

team and should include CVs and position descriptions for key staff and project participants. Letters of support from key collaborators and community groups should be included.

5. Evaluation Plan (15 points): Appropriateness and comprehensiveness of: (a) the schedule for accomplishing the activities of the research; (b) an evaluation plan that identifies methods and instruments for evaluating progress in implementing the research objectives; and (c) a proposal to complete and submit for publication, a report of research findings.

The application should include time-phased and measurable objectives. The proposed report of research findings should address a plan for documenting the process of identifying and prioritizing interventions based on acceptability, feasibility, and estimated impact within a defined community or population.

6. Confidentiality (5 points): Appropriateness of the plan to protect the rights and confidentiality of all participants, including 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. This includes:

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

b. The proposed justification when representation is limited or absent.

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

d. 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.

7. Budget (not scored): The extent to which the budget is reasonable, clearly justified, and consistent with the intent of the announcement.

The 12 month budget should anticipate the organizational and operational needs of the study. The budget should include staff, supplies, and travel (including two trips per year for up to four members of the study team to meet with CDC staff and other investigators).

8. Human Subjects: 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. Progress reports (semiannual);
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: Sheryl Disler, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Room 3000, Mail Stop E15, 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 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-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 the Public Health Service Act, Section 301(a), 42 U.S.C. 241(a), as amended, and Section 317(a), 42 U.S.C. 247b(a), as amended. The Catalog of Federal Domestic Assistance number is 93.941.

J. Where To Obtain Additional Information

Please refer to Program Announcement 99106 when you request information. For a complete program description, information on application procedures, an application package, and business management technical assistance, contact: Sheryl Disler, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement 99106, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Room 3000, Mail Stop 15, Atlanta, GA 30341-4146, Telephone (404) 842-488-2756; Email: sjd9@cdc.gov.

See also the CDC home page on the Internet: [HTTP://WWW.CDC.GOV](http://WWW.CDC.GOV).

For program technical assistance, contact Catherine Avery, Mailstop E46, CDC, Atlanta, GA 30333, 404-639-6191, cla2@cdc.gov.

Dated: May 24, 1999.

John L. Williams,

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

[FR Doc. 99-13605 Filed 5-27-99; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 99136]

State-Based Core Injury Program Development; 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 State-Based Core Injury Program Development. This program addresses the "Healthy People 2000" priority area(s) of Unintentional Injuries, Violent and Abusive Behavior, and Surveillance and Data Systems. The purpose of the program is to allow State public health agencies with minimal injury prevention and control capability to develop or strengthen their organizational focus in the prevention and control of injuries. State public health agencies with a minimal injury prevention capacity are those which do not possess some combination of the following features and tools: a coordinator for injury activities; an up-to-date profile of injuries within the State from existing data sources; an advisory structure to utilize collaborative relationships with public and private sector groups; organizations, agencies and individuals with interest or expertise in injury prevention or control; a current priority-driven State plan for injury prevention and control.

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.

States funded previously under Program Announcement 780, Part II, Basic Injury Program Development, may not apply under this announcement.

C. Availability of Funds

Approximately \$225,000 is available in FY 1999, to fund approximately three awards. It is expected that the average award will be \$75,000, ranging from \$60,000 to \$80,000. 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. 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. Establish an advisory group to address issues relevant to injury prevention and control in the State.

b. Analyze existing data to define the magnitude of the injury problem in the State, the population(s) at risk, and the causes of injury.

c. Establish an injury focal point and coordinating process within the public health agency.

d. Prepare and disseminate injury prevention and control documents, such as an annotated inventory of data sources, the magnitude and causes of the injury problem in the State, and the populations affected.

e. Identify and catalog current and potential injury prevention and control resources within the State.

f. Develop a State injury plan which is based on data and which is prioritized for the prevention and control of injuries.

g. Participate in a process for establishing and reviewing minimum elements used to define Core Injury Programs and for establishing "lessons learned" about and through this process.

2. CDC Activities

a. Provide consultation on planning, implementation, evaluation, data analysis, and dissemination of results.

b. Provide coordination between and among the States, by assisting in the transfer of information and methods developed to other programs, and providing up-to-date information.

c. Develop and provide Behavioral Risk Factor Surveillance System and other specific injury surveillance modules.

d. Operate a process of evaluation and improvement in which lessons learned are shared with other States implementing the same type of program.

e. Coordinate compilation of "lessons learned" through this process.

E. Application Content

Use the information in the Program Requirements, Other Requirements, and Evaluation Criteria sections to develop the application content. Your application will be evaluated on the criteria listed, so it is important to follow them in laying out your program plan. The narrative should be no more than 25 double-spaced pages, printed on one side, with one inch margins, and unreduced font.

The application must include:

1. Abstract

Provide a one-page summary of the proposed program.

2. Need for Core Injury Program

Describe current and past injury control activities of the public health agency, if any. Justify the need to develop a basic injury prevention and control program, based on the minimal nature of current injury activities. Describe the benefit of creating or enhancing a State public health injury prevention and control focal point. Describe the type and nature of current and past advisory groups related to injury prevention and control. Demonstrate capacity to conduct the program.

3. Goals and Objectives

Provide specific goals which indicate what the applicant anticipates its Core Injury Prevention Program will have accomplished at the end of the five-year project period. Include specific time-framed, measurable and achievable objectives that can be accomplished during the first budget period. Objectives should relate directly to the project goals. Include objectives which address all activities necessary to accomplish the purpose of the proposal. Specifically, they should include, but not be limited to, creation of an advisory structure, producing a profile of injuries in the State, assessing public health agency capacity to prevent injuries, and developing a State plan to address injury prevention and control.

4. Methods and Staffing

Describe how the program will be implemented. Provide: (a) a detailed description of proposed activities designed to achieve each objective and overall program goals and which includes designation of responsibility

for each activity undertaken; (b) a complete frame indicating when each activity will occur; and (c) a description of the roles of each unit, organization, or agency and coordination, supervision, and degree of commitment (e.g., time, in-kind, financial) of staff, organizations, and agencies involved in activities. Show allocation of staff to the activities. Describe the roles and responsibilities of the project director and each staff member. Descriptions should include the position titles, education and experience required, and the percentage of time each will devote to the program. CVs for existing staff should be included. Document specific concurrence of plans by all other involved parties, including consultants, and provide a letter from each consultants or outside agency describing their willingness and capacity to fulfill proposed responsibilities.

5. Evaluation

Describe how the proposed evaluation system will document program progress, and how proposed evaluation measures will success in developing basic injury prevention programs. Evaluation should include progress in meeting program objectives. Document staff availability, expertise, experience, and capacity to perform the evaluation. Include a plan for reporting evaluation results and using evaluation information for programmatic decisions. Indicate willingness to participate in a process of continuous improvement which may require frequent review of progress and processes utilized, remediation of identified barriers, and adoption of modified methods and measures.

6. Coordination and Collaboration

Provide a description of the relationship between the program and other organizations, agencies, and health department units that will associate with the program. Composition and roles for the advisory structure and other partners should be included; specific commitments of support should be provided.

7. Budget and Accompanying Justification

Provide a detailed 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. The budget should include funds for two trips to Atlanta by key Program staff for participation in continuous improvement activities and "grantee" meetings.

F. Submission and Deadline Application

Submit the original and two copies of CDC 0.1246. On or before July 20, 1999, submit the application to the Grants Management Specialist identified in the "Where to Obtain Additional Information" section of this announcement.

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.)

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

G. Evaluation Criteria

Each application will be evaluated individually against the following criteria by an independent review group appointed by CDC (maximum 100 total points):

1. Need for Core Program Development (30 percent)

The extent to which the applicant presents information describing the minimal nature of their existing injury activities, and therefore the need for support of this nature. The extent to which the applicant presents data and information documenting the capacity to accomplish the program, positive progress in related past or current activities or programs, and, as appropriate, need for the program. The extent to which current resources demonstrate capability to conduct the program.

2. Goals and Objectives (10 percent)

The extent to which the applicant includes goals which are relevant to the purpose of the proposal and feasible to accomplish during the project period, and the extent to which these are specific and measurable. The extent to which the applicant has included objectives which are feasible to accomplish during the budget period, and which address all activities necessary to accomplish the purpose of the proposal. The extent to which the objectives are specific, time-framed, measurable, and realistic.

3. Methods and Staffing (30 percent)

The extent to which the applicant provides: (1) a detailed description of proposed activities which are likely to achieve each objective and overall program goals, and which includes designation of responsibility for each action undertaken; (2) a reasonable and complete schedule for implementing all activities; and (3) a description of the roles of each unit, organization, or agency, and evidence of coordination, supervision, and degree of commitment (e.g., time, in-kind, financial) of staff, organizations, and agencies involved in activities.

4. Evaluation (20 percent)

The extent to which the proposed evaluation system is detailed, addresses goals and objectives of the program, and will document program process, effectiveness, and impact. The extent to which the applicant demonstrates potential data sources for evaluation purposes and methods to evaluate the data sources, and documents staff availability, expertise, experience, and capacity to perform the evaluation. The extent to which a feasible plan for reporting evaluation results and using evaluation information for programmatic decisions is included. The extent to which an agreement to participate in continuous improvement activities is present.

5. Collaboration (10 percent)

The extent to which relationships between the program and other organizations, agencies, and health department units that will relate to the program or conduct related activities are clear, complete and provide for complementary or supplementary interactions. The extent to which advisory group membership and roles are clear and appropriate. The extent to which relationships with Injury Control Research Centers (ICRC's) (see Addendum 2 for listing) or local academic institutions are completely described and activity-specific.

6. Budget and Justification (Not weighted)

The extent to which the applicant provides a detailed budget and narrative justification consistent with stated objectives and planned program activities.

H. 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 I in the application kit:

- 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

I. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under sections 301(a), 317(k)(2), 391, 392, and 394 of the Public Health Service Act, [42 U.S.C. 241(a), 247b(k)(2), 280b, and 280b-1, and 280b-2] as amended. The Catalog of Federal Domestic Assistance number is 93.136.

J. Where To Obtain Additional Information

To download this and other program announcements and forms please go to the CDC Home Page on Internet at: <http://www.cdc.gov> and click on the word "funding."

If you do not have Internet access to you, 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 Announcement, for business management assistance contact: Joanne Wojcik, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention, Room 3000, 2920 Brandywine Road, Atlanta, GA 30341-4146, Telephone number: (770) 488-2717, Internet address: jcw6@cdc.gov.

For program technical assistance, contact: James Belloni, MA, Associate Director, National Center for Injury Prevention and Control, Mailstop K-02, Centers for Disease Control and Prevention, 4770 Buford Highway, Chamblee, GA 30341, Telephone

number: (770) 488-4538, Internet address: jsb1@cdc.gov.

Dated: May 24, 1999.

John L. Williams,

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

[FR Doc. 99-13606 Filed 5-27-99; 8:45 am]

BILLING CODE 4163-18-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Subcommittee on Vaccine Safety of the National Vaccine Advisory Committee: Meeting

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

Name: Subcommittee on Vaccine Safety.
Time and Date: 9 a.m.-5 p.m., June 18, 1999.

Place: Hubert H. Humphrey Building, Room 305A, 200 Independence Avenue, SW, Washington, DC 20201.

Status: Open to the public, limited only by the space available.

Notice: In the interest of security, the Department has instituted stringent procedures for entrance to the Hubert H. Humphrey Building by non-government employees. Thus, persons without a government identification card should plan to arrive at the building on June 18th either between 8:30 and 9 a.m. or 12:30 and 1 p.m. so they can be escorted to the meeting. Entrance to the meeting at other times during the day cannot be assured.

Purpose: This subcommittee will review issues relevant to vaccine safety and adverse reactions to vaccines.

Matters To Be Discussed: This subcommittee will discuss the mission of the Vaccine Safety Subcommittee; focus on developing priorities for U.S. vaccine safety and communication activities; and develop draft integral to ensuring the optimal safety of vaccines.

Agenda items are subject to change as priorities dictate.

CONTACT PERSON FOR MORE INFORMATION: Gloria Sagar, Committee Management Specialist, NVPO, CDC, 1600 Clifton Road, NE, M/S A11, Atlanta, Georgia 30333, telephone 404/639-4450.

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 CDC and ATSDR.

Dated: May 24, 1999.

Carolyn J. Russell,

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

[FR Doc. 99-13603 Filed 5-27-99; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Citizens Advisory Committee on Public Health Service Activities and Research at Department of Energy (DOE) Sites: Fernald Health Effects Subcommittee

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Agency for Toxic Substances and Disease Registry (ATSDR) and the Centers for Disease Control and Prevention (CDC) announce the following meeting.

Name: Citizens Advisory Committee on Public Health Service Activities and Research at DOE Sites: Fernald Health Effects Subcommittee.

Times and Dates: 1 p.m.-9 p.m., June 23, 1999; 8:30 a.m.-5 p.m., June 24, 1999.

Place: The Plantation, 9660 Dry Fork Road, Harrison, Ohio 45020, telephone 513/367-5610.

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

Background: Under a Memorandum of Understanding (MOU) signed in December 1990 with DOE and replaced by an MOU signed in 1996, the Department of Health and Human Services (HHS) was given the responsibility and resources for conducting analytic epidemiologic investigations of residents of communities in the vicinity of DOE facilities, workers at DOE facilities, and other persons potentially exposed to radiation or to potential hazards from non-nuclear energy production use. HHS delegated program responsibility to CDC.

In addition, a memo was signed in October 1990 and renewed in November 1992 between ATSDR and DOE. The MOU delineates the responsibilities and procedures for ATSDR's public health activities at DOE sites required under sections 104, 105, 107, and 120 of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA or "Superfund"). These activities include health consultations and public health assessments at DOE sites listed on, or proposed for, the Superfund National Priorities List and at sites that are the subject of petitions from the public; and other health-related activities such as epidemiologic studies, health surveillance, exposure and disease registries, health education, substance-specific applied research, emergency response, and preparation of toxicological profiles.

Purpose: This subcommittee is charged with providing advice and recommendations

to the Director, CDC and the Administrator, ATSDR, regarding community, American Indian Tribes, and labor concerns pertaining to CDC's and ATSDR's public health activities and research at this DOE site. The purpose of this meeting is to provide a forum for community, American Indian Tribal, and labor interaction and serve as a vehicle for community concern to be expressed as advice and recommendations to CDC and ATSDR.

Matters To Be Discussed: Agenda items include presentations from the National Center for Environmental Health (NCEH), the National Institute for Occupational Safety and Health (NIOSH) and ATSDR on updates regarding progress of current studies. There will also be a presentation from the University of Cincinnati on findings of Fernald Residents Medical Monitoring Program.

Agenda items are subject to change as priorities dictate.

CONTACT PERSONS FOR MORE

INFORMATION: David Pedersen, Ph.D., Health-Related Energy Research Branch, Division of Surveillance, Hazard Evaluations and Field Studies, NIOSH, CDC, Robert A. Taft Laboratory, 4676 Columbia Parkway, M/S R-44, Cincinnati, Ohio 45226, telephone 513/841-4400, fax 513/841-4470.

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.

Dated: May 24, 1999.

Carolyn J. Russell,

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

[FR Doc. 99-13604 Filed 5-27-99; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: (1) TANF High Performance Bonus Report and (2) Emergency TANF Public Law Data Report.

OMB No.: 0970-0180.

Description: 104-193 (the personal Responsibility and Work Opportunity Reconciliation Act of 1996) established the Temporary Assistance for Needy Families (TANF) Program. It also included provisions for rewarding States that attain the highest levels of success in achieving the legislative goals