

should identify Program Announcement number 753, name of principal investigator, and address of 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. Application

The original and two copies of the application PHS Form 5161-1 (Revised 7/92, OMB Number 0937-0189) must be submitted to Victoria Sepe, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 321, Atlanta, GA 30305, on or before July 24, 1997.

1. **Deadline:** Applications will 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. (The applicants must request a legibly dated U.S. Postal Service postmark or obtain a receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks will not be acceptable as proof of timely mailing.)

2. **Late Applicants:** Applications that do not meet the criteria in 1.(a) or 1.(b) above are considered late applications. Late applications will not be considered and will be returned to the applicants.

Where To Obtain Additional Information

To receive additional written information call (404) 332-4561. You will be asked to leave your name, address, and telephone number and will need to refer to NIOSH Announcement 753. You will receive a complete program description, information on application procedures, and application forms. CDC will not send application kits by facsimile or express mail. Please refer to announcement number 753 when requesting information and submitting an application.

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from Victoria Sepe, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), Mailstop E-13, Room 321, 255 East Paces Ferry Road, NE., Atlanta, GA

30305, telephone (404) 842-6804, Internet: vxw1@cdc.gov.

Programmatic technical assistance may be obtained from Lawrence R. Murphy, Ph.D., Motivation and Stress Research Section, Applied Psychology and Ergonomics Branch, Division of Biomedical and Behavioral Science, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC), Mailstop C-24, 4676 Columbia Parkway, Cincinnati, OH 45226-1998, telephone (513) 533-8171, Internet: lrm2@cdc.gov.

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) through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325, telephone (202) 512-1800.

This and other CDC announcements are available through the CDC homepage on the Internet. The address for the CDC homepage is: <http://www.cdc.gov>.

Dated: May 30, 1997.

Diane D. Porter,

Acting Director, National Institute for Occupational Safety and Health Centers for Disease Control and Prevention (CDC).

[FR Doc. 97-14766 Filed 6-5-97; 8:45 am]

BILLING CODE 4163-19-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Announcement 755]

NIOSH: Demonstration to Motivate Small Businesses to Adopt Appropriate Hazard Control Technology in a Single Small Business Sector; Fiscal Year 1997 Funds Availability

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1997 funds for a cooperative agreement program to demonstrate approaches to motivating small businesses to adopt hazard control technology.

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 Occupational Safety and Health. (For ordering a copy of Healthy People 2000,

see the section **WHERE TO OBTAIN ADDITIONAL INFORMATION.**)

Authority

This program is authorized under Sections 20(a) and 22(e)(7) of the Occupational Safety and Health Act of 1970 [29 U.S.C. 669(a) and 671(e)(7)].

Smoke-Free Workplace

CDC strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use 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, non-profit or for-profit organizations and governments, and their agencies. Thus, universities, colleges, research institutions, hospitals, other public and private organizations, State and local health departments or their bona fide agents, federally recognized Indian tribal governments, Indian tribes or Indian tribal organizations, and small, minority- and/or women-owned businesses are eligible to apply.

Note: Public Law 104-65, dated December 19, 1995, prohibits an organization described in section 501(c)(4) of the IRS Code of 1986, that engages in lobbying activities to influence the Federal Government, from receiving Federal funds.

Availability of Funds

Approximately \$120,000 is available in FY 1997 to fund approximately three awards. It is expected that the average award will be \$40,000, ranging from \$25,000 to \$55,000. It is expected that the awards will begin on or about September 1, 1997, with 12-month budget periods within project periods of up to two years. The funding estimate is subject to change.

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

Use of Funds

Restrictions on Lobbying

Applicants should be aware of restrictions on the use of HHS funds for lobbying of Federal or State legislative bodies. Under the provisions of 31 U.S.C. Section 1352 (which has been in effect since December 23, 1989), recipients (and their sub-tier contractors) are prohibited from using appropriated Federal funds (other than profits from a

Federal contract) for lobbying Congress or any Federal agency in connection with the award of a particular contract, grant, cooperative agreement, or loan. This includes grants/cooperative agreements that, in whole or in part, involve conferences for which Federal funds cannot be used directly or indirectly to encourage participants to lobby or to instruct participants on how to lobby.

In addition, the FY 1997 HHS Appropriations Act, which became effective October 1, 1996, expressly prohibits the use of 1997 appropriated funds for indirect or "grass roots" lobbying efforts that are designed to support or defeat legislation pending before State legislatures. This new law, Section 503 of Pub. L. No. 104-208, provides as follows:

Sec. 503(a) No part of any appropriation contained in this Act shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress, * * * except in presentation to the Congress or any State legislative body itself.

(b) No part of any appropriation contained in this Act shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State legislature.

Department of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 1997, as enacted by the Omnibus Consolidated Appropriations Act, 1997, Division A, Title I, Section 101(e), Pub. L. No. 104-208 (September 30, 1996).

Background

One of the biggest challenges faced by occupational health researchers and industrial hygiene engineers is the translation of the results of control research into actual improvements in the workplace beyond the individual sites studied. This is particularly difficult in the case of small businesses that require understandable and easy to use occupational safety and health information about cost-effective control technology. Small businesses do not have resources to develop or assess control technology on their own, and since the likelihood of smaller businesses being inspected by the Occupational Safety and Health Administration is much lower than it is

for larger businesses, there is less regulatory incentive to investigate and implement control technologies.

The variety of problems in small business makes it particularly difficult to develop effective prevention strategies. Further, serious accident rates are not likely to be recognized, because a single injury will be seen as a rare occurrence. For instance, with an injury rate of two per hundred person years, a firm with 10 employees could expect a single accident every five years while a firm with 100 employees could expect to have two accidents a year. Small businesses are grouped together for actuarial purposes which masks the workers compensation injury and illness expenses. Large firms, on the other hand, keep better records because their experience rating (based on one's injury and illness rate) will affect their workers' compensation costs. Overwhelming evidence exists that health and safety problems are very serious in small work sites. Innovative means will be required to reach small businesses.

Because of the frequency of their problems, small businesses were identified in Healthy People 2000 Occupational Goals as a group in need of special assistance. Development, identification and implementation of engineering controls and the conduct of intervention research have been both identified as a National Occupational Research Agenda (NORA) priority. This project will address those priorities by testing new approaches. (For ordering a copy of NORA, see section WHERE TO OBTAIN ADDITIONAL INFORMATION.)

Purpose

This program will address health and safety problems affecting small business by identifying and verifying control solutions. It will develop and carry out a marketing strategy for outreach to affected small businesses. The experiences will be used to develop case studies which will be used individually to expand the adoption of control solutions nationwide and will also be combined to produce a document on general "lessons learned" in conducting this type of work. This document will provide guidance for future prevention efforts with small businesses.

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/NIOSH will be responsible for activities under B. (CDC/NIOSH Activities).

A. Recipient Activities

1. Will identify an occupational hazard affecting a particular small business sector.

2. Plan and implement a demonstration project to identify and/or develop "best hazard control practices" for the selected business sector and implement a marketing strategy for outreach to a targeted affected small business sector. The targeted sector should be from among those known to have a high risk of occupational disease or injury or high levels of exposure to toxic materials. (Example: radiator repair shops, autobody repair shops, furniture strippers, dental offices)

3. Identify the appropriate control technology to reduce the risk of occupational disease in the selected small business sector. The control should be inexpensive enough to be acceptable by small businesses.

4. Plan, implement and evaluate the outreach strategy including audio-visual or printed materials, work with trade associations, labor groups, equipment or material suppliers or manufacturers, State or local government agencies, or other factors especially suited to the selected business sector. Document the success in communicating with, as well as encouraging the sector to take recommended controls/actions to reduce risk.

5. Develop a written case study of the outreach project.

B. CDC/NIOSH Activities

1. Collaborate and provide technical assistance if needed, in the selection of appropriate small business sector for the outreach;

2. Provide technical assistance and consultation, with identifying needs and the selection of appropriate control technology;

3. Collaborate and provide technical assistance if needed, in the preparation of the case study of the outreach project.

Technical Reporting Requirements

An original and two copies of semi-annual progress reports are required. Timelines for the semi-annual reports will be established at the time of award. Final financial status and performance reports are required no later than 90 days after the end of the project period. All reports are submitted to the Grants Management Branch, Procurement and Grants Office, CDC.

Semi-annual progress report should include:

A. A brief program description.

B. A listing of program goals and objectives, accompanied by a comparison of the actual

accomplishments related to the goals and objectives established for the period.

C. If established goals and objectives that were to be accomplished were delayed, describe both the reason for the deviation and anticipated corrective action or deletion of the activity from the project.

D. Other pertinent information, including the status of completeness, timelines and quality of data.

Application Content

The entire application, including appendices, should not exceed 40 pages and the Proposal Narrative section contained therein should not exceed 25 pages. Pages should be clearly numbered and a complete index to the application and any appendices included. The original and each copy of the application must be submitted unstapled and unbound. All materials must be typewritten, double-spaced, with unreduced type (font size 12 point) on 8½" by 11" paper, with at least 1" margins, headers, and footers, and printed on one side only. Do not include any spiral or bound materials or pamphlets.

The applicant should provide a detailed description of first-year activities and briefly describe the second-year objective and activities.

A. Title Page

The heading should include the title of grant program, project title, organization, name and address, project director, and telephone number.

B. Abstract

A one page, singled-spaced, typed abstract must be submitted with the application. The heading should include the title of grant program, project title, organization, name and address, project director and telephone number. This abstract should include a work plan identifying activities to be developed, activities to be completed, and a timeline for completion of these activities.

C. Proposal Narrative

The narrative of each application must:

1. Briefly state the applicant's understanding of the need or problem to be addressed, the purpose, and goals over the 2-year period of this cooperative agreement. This may be reflected in a draft protocol for the study.

2. Describe the proposed small business sector, including the type of business, proposed geographical area for outreach, the number of businesses in

the proposed geographic area for outreach, hazard(s) to be addressed and rationale for selecting the sector.

Describe the proposed criteria to be used for selection of the control technology to be recommended, and outreach strategy. Describe how the project will be monitored.

3. Program Objectives and evaluation.
a. Describe in detail the objectives and methods used to achieve the objectives. The objectives should be specific, time-phased, measurable, and achievable during each budget period. The objectives should directly relate to the program goals. Identify the steps to be taken in planning and implementing the objectives and the responsibilities of the applicant for carrying out the steps.

b. Describe in detail the extent to which an evaluation plan describes the method and design for evaluation the outreach strategy.

4. Provide the name, qualifications, and proposed time allocation of the Project Director who will be responsible for administering the project. Describe staff, experience, facilities, equipment available for performance of this project, and other resources that would define the applicant's capacity or potential to accomplish the requirements stated above. List the names (if known), qualifications, and time allocations of the existing professional staff to be assigned to (or recruited for) this project, the support staff available for performance of this project, and the facilities including space.

5. Document the applicant's expertise, length, and magnitude of involvement in the area of conducting small business sector intervention efforts.

6. Human Subjects: State whether or not Humans are subjects in this proposal. (See *Human Subjects* in the Evaluation Criteria and Other Requirements sections.)

7. Inclusion of women, ethnic, and racial groups: Describe how the CDC policy requirements will be met regarding the inclusion of women, ethnic, and racial groups in the proposed research. (See *Women, Racial and Ethnic Minorities* in the Evaluation Criteria and Other Requirements sections.)

D. Budget

Provide a detailed budget which indicates anticipated costs for personnel, equipment, travel, communications, supplies, postage, and the sources of funds to meet these needs. The applicant should be precise about the program purpose of each budget item. For contracts described within the application budget, applicants should name the contractor,

if known; describe the services to be performed; and provide an itemized breakdown and justification for the estimated costs of the contract; the kinds of organizations or parties to be selected; the period of performance; and the method of selection. Place the budget narrative pages showing, in detail, how funds in each object class will be spent, directly behind form 424A. Do not put these pages in the body of the application. CDC may not approve or fund all proposed activities.

Evaluation Criteria

The application will be reviewed and evaluated according to the following criteria:

A. Understanding of the Problem (20%)

Responsiveness to the objectives including:

1. Applicant's understanding of the general objectives of the proposed cooperative agreement, and
2. Evidence of ability to understand the problem and to conceive/design effective outreach strategies.

B. Program Personnel (25%)

The extent of the applicant's documented experience and prior work in the area of small business occupational health and safety interventions issues is documented, including length of time committed to conducting intervention effort; and collaboration with other individuals or groups is included.

C. Study Design (25%)

1. Steps proposed in planning and implementing this project and the respective responsibilities of the applicant for carrying out those steps. This must include how the control technology is to be identified and the process to develop the outreach strategy; and
2. The adequacy of the applicant's evidence of access to the small business sector selected.

D. Project Planning (15%)

1. The extent to which the proposed goals and objectives are clearly stated, time-phased, and measurable. The extent to which the methods are sufficiently detailed to allow for assessment of whether the objectives can be achieved for the budget period.
2. The degree to which the applicant has met the CDC policy requirements regarding the inclusion of women, ethnic, and racial groups in the proposed project. This includes: (a) The proposed plan for the inclusion of both sexes and racial and ethnic minority populations for appropriate

representation; (b) The proposed justification when representation is limited or absent; (c) A statement as to whether the design of the study is adequate to measure differences when warranted; and (d) A statement as to whether the plan for recruitment and outreach for study participants include the process of establishing partnerships with community(ies) and recognition of mutual benefits.

E. Collaboration (5%)

The extent to which the applicant provides evidence (e.g., letters of support and/or memoranda of understanding) of support from industry groups, and (or) labor groups, and (or) material/equipment supplier groups and (or) other appropriate groups with whom this collaboration will take place.

F. Project Management and Staffing Plan (5%)

The extent to which the management staff and their working partners are clearly described, appropriately assigned, and have pertinent skills and experiences. The extent to which the applicant proposes to involve appropriate personnel who have the needed qualifications to implement the proposed plan. The extent to which the applicant has the capacity to design, implement, and evaluate the proposed intervention program.

G. Facilities and Resources (5%)

The adequacy of the applicant's facilities, equipment, and other resources available for performance of this project.

H. Human Subjects (Not Scored)

Whether or not exempt from the Department of Health and Human Services (DHHS) regulations, are procedures adequate for the protection of human subjects? Recommendations on the adequacy of protections include: (1) protections appear adequate, and there are no comments to make or concerns to raise, (2) protections appear adequate, but there are comments regarding the protocol, (3) protections appear inadequate and the Objective Review Group has concerns related to human subjects or (4) disapproval of the application is recommended because the research risks are sufficiently serious and protection against the risks are inadequate as to make the entire application unacceptable.

I. Budget Justification (Not Scored)

The budget will be evaluated to the extent that it is reasonable, clearly justified, and consistent with the intended use of funds.

Executive Order 12372 Review

Applications are not subject to the Executive Order 12372 review.

Public Health System Reporting Requirements

This program is not subject to the Public Health System Reporting Requirements.

Catalog of Federal Domestic Assistance Number

(The Catalog of Federal Domestic Assistance number for this project is 93.283)

Other Requirements

Paperwork Reduction Act

Projects that involve the collection of information from ten or more individuals and funded by this cooperative agreement will be subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

Human Subjects

If the proposed project involves research on human subjects, the applicant must comply with the DHHS Regulations, 45 CFR Part 46, regarding the protection of human subjects. Assurance must be provided to demonstrate the project will be subject to initial and continuing review by an appropriate institutional review committee. The applicant will be responsible for providing assurance in accordance with the appropriate guidelines and form provided in the application kit.

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.

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 women, racial and ethnic minority populations are appropriately

represented in applications for research involving human subjects. Where clear and compelling rationales 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.

Application Submission and Deadlines

A. Preapplication Letter of Intent

Although not a prerequisite of application, a non-binding letter of intent-to-apply is requested from potential applicants. The letter should be submitted to Victoria F. Sepe, Grants Management Specialist, Grants Management Branch, CDC at the address listed in this section. It should be postmarked no later than July 3, 1997. The letter should identify program announcement number 755 and the name of the principal investigator. 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.

B. Application

The original and two copies of the application PHS Form 5161-1 (Revised 7/92, OMB Number 0937-0189) must be submitted to Victoria Sepe, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 321, Atlanta, GA 30305, on or before July 22, 1997.

1. *Deadline:* Applications will 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. (The applicants must request a legibly dated U.S. Postal Service postmark or obtain a receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks will not be acceptable as proof of timely mailing.)

2. *Late Applicants:* Applications that do not meet the criteria in 1.(a) or 1.(b) above are considered late applications. Late applications will not be considered in the current competition and will be returned to the applicants.

Where To Obtain Additional Information

To receive additional written information call 404 332-4561. You will be asked to leave your name, address, and telephone number and will need to refer to Announcement 755. You will receive a complete program description, information on application procedures, and application forms. CDC will not send application kits by facsimile or express mail. Please refer to announcement number 755 when requesting information and submitting an application.

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from Victoria Sepe, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 321, Mailstop E-13, Atlanta, GA 30305, telephone (404) 842-6804; Internet: vxw1@cdc.gov.

Programmatic technical assistance may be obtained from James H. Jones, CIH, Associate Director for Science, Division of Physical Sciences and Engineering, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC), Mailstop R-2, 4676 Columbia Parkway, Cincinnati, OH 45226-1998, telephone (513) 841-4371, Internet: jhj1@cdc.gov.

This and other CDC announcements are available through the CDC homepage on the Internet. The address for the CDC homepage is: <http://www.cdc.gov>.

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 section through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325, telephone (202) 512-1800.

The National Occupational Research Agenda

Copies of this publication may be obtained from the National Institute for Occupational Safety and Health, Publications Office, 4676 Columbia Parkway, Cincinnati, OH 45226-1998 or telephone 1-800-356-4674, and is available through the NIOSH Home

Page; <http://www.cdc.gov/niosh/nora.html>.

Dated: May 30, 1997.

Diane D. Porter,

Acting Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC).

[FR Doc. 97-14768 Filed 6-5-97; 8:45 am]

BILLING CODE 4163-19-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Announcement 748]

Cooperative Agreements to Conduct Studies of Illnesses Among Persian Gulf War Veterans Notice of Availability of Funds for Fiscal Year 1997; Amendment

A notice announcing the availability of Fiscal Year 1997 funds for a cooperative agreement to conduct studies of illnesses among Persian Gulf War veterans was published in the **Federal Register** on May 5, 1997 [62 FR 24449]. The notice is amended as follows:

On page 24453, third column, under the heading "Where to Obtain Additional Information," in paragraph two, line ten, the telephone number of the programmatic technical assistance contact has been changed and should read: (770) 488-7300.

All other information and requirements of the May 5, 1997, notice remain the same.

Dated: June 2, 1997.

Joseph R. Carter,

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

[FR Doc. 97-14786 Filed 6-5-97; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Agency Information Collection Activities, Proposed Collection; Comment Request

Title: Early Head Start Evaluation Father Study.

OMB No: New Request.

Description: The Head Start Reauthorization Act of 1994 established a special initiative creating funding for services for families with infants and toddlers. In response the Administration on Children, Youth and Families (ACYF) designed the Early Head Start (EHS) program. In September 1995, ACYF awarded grants to 68 local programs to serve families with infants and toddlers. ACYF awarded grants to an additional 75 local programs in September 1996.

EHS programs are designed to produce outcomes in four domains: (1) child development, (2) family development, (3) staff development, and (4) community development. The Reauthorization required that this new initiative be evaluated. To study the effect of the initiative, ACYF awarded a contract through a competitive procurement to Mathematica Policy Research, Inc. (MPR) with a subcontract to Columbia University's Center for Young children and Families and to 15 EHS local research universities. The evaluation will be carried out from October 1, 1995 through September 30, 2000. Data collection activities that are the subject of this **Federal Register** notice are intended for the second phase of the EHS evaluation.

The sample for the assessments will be approximately 1,360 fathers from the 3,400 EHS sample families, whose mothers and infants/toddlers are participating in the study (see OMB #0970-0143) in 16 EHS study sites. Each family is randomly assigned to a treatment group or a control group. The assessments will be conducted through personal interviewing, structured observations and videotaping. All data collection instruments have been designed to minimize the burden on respondents by minimizing interviewing and assessment time. Participation in the study is voluntary and confidential.

The information will be used by government managers, Congress and others to better understand the roles of fathers and father-figures with their children and in the EHS program.

Respondents: Fathers or father-figures of children whose families are in the EHS national evaluation sample (both program and control group families).