

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 (use 99101).

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from: Kevin Moore, Grants Management Specialist Grants Management Branch, Procurement and Grants Office Announcement 99101, Centers for Disease Control and Prevention (CDC), Grants Management Office Room 3000, ATTN: Colgate Building, 2920 Brandywine Rd., Mailstop E-15, Atlanta, GA 30341, telephone (770) 488-2737, Email address kgm1@cdc.gov.

For program technical assistance, contact: Jeff Efird, MPA, Deputy Chief, Epidemiology Branch, Division of HIV/AIDS Prevention Surveillance and Epidemiology, National Center for HIV, STD, TB Prevention, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE., Mailstop E-45, Atlanta, Georgia 30333, Telephone (404) 639-6130, E-mail jle1@cdc.gov.

For a detailed description of the additional requirements in Attachment 1, to download forms required by this announcement, and to review other CDC program announcements, see the CDC home page on the Internet: [HTTP://www.cdc.gov](http://www.cdc.gov). Eligible applicants are encouraged to call before developing and submitting their applications.

Dated: May 14, 1999.

Henry S. Cassell III,

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

[FR Doc. 99-12695 Filed 5-19-99; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention and Health Resources and Services Administration

[Program Announcement 99099]

CDC/HRSA Cooperative Agreements for HIV/AIDS Intervention, Prevention, and Continuity of Care Demonstration Projects for Incarcerated Individuals Within Correctional Settings and the Community; Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) announce the availability of fiscal year (FY) 1999 funds for a cooperative agreement program for HIV (Human Immunodeficiency Virus) Prevention, Intervention, and Continuity of Care Within Correctional Settings and the Community. This program addresses the "Healthy People 2000" priority areas of HIV Infection and Clinical Preventive Services. The purpose of the program is to support demonstration projects within correctional facilities and the community that develop models of comprehensive surveillance, prevention, and health care activities for HIV, Sexually Transmitted Diseases (STDs), Tuberculosis (TB), Substance Abuse and Hepatitis. It is targeted for persons in correctional settings that extend to the community upon their release. This includes jails, detention centers, prisons, and transitional halfway houses. The target population includes African Americans and other ethnic/racial minorities that are disproportionately affected by the HIV/AIDS epidemic and detained/incarcerated in the criminal justice system, especially jails and juvenile detention facilities. Projects may develop collaborative arrangements between correctional settings and community-based health care and support service providers that address continuity of health care and provision of other ancillary and supportive services upon release that contribute to positive behavior change, and increase health care access, and improve health status. A background concept paper and descriptions of prevention, primary care, and continuity of services are included in the application kit.

This initiative is co-funded under Special Projects of National Significance (SPNS) authority of the Ryan White CARE Act. SPNS grants advance

knowledge and skills in the delivery of health and support services to underserved populations diagnosed with HIV infection. SPNS is the research and development arm of the Ryan White CARE Act. The authorizing legislation specifies three SPNS Program objectives: (1) To assess the effectiveness of particular models of care; (2) to support innovative program design; and (3) to promote replication of effective models.

Projects should be innovative in creating a combination of services/activities (surveillance, medical and behavioral screening and assessment, prevention education and counseling, primary health care and referral linkages) and have the organizational capacity to work within correctional settings and to organize and maintain a network of these services for the individual within the larger community. Because jails and juvenile detention facilities most reflect the community, special prioritization should be given to working in these settings. It is desirable to have a multi-tiered focus (including jails, prisons, juvenile detention centers, and transitional halfway houses) on the provision of a variety of direct services, the ability to organizationally and structurally work within correctional and community-based systems of care, and the potential ability to implement long-term systemic change. Applicants should recognize that this demonstration is not designed and cannot be expected to provide support beyond the project period.

B. Eligible Applicants

Assistance will be provided only to the following geographic areas: California, Connecticut, the District of Columbia, Florida, Georgia, Illinois, Maryland, Massachusetts, New Jersey, New York State, Pennsylvania, and Texas. These States are designated priority areas based on three criteria: (1) They represent 56.2 percent (635,483) of total prison population for 1997; (2) represent 74.7 percent (76,679) of all African American AIDS cases for 1997; and (3) represent 19,361 or 82.7 percent of all HIV+ inmates in state prisons. These states also represent 26 of the 30 highly affected MSAs for African Americans.

For states in which there is a CDC directly-funded city (these cities are New York, Chicago, Los Angeles, San Francisco, Houston and Philadelphia) the application must come from a coalition of the state and directly-funded city health department(s) (to ensure continuity of care, as most inmates come from and return to these larger metropolitan areas). Either the

state or directly funded city health department (or its bona fide agent) may submit the application but only one application each from California, Illinois, New York, Pennsylvania and Texas may be submitted. Proof of a formal collaborative agreement between state and city is required in the application from these jurisdictions.

For Connecticut, District of Columbia, Florida, Georgia, Maryland, Massachusetts and New Jersey, only the State health department or its bona fide agent may submit an application.

C. Availability of Funds

Approximately \$7,000,000 is available in FY 1999 to fund five to eight awards. It is expected that the average award will be \$1,000,000 ranging from \$450,000 to \$1,300,000, including direct and indirect costs. It is expected that the awards will begin on or about September 30, 1999, and will be made for a 12-month budget period within a project period of three years. Funding estimates may change.

Due to inequities between corrections-based care and community care, at least 40 percent of the funds provided under these awards must be directed to community-based prevention and primary health care and other ancillary service providers to support and develop models of linked networks of health services including HIV/AIDS, STDs, TB, hepatitis and substance abuse prevention and treatment during and after incarceration.

Continuation awards within an approved project period will be made on the basis of satisfactory progress as evidenced by required reports and the availability of funds.

Direct Assistance

You may request Federal personnel as direct assistance, in lieu of a portion of financial assistance.

Use of Funds

These funds may not be used to supplant or duplicate existing funding. Activities should build upon the existing infrastructure of CDC-supported HIV Prevention Services providers and HRSA-supported Ryan White Comprehensive AIDS Resources Emergency (CARE) Act funded primary health care providers, or community health centers and other medical providers or services that treat individuals incarcerated in correctional facilities or who treat recently-released individuals. Activities should be coordinated with SAMHSA supported drug treatment and prevention programs. Recipients may contract with other organizations under these

cooperative agreements, however, recipients must perform a substantial portion of the activities (including program management and operations and delivery of prevention services) for which funds are requested. Applications requesting funds to support only administrative and managerial functions will not be accepted. CARE Act funds are considered payor of last resort and cannot be used to supplant services supported within correctional systems.

Funding Preference

In making awards, preference will be given to those projects that propose to improve access to prevention and primary health care and the health status of African Americans and other racial or ethnic minorities during incarceration and upon their release. Projects should: (1) document the burden of disease for this population; (2) increase access to HIV/AIDS primary health care and prevention services; (3) improve HIV transitional services between corrections and the community; and, (4) develop linked networks of HIV, STD, TB, and substance abuse health and social services for soon to be or recently released African Americans and other racial or ethnic minorities.

Priority will be given to geographic distribution across the eligible areas and racial/ethnic groups consistent with HIV/AIDS morbidity. Public comments are not being solicited because time is insufficient for solicitation and review of comments before the funding date.

D. Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities under recipient activities, and CDC and HRSA will be responsible for activities under CDC and HRSA activities.

1. Recipient Activities: For the target population of incarcerated or soon to be released/recently released incarcerated persons the recipient will:

a. Use epidemiologic data, needs assessments, and prioritization of groups and interventions to design program activities (corrections and community-based) for African American and other disproportionately affected racial/ethnic minorities at high risk for HIV.

b. Review and ensure consistency of proposed activities with applicable State and local comprehensive HIV Prevention and Ryan White CARE Act plans.

c. Coordinate program activities with relevant national, regional, State, and local HIV prevention programs to prevent duplication of efforts.

d. Monitor and evaluate all major program activities and services supported with funds under this cooperative agreement.

e. Develop a proposal for obtaining additional resources to supplement the program conducted through this cooperative agreement and to enhance the likelihood of its continuation after the end of the project period.

f. Conduct HIV counseling, testing and referral services and health education and risk reduction interventions for persons at high risk of becoming infected or transmitting HIV to others.

g. Assist high risk clients in gaining access to HIV antibody counseling, testing, and referral for other needed services and primary care.

h. Assist HIV positive persons in gaining access to appropriate HIV treatment and other early medical care, substance abuse prevention services, STD screening and treatment, reproductive and perinatal health, partner counseling, notification and referral services, psycho-social support, mental health services, TB prevention and treatment, health education and risk reduction services, and other supportive services. High risk clients who test negative should be referred to appropriate health education and risk reduction services and other appropriate prevention and treatment services.

i. Support a continuum of care between corrections and the community in which all the needs of individuals with HIV disease and their families are coordinated. A comprehensive continuum of care includes: primary health care (including treatment of HIV infection consistent with Public Health Service guidelines [i.e., treatment of HIV infection in the following areas: adults and adolescents, pediatrics, maternal health and reduction of perinatal HIV transmission, prophylaxis and treatment of opportunistic infections], access to drug therapies including opportunistic infections prophylaxis/treatment and combination antiretroviral therapies, substance abuse treatment, mental health, dental, and hospice services); supportive services that enable individuals to access and remain in primary care; and other health or supportive services that promote health and enhance quality of life.

j. Ensure (at a minimum) that all primary health care is consistent with published United State Public Health Services treatment guidelines (See appendix).

k. Coordinate and collaborate with departments of corrections (prisons, jails, detention and pre-release facilities), community planning groups,

community-based organizations and entities or agencies involved in HIV prevention and care activities, especially those serving the target population.

l. Participate in a formative evaluation with the CDC/HRSA Program Support and Evaluation Center (to be selected for this project) in monitoring and evaluating all major program activities and services supported with CDC/HRSA HIV prevention and care funds under this cooperative agreement.

m. Actively collaborate with CDC/HRSA Program Support and Evaluation technical assistance providers/consultants to assure the definition of and measurement of appropriate project outcome measure. During the initial project year, recipients will meet with other recipients to develop a collaborative data collection plan and agree on data collection instruments.

n. Work in collaboration with the HRSA/CDC Evaluation Center to produce a series of formative evaluations that describe the program components that are critical to health seeking behaviors among previously incarcerated individuals, the costs associated with program interventions in and outside correctional settings, and lessons learned. Projects will provide basic data analyses and the supporting databases in the required CDC/HRSA-format.

2. CDC and HRSA Activities:

a. Provide consultation and technical assistance in planning, implementing, and evaluating prevention, treatment, and care activities. CDC and HRSA will provide consultation and technical assistance both directly and indirectly through prevention and primary care partners such as health departments, community health centers, drug treatment programs, hospitals and other providers of primary care, drug assistance programs, national and regional African American and other ethnic/minority organizations, criminal justice and corrections agencies and organizations (American Corrections Association, National Commission on Correctional Health Care, National Institute of Justice, Federal Bureau Of Prisons), and other national organizations.

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

c. Assist in the design and implementation of program evaluation activities.

d. Assist recipients in collaborating with community planning groups, community health centers, community-based organizations, primary care and substance abuse programs, state and local correctional facilities, and other federally supported HIV/AIDS prevention and care recipients.

e. Facilitate the transfer of successful interventions, models of care, community linkages, and "lessons learned" through convening meetings of recipients, workshops, conferences, newsletters, and communications with project officers.

f. Facilitate exchange of program information and technical assistance between community organizations, health departments, primary care and Ryan White Care Providers, State and local criminal justice and corrections facilities and national and regional organizations.

g. Conduct an overall evaluation of this cooperative agreement program. A CDC/HRSA Evaluation will provide program assistance and support for overall evaluation coordination and assistance, including data management and analysis, training of recipient staff in evaluation procedures and distribution of necessary materials to all projects (See application kit for outline of CDC/HRSA Evaluation and Program Support Center Activities).

h. Compile and facilitate "lessons learned" from the project and facilitate the dissemination of "lessons learned," successful prevention interventions, and program models to other organizations and CDC through peer to peer interactions, meetings, workshops, conferences, and communications with project officers.

E. Application Content

You must document that this proposal is consistent with the Statewide Coordinated Statement of Need document from your area or provide a rationale for any discrepancies. Note: This initiative is supported, in part from funds provided under the Special Projects of National Significance Program of the Ryan White Comprehensive AIDS Resource Emergency Act. Section 2691 (f) indicates that the Secretary may not make a grant under this program "unless the applicant submits evidence that the proposed program is consistent with the Statewide Coordinated Statement of Need, and the applicant agrees to participate in the ongoing revision process of such statement of need."

Your application should build upon the current HIV prevention and CARE community planning priorities for at

risk and infected incarcerated individuals (pre-release and post-release). Proposed activities should include CARE-funded primary health care providers and community health centers and other medical providers of services that treat individuals incarcerated in correctional facilities or who treat individuals who were previously incarcerated.

Note: Entities should already have some degree of activities in place that link correctional settings to community-based providers for specific services. These proposals should further develop the comprehensiveness of surveillance, prevention, and primary health care services provided. In addition, attention should be given to the organizational capacity required to provide for continuity in intervention, primary care, prevention, and psycho-social support and referral systems and linking correctional and community settings to improve the health seeking behaviors of populations and individuals most affected by HIV/AIDS.

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. The narrative should be no more than 35 double-spaced pages, printed on one side, with one inch margins, and unrounded 12 point font on 8½" by 11" paper, with at least 1" margins, headings and footers, and printed on one side only. 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. Submit the original and each copy of the application set unstapled and unbound. Materials that should be part of the basic plan will not be accepted if placed in the appendices.

In developing the application, follow the format and instructions below:

Format

1. Abstract
2. Assessment of Need and Justification for Proposed Activities
3. Long Term Goals
4. Program Plan
5. Evaluation Plan
6. Budget and Staffing Breakdown and Justification
7. Training and Technical Assistance Plan
8. Attachments

Instructions

1. Abstract (not to exceed 2 pages): summarize your proposed program activities. Include the following:

a. Brief summary of the need for the proposed activities;

b. Long-term goals;

c. Brief summary stating compliance with HIV Prevention and Ryan White CARE Act plans;

d. Brief summary of proposed plan of operation, including the populations to be served, activities undertaken, and services to be provided;

e. Brief summary of plans for collaboration and linkage development for continuity of care between corrections and the community; and

f. Brief summary of year two and three activities.

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

a. Describe the incarcerated populations and the communities for which your proposed program will provide services;

b. Describe the targeted correctional system, including the type of facility (jail, prison, detention, pre-release, halfway house, or after care program), the geographic area covered, the number of incarcerated individuals known or estimated to be HIV-infected and current role of the corrections systems in HIV prevention and care;

c. Identify the need that will be addressed by your proposed program and describe how you assessed the need. Include epidemiologic and behavioral risk factor assessments or other data that were used to identify the need. Include a description of existing HIV prevention, risk-reduction, and primary care and psycho-social, and referral services provided by other organizations to address the needs of the target populations, continuity of care, and an analysis of the gap between the identified need and the resources currently available to address the needs (i.e., how will the proposed activities or program address important unmet HIV prevention and care needs and improve access to on-going HIV medical care and support services?);

d. Describe the impact of the AIDS epidemic on the priority target population and their community and any specific environmental, social, cultural, or linguistic characteristics of the priority target populations which you have considered and addressed in developing your continuity of care 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), hepatitis.

(4) Other relevant information. (Specify)

e. Describe the specific behaviors, practices, and health outcomes that the proposed intervention or primary care/ services 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 treatment and preventive programs);

f. Describe how your proposed program complements the HIV prevention and care priorities identified in the applicable State or local comprehensive HIV prevention and Ryan White CARE Act plans; and

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

3. Long-term Goals (not to exceed 1 page): Describe the broad HIV prevention and care goals that your program aims to achieve by the end of the project period (three years). Indicate which are prevention goals and which are primary care goals.

4. Program Plan (not to exceed 12 pages): Use this section to describe your proposed program.

a. Involvement of the target population: Describe the involvement of the incarcerated population, correctional systems, community-based care providers, and the community in planning, implementing, and evaluating activities and services throughout the project period;

b. Program Objectives: Develop objectives that are specific, measurable, time-phased, realistic, related to the long-term goals and proposed activities, and if applicable, related to the prevention and care priorities outlined in the jurisdiction's comprehensive HIV prevention and Ryan White CARE Act plans. Describe the expected results of program activities on its priority populations. Describe any anticipated barriers to or facilitators for reaching these objectives;

c. 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 which staff will be responsible for conducting activities.

(4) Describe the opportunity 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 and develop a linked network of services with correctional facilities, local health departments, community health centers, primary care providers, pharmaceutical, substance abuse treatment, mental health, HIV and Ryan White 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 recruiting and including 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 attachments:

(a) a list of major community resources and health care providers to which referrals will be made, and any existing or proposed interagency agreements; (b) a plan for ongoing training to ensure that staff are knowledgeable about HIV/AIDS, STDs, hepatitis, TB, and other relevant health issues or risks (e.g., reproductive health, substance abuse) and prevention and care 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, care, and referrals.

(10) Describe how you will prioritize the program activities to place emphasis on populations within correctional settings and within communities that are disproportionately affected by HIV and AIDS.

(11) Identify program staff responsible for conducting the proposed activities.

d. Appropriateness of interventions and care:

(1) Describe how the proposed priority interventions and care services are culturally tailored, sensitive to issues of sexual identity, developmentally- and educationally-appropriate, and linguistically-specific.

(2) Describe the specific behaviors, practices, and health outcomes that the interventions and care services are designed to promote and prevent (e.g., medication compliance, enrollment in early intervention and care, increases in correct and consistent condom use, knowledge of serological status, not sharing needles, enrollment in drug treatment and other preventive programs).

e. Coordination/Collaboration: Describe current, relevant collaborative efforts and service agreements within

the program's catchment area, especially with other HRSA, CDC, HUD, and SAMHSA funded service providers. Specify the organizations and agencies with which you will establish contractual agreements or qualified service organization agreements, and service linkages in the development and implementation of your project. If applicable attach copies of any agreements already in place in the Appendix.

f. Time line: Provide a time line that indicates the approximate date by which activities will be accomplished.

5. Program Evaluation Plan: CDC and HRSA project officers and the CDC/HRSA Program Support and Evaluation Center will collaborate with the recipient in the development of an evaluation plan after the award.

Submission of a proposal signals the applicant's willingness to participate in multi-site evaluations with the other funded projects. Applicants must determine and document that their organization has the interest and can organize the human resources necessary (either from within the organization, through hiring an external evaluation consultant, or through a contract with a university-based researcher) to produce a thorough evaluation; and must include a plan assuring that their client population will participate in the data collection process. Applicants must also indicate how they will participate with the CDC and HRSA, the Evaluation Center, and other recipients in the dissemination of their findings for use by other HIV care providers.

Project evaluations should measure project outcomes including health outcomes, where applicable. Evaluation questions should consider the following: organizational infrastructure development issues in integrating services; service demands over time; migration patterns of the population studied; enrollment rates; retention in program; client and provider satisfaction; client and provider participation in the program; client participation in treatment regimens; number of referrals and completed referrals; factors causing client dropout or loss to the project's continuum of care; numbers and types of services delivered; configurations of medical and prevention services that increase access; specific activities and related costs required to ensure use of needed medical and supportive services; issues of maintaining confidentiality over time in an integrated system; and barriers to obtaining medical records information in an integrated care system. It is anticipated that evaluations will include

both quantitative and qualitative analysis.

a. Evaluation Rationale: Document the questions that should be answered by the project's evaluation and propose specific indicators and measures that could be used to answer process and outcome questions for integrated service delivery systems or provider sites.

b. Evaluation Plan: Outline some of the methods that might be used to gather data on the indicators listed above and how these methods might be implemented. Describe which staff or contractors will be responsible for the design, implementation, and completion for the proposed evaluation and of the resources available and needed within the organization to conduct internal evaluations, as well as being able to participate in multi-site evaluations.

6. Budget/Staffing Breakdown and Justification:

a. Detailed Budget: Provide a detailed budget for activities proposed, with accompanying justification of all operating expenses, that is consistent with the stated objectives and planned priority activities. CDC/HRSA may not 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.

For contracts, name the contractor, if known; describe the services to be performed which justifies the use of a 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.

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 noted. If the identity of staff is not known, describe your recruitment plan. If volunteers are involved in the project, provide job descriptions.

c. Direct Assistance: To request new direct-assistance assignees, include:

- (1) Number of assignees requested.
- (2) Description of the position and proposed duties.
- (3) Ability or inability to hire locally with financial assistance.
- (4) Justification for request.

(5) Organizational chart and name of intended supervisor.

(6) Opportunities for training, education, and work experiences for assignees.

(7) Description of assignee's access to computer equipment for communication with CDC (e.g., personal computer at home, personal computer at workstation, shared computer at workstation on site, shared computer at a central office).

7. 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. Also, describe anticipated staff training needs related to the proposed program and how these needs will be met. This information will assist CDC/HRSA to better address your needs and help you to identify technical assistance and training providers.

8. Attachments—Provide the following as attachments:

a. An assurance that the funds being requested will not duplicate or supplant funds received from any other Federal or non-Federal source. CDC/HRSA awarded funds can be used to expand or enhance services supported with other Federal or non-Federal funds.

Note: Materials submitted as attachments should be printed on one side of 8½ x 11 paper. Please do not attach bound materials such as booklets or pamphlets. Rather, submit copies of the materials printed on one side of 8½ x 11 paper. Bound materials may not be reviewed.

F. Submission and Deadline

Submit the original and two copies of PHS 5161 (OMB Number 0937-0189). Forms are in the application kit.

On or before July 16, 1999, submit the application to: Ron Van Duyne, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Attn: Announcement 99099, Centers for Disease Control and Prevention, 2920 Brandywine Street, Room 3000, Mailstop E-15, Atlanta, Georgia 30341-4146.

Deadline: Applications shall be considered as meeting the deadline if they are either received on or before the deadline date or sent on or before the deadline date and received in time for submission to the 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 U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.) Applications that do not meet these criteria will not

be considered and will be returned to the applicant.

G. Application Evaluation Criteria

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

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

The extent to which the applicant documents a substantial need for the proposed program and activities.

2. Long Term Goals (20 points).

The quality of the applicant's stated goals and the extent to which they are consistent with the purpose of this cooperative agreement, as described in this program announcement.

3. Program Plan (60 total points).

a. Involvement of the target population (10 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. Are plans to include both sexes and minorities and their subgroups adequately developed (as appropriate for the scientific goals of the project)?

b. Program 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.

c. Plan of Operation (10 points): The quality of the applicant's plan for conducting program activities, the assurance of an integrated approach, and the potential effectiveness of the proposed activities in meeting objectives.

d. Appropriateness of Interventions and Care (10 points): The degree to which the applicant describes how the proposed priority interventions and services are culturally tailored, sensitive to issues of sexual identity, developmentally appropriate, linguistically-specific, and educationally appropriate; and the degree to which the applicant describes the specific behaviors, practices, and health outcomes that the interventions and care are designed to promote and prevent (i.e., medication compliance, enrollment in early intervention programs, increases in correct and consistent condom use, knowledge of serological status, not sharing needles, and enrollment in drug treatment and other preventive programs).

e. Coordination/Collaboration (5 points): Appropriateness of

collaboration and coordination with other organizations serving the same priority populations. At minimum, the applicant provides a description of the collaboration and a signed memorandum of agreement for each agency with which collaborative activities are proposed, and other evidence of collaboration that describes previous, current, as well as future areas of collaboration.

f. Description of Evaluation Plan (5 Points): Thoroughness, feasibility and appropriateness of the project's evaluation design from a methodological and statistical perspective. The process and outcome objectives to be studied. Process outcomes that evaluate the success of the model being implemented. Outcome measures that center upon participation prevention activities, primary health care, and where applicable, client health, and client satisfaction.

g. Time line (5 points): The extent to which the applicant's proposed time line is specific and realistic.

h. The degree to which the applicant has met the CDC policy requirements regarding the inclusion of women, ethnic, and racial groups in the proposed research (5 points). This includes:

(1) The proposed plan for the inclusion of both sexes and racial and ethnic minority populations for appropriate representation.

(2) The proposed justification when representation is limited or absent.

(3) A statement as to whether the design of the study is adequate to measure differences when warranted.

(4) A statement as to whether the plans for recruitment and outreach for study participants include the process of establishing partnerships with communities and recognition of mutual benefits.

4. Budget/Staffing Breakdown and Justification (not scored).

Personnel: Appropriateness of the staffing pattern for the proposed project.

Budget: Appropriateness of the budget for the proposed project.

5. 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. The extent to which the applicant describes anticipated staff training needs related to the proposed program and how these needs will be met.

6. Does the application adequately address the requirements of title 45 CFR Part 46 for the protection of human subjects?

H. Other Requirements

Technical Reporting Requirements

Provide CDC with original plus two copies of:

1. Annual progress reports;

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: Sheri Disler, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Rd., Room 3000, Mail Stop E-15, Atlanta, GA 30341-4146, Telephone (770) 488-2756.

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

AR-1 Human Subjects Requirements

AR-2 Requirements for Inclusion of

Women and Racial and Ethnic Minorities in Research

AR-4 HIV/AIDS Confidentiality Provisions

AR-5 HIV Program Review Panel Requirements

AR-6 Patient Care

AR-7 Executive Order 12372 Review

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

I. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under sections 301 and 317(k), of the Public Health Service Act [42 U.S.C. 241 and 247b(k)], as amended. The HRSA Special Projects of National Significance (SPNS) program is authorized by Section 2691 of the Public Health Service Act (42 U.S.C.300ff-10). The Catalog of Federal Domestic Assistance number is 93.941.

J. Where To Obtain Additional Information

Please refer to Program Announcement 99099 when you request information. For a complete program description, information on application procedures, an application package, and business management technical assistance, contact: Kevin Moore or Sheri Disler, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office,

Announcement 99099, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Mail Stop E-15, Atlanta, GA 30341, Telephone (770) 488-2720, Email address: kgm1@cdc.gov or sjd9@cdc.gov

A full application package is also available on the CDC home page on the Internet: <http://www.cdc.gov>.

For program technical assistance, contact John Miles at (404) 639-8025 or jrm2@cdc.gov.

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

Dated: May 14, 1999.

Henry S. Cassell III,

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

[FR Doc. 99-12694 Filed 5-19-99; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 99144]

Cooperative Agreements for Non-Governmental Organization (NGO) Partnerships Pilot Project; Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) and the United States Agency for International Development (USAID) announces the availability of fiscal year (FY) 1999 funds for a cooperative agreement program for Non-Governmental Organization (NGO) Partnerships Pilot Projects. This program addresses the "Healthy People 2000" priority areas of Educational and Community-Based Programs, HIV Infection, and Sexually Transmitted Diseases. The purpose of this program is to facilitate the exchange of information through partnerships between U.S. domestic NGOs and NGOs in developing countries where CDC and USAID provide support for HIV/AIDS activities. Mutual learning can have significant benefits for both the international and U.S. domestic response to HIV/AIDS. The goal of the pilot project is to gather experiential data regarding the most efficient and valuable avenues for fostering sustainable linkages between developing world NGOs and U.S. domestic NGOs, with improved capacity to deliver HIV/AIDS information and prevention services as the ultimate result. Lessons learned and assistance will be exchanged between the U.S.

NGOs and the developing world NGOs along lines of affinity, such as language/culture, risk behaviors, and population groups. United States NGOs are especially well equipped to provide this technical assistance since they have been active in HIV/AIDS activities for more than a decade.

B. Eligible Applicants

Applications may be submitted by public and private nonprofit NGOs; that is, universities, colleges, research institutions, hospitals, other public and private nonprofit organizations, and federally recognized Indian tribal governments, Indian tribes, or Indian tribal organizations.

Acceptable evidence of nonprofit status, Internal Revenue Service (IRS) 501(c)3, is a copy of a currently valid IRS tax exemption determination letter; national organizations must also submit a statement signed by the parent organization indicating that the applicant is a local nonprofit affiliate and is authorized to apply for funds. Proof of nonprofit status must be provided with the application. No application will be accepted without proof of nonprofit status.

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

Approximately \$230,000 is available in FY 1999 to fund approximately 2-3 awards. It is expected that the average award will be \$80,000, ranging from \$50,000 to \$120,000. It is expected that the awards will begin on or about September 1, 1999, and will be made for a 12-month budget period within a project period of up to 2 years. Funding estimates may change based on the following: availability of funds; scope and quality of applications received; appropriateness and reasonableness of budget request; proposed use of project funds; and extent to which the applicant is contributing its own resources to HIV/AIDS prevention activities.

Continuation awards within an approved project period will be made on the basis of satisfactory progress as evidenced by required reports and the availability of funds. Satisfactory progress will be determined by site visits by CDC representatives, progress reports, and the quality plans.

Use of Funds

Funds available under this announcement must support activities

directly related to primary HIV prevention. However, intervention activities that involve preventing other STDs or substance abuse as a means of reducing or eliminating the risk of HIV infection may also be supported. No funds will be provided for direct patient medical care (including substance abuse treatment and medical prophylaxis or drugs).

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

Before using funds awarded through this cooperative agreement to develop HIV prevention materials, recipients must enquire with the CDC National Prevention Information Network (1-800-458-5231) to determine if suitable materials are already available. Also, materials developed by recipients must be made available for dissemination through the CDC National Prevention Information Network.

D. Program Requirements

Potential activities to strengthen and sustain linkages among the collaborating partners may include:

1. Operations research: training and technical assistance support on how to use operations research to improve the delivery of primary prevention services or assess the effectiveness of interventions. Additional activities may include the development of interventions based on research results;

2. Network development: training and assistance in the development and strengthening of a formal network of NGOs to address the primary prevention needs of one of the priority populations identified above (e.g., youth, women, and men who have sex with men, IDUs). The partnering activity should be designed to facilitate collaboration, networking and information exchange among NGOs, government and donor agencies;

3. Institutional development: management strengthening activities to enhance performance. This may include the design and implementation of management training workshops on strategic planning, change management, time management, and project management. Other activities may include volunteer motivation, performance management (staff appraisal, development and improvement of work environment),