Appendix 1—Location

Indian Health Service Area Offices (IHS)

Aberdeen Area Indian Health Service, Federal Building, 115 Fourth Avenue, Southeast, Aberdeen, SD 57401
Alaska Area Indian Health Service, 4141 Ambassador Drive, Anchorage, AK 99508–5928
Albuquerque Area Indian Health Service, 5338 Montgomery Blvd., NE, Albuquerque, NM 87109–1311
Bemidji Area Indian Health Service, 522 Minnesota Ave., NW, Bemidji, MN 56601
Billings Area Indian Health Service, 2900 4th Avenue North, Billings, MT 59101
California Area Indian Health Service, 1825 Bell Street, Sacramento, CA 95825–1097
Nashville Area Indian Health Service, 711 Stewarts Ferry Pike, Nashville, TN 37214–2634
Navajo Area Indian Health Service, P.O. Box 9020, Window Rock, AZ 86515–9020
Oklahoma City Area Indian Health Service, Five Corporate Plaza, 3625 NW 56th Street, Oklahoma City, OK 73112
Phoenix Area Indian Health Service, Two Renaissance Square, 40 North Central Avenue, Phoenix, AZ 85004
Portland Area Indian Health Service, 1220 S.W. Third Avenue—Room 476, Portland, OR 97204–2892
Tucson Area Indian Health Service, 7900 South ''J'' Stock Road, Tucson, AZ 97204–2892

Food and Drug Administration District Offices (FDA)

Food and Drug Administration, FDA, 60 Eighth Street, NE, Atlanta, GA 30309
Food and Drug Administration, FDA, Boston District Office, One Montvale Avenue, Stoneham, MA 62180
Food and Drug Administration, FDA, 599 Delaware Avenue, Buffalo, NY 14202
Food and Drug Administration, FDA, Room 700, Federal Office Building, 850 3rd Avenue (at 30th Street), Brooklyn, NY 11232
Food and Drug Administration, FDA, 61 Main Street, West Orange, NJ 07052
Food and Drug Administration, FDA, Room 1204, US Customhouse, 2nd and Chestnut Streets, Philadelphia, PA 19106
Food and Drug Administration, FDA, 900 Madison Avenue, Baltimore, MD 21201
Food and Drug Administration, FDA, San Juan District Office, PO Box 5719 PTA, De Tierra Station, San Juan, PR 00906–5719
Food and Drug Administration, FDA, Room 1222, Main Post Office Building, 433 West Van Buren Street, Chicago, IL 60607
Food and Drug Administration, FDA, 1560 East Jefferson Avenue, Detroit, MI 48207
Food and Drug Administration, FDA, 1141 Central Parkway, Cincinnati, OH 45202
Food and Drug Administration, FDA, 240 Hennepin Avenue, Minneapolis, MN 55401
Food and Drug Administration, FDA, 3032 Bryan Street, Dallas, TX 75204
Food and Drug Administration, FDA, 4298 Elysian Fields, New Orleans, LA 70122
Food and Drug Administration, FDA, National Center for Toxicological Research, Jefferson, AR 72079
Food and Drug Administration, FDA, 1009 Cherry Street, Kansas City, MO 64106
Food and Drug Administration, FDA, US Courthouse and Courthouse Building, 1114 Market Street, Room 1002, St. Louis, MO 63101
Food and Drug Administration, FDA, Building 20, Denver Federal Center, PO Box 25087, Denver, CO 80255–0087
Food and Drug Administration, FDA, Federal Office Building, Room 506, 50 United National Plaza, San Francisco, CA 94102
Food and Drug Administration, FDA, 1521 West Pico Boulevard, Los Angeles, CA 90015
Food and Drug Administration, FDA, 22201 23rd Avenue, SE, Bothell, WA 98021–4421
Food and Drug Administration, FDA, Headquarters Office, 5600 Fishers Lane, Room 11–83, Parklawn Building, Rockville, MD 20857

Centers for Disease Control and Prevention (CDC)

Centers for Disease Control and Prevention, CDC, Accounting Section (CO–5), Robert A. Taft Laboratories, 4676 Columbia Parkway, Cincinnati, OH 45226
Centers for Disease Control and Prevention, CDC
—and—
Agency for Toxic Substances and Disease Registry (ATSDR)
Financial Management Office, 1600 Clifton Road NE, (M/S D–04), Atlanta, GA 30333

Health Care Financing Administration (HCFA)

Health Care Financing Administration, HCFA, Room C3–0927, 7500 Security Boulevard, Baltimore, MD 21244

National Institutes of Health (NIH)

National Institutes of Health, NIH, Building 1, Room 222, Rocky Mountain Laboratory, Hilton, MT 59840
National Institutes of Health, NIH, National Institute of Mental Health, WAW Building, Room 562, St. Elizabeth's Hospital, Washington, DC 20032
National Institutes of Health, NIH, Frederick Cancer Research Facility, Fort Detrick Building, Room 427, Frederick, MD 21702–1201
National Institutes of Health, NIH, National Institutes of Environmental Health Sciences, Room B2–03, Building 101, Research Triangle Park, NC 27709
National Institutes for Health, NIH, National Institute on Drug Abuse, Addiction Research Center, Building C, Room 248, 4940 Eastern Avenue, Baltimore, MD 21224
National Institutes for Health, NIH, Headquarters Office, Operations Accounting Branch, Building 31, Room B1–B63, 9000 Rockville Pike, Bethesda, MD 20892–0134

Program Support Center (PSC)

Program Support Center, PSC, Division of Fiscal Services, 5600 Fishers Lane, Room 16–05, Rockville, MD 20857

Individual records of the following HHS Operating Divisions may be obtained from the Program Support Center (PSC):

1. Administration for Children and Families (ACF)
2. Administration on Aging (AoA)
3. Agency for Health Care Policy and Research (AHCPR)
4. Health Resources and Services Administration (HRSA)
5. Indian Health Service (IHS)
6. Substance Abuse and Mental Health Services Administration (SAMHSA)
7. Office of the Secretary (OS)

Substance Abuse and Mental Health Services Administration (SAMHSA)

In addition to the individual records maintained by the PSC, travel-related records for SAMHSA employees may also be obtained from the following SAMHSA program offices:

Office of the Administrator, Substance Abuse and Mental Health Services Administration, Room 12–107, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857
Office of Applied Studies, Substance Abuse and Mental Health Services Administration, Room 16–105, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857
Office of Program Services, Division of Administrative Services, Substance Abuse and Mental Health Services Administration, Room 6–101, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857
Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, Room 9D10, Rockwall II Building, 5600 Fishers Lane, Rockville, Maryland 20857
Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, Room 10–75, Rockwall II Building, 5600 Fishers Lane, Rockville, Maryland 20857
Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, Room 15–105, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857

[FR Doc. 99–23122 Filed 9–3–99; 8:45 am]
BILLING CODE 4150–04–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Capacity-Building Assistance (CBA) To Improve the Delivery and Effectiveness of Human Immunodeficiency Virus (HIV) Prevention Services for Racial and Ethnic Minority Populations

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (DHHS).

ACTION: Request for comments.

SUMMARY: In Fiscal Year 2000, CDC will provide approximately 8.4 million dollars to support racial and ethnic

minority non-governmental organizations (NGOs) to carry out capacity-building activities that will strengthen the delivery and effectiveness of HIV prevention programs and services for racial and ethnic minority populations.

On June 30, 1999, CDC published in the **Federal Register** [64 FR 35170] a summary of this proposed program and requested public comments. Upon receipt of these comments, the CDC revised the proposed program and is again requesting additional comments. After consideration of additional comments submitted, the CDC will publish a program announcement to solicit applications. A more complete description of the goals of this program, the target applicants, availability of funds, program requirements, and evaluation criteria follows.

DATES: The public is invited to submit comments by September 21, 1999. The National Center for HIV, STD, and TB Prevention, Division of HIV/AIDS Prevention will host a Consultation on September 9–10, 1999, in Atlanta, Georgia to solicit additional comments on the Summary Statement for Capacity-Building Assistance (CBA) to Improve the Delivery and Effectiveness of Human Immunodeficiency Virus (HIV) Prevention Services for Racial and Ethnic Minority Populations.

ADDRESSES: Submit comments to: Technical Information and Communications Branch, National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE, Mail Stop E49, Atlanta, GA 30333.

FOR FURTHER INFORMATION CONTACT: Technical Information and Communications Branch, National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE, Mail Stop E49, Atlanta, GA 30333, Fax (404) 639–2007, E-mail address: HIVMAIL@CDC.GOV, Telephone (404) 639–2072.

SUPPLEMENTARY INFORMATION

A. Program Purpose

The primary purpose of this program is to provide financial and programmatic assistance to national, regional, and local non-governmental minority organizations to develop and implement regionally structured and integrated capacity-building assistance systems that will sustain, improve, and expand local HIV prevention services for racial and ethnic minority individuals whose behaviors place them at risk for acquiring or transmitting HIV and other sexually transmitted diseases (STDs). For this program, capacity-building assistance is defined as the provision of information, new HIV prevention technologies, consultation, technical services, and training for individuals and organizations to improve the delivery and effectiveness of HIV prevention services.

Capacity-building assistance developed under this program will be provided in 4 priority areas as follows: (1) Strengthening Organizational Infrastructure for HIV Prevention, (2) Enhancing HIV Prevention Interventions, (3) Mobilizing Communities for HIV Prevention, and (4) Strengthening HIV Prevention Community Planning.

Capacity-building assistance in Priority Areas (1), (2), and (4) will be regionally structured and delivered to the intended audience within four regional groups as follows:

Northeast Region: CT, MA, ME, NH, NJ, NY, PA, PR, RI, VT, U.S. Virgin Islands

Midwest Region: IL, IN, IA, KS, MI, MN, MO, NE, ND, OH, SD, WI

South Region: AL, AR, D.C., DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV

West Region: AK, AZ, CA, CO, HI, ID, NV, NM, OR, MT, UT, WA, WY, American Samoa, Commonwealth of Northern Mariana Islands, Federated States of Micronesia, Guam, Republic of Marshall Islands, Palau

Capacity-building assistance in Priority Area (3) can be structured and delivered within any of the four regional groups identified above, but can also be targeted according to identifiable patterns of minority subcultures and affinity groups (e.g., migrant streams, faith leaders, injection drug using networks).

B. Goals

The goals for this program are as follows:

1. Priority Area (1): Strengthening Organizational Infrastructure

Improve the capacity of community-based organizations (CBOs) to develop and sustain organizational infrastructures that support the delivery of HIV prevention program services and interventions.

The emphasis for providing capacity-building assistance in Priority Area (1) is for CBOs funded directly by CDC. Other CBOs can be provided assistance, if funding is sufficient for expanded services.

2. Priority Area (2): Enhancing Interventions

Improve the capacity of CBOs to design, develop, implement, and evaluate effective HIV prevention interventions for racial/ethnic minority populations at risk for acquiring or transmitting HIV and other STDs.

The emphasis for providing capacity-building assistance in Priority Area (2) is for CBOs funded directly by CDC, and CBOs funded by State or local health departments. Other organizations can be provided assistance in Priority Area (2), if funding is sufficient for expanded services.

3. Priority Area (3): Mobilizing Communities for HIV Prevention

Improve the capacity of CBOs and other community stakeholders to engage and develop their communities for the purpose of increasing their awareness, leadership, participation in, and support for HIV prevention.

The emphasis for providing capacity-building assistance in Priority Area (3) is for CBOs and other community stakeholders relating to racial and ethnic minority communities heavily affected by the HIV/AIDS epidemic.

4. Priority Area (4): Strengthening HIV Prevention Community Planning

a. Enhance the capacity of CBOs, health departments, and other community stakeholders to effectively participate in and support the HIV prevention community planning process.

b. Enhance the capacity of community planning groups (CPGs) to support and involve racial and ethnic minority participants in the community planning process and to increase Parity, Inclusion, and Representation (PIR) .

The emphasis for providing capacity-building assistance in Priority Area (4) is for community planning groups, CBOs and other community stakeholders, and health departments. For the purpose of this program announcement, community stakeholders are individuals, groups, or organizations in the target community that have an interest or stake in preventing HIV and are potential or actual agents of change.

C. Priority Areas

In the following sections, information will be described on eligible applicants, availability of funds, funding priorities, program requirements, and evaluation criteria for each of the priority areas. Organizations may apply for more than one priority area. However, a separate application must be submitted for each priority area.

1. Priority Area (1): Strengthening Organizational Infrastructure

a. Eligibility

Eligible applicants are national minority organizations, or for-profit small minority businesses. Applicants must meet the following criteria:

(1) Small minority businesses

(a) Have obtained 8A status from the Small Business Administration (SBA).

(b) Have minority ownership of the business.

(c) Have a 3-year track record providing organizational capacity-building assistance to CBOs serving racial and ethnic minority population(s).

(d) Have racial and ethnic minority persons serve in greater than 50 percent of key positions in the organization, including management, supervisory, administrative, and service provision positions (for example, company executive officer, program director, fiscal director, or capacity-building assistance providers).

(2) National non-governmental minority organizations

(a) Have a currently-valid IRS Tax Determination 501(C)3 status.

(b) Have a documented and established 3-year record of service providing organizational capacity-building assistance to CBOs serving racial and ethnic minority population(s).

(c) Have a governing body composed of greater than 50 percent racial and ethnic minority members.

(d) Have racial and ethnic minority persons serve in greater than 50 percent of key positions in the organization, including management, supervisory, administrative, and service provision positions (for example, executive director, program director, fiscal director, technical assistance provider, trainer, curricula development specialist, or group facilitator).

Applicants applying for Priority Area (1) must serve CBOs in all 4 regions specified above and provide assistance to CBOs providing services to all 4 major racial/ethnic groups which are as follows: Black or African-American, Hispanic or Latino, American Indian or Alaskan Native, and Asian/Native Hawaiian or Other Pacific Islander.

b. Availability of Funds

Up to $2.0 million is expected to be available in FY 2000 to fund 1–4 programs. It is expected that the awards will begin in March, 2000, and will be made for a 12-month budget period within a project period of up to five years.

c. Funding Priorities

In making funding decisions, efforts will be made to ensure capacity-building assistance for all CDC-funded CBOs.

d. Program Requirements

The program requirements are as follows:

(1) Conduct an assessment of the governance, management, administrative, and fiscal systems of all CDC funded CBOs.

(2) Develop and implement a plan for targeting, engaging, and maintaining long-term capacity-building relationships with CDC-funded CBOs. The plan should include strategies for conducting ongoing needs assessments and developing tailored multi-component capacity-building packages to be delivered over the long-term and as appropriate to the identified needs.

(3) Ensure the effective and efficient provision of capacity-building assistance to strengthen organizational infrastructure. Examples include, but are not limited to, organizational evaluation and assessment, board development, human resource management, fiscal management, strategic planning, HIV prevention policy development, and implementation of quality assurance measures (a more complete list will be provided in the program announcement). These services are to be provided through the use of the following delivery mechanisms: Information Transfer, Skills Building, Technical Consultation, Technical Services, and Technology Transfer.

(4) Develop and implement a system that responds to capacity-building assistance requests. This system must include mechanisms for assessing and prioritizing requests; linking requests to other capacity-building resources; and to services provided in Priority Areas (2), (3) and (4); delivering capacity-building services; and conducting quality assurance.

(5) Create, utilize, and support a regionally structured resource network that includes consultants and other subject matter experts with expertise in strengthening organizational infrastructure. Emphasize the use of locally-based consultants. Supportive services for the resource networks include, but are not limited to, developing training materials (technical service) and conducting orientation (information transfer) for consultants to assist them with delivering effective and efficient services that follow national standards of practice and compliment CDC's standards and expectations for conducting business and programmatic activities.

(6) Identify, collaborate with, and complement the capacity-building efforts available locally to avoid duplication of effort and to ensure that capacity-building assistance is allocated according to gaps in services and the priority ''Organizational Infrastructure Development and Assessment'' needs of CDC-funded CBOs.

(7) Coordinate program activities with appropriate national, regional, State, and local HIV prevention programs; national, State and local capacity-building providers; and State or local community planning groups.

Site visits by CDC staff may be conducted before final funding decisions are made. A fiscal Recipient Capability Assessment (RCA) may be required of some applicants before funds are awarded.

2. Priority Area (2): Enhancing HIV Prevention Interventions

a. Eligibility

Eligible applicants are national minority organizations as lead organizations within a coalition serving a specific racial/ethnic minority group within all four regions, or a regional minority organization as the lead organization within a coalition serving a specific racial/ethnic minority group within all four regions. Applicants must meet the following criteria:

(1) Have a currently-valid IRS Tax Determination 501(C)3 status.

(2) Have a documented and established 3-year record of service providing capacity-building assistance in ''Enhancing HIV Prevention Interventions''.

(3) Have a governing body composed of greater than 50 percent of the racial and ethnic minority population to be served.

(4) Have greater than 50 percent of key positions in the organization, including management, supervisory, administrative, and service provision positions filled by members of the racial and ethnic population to be served (for example, executive director, program director, fiscal director, technical assistance provider, trainer, curricula development specialist, or group facilitator).

Members of the coalition must include, at a minimum, an organization located within each of the four regions. The lead applicant can represent one of the four regions. Applicants must apply to serve no more than one of the four major racial/ethnic groups.

b. Availability of Funds

Up to 3.5 million is expected to be available in FY 2000 to fund 4 programs. It is expected that the awards will begin in March, 2000, and will be made for a 12-month budget period within a project period of up to five years.

c. Funding Priorities

In making funding decisions, efforts will be made to ensure that (1) capacity-building assistance is available for all four regions and all four major ethnic/racial groups, and (2) funding for capacity-building assistance is distributed in proportion to the HIV/AIDS disease burden for the four major racial and ethnic minority populations.

d. Program Requirements

The program requirements are as follows:

(1) Ensure the effective and efficient provision of capacity-building assistance to enhance HIV prevention interventions. Examples include, but are not limited to, curricula development, improving cultural competence, service integration, incorporating behavioral science, improving health communication messages, evaluation for intervention effectiveness, and improving risk reduction strategies (a more complete list will be provided in the program announcement). These services are to be provided through the use of the following delivery mechanisms: Information Transfer, Skills Building, Technical Consultation, Technical Services, and Technology Transfer. These services should be culturally appropriate and based in science.

(2) Establish and support a coalition to implement proposed program. The coalition should represent all four regions. Supportive services for the coalition include, but are not limited to, establishing ongoing communication mechanisms, establishing reporting standards, conducting process evaluation, establishing standards of practice, and conducting quality assurance.

(3) Create, utilize, and support regionally-based resource networks that includes the applicant and coalition members' current and proposed staff, researchers, academicians, consultants, and other subject matter experts, and may include collaborative relationships. Emphasize the use of locally-based consultants and experts. Supportive services for the resource networks include, but are not limited to, developing training materials (technical service), diffusion of best program practices and intervention models (technology transfer), and conducting orientation (information transfer) for consultants to assist them with delivering effective and efficient services that follow national standards of practice and compliment CDC's standards and expectations for conducting HIV educational programs and interventions.

(4) Develop and implement a plan for targeting, engaging, and maintaining long-term capacity-building relationships with CBOs. The plan should include strategies for conducting ongoing assessments and evaluations of HIV interventions and the support structures to deliver these interventions, and developing tailored capacity-building packages to be delivered over the long-term and as appropriate to the identified needs.

(5) Develop and implement a system that responds to capacity-building assistance requests. This system must include mechanisms for assessing and prioritizing requests; linking requests to other capacity-building resources and to services provided in Priority Areas (1), (3) and (4); delivering services; and conducting quality assurance.

(6) Identify, collaborate with, and complement the capacity-building efforts available locally to avoid duplication of effort and to ensure that capacity-building assistance is allocated according to gaps in services and the priority ''Enhancing HIV Prevention Interventions '' needs of CBOs serving minority populations at high risk for acquiring and transmitting HIV and other STDs.

(7) Coordinate program activities with appropriate national, regional, State, and local HIV prevention programs, capacity-building providers, and community planning groups.

(8) Evaluate the accomplishment of program objectives and the process and outcomes of capacity-building assistance.

3. Priority Area (3): Mobilizing Communities for HIV Prevention

a. Eligibility

Eligible applicants are national, regional, or local minority organizations serving a community or communities defined by locality, risk behaviors, HIV/AIDS impact, HIV prevention health problems and needs, patterned social interaction, or a collective identity. At a minimum, Priority Area (3) activities must be conducted in two or more States. Applicants must meet the following criteria:

(1) Have a currently-valid IRS Tax Determination 501(C)3 status.

(2) Have a documented and established 3-year record of service providing capacity-building assistance in ''Community Engagement and Development'.

(3) Have a governing body composed of greater than 50 percent of the racial and ethnic population to be served.

(4) Have racial and ethnic minority persons serve in greater than 50 percent of key positions in the organization, including management, supervisory, administrative, and service provision positions (for example, executive director, program director, fiscal director, technical assistance provider, trainer, curricula development specialist, or group facilitator).

b. Availability of Funds

Up to 1.4 million is expected to be available in FY 2000 to fund up to 10 programs. It is expected that the awards will begin in March, 2000, and will be made for a 12-month budget period within a project period of up to five years.

c. Funding Priorities

In making funding decisions, efforts will be made to ensure that funding for capacity-building assistance is distributed in proportion to the HIV/AIDS disease burden for the communities to be served.

d. Program Requirements

The program requirements are as follows:

(1) Select a defined community or cluster of communities that are defined by locality, risk behaviors, HIV/AIDS impact, HIV prevention health problems and needs, patterned social interaction, or a collective identity.

(2) Identify major opinion leaders across a diverse spectrum of individuals within the community(ties) who can identify high risk groups within the community, involve them in undertaking a community assessment and build consensus on actions that are necessary to strengthen networks for change within the community.

(3) Establish a community board comprised of diverse stakeholders such as (community leaders in areas of health, education, public health, parent groups, civic organizations, religion and political) who can identify and adopt a vision of their community and develop a practical, acceptable and feasible HIV prevention agenda.

(4) Develop a plan of action to provide capacity-building assistance to CBO staff and other community stakeholders that enables them to engage and develop their community or communities. This plan of action may include, but not be

limited to, training in leadership development, communication and resource network development, coalition building, community mobilization strategy development, community resources and needs assessments, community infrastructure development, policy development and analyses, and services integration and linkage development (a more complete list will be provided in the program announcement). These services are to be provided through the use of the following delivery mechanisms: Information Transfer, Skills Building, Technical Consultation, Technical Services, and Technology Transfer.

(5) Develop, implement, and market a system that responds to requests for assistance in mobilizing communities for HIV prevention. This system must include mechanisms for assessing and prioritizing requests; linking requests to other capacity-building resources and to services provided in Priority Areas (1), (2) and (4); delivering services; and conducting quality assurance.

(6) Develop and implement a plan for targeting, engaging, and maintaining long-term capacity-building relationships with CBOs. The plan should include strategies for conducting ongoing needs assessments and developing tailored capacity-building packages to be delivered over the long-term and as appropriate to the identified needs.

(7) Coordinate program activities with appropriate national, regional, State, and local HIV prevention programs, capacity-building providers, and community planning groups.

(8) Disseminate community engagement and development activities around HIV education and prevention at CDC grantee meetings, site visits, HIV prevention conferences and in publications and manuals.

4. Priority Area (4): Strengthening HIV Prevention Community Planning

a. Eligibility

Eligible applicants are national minority organizations as lead organizations within a coalition serving a specific racial/ethnic minority group within all four regions, or a regional minority organization as the lead organization within a coalition serving a specific racial/ethnic minority group within all four regions. Applicants must meet the following criteria:

(1) Have a currently-valid IRS Tax Determination 501(C)3 status.

(2) Have a documented and established 3-year record of service providing capacity-building assistance in strengthening HIV Prevention Community Planning.

(3) Have a governing body composed of greater than 50 percent of the racial and ethnic minority population to be served.

(4) Have greater than 50 percent of key positions in the organization, including management, supervisory, administrative, and service provision positions filled by persons of the racial and ethnic minority group to be served (for example, executive director, program director, fiscal director, technical assistance provider, trainer, curricula development specialist, or group facilitator).

Members of the coalition must include, at a minimum, an organization located within each of the four regions. The lead applicant can represent one of the four regions. Applicants must apply to serve no more than one of the four major racial/ethnic groups.

b. Availability of Funds

Up to 1.5 million is expected to be available to fund up to 4 programs. It is expected that the awards will begin in March, 2000, and will be made for a 12-month budget period within a project period of up to five years.

c. Funding Priorities

In making funding decisions, efforts will be made to ensure that (1) capacity-building assistance is available for all four regions and all four major ethnic/racial groups, and (2) funding for capacity-building assistance is distributed in proportion to the HIV/AIDS disease burden for the four major racial and ethnic minority populations.

d. Program Requirements

The program requirements are as follows:

(1) Develop regional action plans to provide capacity-building assistance to community planning groups (CPGs) to improve the ''Parity, Inclusion and Representation'' of racial and ethnic minority populations in State and local HIV prevention community planning groups.

(2) Develop regional action plans to provide capacity-building assistance to CBOs and other community stakeholders that will increase their knowledge, skill and involvement in HIV prevention community planning.

(3) Provide capacity-building assistance to CPGs, CBOs, and community stakeholders to strengthen the participation of racial and ethnic minority individuals in HIV Prevention Community Planning and the effectiveness of HIV Prevention Community Planning. Examples include, but are not limited to, conflict management, understanding community planning, prioritization strategies, leadership development, group and meeting facilitation, cultural competence, and public health policy analyses (a more complete list will be provided in the program announcement). These services are to be provided through the use of the following mechanisms: Information Transfer, Skills Building, Technical Consultation, Technical Services, and Technology Transfer.

(4) Create, utilize, and support regionally-based resource networks that include the applicant and coalition members' current and proposed staff, researchers, academicians, consultants, and other subject matter experts, and may include collaborative relationships. Emphasize the use of locally-based consultants and experts. Supportive services for the resource networks include, but are not limited to, developing training materials (information transfer), diffusion of best program practices and intervention models (technology transfer), and conducting training (skills building) for consultants to help them deliver effective and efficient services that follow national standards of practice and compliment CDC's standards and expectations for conducting effective community planning and HIV prevention services.

(5) Develop and implement a plan for targeting, engaging, and maintaining long-term capacity-building relationships with CPGs, CBOs, and community stakeholders. The plan should include strategies for conducting ongoing needs assessments and developing tailored capacity-building packages to be delivered over the long-term and as appropriate to the identified needs. This plan must be shared with the appropriate health departments and CPGs.

(6) Identify, collaborate with, and complement the capacity-building resources currently available in the region to avoid duplication of effort.

(7) Develop and implement a system that responds to requests for assistance in strengthening HIV Prevention Community Planning. This system must include mechanisms for assessing and prioritizing requests; linking requests to other capacity-building resources and to services provided in Priority Areas (1), (2) and (3); delivering services; and conducting quality assurance.

(8) Ensure that capacity-building assistance is allocated according to priority needs for ''Community Planning Participation and Effectiveness'' in CPGs needing increased Parity,

Inclusion and Representation among racial and ethnic minority members and community stakeholders.

(9) Design a marketing plan that promotes and educates CBOs and community stakeholders about the HIV prevention community planning process.

(10) Coordinate program activities with appropriate national, regional, State, and local HIV prevention programs, capacity-building providers, and community planning groups.

D. Evaluation Criteria

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

1. Applicant Organization's Experience and Capacity
2. Justification of Need [Priority Area (3) only]
3. Program Plan
4. Program Evaluation Plan
5. Communication and Dissemination Plan
6. Plan for Acquiring Additional Resources
7. Budget and Staffing Breakdown and Justification (not scored)
8. Training and Technical Assistance Plan (not scored)

Site visits by CDC staff may be conducted before final funding decisions are made. A fiscal Recipient Capability Assessment (RCA) may be required of some applicants before funds are awarded.

Dated: August 31, 1999.

Joseph R. Carter,

Associate Director for Management and Operations, Centers for Disease Control and Prevention.

[FR Doc. 99–23152 Filed 9–3–99; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Institute for Occupational Safety and Health

Draft Document ''Building Safer Highway Work Zones: Measures To Prevent Worker Injuries From Vehicles and Equipment.''

AGENCY: Centers for Disease Control and Prevention (CDC), National Institute for Occupational Safety and Health (NIOSH), Department of Health and Human Services (DHHS).

ACTION: Request for comments.

SUMMARY: NIOSH is seeking public comments on the draft document, ''Building Safer Highway Work Zones: Measures to Prevent Worker Injuries From Vehicles and Equipment.'' The draft document synthesizes current work zone safety research and practice with information obtained at a workshop sponsored by NIOSH December 2–4, 1998, and attended by 50 representatives from labor, industry, government, and academia. The four broad workshop discussion topics were: Safety of workers on foot around traffic vehicles, safe operation of vehicles and equipment within the work zone, internal work zone traffic control, and special issues associated with night operations. Individuals will provide NIOSH with comments regarding the technical and scientific aspects of the document. Persons wishing to obtain a copy of the draft document should respond to the contact person listed below.

DATES: Comments concerning this document should be submitted by November 8, 1999. Persons wishing to obtain a copy of the draft document should contact Diane Miller, Docket Office Manager, Education and Information Division, NIOSH, CDC, 4676 Columbia Parkway, Mailstop C–34, Cincinnati, Ohio, 45226, telephone 513/533–8450, e-mail address: dmm2@cdc.gov. Comments may be submitted in writing to the NIOSH Docket Office.

FOR FURTHER INFORMATION CONTACT: Stephanie Pratt, Division of Safety Research, NIOSH, CDC, 1095 Willowdale Road, Mailstop P–180, Morgantown, West Virginia, 26505, telephone 304/285–5992, e-mail address: sgp2@cdc.gov.

Linda Rosenstock, M.D.,

Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.

[FR Doc. 99–23217 Filed 9–3–99; 8:45 am]

BILLING CODE 4163–19–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Refugee Unaccompanied Minor Placement Report; Refugee Unaccompanied Minor Progress Report.

OMB No.: 0970–0034.

Description: These two reports collect information necessary to administer the refugee unaccompanied minor program. The ORR–3 (Placement Report) is submitted to ORR by the service provider agency at initial placement and whenever there is a change in the child's status, including termination from the program. The ORR–4 (Progress Report) is submitted annually and records the child's progress towards the goals listed in the child's case plan.

Respondents: Not-for-profit institutions.

Annual Burden Estimates

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Placement Report	10	15	.417	63
Progress Report	10	25	.250	63

Estimated Total Annual Burden Hours: 126.

Additional Information: Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Information Services, Division of Information Resource Management Services, 370 L'Enfant Promenade, SW; Washington, DC 20447, Attn: ACF Reports Clearance Officer.

OMB Comment: OMB is required to make a decision concerning the collection of information between 30 to 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, 725 17th Street, NW, Washington, DC 20503, Attn: ACF Desk Officer.