

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: pbs3@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

mortality or violent behavior) and/or cost effectiveness (i.e., an economic analysis to assess the cost per health outcome—"cost per life saved" or "cost per case prevented") of interventions to prevent suicidal behavior, firearm-related injury, sexual violence, or intimate partner violence. Cost effectiveness analyses should only be applied to those interventions or policies for which there is already strong evidence of effectiveness.

1. In the area of suicide, there is particular interest in projects to evaluate suicide prevention interventions for general or high risk populations and projects to evaluate services provided in various settings such as a managed care setting.

2. In the area of firearm injuries, there is particular interest in projects evaluating prevention programs and policies that offer promise in preventing firearm injuries among children and adolescents (e.g., safe storage of firearms in homes, safe gun technology, curricula to promote gun safety for children and adolescents).

3. In the areas of sexual violence and intimate partner violence, there is particular interest in evaluation research to determine the effectiveness of: 1. Prevention programs for adolescent males at risk for perpetration of sexual violence or intimate partner violence; or 2. Intervention programs for perpetrators of sexual violence or intimate partner violence.

D. Application Content

Applications should follow the PHS-398 (Rev. 5/95) application and Errata sheet, and should include the following information:

1. The project's focus that justifies the research needs and describes the scientific basis for the research, the expected outcome, and the relevance of the findings to reduce injury morbidity, mortality, disability, and economic losses. This focus should be based on recommendations in Healthy People 2000 and should seek creative approaches that will contribute to a national program for injury control.

2. Specific, measurable, and time-framed objectives.

3. A detailed plan describing the methods by which the objectives will be achieved and evaluated, including their sequence. (A comprehensive evaluation plan is an essential component of the application.)

4. A description of the grant's principal investigator's role and responsibilities.

5. A description of all the project staff regardless of their funding source. It should include their title, qualifications,

experience, percentage of time each will devote to the project, as well as that portion of their salary to be paid by the grant.

6. A description of those activities related to, but not supported by the grant.

7. A description of the involvement of other entities that will relate to the proposed project, if applicable. It should include commitments of support and a clear statement of their roles.

8. A detailed first year's budget for the grant with future annual projections, if relevant. (Awards will be made for a project period of up to three years.)

9. An explanation of how the research findings will contribute to the national effort to reduce the morbidity, mortality and disability caused by violence-related injuries within 3-5 years.

An applicant organization has the option of having specific salary and fringe benefit amounts for individuals omitted from the copies of the application which are made available to outside reviewing groups. To exercise this option: on the original and five copies of the application, the applicant must use asterisks to indicate those individuals for whom salaries and fringe benefits are not shown; the subtotals must still be shown. In addition, the applicant must submit an additional copy of page four of Form PHS-398, completed in full, with the asterisks replaced by the salaries and fringe benefits. This budget page will be reserved for internal staff use only.

E. Submission and Deadline

Submit the original and five copies of PHS 398 (OMB Number 0925-0001 and adhere to the instructions on the Errata Instruction sheet for PHS 398). Forms are in the application kit.

On or before April 30, 1999, submit to:

Anne Foglesong, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement #99055, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Suite 3000, Atlanta, Georgia 30341.

Applications shall be considered as meeting the deadline if they are received at the above address on or before the deadline date; or sent on or before the deadline date, and received in time for the review process. Applicants should 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.

Late Applications: applications which do not meet the above criteria are considered late applications, will not be considered, and will be returned to the applicant.

F. Evaluation Criteria

(Please take special notice as elements of this section have changed since the last announcement. A more complete description of the grant award selection process policy can be obtained by calling the phone number found under "Where to Obtain Additional Information" in the application package.)

Upon receipt, applications will be reviewed by CDC staff for completeness and responsiveness as outlined under Eligible Applicants, subtitle, Applicant Requirements (Items 1-5). Incomplete applications and applications that are not responsive will be returned to the applicant without further consideration. It is especially important that the applicant's abstract reflects the project's focus, because the abstract will be used to help determine the responsiveness of the proposal.

Applications which are complete and responsive will be subjected to a preliminary evaluation (triage) by a peer review committee, the Injury Research Grant Review Committee (IRGRC), to determine if the application is of sufficient technical and scientific merit to warrant further review by the IRGRC. CDC will withdraw from further consideration applications judged to be noncompetitive and promptly notify the principal investigator/program director and the official signing for the applicant organization. Those applications judged to be competitive will be further evaluated by a dual review process.

Awards will be determined by the Director of the National Center for Injury Prevention and Control (NCIPC) based on priority scores assigned to applications by the primary review committee, recommendations by the secondary review committee, consultation with NCIPC senior staff, and the availability of funds.

1. The primary review will be a peer review conducted by the IRGRC. All proposals will be reviewed for scientific merit by a committee of no less than three reviewers with appropriate expertise using current National Institutes of Health (NIH) criteria to evaluate the methods and scientific quality of the proposal. Factors to be considered will include:

a. The specific aims of the research project, i.e., the broad long-term objectives, the intended accomplishment of the specific research

proposal, and the hypothesis to be tested.

b. The background of the proposal, i.e., the basis for the present proposal, the critical evaluation of existing knowledge, and specific identification of the injury control knowledge gaps which the proposal is intended to fill.

c. The significance and originality from a scientific or technical standpoint of the specific aims of the proposed research, including the adequacy of the theoretical and conceptual framework for the research.

d. For competitive renewal applications, the progress made during the prior project period. For new applications, (optional) the progress of preliminary studies pertinent to the application.

e. The adequacy of the proposed research design, approaches, and methodology to carry out the research, including quality assurance procedures, plan for data management, and statistical analysis plan.

f. The extent to which the research findings will contribute to the national effort to reduce the morbidity, mortality and disability caused by violence-related injuries.

g. The extent to which the evaluation plan will allow the measurement of progress toward the achievement of the stated objectives.

h. Qualifications, adequacy, and appropriateness of personnel to accomplish the proposed activities.

i. The degree of commitment and cooperation of other interested parties (as evidenced by letters detailing the nature and extent of the involvement).

j. Gender and minority issues—Are plans to include both sexes and minorities and their subgroups adequately developed (as appropriate for the scientific goals of the project)? Are strategies included for the recruitment and retention of human subjects?

k. Human Subjects—Are the procedures proposed adequate for the protection of human subjects and are they fully documented? Are all procedures in compliance with applicable published regulations?

l. The reasonableness of the proposed budget to the proposed research and demonstration program.

m. Adequacy of existing and proposed facilities and resources.

2. The secondary review will be conducted by the Science and Program Review Work Group (SPRWG) from the Advisory Committee for Injury Prevention and Control (ACIPC). At the SPRWG's request, Federal ex officio members may be invited to attend the secondary review. The Federal ex officio

members will be responsible for identifying proposals in overlapping areas of research interest so that unwarranted duplication in federally-funded research can be avoided. At the SPRWG's request, NCIPC Division Associate Directors for Science (ADS) may be invited to attend the secondary review to assure that research priorities of the announcement are understood and to provide background regarding current research activities. The SPRWG may reach over better ranked proposals in order to assure maximal impact and balance of proposed research. The factors to be considered will include:

a. The results of the primary review including the proposal's priority score as the primary factor in the selection process.

b. The match between the proposal and the program announcement's programmatic interests and funding preferences.

c. The relevance and balance of proposed research relative to the NCIPC programs and priorities.

d. The significance of the proposed activities in relation to the priorities and objectives stated in Healthy People 2000, Injury in America, Injury Prevention, Meeting the Challenge, and Cost of Injury.

e. Budgetary considerations.

Only SPRWG members will vote on funding recommendations. These recommendations will be carried to the entire ACIPC in the form of a report. The ACIPC may vote to approve, disapprove, or modify the recommendations for funding. These recommendations will then be presented to the NCIPC Director for final decision.

3. Continued Funding: Continuation awards made after FY 1999, but within the project period, will be made on the basis of the availability of funds and the following criteria:

a. The accomplishments reflected in the progress report of the continuation application indicate that the applicant is meeting previously stated objectives or milestones contained in the project's annual workplan and satisfactory progress demonstrated through presentations at work-in-progress monitoring workshops.

b. The objectives for the new budget period are realistic, specific, and measurable.

c. The methods described will clearly lead to achievement of these objectives.

d. The evaluation plan will allow management to monitor whether the methods are effective.

e. The budget request is clearly explained, adequately justified,

reasonable and consistent with the intended use of grant funds.

G. Other Requirements

Technical Reporting Requirements

Provide CDC with an original plus two copies of:

1. An annual progress report annually,
2. A financial status report, no more than 90 days after the end of the budget period, and
3. A final financial report and performance report, no more than 90 days after the end of the project period.

Send all reports to: Anne Foglesong, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Suite 3000, Atlanta, Georgia 30341.

The following additional requirements are applicable to this program. For a complete description of each see Addendum 1 in the application package.

- AR-1 Human Subjects Certification
- AR-2 Requirements for inclusion of Women and Racial and Ethnic Minorities in Research
- AR-9 Paperwork Reduction Act Requirements
- AR-10 Smoke-Free Workplace Requirement
- AR-11 Healthy People 2000
- AR-12 Lobbying Restrictions
- AR-13 Prohibition on Use of CDC funds for Certain Gun Control Activities
- AR-20 Conference Activities within Grants/Cooperative Agreement

H. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under Sections 301(a)[42 U.S.C. 241(a)] of the Public Health Service Act, as amended. The catalog of Federal Domestic Assistance number is 93.136.

I. Where To Obtain Additional Information

Please refer to Program Announcement 99055 when you request 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: Anne Foglesong, Grants Management Specialist, Grants Management Branch,

Procurement and Grants Office, Program Announcement #99055, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Suite 3000, Atlanta, Georgia 30341, Telephone (770) 488-2724, Internet address: anf3@cdc.gov.

For program technical assistance, contact: Ted Jones, Program Manager, Office of Research Grants, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (CDC), 4770 Buford Highway, NE, Mailstop K-5, Atlanta, GA 30341-3724, Telephone (770) 488-4824, Internet address: tmj1@cdc.gov.

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

Interested applicants may receive a draft copy of the "Policy for Solicitation and Selection of Injury Research Grant Proposals" by calling 770/488-4265.

Dated: March 10, 1999.

John L. Williams,

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

[FR Doc. 99-6311 Filed 3-15-99; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Committee on Childhood Lead Poisoning Prevention: Meeting

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

Name: Advisory Committee on Childhood Lead Poisoning Prevention.

Times and Dates: 8:30 a.m.-5 p.m., April 12, 1999; 8:30 a.m.-12 p.m., April 13, 1999.

Place: Atlanta Marriott Gwinnett Place, 1775 Pleasant Hill Road, Duluth, Georgia 30136, telephone 770/925-2340.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 50 people.

Purpose: The Committee shall provide advice and guidance to the Secretary, the Assistant Secretary for Health; and the Director, CDC, regarding new scientific knowledge and technological developments and their practical implications for childhood lead poisoning prevention efforts. The Committee shall also review and report regularly on childhood lead poisoning prevention practices and recommend improvements in national childhood lead poisoning prevention efforts.

Matters to Be Discussed: Agenda items include: Childhood Lead Poisoning Prevention activities update, HCFA's Medicaid lead screening policy, Screening and Case Management Working Group updates, HUD lead program update, global dimensions of the lead problem, USAID update, and emerging issues involving foreign-born children.

Agenda items are subject to change as priorities dictate.

Opportunities will be provided during the meeting for oral comments. Depending on the time available and the number of requests, it may be necessary to limit the time of each presenter.

Contact Person for More Information: Barbara Nelson, Program Analyst, Lead Poisoning Prevention Branch, Division of Environmental Hazards and Health Effects, NCEH, CDC, 4770 Buford Highway, NE, M/S F-42, Atlanta, Georgia 30341-3724, telephone 770/488-7272, fax 770/488-7335.

The Director, Management Analysis and Services office has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

John C. Burckhardt,

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

[FR Doc. 99-6310 Filed 3-15-99; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Project

Title: Developmental Disabilities Council State Plan.

OMB No.: 0980-0162.

Description: Developmental Disabilities Councils (DD Councils) in each State are required under the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6000 et seq.) to develop plans on a triennial basis and to review those plans at least annually. Each Council develops its plan as a basis for promoting systems change and capacity building in service systems for persons with developmental disabilities in the State. The State plan must be made available for public comment in the State and must be approved by the Governor of the State. After that it is submitted to the Department of Health and Human Services, which will use the information to ensure compliance of the State with requirements in the Act. The information in the State plan is also used as one basis for providing technical assistance, such as during site visits. The burden statement of 130 hours per State for preparing this plan is annualized over the three-year period of the plan. This requirement was recently redesigned with significant involvement of State Developmental Disabilities Councils.

Respondents: State, Local or Tribal Government.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Three Year State Plan	55	1	130	7,150

Estimated Total Annual Burden Hours: 7,150.

In compliance with the requirements of Section 3506(c)(2)(A) The Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment

on the specific aspects of the information collection described above.

Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Information Services,

370 L'Enfant Promenade, SW, Washington, DC 20447, Attn: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection.

The Department specifically requests comments on: (a) whether the proposed