

approximately 5 p.m. two business days before the meeting for a recorded announcement of bank and bank holding company applications scheduled for the meeting; or you may contact the Board's Web site at <http://www.federalreserve.gov> for an electronic announcement that not only lists applications, but also indicates procedural and other information about the meeting.

Dated: March 12, 1999.

Robert deV. Frierson,

Associate Secretary of the Board.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 99047]

Human Immunodeficiency Virus Community-Based Prevention Projects for the Commonwealth of Puerto Rico and the United States Virgin Islands; Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1999 funds to support cooperative agreements for HIV prevention projects with community-based organizations (CBOs) serving populations at increased risk of acquiring or transmitting HIV infection in the Commonwealth of Puerto Rico (the Commonwealth) or the United States Virgin Islands (The USVI). This program addresses the "Healthy People 2000" priority areas of Educational and Community-Based Programs, HIV Infection, and Sexually Transmitted Diseases. It also addresses the HIV Prevention Comprehensive Plan developed by the Commonwealth's Community Planning Group (CPG) and the Epidemiological Profile developed by the USVI Department of Health, by providing support for primary prevention for persons at increased risk for HIV infection and by increasing the availability and coordination of prevention and early intervention services for HIV-infected persons. A copy of the Commonwealth's Comprehensive plan, the USVI Epidemiological Profile and the Healthy People 2000 Objectives are included in the application kit.

The purpose of this program is to (1) develop and implement effective community-based HIV prevention programs that reflect the

Commonwealth's or the USVI HIV prevention priorities outlined in their comprehensive HIV prevention plan and Epidemiological profile developed through HIV Prevention Community Planning; and (2) promote collaboration and coordination of HIV prevention efforts among CBOs, Health Departments, and private agencies such as substance abuse agencies, educational agencies, criminal justice systems, and national and regional organizations.

B. Eligible Applicants

Assistance will be provided only to nonprofit community-based organizations (CBOs) providing services in the Commonwealth or the USVI. To be eligible, CBOs must meet the following criteria:

1. Be a non-governmental organization (non-profit corporation or association) established in the geographic area where the services will be provided, whose net earnings in no part accrue to the benefit of private shareholders or individuals. You must include a written Statement of Good Standing and a Certificate of Incorporation from the Commonwealth State Department or the USVI State Department as acceptable evidence of nonprofit status and experience in operating and centrally administering a community-based organization to be eligible to apply.

2. Document that the majority of its programmatic and administrative staff involved in the project are representative of the population to be served.

Successful applicants will be required to apply for an Internal Revenue Service (IRS) determination of 501(c)3 status during the first three months of funding. CDC will provide technical assistance and support in submitting this request.

Applicants must submit (1) a Statement of Good Standing and (2) a Certificate of Incorporation issued by the State department as proof of nonprofit and "Good Standing" status with the application for determination of eligibility. No application will be accepted without these two documents.

Note: Public Law 104-65 states that an organization described in section 501(c)(4) of the Internal Revenue Code of 1986 that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant, cooperative agreement, contract, loan or any other form.

C. Availability of Funds

1. The Commonwealth

An annualized amount of approximately \$1.1 million is available in FY 1999 to fund approximately 15

awards in the Commonwealth. It is expected that the average award will be \$125,000, ranging from \$85,000 to \$150,000.

2. The USVI

Approximately \$400,000 is available in FY 1999 to fund approximately 3 awards in the USVI. It is expected that the average award will be \$125,000, ranging from \$85,000 to \$150,000.

It is expected that the awards will begin on or about July 1, 1999, and will be made for a 12-month budget period within a project period of up to 4 years. Applications from CBOs in the Commonwealth requesting more than \$180,000 per year, including direct and indirect costs, or from CBOs in the USVI requesting more than \$200,000 per year, including direct and indirect costs, will be deemed ineligible and will not be accepted by CDC.

Funding estimates may change based on the following: the availability of funds; the scope and the quality of applications received; distribution of the HIV epidemic in the Commonwealth and the USVI; the appropriateness and reasonableness of the budget request; and the proposed use of project funds.

Noncompeting continuation awards within an approved project period will be made on the basis of satisfactory progress as evidenced by required reports, CDC site visits, and the availability of funds.

Use of Funds

Funds available under this announcement must support activities directly related to primary HIV prevention. However, intervention activities which involve preventing other Sexually Transmitted Diseases (STDs) and drug use as a means of reducing or eliminating the risk of HIV infection may be supported. No funds will be provided for direct patient medical care (including substances abuse treatment, medical prophylaxis or drugs).

These funds may not be used to supplant or duplicate existing funding. Although applicants may contract with other organizations under these cooperative agreements, applicants must perform a substantial portion of the activities (including program management and operations and delivery of prevention services) for which funds are requested.

Funding Priority

1. The Commonwealth

Priority will be given to funding activities and interventions identified through the Commonwealth's HIV

Prevention Comprehensive Plan and epidemiological profile. Please refer to the Commonwealth's HIV Prevention Comprehensive Plan for the recommended HIV Prevention interventions for each priority population.

2. The USVI

Priority will be given to funding activities and interventions identified through the USVI STD/HIV/AIDS epidemiological profile or comprehensive HIV prevention plan if available; and to CBOs with proven records of reaching their target populations.

To maximize the effective use of CDC funds, each applicant must conduct at least one of the priority Health Education and Risk Reduction (HERR) interventions described in the attachment. Although activities may cross from one intervention type to another (e.g., individual or group level interventions may be a part of a community-level intervention), each applicant must indicate which one of the four interventions is the primary focus. Because of the resources, special expertise, and organizational capacities needed for success, applicants are discouraged from undertaking more than two of the priority interventions previously listed.

D. Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities under 1. (Recipient Activities), and CDC will be responsible for activities under 2. (CDC Activities).

1. Recipient Activities

a. Conduct a health education and risk reduction interventions (HERR) for individuals, groups or communities at high risk of becoming infected or transmitting HIV to others. The following four HERR interventions will be funded in FY 1999: Individual Level, Group Level, Community Level, and Street and Community Outreach. Each recipient must conduct at least one of these priority HERR interventions.

b. As needed, refer high risk clients, both HIV negative and HIV positive, and assist them in gaining access to HIV antibody counseling and testing; HIV medical care or early medical intervention; STD screening, testing, and treatment; psycho-social support; mental health services; substance abuse treatment; TB prevention and treatment; reproductive health; and other supportive services.

c. Coordinate and collaborate with the Commonwealth's or the USVI Health

Department, community planning group, and other organizations and agencies involved in HIV prevention activities, especially those serving the target population(s) in the local area. This may include participation in the HIV Prevention Community Planning Process. Participation may include involvement in workshops; attending meetings; if nominated and selected, membership on the group; reporting on program activities; or commenting on plans.

d. Conduct process and outcome evaluations of all major program activities and services supported with CDC HIV prevention funds.

Further guidance on these recipient activities is available in the application kit.

2. CDC Activities

a. Provide consultation and technical assistance in planning, operating, and evaluating prevention activities. CDC will provide consultation and technical assistance both directly and indirectly through prevention partners such as health departments, national and regional minority organizations (NRMOS), contractors, and other national organizations.

b. Provide up-to-date scientific information on the risk factors for HIV infection, prevention measures, and program strategies for prevention of HIV infection.

c. Assist in the evaluation of program activities and services.

d. Assist recipients in collaborating with health departments, community planning groups, and other federally-supported HIV/AIDS recipients.

e. Facilitate the transfer of successful prevention interventions and program models to other areas through convening meetings of grantees, workshops, conferences, newsletters, and communications with project officers.

f. Monitor the recipient's performance of program activities, protection of client confidentiality, and compliance with other requirements.

g. Facilitate exchange of program information and technical assistance between community organizations, health departments, and national and regional organizations.

E. Application Content

Use the information in the Program Requirements, Other Requirements, and Evaluation Criteria sections to develop the application content. Your application will be evaluated on the criteria listed, so it is important to follow them in laying out your program plan.

You must prepare your application in English. The narrative should be no more than 35 double-spaced pages. Number each page clearly, and provide a complete index to the application and its appendices. Please begin each separate section of the application on a new page. The original and each copy of the application set must be submitted unstapled and unbound. All material must be typewritten, in 12 point font type, on 8½" by 11" paper, with at least 1" margins, headings and footers, and printed on one side only. Materials which should be part of the basic plan will not be accepted if placed in the appendices.

In developing the application, you must follow the format and instructions below.

Format

1. Abstract
2. Assessment of Need and Justification for Proposed Activities
3. Organizational History and Capacity
4. Program Plan
5. Evaluation Plan
6. Communications/Dissemination Plan
7. Plan for Acquiring Additional or Matching Resources
8. Budget/Staffing Breakdown and Justification
9. Training and Technical Assistance Plan
10. Attachments

Instructions

1. Abstract (not to exceed 3 pages): Summarize your proposed activities. Include the following:

- a. Summary of the need for the proposed activities;
- b. Long-term goals;
- c. Summary of proposed plan of operation, including the primary population(s) to be served and their risk behavior, activities to be conducted, and services to be provided;
- d. Summary of plans for evaluating the activities of this project; and
- e. Brief summary of future year activities.

2. Assessment of Need and Justification for Proposed Activities (not to exceed 6 pages).

a. Clearly describe the population(s) for which your proposed program will provide services.

b. Clearly identify the need that will be addressed by your proposed program, and describe how you assessed the need. Include epidemiologic and other data that were used to identify the need. Include a description of existing HIV prevention and risk-reduction efforts provided by other organizations to address the needs of the target population(s), and an analysis of the gap

between the identified need and the resources currently available to address the need (i.e., How will the proposed activities or program address an important unmet HIV prevention need?).

c. Describe the impact of the AIDS epidemic on the priority population and their community and any specific environmental, social, cultural, or linguistic characteristics of the priority population(s) which you have considered and addressed in developing prevention strategies, such as:

(1) HIV prevalence and incidence (if available), reported AIDS cases, and risk behaviors (sexual behaviors, substance use, etc.) in the target population;

(2) HIV/AIDS-related baseline knowledge, attitudes, beliefs, and behaviors;

(3) Patterns of substance use and rates of STDs and tuberculosis (TB); and

(4) Other relevant information. (Specify)

d. Describe the specific behaviors and practices that the proposed interventions are designed to promote and prevent (e.g., increases in correct and consistent condom use, knowledge of serological status, not sharing needles, and enrollment in drug treatment and other preventive programs).

e. Describe how your proposed program complements the HIV prevention priorities identified in the HIV Prevention Comprehensive Plan developed by the Commonwealth's Community Planning Group or the Epidemiological Profile developed by the USVI Department of Health. If the plan does not adequately provide the necessary information, justify the need and the priority of your proposed program activities and summarize how the activities address prevention gaps and complement ongoing prevention efforts. State why the funds requested in this application are necessary to address the need.

f. Explain any specific barriers to the implementation of your proposed program and how you will overcome these barriers.

3. Organizational History and Capacity (not to exceed 5 pages): Describe the following:

a. Organizational structure, including the role, responsibilities, and racial/ethnic composition of board of directors; committee structure of board of directors; organizational management, administrative and program components; constituent or affiliate organizations or networks; how the organizational structure will support the proposed program activities; and

how the structure offers the capacity to reach targeted populations.

b. Past and current experience in developing and implementing effective HIV prevention strategies and activities, and in developing and implementing programs similar to the one(s) proposed in this application. Your discussion should include a description of programs provided in the past, both HIV prevention and general services and education programs.

c. The decision-making process in your organization.

d. Mechanism used by your organization to monitor program performance and quality assurance.

e. Demonstrated ability (1) to work with governmental and non-governmental organizations, including State, municipal and local health departments, local and State non-governmental organizations, national agencies or organizations, community planning groups, and other groups that provide HIV prevention services; and (2) to coordinate program joint program activities with existing governmental and private prevention efforts.

f. Capacity to provide the proposed HERR interventions which are culturally competent and linguistically appropriate, and which respond effectively to the gender, environmental, and social characteristics of the target populations.

g. For any of the above areas in which you do not have direct experience or current capacity, describe how you will ensure that the proposed program has that capacity (e.g., through staff development, collaboration with other organizations, or a subcontract).

4. Program Plan (not to exceed 11 pages): Use this section to describe your proposed program.

a. Behaviors and Practices the Interventions will Promote: Describe the specific behaviors and practices that the interventions are designed to promote and prevent (i.e., increases in correct and consistent condom use, knowledge of serological status, not sharing needles, and enrollment in drug treatment and other preventive programs).

b. Scientific, Theoretical, Conceptual, or Program Experience Foundation for Proposed Activities: Provide a detailed description of the scientific, theoretical, conceptual, or program experience foundation on which the proposed activities are based and which support the potential effectiveness of these activities for addressing the stated need.

c. Involvement of the target population: Describe the involvement of the target population in planning, implementing, and evaluating activities

and services throughout the project period.

d. Appropriateness of Interventions: Describe how the proposed priority interventions and services are culturally competent, sensitive to issues of sexual identity, developmentally appropriate, linguistically-specific, and educationally appropriate. (Please reference the appendix for definitions of these terms.)

e. Intervention goals and objectives: Describe the broad HIV prevention goals that your proposed program aims to achieve over the course of the project period. Develop objectives that are specific, measurable, time-phased, realistic, related to the proposed activities (Reference Appendix for additional guidance on writing objectives), and if applicable, how it relates to the prevention priorities outlined in the jurisdiction's comprehensive HIV prevention plan. Describe the expected results of program activities on its priority population(s). Describe potential barriers to or facilitators for reaching these objectives.

f. Plan of Operation:

(1) Describe the specific activities to be conducted to accomplish the objectives.

(2) Describe the services to be provided to accomplish the objectives.

(3) Specify the approximate dates when activities will be accomplished and staff responsible for conducting activities.

(4) Describe the potential for volunteer involvement in your program. If volunteers will be involved, describe plans to recruit, train, place, and retain volunteers.

(5) Describe how you will collaborate with State, municipal and local health departments, community planning groups, members of the target population, and other appropriate service groups or organizations in the development and implementation of your program.

(6) Describe your mechanism for soliciting program participants.

(7) Describe how you will promote your program in the community.

(8) Describe the mechanism to assure client satisfaction.

(9) Provide the following as attachments: (a) a list of major community resources and health care providers to which referrals will be made; (b) a plan for ongoing training to ensure that staff are knowledgeable about HIV and STD risks and prevention measures; (c) a plan to assess the performance of staff to ensure that they are providing information and services accurately and effectively; (d) a mechanism to initiate and verify

referrals; and (e) protocols to guide and document training, activities, services, and referrals (e.g., applicants seeking funds for Street and Community Outreach Interventions must provide a description of the policies and procedures that will be followed to assure the safety of outreach staff).

g. Coordination/Collaboration:

(1) Specify the organizations and agencies with which you will establish linkages and coordinate activities in the process of developing and implementing your project. These must include State, municipal, and local health departments, the appropriate HIV prevention community planning group, and should include, as appropriate, the following:

(a) Community groups and organizations, including churches and faith groups;

(b) HIV/AIDS service organizations;

(c) Ryan White CARE Title I and Title II planning bodies;

(d) Schools, boards of education, and other State or local education agencies;

(e) State and local substance abuse agencies, community-based and other drug treatment or detoxification programs;

(f) Federally funded community projects, such as those funded by the Center for Substance Abuse Treatment (CSAT), Center for Substance Abuse Prevention (CSAP), Health Resource Services Administration (HRSA), Office of Minority Health (OMH), and other federal agencies;

(g) Providers of services to youth in high risk situations (e.g., youth in shelters);

(h) State or local departments of mental health;

(i) Juvenile and adult criminal justice, correctional or parole systems and programs;

(j) Family planning and women's health agencies; and

(k) STD and TB clinics and programs.

(2) Describe the activities that will be coordinated with each organization.

(3) Submit and include as attachments memoranda of understanding or agreement as evidence of these established or agreed-upon collaborative relationships. Memoranda of agreement should specifically describe the proposed collaborative activities. Evidence of continuing collaboration must be submitted each year to ensure that the collaborative relationships are still in place. Memoranda of agreement from health departments should include a statement that your application has been reviewed.

5. Evaluation Plan (not to exceed 6 pages): Describe how you will monitor progress to determine if the objectives

are being achieved (process evaluation), and determine if the methods used to deliver the proposed activities are effective. Describe how data will be collected, analyzed, and used to improve the program.

a. *Evaluation Questions.* Specify the questions to be answered through the evaluation activities that are being proposed. These questions should guide the evaluation process and be directly linked to the objectives stated above.

b. *Evaluation Data.* Specify the information (data) that will be collected to answer the Evaluation Questions stated above. This data should enable you to measure quantity (i.e., the number of activities conducted or people served) and quality (i.e., the effectiveness of the activities conducted and services provided from the program participant's point of view).

c. *Sources of Data.* Specify the sources of information (data) to be collected. Data sources may include program documentation records (i.e., client registration forms, participant evaluation forms, referral forms, field notes, etc.), information from other service providers or institutions (i.e., HIV testing clinics, STD clinics, drug treatment centers, schools, etc.), and feedback from staff and clients (i.e., client and staff satisfaction forms, etc.). Also specify at what points during delivery of the interventions(s), that data will be collected.

d. *Collection Method.* Specify the methods for data collection. For example, data should be collected routinely as a part of program services using data collection tools such as sign-in logs, registration forms, activity documentation forms, etc. Specify additional methods for collecting data such as the use of questionnaires, surveys, other data collection instruments, interviews and focus groups, etc.

e. *Baseline Data.* Since this evaluation is designed to measure change as a result of the intervention, specify the baseline against which the change is being measured. Baseline data, such as existing attitudes, beliefs, behaviors, and knowledge of participants, is established by collecting information prior to the intervention.

f. *Evaluator.* Specify the person(s) responsible for designing and implementing evaluation activities, collecting and analyzing data, and reporting findings.

g. *Use of Data.* Explain how the data resulting from the evaluation will be used to improve or expand the program.

h. *Dissemination plan.* Discuss how the results of the evaluation will be

reported and who will receive the results.

Note: Include samples of data collection tools in the attachments, if available.

Your process evaluation plan should:

a. Provide a detailed description of:
(1) Each program activity and the documented need for that activity; and
(2) Progress toward achieving each stated objective in the cooperative agreement;

b. Provide detailed information for:
(1) The specific service or intervention that was provided and how it differed from the planned services;
(2) the description and the number of persons who received the service, including demographics such as age, race and ethnicity, gender, and if appropriate and available, sexual orientation and risk exposure, and how the persons actually served differed from those the program intended to serve;

(3) When and how often the service or intervention was provided and how this differed from program plans; and,

(4) Where the service or intervention was provided (e.g., Counseling, Testing, Referral, and Partner Notification (CTRPN) site, STD clinic, street corner, housing project) and a comparison of these data to the expected locations of service delivery.

c. Document and describe program successes, unmet needs, barriers and problems encountered in planning, implementing, or providing services, or in coordinating services with other organizations and agencies serving target populations.

d. Document and describe the success of referral systems, including the numbers of persons referred and the number actually receiving services by site, and how well the system functions in identifying sources of services and in assisting persons in obtaining and receiving them.

e. Document and describe problems that affect planning or implementing program activities (e.g., recruiting, hiring, or retaining staff; training or ensuring quality staff performance; establishing or maintaining contracts with other CBOs or ensuring the quality of their performance), and

f. Describe client satisfaction with HIV prevention services. Client satisfaction should be assessed periodically via quantitative or qualitative methods (e.g., periodic focus groups with current or former clients).

You are encouraged to conduct outcome evaluation. However, due to the additional cost and need for scientific support beyond the scope of these cooperative agreements, you

cannot conduct impact evaluations with cooperative agreement funds (e.g., long-term effects of the program in terms of changes in behavior). CDC will continue to support special projects to evaluate the behavioral and other outcomes of interventions commonly used by CBOs and other organizations, and disseminate information and lessons learned from this research to CBOs, health departments, community planning groups, and other organizations and agencies involved in HIV prevention programs. If funds become available, CDC may supplement these cooperative agreements for outcome evaluation. Indicate which members of the staff will be responsible for developing and implementing the evaluation plan.

6. Communications/Dissemination Plan (not to exceed 2 pages): Describe how you will share successful approaches and "lessons learned" with other organizations.

7. Plan for Acquiring Additional or Matching Resources (not to exceed 1 page): Describe your plan for obtaining additional resources from other (non-CDC) sources to supplement the program conducted through this cooperative agreement and to increase the likelihood of its continuation after the end of the project period.

2. Budget/Staffing Breakdown and Justification:

a. Detailed Budget: Provide a detailed, separate budget for each HERR intervention proposed (i.e., individual level, group level, community level, or street and community outreach) to be undertaken, with accompanying justification of all operating expenses that is consistent with the stated objectives and planned priority activities. CDC may not approve or fund all proposed activities. Be precise about the program purpose of each budget item and itemize calculations wherever appropriate.

In the personnel section, specify the job title, annual salary/rate of pay, and percentage of time spent on this program. If the identity of any key personnel who will fill a position is known, his or her name and resume should be attached. Experience and training related to the proposed project should be noted.

For contracts, applicants should name the contractor, if known; describe the services to be performed which justifies the use of a the contractor; provide a breakdown of and justification for the estimated costs of the contracts; the period of performance; the method of selection; and method of monitoring the contract.

Note: If indirect costs are requested, you must provide a copy of your organization's current negotiated Federal indirect cost rate agreement.

b. Staffing Plan: Provide a job description for each position for this program that specifies job title, function, general duties, activities, and salary range. Include the level of effort and allocation of time for each project activity by staff positions. If the identity of any key personnel who will fill a position is known, her/his name and resume should be attached. Experience and training related to the proposed project should be attached. Experience and training related to the proposed project should be noted. If the identity of staff is not known, describe your recruitment plan. If volunteers are involved in the project, provide job descriptions.

3. Training and Technical Assistance Plan (not to exceed 2 pages): Describe areas in which you anticipate needing technical assistance in designing, implementing, and evaluating your program and how you will obtain this technical assistance. Describe anticipated staff training needs related to the proposed program and how these needs will be met.

10. Attachments:

Provide the following as attachments:

a. Statement of Good Standing issued by the State department;

b. Certificate of Incorporation issued by the State department;

c. A list of the members of its governing body along with their positions on the board, their expertise in working with or providing services to the proposed target population, and their racial/ethnic backgrounds (Submission of information regarding the HIV status or other confidential information regarding any individual is optional);

d. An organizational chart of existing and proposed staff, including the board of directors, volunteer staff, and their racial/ethnic backgrounds;

e. A description of funds received from any source to conduct HIV/AIDS programs and other similar programs targeting the population proposed in the program plan. This summary must include: the name of the sponsoring organization/source of income, amount of funding, a description of how the funds have been used, and the budget period. In addition, identify proposed personnel devoted to this project who are supported by other funding sources and the activities they are supporting;

f. A summary of the objectives and activities of the funded program(s);

g. An assurance that the funds being requested will not duplicate or supplant

funds received from any other Federal or non-Federal source. CDC awarded funds can be used to expand or enhance services supported with other Federal or non-Federal funds;

h. Independently audited financial statements from a Certified Public Accountant (CPA) for the previous 2 years written in English;

i. Affiliates of national organizations must include with the application an original, signed letter from the chief executive officer of the national organization assuring their understanding of the intent of this program announcement and the responsibilities of recipients; and

j. Memoranda of Agreement with collaborative organizations which describes nature and duration of the relationship and specific joint activities to be conducted.

Note: Materials submitted as attachments should be printed on one side of 8½x11 paper. Please do not attach bound materials such as booklets or pamphlets. Rather, submit copies of the materials printed on one side of 8½x11 paper. Bound materials will not be reviewed.

F. Submission and Deadline

Submit the original and two copies of the PHS 5161 (OMB Number 0937-0189). forms are in the application kit. On or before May 7, 1999, submit the application written in English to: Patrick Smith, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), Announcement Number 99047, 2920 Brandywine Road, Suite 3000, Atlanta, Georgia 30341-4146.

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 orderly processing. (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 are not acceptable proof of timely mailing.)

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

G. Evaluation Criteria

Each application will be evaluated individually against the following criteria by an independent review group appointed by CDC.

1. Abstract (not scored).

2. Assessment of Need and Justification for the Proposed Activities (20 points):

a. The extent to which the applicant soundly documents a substantial need for the proposed program and activities. (10 points)

b. The quality of the applicant's plan to ensure consistency with applicable State and local comprehensive HIV prevention plans and, if applicable, the adequacy with which the applicant demonstrates the rational for deviating from the jurisdiction's comprehensive HIV prevention plan. (10 points)

3. Organizational History and Capacity (15 points): The extent to which the applicant's documents having at least 12 months experience in operating and centrally administering a community-based organization targeting priority populations as described in the Commonwealth's HIV Prevention Comprehensive Plan and the USVI Epidemiological Profile; and demonstrates experience, capacity, and ability to address the identified needs and implement the proposed activities, including:

a. How the applicant's organizational structure and planned collaborations (including constituent or affiliated organizations or networks) will support the proposed program activities, and how the proposed program will have the capacity to reach targeted populations; (3 points)

b. Applicant's past and current experience in developing and implementing effective HIV prevention strategies and activities, and in developing and implementing programs similar to those proposed in this application; (3 points)

c. Applicant's capacity to provide culturally competent and appropriate services which respond effectively to the cultural, gender, environmental, social and multilingual character of the target audiences, including documentation of any history of providing such services; (3 points)

d. Applicant's experience and ability in collaborating with governmental and non-governmental organizations, including other national agencies or organizations, State and local health departments, community planning groups, and State and local non-governmental organizations that provide HIV prevention services; (3 points) and

e. Plans to ensure capacity to implement proposed program where no direct experience or capacity currently exists within the applicant organization. (3 points)

4. Program Plan (45 total points):

a. Behaviors and Practices the Interventions will Promote (5 points):

The degree to which the applicant describes the specific behaviors and practices that the interventions are designed to promote and prevent (i.e., increases in correct and consistent condom use, knowledge of serological status, not sharing needles, and enrollment in drug treatment and other preventive programs).

b. Scientific, Theoretical, Conceptual, or Program Experience Foundation for Proposed Activities (5 points): The degree to which the applicant provides a detailed description of the scientific, theoretical, conceptual, or program experience foundation on which the proposed activities are based and which support the potential effectiveness of these activities for addressing the stated need.

c. Involvement of the target population (5 points): The degree to which the applicant describes the involvement of the target population in planning, implementing, and evaluating activities and services throughout the project period.

d. Appropriateness of Interventions (5 points): The degree to which the applicant describes how the proposed priority interventions and services are culturally competent, sensitive to issues of sexual identity, developmentally appropriate, linguistically-specific, and educationally appropriate. (Please reference the appendix for definitions of these terms.)

e. Goals and Objectives (10 points): Degree to which the proposed objectives are specific, measurable, time-phased, related to the proposed activities, and consistent with the program's long-term goals; the extent to which the applicant identifies possible barriers to or facilitators for reaching these objectives.

f. Plan of Operations (10 points): The quality of the applicant's plan for conducting program activities, and the potential effectiveness of the proposed activities in meeting objectives.

g. Coordination/Collaboration (5 points): Appropriateness of collaboration and coordination with other organizations serving the same priority population(s). At minimum, the applicant provides a description of the collaboration and a signed memoranda of agreement for each agency with which collaborative activities are proposed, and other evidence of collaboration that describe previous, current, as well as future areas of collaboration.

5. Evaluation Plan (10 points): The potential of the evaluation plan to measure the effectiveness of program implementation, achievement of program objectives, and facilitate program improvement.

6. Communications/Dissemination Plan (5 points): The degree to which the applicant describes how successful approaches and "lessons learned" will be shared with other organizations.

7. Plan for Acquiring Additional or Matching Resources (5 points): The degree to which the applicant describes the plan for obtaining additional resources from other (non-CDC) sources to supplement the program conducted through this cooperative agreement and to increase the likelihood of its continuation after the end of the project period.

8. Budget/Staffing Breakdown and Justification (not scored):

a. Personnel (not scored)

Appropriateness of the staffing pattern for the proposed project.

b. Budget (not scored)

Appropriateness of the budget for the proposed project.

9. Training and Technical Assistance Plan (not scored): The extent to which the applicant describes areas in which technical assistance is anticipated in designing, implementing, and evaluating the proposed program and how the applicant will obtain this technical assistance. The extent to which the applicant describes anticipated staff training needs related to the proposed program and how these needs will be met.

Before final award decisions are made, CDC will either make predecisional site visits to CBOs whose applications are highly ranked or review the items below with the local or State health department and applicant's board of education.

a. The organizational and financial capability of the applicant to implement the proposed program.

b. The application and program plans for priority HERR interventions, compliance with the jurisdictional's HIV prevention priorities as outlined in the comprehensive plan or, if the proposed program varies from the jurisdiction's comprehensive plan, evaluate the rationale for the variance.

c. The special programmatic conditions and technical assistance requirements of the applicant.

A business management and fiscal recipient capability assessment may be required of some applicants prior to the award of funds.

H. Other Requirements

Technical Reporting Requirement

Provide CDC with the original plus two copies of:

1. Progress reports quarterly;
2. Financial status report, no more than 90 days after the end of the budget period; and

3. Final financial status and performance reports, no more than 90 days after the end of the project period.

Send all reports to: Patrick Smith, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention, 2920 Brandywine Road, Suite 3000, Atlanta, GA 30341-4146.

The following additional requirements are applicable to this program. For a complete description of each, see Attachment I in the application package.

- AR-4 HIV/AIDS Confidentiality Provisions
- AR-5 HIV Program Review Panel Requirements
- AR-7 Executive Order 12372
- AR-8 Public Health System Reporting Requirements
- AR-9 Paperwork Reduction Act Requirements
- AR-10 Smoke-Free Workplace Requirements
- AR-11 Healthy People 2000
- AR-12 Lobbying Restrictions
- AR-14 Accounting System Requirements
- AR-15 Proof of Non-Profit Status

I. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under Sections 301 and 317 of the Public Health Service Act, [42 U.S.C. Sections 241 and 247B], as amended. The Catalog of Federal Domestic Assistance Number is 93.939.

J. Where To Obtain Additional Information

To receive additional written information and to request an application kit, call 1-888-GRANTS4 (1-888-472-6874). You will be asked to leave your name and address and will be instructed to identify the Announcement number of interest.

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from: Patrick Smith, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement Number 99047, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Suite 3000, Atlanta, GA 30341-4146, telephone (770) 488-2731, Email address: phs3@cdc.gov

For program technical assistance, contact Samuel Martinez, Project Officer at (404) 639-5219, Email address: sbm5@cdc.gov or Samuel Taveras, Team Leader, at (404) 639-5230, Email address: syt2@cdc.gov.

See also the CDC homepage on the Internet: <http://www.cdc.gov>

John L. Williams,

Director, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC).

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 99055]

Extramural Grants for Violence-Related Injury Evaluation Research; Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces that grant applications are being accepted for Injury Prevention and Control Research Grants for fiscal year (FY) 1999.

This program addresses the priority area of injuries as a result of Violent and Abusive Behavior.

The purposes of this program are to:

1. Evaluate current interventions, policies and strategies for the prevention of violence-related injuries.
2. Identify effective strategies to prevent violence-related injuries.
3. Build the scientific base for the prevention of injuries, disabilities, and deaths due to violence in the following four priority areas: suicidal behavior, firearm-related injury, sexual violence, and intimate partner violence as delineated in Healthy People 2000.
4. Encourage professionals from a wide spectrum of disciplines such as public health, health care, medicine, criminal justice, and behavioral and social sciences, to work together and undertake research to prevent and control injuries from suicidal behavior, firearm-related injury, sexual violence, and intimate partner violence.

B. Eligible Applicants

Applications may be submitted by public and private nonprofit and for-profit organizations and by governments and their agencies; that is, universities, colleges, research institutions, hospitals, other public and private nonprofit and for-profit organizations, State and local governments or their bona fide agents, including small, minority and/or women-owned businesses and federally recognized Indian tribal governments, Indian tribes, or Indian tribal organizations.

Applicant requirements:

1. A principal investigator who has conducted research, published the findings in peer-reviewed journals, and has specific authority and responsibility to carry out the proposed project.

2. Demonstrated experience in conducting, evaluating, and publishing in peer-reviewed journals injury control research pertaining to violence on the applicant's project team.

3. Effective and well-defined working relationships within the performing organization and with outside entities which will ensure implementation of the proposed activities.

4. The ability to carry out injury control research projects as defined under Addendum 2, (2.a-c).

5. The overall match between the applicant's proposed theme and research objectives, and the program interests as described under the heading, "Programmatic Interests."

C. Availability of Funds

Approximately \$1.0 million is available for FY 1999 injury research grants that evaluate the effectiveness and/or cost effectiveness of interventions and policies designed to reduce morbidity, mortality, and disabilities caused by suicidal behavior, firearm-related injury, sexual violence, or intimate partner violence. Approximately, 3-4 awards will be made. It is expected that the awards will begin on or about September 1, 1999. Awards will be made for a 12-month budget period within a project period not to exceed three years. The maximum funding level per year will not exceed \$300,000 (including both direct and indirect costs). Applications that exceed the funding cap of \$300,000 will be excluded from the competition and returned to the applicant. The availability of Federal funding may vary and is subject to change.

Note: Grant funds will not be made available to support the provision of direct care. Eligible applicants may enter into contracts, including consortia agreements (as set forth in the PHS Grants Policy Statement, dated April 1, 1994), as necessary to meet the requirements of the program and strengthen the overall application.

Note: Pub. L. 104-65 states that an organization described in section 501(c)(4) of the Internal Revenue Code of 1986 that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant, cooperative agreement, contract, loan or any other form.

Programmatic Interests

There is programmatic interest in research projects designed to rigorously assess the effectiveness (i.e., the impact of a specific intervention or policy on reducing violence-related morbidity or