provided by and to the applicant through the collaboration on the project.

6. Evaluation Plan (25 points)

a. The extent to which the applicant assess how adding resources to an established community coalition to prevent intimate partner violence enhances coalition activities and coordination among primary prevention programs and services and, potentially reduces the incidence of intimate partner violence.

b. The extent to which the applicant assess the impact of a coordinated community response to prevent intimate partner violence in the applicant community as compared to a community lacking this coordinated community response.

c. The extent to which the applicant provides evidence of the selection and the participation of a comparison community (see Addendum 2 for a definition of a Comparison Community).

d. The extent to which the applicant describes how previously developed cross-site core instruments will be administered.

e. The extent to which the applicant describes site-specific program evaluations that fit with overall program goals and objectives.

f. The extent to which the applicant demonstrates its capability to implement these program evaluation components.

7. Proposed Budget (Not scored)

The extent to which the budget request (budget and narrative) is clearly explained, adequately justified, reasonable, sufficient for the proposed project activities, and consistent with the intended use of the cooperative agreement funds.

8. Human Subjects (Not scored)

The extent to which procedures for the protection of human subjects are described and adequately address the requirements of the Department of Health and Human Resources (45 CFR 46) for the protection of human subjects.

H. Other Requirements

Technical Reporting Requirements

Provide CDC with original plus two copies of :

1. progress reports (semi-annually);

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 the Grants Management Specialist identified in the ''Where to Obtain Additional Information'' section of this announcement.

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 Requirements
AR–2 Requirements for Inclusion of Women and Racial and Ethnic Minorities in Research
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
AR–13 Prohibition on Use of CDC Funds for Certain Gun Control Activities
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(a), 317(k)(2), and 391–394 of the Public Health Service Act, [42 U.S.C. 241(a),247b(k)(2), and 280b-280b-2, as amended. The Catalog of Federal Domestic Assistance number is 93.136.

J. Where To Obtain Additional Information

This and all other CDC Announcements may be found and downloaded from the CDC homepage. Internet address: http://www.cdc.gov (click on funding).

To receive additional written information and to request an application kit, call 1–888-Grants (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: Ricky Willis, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement 99133, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Suite 3000, Mailstop E–13, Atlanta, GA 30341–4146, Telephone (770) 488–2719, E-mail address: RQW0@cdc.gov

For program technical assistance contact: Pamela Gruduah, Project Officer, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (CDC), 4770 Buford Highway, N.E., Mailstop K–60, Atlanta, GA 30341, Telephone: (770) 488–1390, E-mail Addresses: PYB1@cdc.gov

Dated: May 20, 1999.

John L. Williams,

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

[FR Doc. 99–13331 Filed 5–25–99; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 99134]

Cooperative Agreement for Surveillance of Intimate Partner Violence; Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1999 funds for a cooperative agreement program for Surveillance of Intimate Partner Violence (IPV). This program addresses the ''Healthy People 2000'' priority area of Violent and Abusive Behavior. The purpose of the program is to develop IPV population-based surveillance systems that will help determine the magnitude of the IPV problem in population subgroups, and test its usefulness by comparing resulting data with data from self-report surveys.

B. Eligible Applicants

Assistance will be provided only to the health departments of States or their bona fide agents, including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, federally recognized Indian tribal governments, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau. In consultation with States, assistance may be provided to political subdivisions of States.

Massachusetts, Michigan, and Rhode Island, States currently receiving funds under Announcement No. 483, ''State Injury Intervention Programs,'' are not eligible to apply for this announcement.

C. Availability of Funds

Approximately $600,000 is available in FY 1999 to fund approximately two awards. It is expected that the average award will be $300,000. Ranging from

$250,000 to $300,000. 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 up to five years. Funding estimates may change.

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.

D. Funding Preferences

Preference will be given to those applicants that have jurisdiction over urban areas with a population equal or more than one million. A population of one million or more will provide a large sample size that will allow generalization of the design and methodology of developed IPV Surveillance Systems.

E. 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 the activities listed under 2. (CDC Activities).

1. Recipient Activities

a. Develop or enhance existing injury surveillance activities to support IPV surveillance to identify victims and occurrences of IPV, including data describing the magnitude of the problem and the extent of injuries (i.e., who is affected, areas and persons at greatest risk, and the type and source of the information used).

b. Establish a surveillance system, or enhance an existing surveillance system, capable of linking with one or more health-related data sources to determine intimate partner violence incidence and prevalence in the targeted area (e.g., linkage of emergency departments or hospital discharge data with mental health data).

c. Enhance the capacity of the applicant for general injury surveillance by incorporating the IPV surveillance system with other existing injury surveillance systems.

d. Design, develop, and implement a health-related surveillance system to measure intimate partner violence and field test CDC's Uniform Definitions and Recommended Data Elements for IPV Surveillance if no surveillance system is in place, or expand currently existing surveillance system to incorporate health-related data and field test the CDC's Uniform Definitions and Recommended Data Elements for IPV Surveillance.

e. Design, develop and conduct a self-report survey using the same population where the surveillance activities will be conducted.

f. Establish and maintain cooperative partnerships with key personnel of potential data source agencies (e.g., hospitals, emergency departments, etc.).

g. Monitor quality, representativeness and completeness of surveillance data.

h. Collect and analyze surveillance data.

i. Produce and distribute periodic progress reports and data summaries to appropriate state and local agencies and, develop replication guidelines for future use by other states and localities.

j. Establish an advisory committee to exchange information and increase the likelihood of integrated injury surveillance systems.

2. CDC Activities

a. Provide technical assistance in the design of all phases of the IPV surveillance programs, including consultation on data collection instruments and procedures.

b. Provide technical assistance in developing a standardized approach to surveillance and evaluation activities between and among each of the project areas.

c. Provide consultation and assistance in problem assessment and target population identification, the evaluation of coverage, cost, and impact of surveillance activities, and design of scientific protocols.

d. Provide consultation on survey designs and IPV surveillance systems for State implementation.

e. Collaborate in the analysis and dissemination of IPV surveillance data.

f. Provide up-to-date scientific information about intimate partner violence and coordinate related activities at CDC's National Center for Injury Prevention and Control.

g. Assist in the transfer of information and methods developed in this program to other geographical areas.

h. Assist in the development of a research protocol for IRB review by all cooperating institutions participating in the research project. The CDC IRB will review and approve the protocol initially and on at least an annual basis until the research project is completed.

F. 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. The narrative should be no more than 45 double-spaced pages, printed on one side, with one inch margins, and unreduced font.

1. Abstract

A one double-spaced page abstract and summary of the proposed intimate partner violence surveillance system and self-report survey is required.

2. Background and Need

a. The applicant should describe and document the magnitude of the intimate partner violence problem in the applicant's targeted area, and provide a profile of the persons and groups at greatest risk.

b. The applicant should include a description of its current activities and previous experiences in intimate partner violence surveillance, evaluation, and coordination with other agencies and potential partners.

c. The applicant should include an assessment of existing injury surveillance capacity.

d. All information described in this section must be referenced.

3. Goals

a. The applicant should include specific goals which indicate where the applicant anticipates its intimate partner violence surveillance program will be at the end of the five year project period.

b. The applicant should include a description of and evidence of its willingness and ability to undertake related projects should additional funds become available.

4. Objectives

a. The applicant should include specific time-phased, measurable, and achievable objectives during the first budget period.

b. The applicant's objectives should relate directly to the project goals, and include, but not be limited to, use of various health-related information sources, effort to achieve representativeness, surveillance system evaluation, collaboration, and demonstrate the utility of the surveillance system and self-report survey in replication efforts.

5. Methodology

a. The applicant should also include a detailed description of specific activities that are proposed to achieve each of the program objectives during the budget period. Activities should also include design, development, and administration of a self-report survey for the same population where the surveillance is conducted. Activities should also include how often the self-report survey will be conducted and how will the survey be incorporated as an integral part of the IPV Surveillance System.

b. The applicant should include a detailed time-line which indicates when each activity and preparations for activities will occur. For each activity, describe who will do what to implement the activities. Specifically provide a description of potential data sources, how these will be accessed, and how some may be linked. If other units or organizations will collaborate, describe the role of the unit or organization, who will be responsible for the designated activities, and explicitly explain how these organizations will deal with privacy and confidentiality issues (e.g., encryption, security, etc.). Document concurrences with this plan by other units or organizations that are collaborating with the applicant.

c. The applicant should include an organization chart identifying placement of the intimate partner violence surveillance program within organizational units with existing jurisdiction and authority over other injury surveillance systems. The organization chart should also include collaborating components and their relationship to the intimate partner violence surveillance program.

d. The applicant should include a detailed description of the procedures that makes the applicant compliant with CDC's Policy requirements regarding the inclusion of women, ethnic, and racial groups in the proposed research. The applicant's procedures should include:

(1) A 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 community(ies) and recognition of mutual benefits.

6. Evaluation Plan

a. The applicant should include a detailed description of the methods and design to be used to evaluate the IPV surveillance system, including what will be evaluated, data to be used, who will perform the evaluation and the time it will take (timeline) to do the evaluation. Specifically address the sensitivity, usefulness, simplicity, flexibility, acceptability, timeliness, representativeness, predictive value positive, and cost.

b. The applicant should document staff availability, expertise, and capacity to evaluate surveillance activities. The evaluation should include development of tools and data set structures that will enable the IPV surveillance system, design of self-report survey instruments, and other relevant activities such as, training of hospital staff to identify and collect IPV data, and evaluation of software applications and computer equipment. The evaluation should also include progress in meeting the objectives and conducting activities during the budget and project periods.

7. Coordination and Collaboration

a. The applicant should include a description of the relationship between the program and other organizations, agencies, and health department units that will relate to the program, or which conduct related activities. Include composition and roles of any state and/or local coalitions involved with the applicant in developing the IPV surveillance system and self-report survey; specific commitments of support to provide staff, equipment, space, time, etc.

b. The applicant should include a description of any proposed collaboration with academic institutions, public safety officials, or with other agencies should be included. In addition, a description of the responsibilities and composition of the surveillance advisory committee should be included in this section.

8. Project Management and Staffing

a. The applicant should include a description of the roles and responsibilities of the project director, epidemiologist, and each staff member, including a description of staff with appreciable experience in other injury surveillance systems expected to work in the IPV Surveillance System.

b. The applicant should describe the allocation of staff to the activities described in the Methodology section. Descriptions should include the position titles, education and experience required, and the percentage of time each will devote to the program. In addition, the description should also state the methods the staff will employ to train others to collect and manage IPV data. Curriculum vitae for existing staff should also be included.

c. In an appendix, the applicant should provide a letter from each collaborating consultant or outside agency described in the Methodology section. The letter should state their willingness and ability to fulfill the proposed responsibilities.

9. Budget

The applicant should provide a detailed first budget with accompanying narrative justifying all individual budget items which make up the total amount of funds requested. The budget should be consistent with stated objectives and planned activities.

10. Human Subjects

a. The applicant should describe the degree to which human subjects may be at risk and what protections will be in place to assure protections and confidentiality.

b. The applicant should demonstrate that it has adequately addressed the requirements of Title 45 CFR Part 46 for the protection of human subjects.

G. Submission and Deadline

Submit the original and two copies of PHS 5161–1 (OMB Number 0937–0189). Forms are in the application kit.

On or before July 19, 1999, submit the application to the Grants Management Specialist identified in the ''Where To Obtain Additional Information'' section of this announcement.

1. Deadline

Applications shall be considered as meeting the deadline if they are either:

(a) Received on or before the deadline date; or

(b) Sent on or before the deadline date and received in time for 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 shall not be acceptable as proof of timely mailing.)

2. 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.

H. Evaluation Criteria

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

1. Background and Need (10 points)

a. The extent to which the applicant documents the magnitude of the intimate partner violence problem in the applicant's targeted area, and provides a profile of the persons and groups at greatest risk.

b. The extent to which the applicant documents its current activities and previous experiences in intimate partner violence surveillance, evaluation, and coordination with other agencies and potential partners.

c. The extent to which the applicant has made a complete assessment of existing injury surveillance capacity.

2. Goals (15 points)

a. The extent to which the applicant states specific goals that indicate where the applicant anticipates its intimate partner violence surveillance program will be at the end of the five year project period.

b. The extent to which the applicant describes and provides evidence of its willingness and ability to undertake related projects should additional funds become available.

3. Objectives (15 points)

a. The extent to which the applicant states specific, time-phased, measurable and achievable objectives.

b. The extent to which the applicant relates the objectives directly to the project goals and the use of various health-related information sources, effort to achieve representativeness, surveillance system evaluation, collaboration, and demonstrates the utility of the surveillance system and self-report survey in replication efforts.

4. Methodology (15 points)

a. The extent to which the applicant describes specific activities that are proposed to achieve each of the program objectives during the budget period.

b. The extent to which the applicant provides a time-line which indicates when each activity and preparations for activities will occur.

c. The extent to which the applicant provides evidence of an organizational chart that represents the actual structure of the proposed IPV surveillance operating organization and its placement in organizational units with existing jurisdiction and authority over other injury surveillance systems.

d. The extent to which the applicant provides evidence it has met the CDC Policy requirements regarding the inclusion of women, ethnic, and racial groups in the proposed research.

5. Evaluation Plan (15 points)

a. The extent to which the applicant describes the methods and design to be used to evaluate the IPV surveillance system, including what will be evaluated, data to be used, who will perform the evaluation and the time it will take (timeline) to do the evaluation.

b. The extent to which the applicant provides evidence of staff availability, expertise, and capacity to evaluate surveillance activities.

6. Coordination and Collaboration (15 points)

a. The extent to which the applicant describes the relationship between the program and other organizations, agencies, and health department units that will relate to the program or which conduct related activities.

b. The extent to which applicant provides evidence of collaboration with academic institutions, public safety officials, or with other agencies. In addition, the extent to which the applicant describes responsibilities and composition of the surveillance advisory committee.

7. Project Management and Staffing (15 points)

a. The extent to which the applicant documents the experience in the management of intimate partner violence surveillance, and describes the roles and responsibilities of the project director, epidemiologist, and each staff member, including a description of staff with appreciable experience in other injury surveillance systems expected to work in the IPV Surveillance System.

b. The extent to which the applicant includes letters in the appendix from each collaborating consultant or outside agency stating their willingness and ability to fulfill the proposed responsibilities.

8. Budget (Not scored)

The extent to which the budget request is clearly explained, adequately justified, reasonable, sufficient, and consistent with the stated objectives and planned activities.

9. Human Subjects (Not scored)

a. The extent to which the applicant describes the degree to which human subjects may be at risk.

b. The extent to which the applicant provides assurances that all activities will conform to the requirements of 45 CFR, part 46.

I. Other Requirements

Technical Reporting Requirements:

Provide CDC with original plus two copies of

1. Progress reports (semiannual);

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

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

Send all reports to the Grants Management Specialist identified in the ''Where to Obtain Additional Information'' section of this announcement.

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

AR–1 Human Subjects Requirements

AR–2 Requirements for Inclusion of Women and Racial and Ethnic Minorities in Research

AR–7 Executive Order 12372 Review

AR–9 Paperwork Reduction Act Requirements

AR–10 Smoke-Free Workplace Requirements

AR–11 Healthy People 2000

AR–12 Lobbying Restrictions

AR–13 Prohibition on Use of CDC Funds for Certain Gun Control Activities

J. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under sections 301, 317k(2), and 391–394 of the Public Health Service Act, [42 U.S.C. 241, 247b(k)(2), and 280–280b-2], as amended. The Catalog of Federal Domestic Assistance number is 93.136.

K. Where To Obtain Additional Information

This and all other CDC Announcements may be found and downloaded from the CDC homepage. Internet address: http://www.cdc.gov (click on funding).

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:

Ricky Willis, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement 99134, Centers for Disease Control and Prevention, 2920 Brandywine Road, Suite 3000, Mailstop E–13, Atlanta, GA 30341–4146, Telephone: (770) 488–2719, E-mail address: rqw0@cdc.gov

For program technical assistance contact: Enrique Nieves, Project Officer, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 4770 Buford Highway, N.E., Mailstop K–63, Atlanta, GA 30341, Telephone: (770) 488–1281, E-mail address: exn2@cdc.gov

Dated: May 20, 1999.

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 99150]

National Institute for Occupational Safety and Health; Intervention Effectiveness; Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1999 funds for a cooperative agreement program for support to accomplish research in the National Occupational Research Agenda (NORA) Priority area of intervention effectiveness. This program addresses the ''Healthy People 2000'' priority area(s) of Occupational Safety and Health. The purpose of the program is to provide support to eligible applicants to develop intervention strategies, and/or assess the effectiveness of intervention techniques in reducing or preventing workplace injuries and illnesses.

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, Federally recognized Indian tribal governments, Indian tribes, or Indian tribal organizations, and small minority businesses.

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 $350,000 is available in FY 1999 to fund five to seven awards. It is expected that the average award will be $60,000 and will range from $30,000 to $50,000. It is expected that the award will begin on or about September 30, 1999, and will be made for a 12-month budget period within a project period of up to three years. Funding estimates may change.

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.

D. Program Interests

Research applications are sought that focus on the systematic evaluation of the effectiveness of interventions. Of interest are fully-developed interventions which are ready for implementation as well as evaluations of the effectiveness of interventions which have already been implemented. Applications for comparative analyses of the effectiveness of alternate options (e.g., cost-effectiveness) are also solicited. The interventions to be evaluated could be defined at any level of complexity, and range from a regulatory or voluntary occupational safety or health standard to the change of a single, specific work process, control technology, training program, or informational campaign. Encouraged are interdisciplinary projects which include, as appropriate, the fullest complement possible of outcome measures. These measures could include health and safety outcomes (e.g., reductions in injury, disability, stress, or hazard exposure); economic outcomes (e.g, the effect of the intervention on productivity, employee turnover, income, medical, and or societal costs); and/or social outcomes (e.g., social roles and relationships at work and in the family and other aspects of the work-family interface.) These examples of potential health, economic, and social outcome measures are provided only to illustrate the range of outcomes of interest, not to represent an exclusive listing.

Encouraged are applications to evaluate interventions in any industry sector; however, special consideration will be given to applications to evaluate interventions in agriculture, construction, services (especially health care), and mining.

E. Cooperative Activities

In conducting activities to achieve the purpose of this program, the recipient will be responsible for activities under A. (Recipient Activities), and CDC/NIOSH will be responsible for the activities listed under B. (CDC/NIOSH Activities).

A. Recipient Activities

1. Develop and implement a study protocol.

2. Analyze data and interpret findings.

3. Disseminate study results to the occupational safety and health community.

4. Publish study findings.

B. CDC/NIOSH Activities

1. Provide scientific and technical collaboration in the development of the study design, protocol, and data analysis.

2. Assist (if appropriate) in the development of a research protocol for Institutional Review Board (IRB) review by all cooperating institutions participating in the research project. The CDC IRB will review and approve the protocol initially and on at least an annual basis until the research project is completed.

3. Assist awardees on data analysis, and interpretation of findings.

F. Application Content

Use the information in the Cooperative Activities, 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 25 double-spaced pages. The original and each copy of the application must be submitted unstapled and unbound. All materials must be typewritten, double-spaced, with unreduced type (font size 12 point) on 8½″ by 11″ paper, with at least 1″ margins, headers, and footers, and printed on one side only. Do not include any spiral or bound materials or pamphlets. Appendices should have indexes and include: (1) support letters; (2) information on key personnel; and (3) other supporting documentation.

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 or prevent workplace injuries and illnesses.

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.

4. A description of the 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