

VI. Award Administration Information**VI.1. Award Notices**

Successful applicants will receive a Notice of Award (NoA) from the CDC Procurement and Grants Office. The NoA shall be the only binding, authorizing document between the recipient and CDC. The NoA will be signed by an authorized Grants Management Officer, and mailed to the recipient fiscal officer identified in the application.

Unsuccessful applicants will receive notification of the results of the application review by mail.

VI.2. Administrative and National Policy Requirements

45 CFR Part 74 and Part 92

For more information on the Code of Federal Regulations, see the National Archives and Records Administration at the following Internet address: <http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>.

The following additional requirements apply to this project:

- AR-1 Human Subjects Requirements
- AR-2 Requirements for Inclusion of Women and Racial and Ethnic Minorities in Research
- AR-7 Executive Order 12372
- AR-9 Paperwork Reduction Act Requirements
- AR-10 Smoke-Free Workplace Requirements
- AR-11 Healthy People 2010
- AR-12 Lobbying Restrictions
- AR-14 Accounting System Requirements
- AR-17 Peer and Technical Reviews of Final Reports of Health Studies—ATSDR
- AR-18 Cost Recovery—ATSDR
- AR-19 Third Party Agreements—ATSDR
- AR-22 Research Integrity

Additional information on these requirements can be found on the CDC Web site at the following Internet address: <http://www.cdc.gov/od/pgo/funding/ARs.htm>.

VI.3. Reporting

You must provide ATSDR with an original, plus two hard copies of the following reports:

1. Interim progress report, (use form PHS 2590, OMB Number 0925-0001, rev. 9/2004 as posted on the CDC website) no less than 90 days before the end of the budget period. The progress report will serve as your non-competing continuation application, and must contain the following additional elements:

- a. Progress toward Measures of Effectiveness.

- b. Additional Information Requested by Program.

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

3. Final financial and performance reports, no more than 90 days after the end of the project period. Final performance reports should include a scientific report that summarizes the complete project, the analyses and the final results, and/or a manuscript suitable for publication in a peer review journal. Additionally, the Program office requests that all data sets generated under this project be provided to ATSDR in electronic format.

These reports must be mailed to the Grants Management Specialist listed in the "Agency Contacts" section of this announcement.

VII. Agency Contacts

We encourage inquiries concerning this announcement. For general questions, contact: Technical Information Management Section, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341. Telephone: 770 488-2700.

For scientific/research issues, contact: Mildred Williams-Johnson, Ph.D., Scientific Program Administrator, CDC/ATSDR, 1600 Clifton Road, NE, MailStop E17, Atlanta, GA 30333. Telephone: 404 498-0639. E-mail: MWilliams-Johnson@cdc.gov; or Sharon Campolucci, RN, MSN, Scientific Collaborator, CDC/ATSDR, 1600 Clifton Road, NE, MailStop E31, Atlanta, GA 30333. Telephone: 404-498-0105. E-mail: ssc1@cdc.gov.

For questions about peer review, contact: Mary Lerchen, DrPH, Scientific Review Administrator, CDC/Office of Public Health Research, One West Court Square, Suite 7000, Mailstop D-72, Atlanta, GA 30030. Telephone: 404-498-5277. E-mail: MLerchen@cdc.gov.

For financial, grants management, or budget assistance, contact: Edna Green, Grants Management Specialist, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341. Telephone: 770 488-2743. E-mail: egreen@cdc.gov.

VIII. Other Information

This and other CDC funding opportunity announcements can be found on the CDC Web site, Internet address: <http://www.cdc.gov>. Click on "Funding" then "Grants and Cooperative Agreements."

Dated: May 5, 2005.

William P. Nichols,

*Director, Procurement and Grants Office,
Centers for Disease Control and Prevention.*
[FR Doc. 05-9373 Filed 5-10-05; 8:45 am]

BILLING CODE 4163-70-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Disease Control and Prevention**

[Program Announcement EH05-056]

An Assessment of the Health Effects From Exposure to Volcanic Emissions; Notice of Intent To Fund Single Eligibility Award

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the intent to fund fiscal year (FY) 2005 funds for a grant program to: to provide funds to the Hawaii Department of Public Health (HDPH) for an assessment of the health effects experienced by Hawaii residents that may be associated with potentially toxic volcanic emissions from an active volcano.

B. Eligible Applicant

An application may only be submitted by the Hawaii Department of Public Health (HDPH).

HDPH is the most appropriate organization to conduct the work under this grant for the following reasons:

1. Congressional language states that: The problem of asthma in Hawaii remains a serious health threat and challenge, especially among the medically underserved. In particular, the problem of volcanic emissions in Hawaii contributes to this and other respiratory problems. Congress has provided CDC with funds to address this problem.

2. Hawaii has the statutory responsibility for protecting and enhancing the public health of its citizens. This includes assessing the impact of volcanic emissions on the health of Hawaii residents.

3. HDPH has access to state collected data, which will be essential components of the project.

C. Funding

Approximately \$75,000 is available in FY 2005 to fund this award. It is expected that the award will begin on or before August 31, 2005, and will be made for a 12-month budget period within a project period of up to 1 year. Funding estimates may change.

D. Where To Obtain Additional Information

For general comments or questions about this announcement, contact: Technical Information Management, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341-4146. Telephone: 770-488-2700.

For technical questions about this program, contact: Mildred Williams-Johnson, Ph.D., Scientific Program Administrator, CDC, National Center for Environmental Health, 1600 Clifton Road, NE., Mail Stop E17, Atlanta, GA 30333. Telephone: 404-498-0639. E-mail: MWilliams-Johnson@cdc.gov.

Dated: May 5, 2005.

William P. Nichols,

*Director, Procurement and Grants Office,
Centers for Disease Control and Prevention.*
[FR Doc. 05-9368 Filed 5-10-05; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Reducing Racial and Ethnic Disparities in Childhood Immunization

Announcement Type: New.

Funding Opportunity Number: RFA IP05-087.

Catalog of Federal Domestic Assistance Number: 93.185.

Letter of Intent Deadline: June 10, 2005.

Application Deadline: June 27, 2005.

I. Funding Opportunity Description

Authority: Section 311 [42 U.S.C. 243] and 317(k)(1) [42 U.S.C. 247b(k)(1)] of the Public Health Service Act, as amended.

Background

Eliminating health disparities among racial and ethnic populations in the United States is a major public health goal. However, in recent years, disparities in immunization rates between black and white children have been increasing (Chu *et al.*)¹. Therefore, the National Immunization Program (NIP) is seeking to support projects that may lead to reductions in these disparities.

Factors that may be related to lower immunization rates among black children include frequency and timing of well child visits, provider type (pediatrician, family practitioner, public

health clinic (PHC)), missed opportunities for immunization, socioeconomic status (SES), urban vs. rural vs. suburban settings, and parental beliefs. Missed opportunities are medical encounters during which a child fails to receive an immunization for which he/she is eligible and they have been shown to contribute to under immunization of children. The National Maternal and Infant Health Survey showed that black children were less likely than white children to receive the recommended number of well child visits and immunizations in the first seven months of life. SES has been shown to impact immunization coverage levels in many studies. Some studies have found that adjustment for SES and access to care did not completely explain racial and ethnic disparities.

Purpose

The purpose of the program is to fund a community-based demonstration project to identify, implement and evaluate interventions that will result in a statistically significant reduction in racial disparities in immunization coverage levels between black children 19-35 months of age and children of other races, particularly white children, as evidenced by a comparison of immunization coverage of black and other racial/ethnic groups before and after interventions are implemented. Throughout this announcement black refers to non-Hispanic black and white refers to non-Hispanic white. These interventions must include: (1) Enhancement of healthcare utilization and (2) strategies to reduce missed opportunities for immunization. The key to the success of this program will be community-focused programs that include the full engagement of appropriate partners. These partners may include faith-communities, health care purchasers, health plans, health care providers, and many other community sectors working together. The focus of this announcement is for medium or large urban areas with populations of at least 100,000 people. This program addresses the "Healthy People 2010" focus area of Immunization and Infectious Diseases.

Measurable outcomes of the program will be in alignment with the performance goal for the Center for Disease Control and Prevention's (CDC) National Immunization Program (NIP) to reduce the number of indigenous vaccine-preventable diseases and will be evidenced by a significant increase in immunization coverage levels among black children in the study communities before and after implementation of

study interventions. A significant increase is defined as 90 percent confidence in having achieved an increase in coverage among black children of at least five percentage points with no increase in disparities.

Research Objectives

1. Identify factors related to disparities in childhood immunization rates between black children and children of other racial/ethnic groups within an urban area. These factors must include community and practice level factors related to utilization of health services and practice level factors related to missed opportunities for immunization.

2. Develop and implement interventions to address factors related to disparities in immunization rates between black children and children of other racial/ethnic groups. The applicant must address community and practice level factors related to enhancing utilization of health services and practice level factors related to missed opportunities for immunization.

3. Evaluate the effectiveness of these interventions in decreasing racial disparity in immunization rates between blacks and all other children within the urban area.

Activities

Awardee activities for this program are as follows:

1. Select a medium or large urban area with a total population of at least 100,000 people, with documented significant racial/ethnic disparities in childhood immunization rates. At least 25 percent of this urban area should be black.

2. Develop and implement plans to identify factors which are related to the disparity differences in immunization coverage between black children and children of other racial/ethnic groups in this urban area. These factors must include community and practice level factors related to utilization of health services and practice level factors related to missed opportunities for immunization. Examples include number and timing of well child visits, pattern of missed opportunities, SES status, provider type (family practitioner, pediatrician, PHC), and availability of social services and transportation within the urban area.

3. Design interventions for addressing the factors related to disparities in immunization coverage in this urban area. These interventions must address community and practice level factors related to enhancing utilization of health services and practice level factors related to missed opportunities for

¹ Chu S, Barker L, Smith P. "Racial and ethnic disparities in preschool immunizations: United States, 1996-2001". "American Journal of Public Health". 2004; 94:973-977.