Respondents	Number of respondents	Number of responses/respondent	Avg. burden per response (in hours)	Total burden (in hours)
Total				63.2

Dated: October 28, 1999.

### Nancy Cheal,

Acting Associate Director for Policy, Planning, and Evaluation, 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 00009]

Availability of Funds for Fiscal Year 2000; Cooperative Agreement for a National Immunization Coalition and Information Network

# A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2000 funds for a cooperative agreement program for a National Immunization Coalition and Information Network. This program addresses the "Healthy People 2000" priority area of Immunization and Infectious Diseases.

The purpose of this program is to create a national coalition and information network to improve the effectiveness of efforts to reduce vaccine preventable disease among children, adolescents, and adults. This program will be accomplished through fostering collaboration among public and private nonprofit organizations, Federal government agencies, State and local governments, National Immunization Program partners and grantees, and others.

This program will improve knowledge and awareness of health care providers, public and private health organizations, and other public health groups about immunization recommendations, practices, programs, and benefits by:

- 1. Fostering the creation of new partnerships and working to build new and effective coalitions to identify and address educational needs regarding immunization issues.
- 2. Developing materials which translate technical immunization guidelines, recommendations, and information into formats which are appropriate, understandable, and useful to targeted audience(s).

- 3. Identifying successful interventions among immunization programs by networking with private providers and public health organizations to identify successful programs and effective immunization strategies and tactics, including case examples, educational materials, media and partner relationship strategies, and public relations practices.
- 4. Distributing appropriate, understandable, and useful technical immunization guidelines, educational materials, and information regarding successful immunization programs to national, State, and local health care providers, advocacy groups, private providers, and public health organizations, including State and local health departments and other National Immunization Program partners.

# **B. Eligible Applicants**

Applications may be submitted by public and private nonprofit organizations and by governments and their agencies; that is, universities, colleges, research institutions, hospitals, other public and private nonprofit organizations. Tax-exempt status may be confirmed by either providing a copy of the pages from the Internal Revenue Service's (IRS) most recent list of 501(c)(3) tax-exempt organizations or a copy of the current IRS Determination Letter. Proof of tax-exempt status must be provided in the application.

### C. Availability of Funds

Approximately \$500,000 will be available to fund one cooperative agreement. It is expected that this award will begin on or about February 1, 2000, and will be made for a 12-month budget period within a project period of up to three years. The funding estimate 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.

### Use of Funds

Funds cannot be used for construction or renovation, to purchase or lease vehicles or vans, to purchase a facility to house project staff or carry out project activities, or to supplant existing support.

# D. Cooperative Activities

To achieve the purpose of this cooperative agreement, the recipient will be responsible for the activities under "Recipient Activities" below. CDC will be responsible for activities under "CDC Activities" below.

## Recipient Activities

- 1. Convene 1–2 meetings per year of public and private health care providers, volunteer groups, community-based organizations, members of the corporate sector, and other public health organizations to inform them of the most current immunization issues, identify and address education needs regarding immunizations in an effort to gain support in reaching national immunization goals.
- 2. Utilize recommendations by the National Immunization Program, Advisory Committee on Immunization Practice (ACIP), American College of Physicians (ACP), American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP) to create new materials which facilitate the understanding, adoption, and use of those recommendations by the targeted audience(s).
- 3. Identify major immunization issues, promotional literature and activities, educational materials, and immunization statistics on the national, State, and local levels that involves, or affects, efforts to reduce vaccine preventable disease among children, adolescents, and adults.
- 4. Establish and implement mechanisms for promoting effective immunization practices and programs and distributing collected materials and information to health care organizations and interest groups around the country. For example, promote current programs such as the CDC National Immunization Information Hotline.
- 5. Actively participate in conferences and meetings on the National and State level that focus on highlighting model programs and strategies, information exchange, addressing immunization issues, and maintaining or increasing child, adolescent, and adult immunization coverage levels.
- 6. Establish and implement mechanisms for evaluating the reach of the program and effectiveness of the materials produced.

### **CDC** Activities

- 1. Provide technical assistance in implementing activities, identifying major immunization issues and effective programs.
- 2. Provide scientific collaboration for appropriate aspects of the activities, including information on disease impact, vaccination coverage levels, and prevention strategies.
- 3. Assist in development and review of relevant immunization information made available to Federal, State, and local health agencies, health care providers, and volunteer organizations.
- 4. In conjunction with the recipient, evaluate the reach of the program and effectiveness of the materials produced.

# **E. Application Content**

Use the information in the Cooperative Activities, Other Requirements, and Evaluation Criteria sections to develop the application content. Applications will be evaluated on the criteria listed, so it is important to follow them in laying out the program plan. The application should be no more than 35 double-spaced pages, printed on one side, with one-inch margins, and 12 point font, not including attachments.

### Organization Profile

- 1. Provide a narrative, including background information and information on the applicant organization, evidence of relevant experience in coordinating activities among constituents, and a clear understanding of the purpose of the project.
- 2. Include details of past experiences working with the target population(s). Provide information on organizational capability to conduct proposed project activities.
- 3. Profile qualified and experienced personnel who are available to work on the project and provide evidence of the organizational structure that is proposed to meet the requirements of the project. Include an organizational chart of the applicant organization specifying the location and staffing plan for the proposed project.

# Program Plan

- 1. Include goals and measurable impact and process objectives that are specific, realistic, measurable, and time-phased. Include an explanation of how the objectives contribute to the purposes of the request for assistance and evidence that demonstrates the potential effectiveness of the proposed objectives.
- 2. Detail an action plan, including a timeline of activities and personnel

responsible for implementing each segment of the plan.

- 3. Prepare a plan to include impact and process evaluation utilizing both quantitative and qualitative measures for the achievement of program objectives to determine the reach and effectiveness of the message promoted by the awardee, and monitor the implementation of proposed activities. Indicate how the quality of services provided will be ensured.
- 4. Provide a plan for disseminating project results indicating when, to whom, and in what format the material will be presented.
- 5. Provide a plan for obtaining additional resources from non-Federal sources to supplement program activities and ensure continuation of the activities after the end of the project period.

# Collaboration Activities

1. Obtain and include letters of support, written in the last 12 to 24 months, from local and national organizations and constituents.

- 2. Provide memoranda of agreement from collaborating organizations indicating a willingness to participate in the project, the nature of their participation, period of performance, names and titles of individuals who will be involved in the project, and the process of collaboration. Each memorandum should also show an understanding and endorsement of immunization activities.
- 3. Provide evidence of collaborative efforts with health departments, provider organizations, coalitions, and other local organizations.

# **Budget Information**

- 1. Provide a detailed budget with justification. The budget proposal should be consistent with the purpose and program plan of the proposed project.
- 2. Provide an itemized (line-item) budget categorized by objective.
- 3. Also provide, if known at the time of application, the name of the contractor, method of selection, budget

### F. Submission and Deadline

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

On or before December 20, 1999, submit the application to: Sharron Orum, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement Number 00009, Centers for Disease Control and Prevention, 2920 Brandywine Road, Room 3000, Atlanta, Georgia 30341.

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

- 1. Received on or before the deadline date; or
- 2. 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:

- 1. Background and Need: The extent to which the applicant understands the problem of under-immunization and proposes a plan to address the issues specific to their constituents. (15 points)
- 2. Capability: The extent to which the applicant appears likely to succeed in implementing proposed activities as measured by relevant past experience, a sound management structure, and staff qualifications, including the appropriateness of their proposed roles and responsibilities and job descriptions. The applicant:
- a. Must have three years of demonstrated history of producing or disseminating written health promotion, disease prevention, or immunization related written communication materials, such as newsletters, media kits, posters, brochures, or information sharing documents.
- b. Must have three years of demonstrated history of sponsoring and/or organizing meetings at a regional or national level with the purpose of sharing information, transferring skills, and promoting immunization initiatives.
- c. Must have three years of demonstrated history of working with and accessing major agencies, private and public sector public health organizations, professional health associations, volunteer groups, and other organizations across the country, and demonstrate their capability to motivate and manage other organizations to participate with a national immunization coalition. (25 points)

- 3. Program Plan: The feasibility and appropriateness of the applicant's action plan to identify immunization issues and new developments (e.g., new recommendations), communicate with, and reach, targeted populations, translate technical immunization information into appropriate new formats, develop and disseminate effective immunization materials and information, and establish and implement a national immunization information sharing/dissemination network. (30 points)
- 4. Coordination and collaboration:
  The extent to which the applicant proposes to develop and maintain a National Immunization Coalition and Information Network, and coordinate the activities of that coalition with State and local immunization programs, State and local coalitions, provider organizations, and other appropriate agencies. (20 points)
- 5. Evaluation Plan: The extent to which the applicant proposes to evaluate the proposed plan, including impact and process evaluation, as well as quantitative and qualitative measures for achievement of program objectives, determining the health effect on the population, and monitoring the implementation of proposed activities. (10 points)
- 6. Budget and Justification: The extent to which the proposed budget is adequately justified, reasonable, and consistent with proposed project activities and this program announcement. (Not Scored)

# H. Other Requirements

**Technical Reporting Requirements** 

Provide CDC with the original plus two copies of:

- 1. Progress reports (annual, semiannual, or quarterly);
- 2. Financial status report, no more than 90 days after the end of the budget period;
- 3. Final financial report and performance report, 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 Appendix II in the application kit.

AR98-10—Smoke-Free Workplace

AR98–11—Healthy People 2000

AR98-12-Lobbying Restriction

AR98–14—Accounting System Requirements

AR98–15—Proof of Non-Profit Status AR98–20—Conference Support

# I. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under section 311 [42 U.S.C. 243] and 317(k)(2), [42 U.S.C. 247b(k)(2)] of the Public Health Service Act as amended. The Catalog of Federal Domestic Assistance number is 93.185.

# J. Where To Obtain Additional Information

This and other CDC announcements and application forms may be downloaded from the CDC Internet home page—http://www.cdc.gov. Click on "funding."

Interested parties without Internet access may request an application kit by calling 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:
Sharron Orum, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office,
Announcement 00009, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Room 3000, Atlanta, Georgia 30341, Telephone (770) 488–2716; FAX (770) 488–2777); E-mail address: spo2@cdc.gov.

For program technical assistance, contact: Glen Nowak, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, Mailstop E–05, Atlanta, Georgia 30333, Telephone (404) 639–8200; FAX (404) 639–8626, E-mail address: gjn0@cdc.gov.

Dated: October 28, 1999.

# Henry S. Cassell,

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

[FR Doc. 99–28842 Filed 11–3–99; 8:45 am]

BILLING CODE 4163-18-P

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

# Administration for Children and Families

# President's Committee on Mental Retardation; Notice of Meeting

**AGENCY:** President's Committee on Mental Retardation, HHS.

**ACTION:** Notice of meeting.

DATES: The meeting of the President's Committee on Mental Retardation will be held on Tuesday, November 30, 1999, from 1 p.m. to 5:30 p.m., Wednesday, December 1, 1999, from 9 a.m. to 5:30 p.m, and Thursday, December 2, 1999, from 9 a.m. to 12 noon.

ADDRESSES: The meeting will be held in the Washington Court Hotel, 525 New Jersey Avenue, NW, Washington, DC 20001. Full Committee Meetings are open to the public. An interpreter for the deaf will be available upon advance request. All meeting sites are barrier free.

AGENDA: The Committee plans to discuss critical issues concerning Federal Policy, Federal Research and Demonstration, State Policy Collaboration, Minority and Cultural Diversity and Mission and Public Awareness, relating to individuals with mental retardation.

FOR FURTHER INFORMATION CONTACT: Jane L. Browning, Executive Director, President's Committee on Mental Retardation, 370 L'Enfant Promenade, SW, Washington, DC 20447, (202) 619–0634.

SUPPLEMENTARY INFORMATION: The PCMR acts in an advisory capacity to the President and the Secretary of the U.S. Department of Health and Human Services on a broad range of topics relating to programs, services, and supports for persons with mental retardation. The Committee, by Executive Order, is responsible for evaluating the adequacy of current practices in programs and supports for persons with mental retardation, and for reviewing legislative proposals that impact the quality of life that is experienced by citizens with mental retardation and their families.

Dated: October 26, 1999.

# Jane L. Browning,

Executive Director, PCMR.

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