the conference that will allow for CDC input, and

6. Availability of funds.

Also include the name, mailing address, telephone number, and if available, fax number and e-mail address of the organization's primary contact person. Current recipients of CDC HIV funding must provide the award number and title of the funded programs. No attachments, booklets, or other documents accompanying the LOI will be considered. The two page limitation (inclusive of letterhead and signatures), must be observed or the letter of intent will be returned without review.

#### B. Final Application

Applicants invited to apply must develop applications in accordance with PHS Form 5161-1 (OMB Number 0937-0189). Pages must be clearly numbered, and a complete index to the application and its appendices must be included. The original and two required copies of the application must be submitted unstapled and unbound. All material must be typewritten in unredacted type on 8½ by 11" paper, with at least 1" margins, and printed on one side only. Materials which should be part of the basic plan should not be in the appendices. Use the evaluation criteria described below to develop your application. The body of the application must be limited to 12 pages.

The following information must be included:

1. A project summary cover sheet that includes:

- Application category (1, 2, or 3),
- Name of organization,
- Name of conference,
- Location of conference,
- Date (s) of conference,
- Target population(s) (e.g., youth, women, MSM, IDU),
- Intended audience and number,
- Dollar amount requested,
- Total conference budget.

2. Biographical sketches and job descriptions of the individuals responsible for planning and coordinating the conference.

3. A Budget Narrative separately identifying and justifying line items to which the requested Federal funds would be applied.

4. A draft agenda for the proposed conference.

5. Award number and title(s) of funded program(s) for current recipients of CDC HIV funding. Must not have submitted the same proposal for review for funding to other parts of CDC.

#### Evaluation Criteria

Applications will be reviewed and evaluated according to the following criteria (TOTAL 100 POINTS).

1. Category-specific criterion (20 points):

A. Category 1: Extent to which the applicant provides evidence of an opportunity for participants and presenters to interact during the conference.

B. Category 2: Extent to which the applicant relates the specific connection of the conference content to HIV prevention community planning priorities and provides a description of need for the proposed conference.

C. Category 3: Extent to which the applicant demonstrates the scientific soundness of the technology to be transferred as evidenced by inclusion in HIV prevention research publications, peer reviewed journals, or scientific consensus panel review.

The following criteria apply to all applications:

2. Proposed Program and Technical Approach (30 points):

A. The extent to which the applicant's description of the proposed conference relates to HIV prevention and education, including the public health need of the proposed conference and the degree to which the conference can be expected to influence public health practices, and the extent of the applicant's collaboration with other agencies serving the intended audience, including local health and education agencies concerned with HIV prevention.

B. The applicant's description of conference objectives in terms of quality, specificity, and the feasibility of the conference based on the operational plan, and the extent to which evaluation mechanisms for the conference adequately assess increased knowledge, attitudes, and behaviors of the target participants.

C. The relevance and effectiveness of the proposed agenda in addressing the chosen HIV prevention and education topic.

D. The degree to which conference activities proposed for CDC funding

strictly adhere to the prevention of HIV transmission.

3. Applicant Capability (25 points):

A. The adequacy and commitment of institutional resources to administer the program for the proposed conference.

B. The adequacy of existing and proposed facilities and resources for conducting conference activities.

C. The degree to which the applicant has established and used critical linkages with health and education departments and community planning groups with the mandate for HIV prevention. Letters of support (limit of 5) from such agencies addressing related capability and experience should be included. They must explain how the agency will work with the applicant to plan the proposed conference. Letters that do not pertain directly to the proposed conference will not be considered.

4. Qualifications of Program Personnel (25 points):

A. The qualifications, experience, and commitment of the principal staff person, and his or her ability to devote adequate time and effort to provide effective leadership.

B. The competence of associate staff persons, discussion leaders, and speakers to accomplish conference objectives.

C. The degree to which the application demonstrates that all key personnel have education and expertise relative to the conference objectives, are informed about the transmission of HIV, and understand nationwide information and education efforts currently underway that may affect, and be affected by, the proposed conference.

5. Budget Justification and Adequacy of Facilities: (not scored) The proposed budget will be evaluated on the basis of its reasonableness, concise and clear justification, consistency with the intended use of cooperative agreement funds, and the extent to which the applicant documents financial support from other sources.

**Executive Order 12372 Review**

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

**Public Health System Reporting Requirements**

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

**Catalog of Federal Domestic Assistance**

The Catalog of Federal Domestic Assistance number is 93.941.

**Submission Requirements and Deadlines**

*A. Letter of Intent (LOI)*

1. One original and two copies of the LOI must be postmarked by the following deadline dates in order to be considered. (Facsimiles are not acceptable.) An invitation to submit an application does not constitute a commitment to fund.

2. Letter of Intent Due Dates: January 31, 1998.

*B. Application*

One original and two copies of the invited application must be submitted on PHS Form 5161-1 (OMB Number 0937-0189) and must be postmarked by the date specified in the acceptance letter in order to be considered in the application cycles.

Applications may be accepted by CDC only after the LOI has been reviewed by CDC and written invitation from CDC has been received by prospective applicant. Availability of funds may limit the number of Letters of Intent, regardless of merit, that receive an invitation to submit an application.

*C. Addresses for Submission of Letter of Intent and Invited Applications*

One original and two copies of the Letters of Intent and invited application must be postmarked on or before the deadline date and mailed to: Juanita Dangerfield, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Mailstop E-15, Atlanta, GA 30305.

*D. Deadlines*

Letters of Intent and Application shall be considered as meeting the deadline if they are either:

1. Received on or before the deadline date, or

2. Postmarked on or before the deadline date and received in time for submission to the independent 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 will not be acceptable as proof of timely mailing.)

*E. Late Applications*

Applications that do not meet the criteria in D.1. or D.2. above are considered late applications and will be returned to the applicant without review.

**Other Requirements**

*Program Review Panel*

Recipients must comply with the document entitled Content of HIV/AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions in Centers for Disease Control Assistance Programs (June 1992) (a copy is in the application kit). To meet the requirements for a Program Review Panel, recipients are encouraged to use an existing Program Review Panel such as the one created by the State health department's HIV/AIDS prevention program. If the recipient forms its own Program Review Panel, at least one member must also be an employee (or a designated representative) of an appropriate health or educational agency, consistent with the Content Guidelines. The names of review panel members must be listed on the Assurance of Compliance form (CDC Form 0.1113) which is also included in the application kit.

*Use of CDC Name*

The conference organizer(s) may use CDC's name only in factual publicity for the conference, and should understand that CDC involvement in the conference does not necessarily indicate support for the organizer's general policies, activities, or products.

**Where To Obtain Additional Information**

To receive additional written information, call (404) 332-4561. You will be asked to leave your name, address, and phone number, and refer to Announcement Number 802. You will receive a complete program announcement, a list of the relevant "Healthy People 2000" HIV objectives, and the addresses and phone numbers for CDC contact personnel. CDC will not send application kits by facsimile or express mail unless the cost for the latter is paid by the addressee.

This and other CDC announcements are also available through the CDC homepage on the Internet. The address for the CDC homepage is <http://www.cdc.gov>.

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from Ms. Juanita Dangerfield, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Mailstop E-15, Room 300, Atlanta, GA 30305, telephone (404) 842-6577. Programmatic technical assistance may

be obtained from Ms. Linda LaChanse, Program Analyst, Training and Technical Support Systems Branch, Division of HIV/AIDS Prevention, National Center for HIV/STD/TB Prevention, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE., Mailstop E-40, Atlanta, GA 30333, telephone (404) 639-0964.

Please refer to Announcement Number 802 when requesting information, submitting your Letter of Intent and submitting the invited application in response to the announcement.

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) through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325, telephone (202) 512-1800. Single copies of CDC's Strategic Plan for Preventing Human Immunodeficiency Virus (HIV) Infection (July 8, 1992) can be obtained by calling the CDC National AIDS Clearinghouse at (800) 458-5231.

Dated: December 11, 1997.

**Joseph R. Carter,**

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

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BILLING CODE 4163-18-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Head Start Program; Notice of Award

**AGENCY:** Administration on Children, Youth and Families, Administration for Children and Families, HHS.

**ACTION:** Notice of Sole Source Award to Administer the Head Start Child Development Credentialing Program.

**SUMMARY:** The Head Start Bureau announces its intention to enter into a noncompetitively awarded cooperative agreement with The Council for Early Childhood Professional Recognition to administer the Child Development Associate (CDA) Credentialing Program. The CDA Program is a national project to credential qualified caregivers who work with children birth to age five in a variety of public and private agency settings, and in a variety of roles, including as center-based caregivers of infants and toddlers or preschool age children, as home visitors, or as family child care providers.

If there are organizations interested in competing for this grant to administer the Head Start Child Development Credentialing Program, they are requested to express their interest by contacting either E. Dollie Wolverton or Lynda Perez by January 16, 1998.

**DATES:** Effective on January 16, 1998.

**FOR FURTHER INFORMATION CONTACT:** E. Dollie Wolverton, Head Start Bureau, ACYF, P.O. Box 1182, Washington, D.C. 20013, (202) 205-8418 (Not a toll free call); or Lynda Perez, Grants Officer, Head Start Bureau, ACYF, P.O. Box 1182, Washington, D.C. 20013, (202) 205-7359 (Not a toll free call).

#### SUPPLEMENTARY INFORMATION:

##### I. Background

The project period for this cooperative agreement will be four years. The award is approximately \$1,000,000 annually. The authority for this credentialing program is section 648(e) of the Head Start Act (42 U.S.C. 9843).

The Head Start Program is committed to staff development for all individuals employed in local programs to increase the understanding and skills necessary to carry out their jobs, as well as professional development leading to credentials and degrees. In addition to ongoing staff development, section 648A of the Head Start Act directs the Secretary to ensure that each of the 55,000 Head Start classrooms for preschool-age children has a qualified teacher, with a minimum of a CDA credential.

Those who are credentialed include prekindergarten staff from the various military sectors, child care, church-affiliated preschools, Title I school-based programs, and Head Start. Also, the revised Head Start Program Performance Standards, which become effective January 1, 1998, include new standards for infant and toddler programs and the requirement that infant and toddler teachers also be qualified by January 1, 1999, and thereafter within one year of hire, holding a CDA credential at a minimum.

Beginning in 1972, ACYF has supported various organizations to administer the CDA National Credentialing Program. These organizations included a Consortium of several child development and early childhood education associations and the Bank Street College of Education. The first decade of this credential award program was unstable and problematic due, in large measure, to the fact that the grant was recompeted frequently, leading to several changes in administering organizations and resulting breaks in services. The general

instability and under-use of the CDA credential system caused concern to the Department and the Congress. The Department requested that the National Association for the Education of Young Children create a non-profit subsidiary to become a free standing organization that would permanently administer the CDA credentialing program.

Accordingly, the Council for Early Childhood Professional Recognition was established to administer the national CDA Credentialing Program through a cooperative agreement. The intent of maintaining a permanent home for the national Child Development Associate credentialing program was reinforced in 1992, when Section 7 of the 1992 Juvenile Justice Act, entitled, "Head Start Training Improvement," amended the Head Start Act, requiring the funding of an organization to administer a centralized child development credential and national assessment program.

##### II. Reason for Sole Source Award

The Council for Early Childhood Professional Recognition has effectively restored public confidence in the CDA Credential and increased the number of credentials awarded. The number of candidates credentialed each year has steadily grown from about 2,000 credentialed candidates annually to nearly 8,000 per year. As of June 1997, nearly 83,000 teachers, home visitors and family child care providers have been credentialed. The Council has also increased the recognition and credibility of the CDA Credential among the States, and now 47 States, the District of Columbia and Puerto Rico recognize the Child Development Associate credential as the requirement for the licensing of a child care center. This provides those certified with the CDA credential with the mobility to move from State-to-State with State recognition of their credential and qualifications.

The Council is efficiently and cost-effectively administering the National CDA Credentialing Program at a time when the demand for the credential has greatly increased. This allows the Council to maintain the assessment and credentialing fee to the candidate (the majority are low-income) at \$325.

Because of the mandate for qualified teachers of infants and toddlers and preschool age children, welfare reform, and the President's intended expansion of the Head Start Program to serve one million eligible children by the year 2002, the need for qualified, credentialed staff is an urgent matter, particularly given the annual turnover rate of 17 percent among Head Start staff. To address the expansion of the