

policy is contained in the Federal Register, Vol. 60, No. 179, pages 47947-47951, dated Friday, September 15, 1995.

Application Submission and Deadline

A. *Preapplication Letters of Intent*

Although not a prerequisite of application, a non-binding letter of intent-to-apply is requested from potential applicants. On or before July 5, 1996, the letter should be submitted to Kimberly P. Boyd, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Atlanta GA 30305. The letter should identify the announcement number and the name of the investigator. The letter does not influence review or funding decisions, but will enable CDC to plan the review more efficiently, and will ensure that each applicant receives timely and relevant information prior to application submission.

B. *Applications*

The original and two copies of the application PHS 5161-1 (OMB Number 0937-0189) must be submitted on or before August 5, 1996, to Mr. Van Malone, Grants Management Officer, Attention: Kimberly Boyd, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E15, Atlanta, GA 30305.

C. *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 submission to the objective review group.

(Applicants must request a legibly dated receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks are not acceptable as proof of timely mailing.)

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

Where to Obtain Additional Information

A complete program description, information on application procedures, an application package, and business

management technical assistance may be obtained from Kimberly Boyd, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E15, Atlanta GA 30305, telephone (404) 842-6592, Facsimile (404) 842-6513, or Internet at <KPT0@OPSPGO1.em.cdc.gov>. Programmatic technical assistance may be obtained from Sevgi Aral, Ph.D., Division of STD Prevention, Behavioral Interventions and Research Branch (BIRB), National Center for STD, HIV, and TB Prevention, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE., Mailstop E02, Atlanta, GA 30333, telephone (404) 639-8259, Facsimile (404) 639-8608.

Please refer to Announcement Number 638 "Development and Feasibility Testing of Interventions to Increase Health-Seeking Behaviors in, and Health Care for, Populations at High Risk for Gonorrhea" when requesting information and submitting an application.

You may obtain a copy of "Healthy People 2000," (Full Report, Stock No. 017-001-00474-0) or "Healthy People 2000," (Summary Report, Stock No. 017-001-00473-1) referenced in the "INTRODUCTION" from the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325, telephone (202) 512-1800.

There may be delays in mail delivery and difficulty in reaching the CDC Atlanta offices during the 1996 Summer Olympics. Therefore, CDC suggest applicants use Internet, follow all instructions in this announcement and leave messages on the contact person's voice mail for more timely responses to any questions.

Dated: June 4, 1996.

Joseph R. Carter,

Acting Associate Director for Management and Operations, Centers for Disease Control and Prevention (CDC).

[FR Doc. 96-14554 Filed 6-7-96; 8:45 am]

BILLING CODE 4163-18-P

[Announcement 627]

Replication of Effective HIV Behavioral Interventions

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1996 funds for a cooperative agreement program for replicating HIV behavioral interventions which have been found to

be effective in intervention research studies. This announcement supports the development and implementation of plans, materials, and training to accomplish the replication of the intervention in one site.

The CDC is committed to achieving the health promotion and disease prevention objectives of "Healthy People 2000," a national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority area Human Immunodeficiency Virus (HIV) Infection. (For ordering a copy of "Healthy People 2000," see the section "WHERE TO OBTAIN ADDITIONAL INFORMATION.")

Authority

This program is authorized under sections 301 and 317(k), of the Public Health Service Act [42 U.S.C. 241 and 247b], as amended.

Smoke-Free Workplace

CDC strongly encourages all recipients to provide a smoke-free workplace and to promote the nonuse of all tobacco products, and Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, and early childhood development services are provided to children.

Eligible Applicants

Applications may be submitted by public and private, nonprofit and for-profit organizations and governments and their agencies. Thus, universities, colleges, research institutes, hospitals, other public and private organizations, State and local health departments or their bona fide agents or instrumentalities, federally recognized Indian tribal governments, Indian tribes or Indian tribal organizations, and small, minority- and/or women- owned businesses are eligible to apply.

Note: Organizations described in section 501(c)(4) of the Internal Revenue Code of 1986 that engage in lobbying are not eligible to receive Federal grant/cooperative agreement funds.

Availability of Funds

Approximately \$900,000 is available in FY 1996 to fund approximately 5 awards. It is expected that the average award will be \$200,000, ranging from \$175,000 to \$225,000. It is expected that the awards will begin on or about September 30, 1996, and will be made for a 12-month budget period within a project period of 2 years. Funding estimates may vary and are subject to change based on availability of funds.

Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.

Priority may be given to selecting a wide range of target populations to be addressed by funded interventions, including those that historically have been addressed by few such interventions. Collection of new or supplemental data, data entry, purchase of furniture or computers, and rental of facilities or equipment will not be funded under this program.

Definitions

For the purposes of this announcement, the following definitions are applicable. Replication is defined as the creation of materials and protocols developed from research-based, technological innovations or effective interventions and their dissemination to prevention programs or from one practice site to another for adoption. The term community-level intervention means an approach to HIV prevention that (1) results from a mobilization of community members and institutions; (2) can be expected to reach a large proportion of the population at risk in their daily setting; (3) may involve outreach and facility-based services; and (4) can be expected to be effective at altering individual behaviors and community norms.

Purpose

These awards will expand the present practice of HIV behavioral risk prevention by: (1) encouraging collaboration between researchers and HIV prevention programs, (2) developing strategies for the dissemination of effective HIV behavioral interventions, (3) creating plans, materials, and training for their implementation, and (4) facilitating experience in local and regional dissemination of research-based interventions to enable HIV prevention organizations to adopt behavioral interventions that have been shown to be effective.

The goal of this activity is to enhance the capacity of local HIV prevention organizations to implement and sustain effective and feasible behavioral interventions by making intervention materials and training more widely available, and to encourage collaboration between researchers and HIV prevention programs. Applications based on community-level behavioral interventions, and innovative and effective interventions that have not been widely adopted are encouraged. The replication strategies and materials package should be generalizable to

broad behavioral risk groups or involve a method that can be adapted or tailored to the needs and circumstances of one of the priority populations identified by the applicant's State or local community planning group.

Program Requirements

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

A. Recipient Activities

During the first year, recipients will develop the package of materials and protocols and find users interested in participating in an implementation pretest. During the second year, the package will be refined based on users' pretest experience and need for the recipient's assistance. The program requirements for the first year of activity are:

1. Develop a package of materials, protocols, and guidance to enable the adoption of the effective behavioral intervention. The recipient will develop the package with the involvement of HIV prevention programs, e.g., health departments and community-based organizations (CBOs), within the applicant's own State or within close proximity to applicant's home city.

- a. The package will be written in language understandable to nonresearchers and will contain:

- (1) A full description of the behavioral intervention;

- (2) A list of target populations for whom the intervention would be appropriate;

- (3) A time line of specific steps and costs for setting up the intervention;

- (4) A list of the types of agencies needed for collaboration on the intervention and approaches to establishing linkages with them;

- (5) A list of all necessary materials, other resources, staff commitment (numbers and time) and skills, and cost breakdowns for conducting the intervention;

- (6) Protocols for implementing the intervention and ensuring its quality and consistency;

- (7) Specific guidelines for overcoming barriers to implementation;

- (8) Methods and procedures for evaluating process, outcome, and cost-effectiveness of the intervention; and

- (9) A bibliography of publications based on the intervention.

- b. The package should include practical examples of implementation from the original intervention and

should contain copies of all relevant materials.

2. Create a strategy to publicize and market the package.

- a. During the first year, the recipient will:

- (1) Compile a list of HIV prevention agencies in the recipient's State or within close proximity to the recipient's city, which target populations for whom the intervention is appropriate; (For this announcement, such agencies will be referred to as the intended users.)

- (2) Select ways to inform intended users about the availability of the package. This strategy will be used to identify intended users who are interested in implementing the package with the technical assistance of the recipient.

- b. At the end of the 2-year project, the final package will be submitted to CDC for further distribution.

- c. The recipient may also continue to distribute the package.

3. Develop a plan to assist the implementation of the package. In order to refine the package developed in year 1:

- a. The recipient will develop a plan to assist the adoption and implementation of the behavioral intervention by selected user(s) during year 2.

- b. The plan will include:

- (1) Procedures for collecting process data, e.g., on unforeseen barriers to implementation, solutions to barriers, and cost containment; and

- (2) Hands-on guidance and direct technical assistance with other intervention components.

4. Establish a plan to evaluate the implementation of the replication package. The recipient will establish a plan to evaluate the implementation of the behavioral intervention. Such evaluation data may:

- a. Be qualitative or quantitative; and

- b. Include an assessment of the fidelity of the implementation to the methods and protocols presented in the package; but

- c. Not include data on outcomes of the behavioral intervention.

5. Select and confirm interested users to adopt the package for year 2. By the end of the year 1, the recipient will:

- a. Have publicized and marketed the package to intended users (as defined in Recipient Activity 2);

- b. Select at least one intended user from those who have expressed interest and confirm their willingness to participate in year 2; and

- c. Send the selected user the package and guidance on its implementation.

- (1) Limited funds may be available to support implementation of the

behavioral intervention; however, the users are encouraged to find funds to initiate and sustain the intervention or may redirect their own resources.

Continued funding for year 2 will be dependent on the completion of required activities for year 1. In year 2, the intervention will be implemented and evaluated.

B. CDC Activities

1. Host a meeting with the successful applicants within 60 days of the notice of grant award.

2. Provide technical assistance in the general operation of this HIV prevention project.

3. Consult on the choice of users selected to pretest the replication package.

4. Monitor and evaluate scientific and operational accomplishments of this project through frequent telephone contact and review of technical reports and interim data analyses.

5. Conduct site visits to assess program progress and mutually solve problems, as needed.

Evaluation Criteria

Applications will be reviewed and evaluated according to the following criteria:

1. Behavioral Intervention (20 points total).

a. Description and justification (8 points). The agency that originally developed or evaluated the intervention is the applicant or will be working in partnership with the applicant. Thoroughness of the description of the intervention that will be the object of the replication efforts. Quality of the intervention design, components, and methods. Appropriateness of its theoretical basis for the target population and intervention method. Appropriateness of the intervention methods for the target population. Convincing need for the intervention's replication. Feasibility of implementation by other organizations with limited resources. Documented permission from the original developers of the proposed behavioral intervention to publicize and market replication materials and protocols generated from the intervention.

The quality of the applicant's response to the item Women, Racial and Ethnic Minorities as cited in the "APPLICATION CONTENT" section of the program announcement included in the application kit.

b. Documented effectiveness (12 points). Thoroughness of the description of the intervention's completed and evaluated research. Extent of the intervention's effectiveness, as defined

in the Application Content. Inclusion of publications.

2. Description of the Replication Package (15 points).

Level of detail in the description or outline of the proposed package, including materials, protocols, and guidelines. Clarity of described intended audiences, objectives, format, and concepts. Justification of the appropriateness of the package's objectives, format, and concepts to the intended users' needs and capabilities. Adequacy of input from HIV prevention programs into the development of the package. Adequacy of planned materials' review and pretesting. Adequacy of time scheduled for completing the proposed steps of the package's development.

3. Description of Plan to Identify Users to Implement the Package (15 points).

Quality of plan to identify appropriate, intended users and interest them in adopting the package during year 2 of the project. Selection of proactive methods to identify and solicit intended users. Adequacy of criteria and mechanism for selecting the users for implementing the package in year 2, including match of the intervention's target population with the user's community planning priorities. Recognition that the agency that originally conducted the intervention is excluded from implementing the package.

4. Description of Strategy to Assist Implementation (15 points).

Clarity of the strategy to assist selected users in adopting and implementing the behavioral intervention. Understanding of barriers to implementation and how to overcome them. Plan to assist selected users in implementing the intervention by using their existing resources and staff. Plan to help selected users find additional funds for implementing the package, if relevant.

5. Description of Plan to Evaluate Implementation (15 points).

Feasibility and appropriateness of the plan to evaluate the selected user's implementation of the intervention as specified in the replication package. Thorough and realistic selection of intervention components to evaluate.

6. Demonstrated Capacity (20 points).

Overall ability of the applicant to perform the proposed activities as reflected in their staff's and consultant's qualifications, experience with material development and dissemination, and demonstrated familiarity with HIV behavioral interventions, in general, and the intervention to be publicized, in particular. The nature and extent of any

partnership between researchers and HIV prevention programs. Adequacy of existing support staff, equipment, and facilities.

7. Budget (Not scored).

Extent to which the budget is reasonable, itemized, clearly justified, and consistent with the intended use of the funds.

Executive Order 12372 Review

Applications are subject to Intergovernmental Review of Federal Programs as governed by Executive Order (E.O.) 12372. E.O. 12372 sets up a system for State and local government review of proposed Federal assistance applications. Applicants (other than federally recognized Indian tribal governments) should contact their State Single Point of Contact (SPOC) as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC for each affected State. A current list of SPOCs is included in the application kit. If SPOCs have any State process recommendations on applications submitted to CDC, they should send them to Van Malone, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E15, Atlanta, GA 30305, no later than 30 days after the application deadline (the appropriation for this financial assistance program was received late in the fiscal year and would not allow for an application receipt date which would accommodate the 60-day State recommendation process period). The granting agency does not guarantee to "accommodate or explain" for State process recommendations it receives after that date.

Indian tribes are strongly encouraged to request tribal government review of the proposed application. If tribal governments have any tribal process recommendations on applications submitted to the CDC, they should forward them to Van Malone, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E15, Atlanta, GA 30305. This should be done no later than 30 days after the application deadline date. The granting agency does not guarantee to "accommodate or explain" for tribal

process recommendations it receives after that date.

Public Health System Reporting Requirements

This program is subject to the Public Health System Reporting Requirements. Under these requirements, all community-based nongovernmental applicants must prepare and submit the items identified below to the head of the appropriate State and/or local health agency(s) in the program area(s) that may be impacted by the proposed project no later than the receipt date of the Federal application. The appropriate State and/or local health agency is determined by the applicant. The following information must be provided:

A. A copy of the face page of the application (SF 424).

B. A summary of the project that should be titled "Public Health System Impact Statement" (PHSIS), not exceed one page, and include the following:

1. A description of the population to be served;

2. A summary of the services to be provided; and

3. A description of the coordination plans with the appropriate State and/or local health agencies.

If the State and/or local health official should desire a copy of the entire application, it may be obtained from the Single Point of Contact (SPOC) or directly from the applicant.

Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance number is 93.941.

Other Requirements

Human Subjects

If the proposed project involves research on human subjects, the applicant must comply with the Department of Health and Human Services Regulations, 45 CFR Part 46, regarding the protection of human subjects. Assurance must be provided to demonstrate that the project will be subject to initial and continuing review by appropriate institutional review committees. In addition to other applicable committees, Indian Health Service (IHS) institutional review committees also must review the project if any component of IHS will be involved or will support the research. If any American Indian community is involved, its tribal government must also approve that portion of the project applicable to it. The applicant will be responsible for providing assurance in accordance with the appropriate

guidelines and form provided in the application kit.

Women, Racial and Ethnic Minorities

It is the policy of the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) to ensure that individuals of both sexes and the various racial and ethnic groups will be included in CDC/ATSDR-supported research projects involving human subjects, whenever feasible and appropriate. Racial and ethnic groups are those defined in OMB Directive No. 15 and include American Indian, Alaskan Native, Asian, Pacific Islander, Black and Hispanic. Applicants shall ensure that racial and ethnic minority populations are appropriately represented in applications for research involving human subjects. Where clear and compelling rationale exist that inclusion is inappropriate or not feasible, this situation must be explained as part of the application. This policy does not apply to research studies when the investigator cannot control the race, ethnicity and/or sex of subjects.

Further guidance to this policy is contained in the Federal Register, Vol. 60, No. 179, pages 47947-47951, and dated Friday, September 15, 1995.

HIV/AIDS Requirements

Recipients must comply with the document entitled Content of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions (June 1992) (a copy is in the application kit). To meet the requirements for a program review panel, recipients are encouraged to use an existing program review panel, such as the one created by the State health department's HIV/AIDS prevention program. If the recipient forms its own program review panel, at least one member must be an employee (or designated representative) of a State or local health department. The names of the review panel members must be listed on the Assurance of Compliance for CDC 0.1113, which is also included in the application kit. The recipient must submit the program review panel's report that indicates all materials have been reviewed and approved.

Application Submission and Deadlines

1. Preapplication Letter of Intent

A non-binding letter of intent-to-apply is required from potential applicants. An original and two copies of the letter should be submitted to the Grants Management Branch, CDC (see "Applications" in the following

paragraph). It should be postmarked no later than July 15, 1996. The letter should identify the announcement number, name of principal investigator, and specify the activity(ies) to be addressed by the proposed project. The letter of intent does not influence review or funding decisions, but it will enable CDC to plan the review more efficiently, and will ensure that each applicant receives timely and relevant information prior to application submission.

2. Applications

An original and two copies of the application PHS Form 5161-1 (OMB Number 0937-0189) must be submitted to Van Malone, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E-15, Atlanta, GA 30305, on or before August 15, 1996.

3. Deadlines

A. 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 submission to the objective review group. (Applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.)

B. Applications that do not meet the criteria in 3.A.(1.) or 3.A.(2.) above are considered late applications. Late applications will not be considered in the current competition and will be returned to the applicant.

Where to Obtain Additional Information

To receive additional information call (404) 332-4561. You will be asked to leave your name, address, and phone number and will need to refer to Announcement 627. You will receive a complete program description, information on application procedures, and application forms.

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from Adrienne Brown, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E-15, Atlanta, GA 30305, telephone (404) 842-6634, email:

<asm1@opspgo1.em.cdc.gov>.

Programmatic technical assistance may be obtained from Robert Kohmescher, Division of HIV/AIDS Prevention, National Center for HIV/STD/TB Prevention, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE., Mailstop E-44, Atlanta, GA 30333, telephone (404) 639-8302, email: <rnk1@cidhiv2.em.cdc.gov>.

Please refer to Announcement 627 when requesting information and submitting an application.

Potential applicants may obtain a copy of "Healthy People 2000," (Full Report, Stock No. 017-001-00474-0) or "Healthy People 2000," (Summary Report, Stock No. 017-001-00473-1) referenced in the "INTRODUCTION," through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325, telephone (202) 512-1800.

Internet Home Page

The announcement will be available on one of two Internet sites on the publication date: CDC's home page at <<http://www.cdc.gov>>, or at the Government Printing Office home page (including free access to the Federal Register) at <<http://www.access.gpo.gov>>.

There may be delays in mail delivery and difficulty in reaching the CDC Atlanta offices during the 1996 Summer Olympics. Therefore, CDC suggests applicants use Internet, follow all instructions in this announcement and leave messages on the contact person's voice mail for more timely responses to questions.

Dated: June 4, 1996.

Joseph R. Carter,

Acting Associate Director for Management and Operations, Centers for Disease Control and Prevention (CDC).

[FR Doc. 96-14550 Filed 6-07-96; 8:45 am]

BILLING CODE 4163-18-P

[Announcement 626]

Follow-up or Secondary Analysis of HIV Behavioral Intervention Research Studies

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1996 funds for a grant program for conducting follow-up or secondary analysis of data from HIV behavioral intervention research studies. This announcement provides funds for two types of activities:

Activity 1 Follow-up or secondary analysis of outcome, process, or

economic data from existing HIV behavioral intervention data sets, and;

Activity 2 Secondary analysis of existing behavioral intervention data with methodological implications for how to conduct, analyze, or interpret research findings from behavioral intervention studies.

The CDC is committed to achieving the health promotion and disease prevention objectives of "Healthy People 2000," a national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority area of Human Immunodeficiency Virus (HIV) Infection. (For ordering a copy of "Healthy People 2000," see the section "WHERE TO OBTAIN ADDITIONAL INFORMATION.")

Authority

This program is authorized under sections 301 and 317(k), of the Public Health Service Act [42 U.S.C. 241 and 247b], as amended.

Smoke-Free Workplace

CDC strongly encourages all recipients to provide a smoke-free workplace and to promote the nonuse of all tobacco products, and Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, and early childhood development services are provided to children.

Eligible Applicants

Applications may be submitted by public and private, nonprofit and for-profit organizations and governments and their agencies. Thus, universities, colleges, research institutes, hospitals, other public and private organizations, State and local health departments or their bona fide agents or instrumentalities, federally recognized Indian tribal governments, Indian tribes or Indian tribal organizations, and small, minority- and/or women-owned businesses are eligible to apply.

Eligible applicants must have access to data sets of outcome, process, or economic data collected during efficacy or effectiveness studies of HIV behavioral interventions in the United States.

Applicants may submit applications for both Activity 1 (follow-up or secondary analysis) and Activity 2 (analysis with methodological implications) but must submit them as separate applications. Applications must state the activity type of the proposal in the application's title.

Note: Organizations described in section 501(c)(4) of the Internal Revenue Code of

1986 that engage in lobbying are not eligible to receive Federal grant/cooperative agreement funds.

Availability of Funds

Approximately \$600,000 is available in FY 1996 to fund a total of approximately six awards under Activities 1 and 2. It is expected that the average award will range from \$80,000 to \$120,000, depending on the number of analyses proposed. Awards are expected to begin on or about September 30, 1996, and will be made for a 12-month budget period within a project period of one year. Funding estimates may vary and are subject to change based on availability of funds. Grant funds are to be applied to analyses of existing behavioral intervention data and cannot be used for the collection of new or supplemental data, secondary analyses of behavioral survey data, data entry, purchase of furniture, software, computers, rental of facilities, equipment or support of interventions.

Purpose

These awards will expand the knowledge of HIV behavioral risk prevention by conducting further analyses of data sets from completed research on HIV behavioral interventions. Proposals are sought for the following activities:

Activity 1 Follow-up or secondary analysis of existing data sets collected during efficacy or effectiveness trials of theory-based HIV behavioral interventions.

Activity 2 Secondary analysis of existing behavioral intervention data with methodological implications for how to conduct, analyze, or interpret research findings from behavioral intervention studies. Examples of analyses include methods to assess the reliability or validity of behavioral measures, implementation and evaluation of intervention methods, the relationship between behavioral and biological outcome measures (including STD and HIV transmission), comparisons of data collection or sampling methods, methods to identify social networks, methods to determine cost-benefit or cost-effectiveness, and the use of behavioral intervention data to model transmission trends.

These awards also have the goal of obtaining information on diverse populations, on populations for whom there is little information on intervention effectiveness, on interventions conducted in geographic areas or venue types on which there is little intervention information, and on