

competition, MAPCO planned to expand the capacity of its pipeline and to offer a discounted tariff.

Williams had discussions with companies about building a pipeline to compete with MAPCO. Once it entered into the agreement and plan of merger with MAPCO, Williams ended these discussions.

MAPCO perceived that Williams would be an important participant in a competing pipeline because of the location of its gas processing plants and the volume of raw mix extracted at these plants. The proposed acquisition would likely eliminate the possibility that any new or planned competing pipeline could connect to Williams' gas processing plants, which in turn would make it difficult or impossible for the owners of raw mix in Williams' plants to commit their volume to the competing pipeline. The unavailability of this volume would have made the construction of a competing pipeline very unlikely. As a result, the merged Williams/MAPCO would have an increased ability to raise prices and limit capacity on the MAPCO raw mix pipeline from southern Wyoming. Without the Proposed Consent Order, the merger could raise costs to raw mix owners in southern Wyoming by approximately \$8 million or more per year.

To remedy this harm, Paragraph III of the Proposed Consent Order provides that, within 30 days of receipt of a written request from an exiting or proposed pipeline, Williams must agree to connect each of Williams' Wyoming gas processing plants to the pipeline.

V. Opportunity for Public Comment

The Proposed Consent Order has been placed on the public record for sixty (60) days for receipt of comments by interested persons. Comments received during this period will become part of the public record. After sixty (60) days, the Commission will again review the Proposed Consent Order and the comments received and will decide whether it should withdraw from the Proposed Consent Order to make the order final.

The purpose of this analysis is to invite public comment on the Proposed Consent Order to aid the Commission in its determination of whether to make final the Proposed Consent Order. This analysis does not constitute an official interpretation of the Proposed Consent Order, nor is it intended to modify the terms of the Proposed Consent Order in any way.

By direction of the Commission.

Donald S. Clark,

Secretary.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement No. 98043]

National Partnerships for Human Immunodeficiency Virus (HIV) Prevention, Notice of Availability of Funds for Fiscal Year 1998

Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1998 funds for cooperative agreements with national organizations that have national, regional, State, or local networks, chapters, affiliates, constituent organizations, or offices to (a) develop national, State, and local leadership and support for HIV prevention programs and policies, and (b) build capacity and skills for HIV prevention activities at the State and local levels. This program focuses primarily on national business- or labor-related, religion- or faith-based, performing arts, and professional media organizations, as defined in this program announcement, but may also include national civic or service organizations. It may also include academic institutions working in partnership with such organizations.

This announcement relates to the priority areas of educational and community-based programs, HIV infection, and sexually transmitted diseases (STDs). It addresses the "Healthy People 2000" objectives by providing support for primary prevention for persons at risk for HIV infection and by increasing the availability and coordination of prevention and early intervention services for HIV-infected persons. CDC encourages all grant recipients to provide HIV prevention education to their employees and staff.

Eligible Applicants

To be eligible for funding under this announcement, applicants must be (1) a tax-exempt, non-profit national business- or labor-related, religion- or faith-based, performing arts, professional media, or civic or service organization, as defined below, whose net earnings in no part accrue to the

benefit of any private shareholder or person; or (2) an academic institution working in collaboration with such organizations. Tax-exempt status is determined by the Internal Revenue Service (IRS) Code, Section 501(c)(3). Tax-exempt status may be proved by either providing a copy of the pages from the 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 with the application. CDC will not accept an application without proof of tax-exempt status.

For purposes of this cooperative agreement, the following definitions are used:

A national business- or labor-related organization is a non-profit, professional or voluntary organization, that (1) has businesses, business leaders, or labor leaders as a major focus or constituency; or (2) is a labor union; or (3) is a trade association. In addition, the organization (1) has a formal or informal network, chapters, affiliates, constituent organizations, or offices in multiple U.S. States or territories; and (2) has access to national corporate, business, union, or labor leaders and managers (e.g., human resource managers). For example, a labor union with chapters in multiple States would meet the definition of a national business- or labor-related organization, whereas an individual State chapter of a national labor union would not.

A national faith organization is a non-profit, professional or voluntary organization which (1) has primarily a religious, faith, or spiritual basis or constituency; (2) has a formal or informal network, chapters, affiliates, constituent organizations, or offices in multiple U.S. States or territories; and (3) has access to national religious, faith, and spiritual leaders. For example, a national organization of churches that has constituent chapters or affiliates in multiple States would meet the definition of a national faith organization, whereas an individual church, mosque, or synagogue would not.

A national performing arts organization is a nonprofit, professional or voluntary organization which (1) has expertise in using the performing arts for health promotion purposes among youth (i.e., persons ≤ 24 years old), and (2) has, or has the capacity to develop, a formal or informal network of performing arts organizations or groups in multiple States or territories. For example, a performing arts organization or group that has a communications network with performing arts groups in multiple States would meet the

definition of a national performing arts organization, whereas a single performing arts group that has no affiliates or network would not.

A *national media organization* is a nonprofit, professional or voluntary organization which (1) has the radio, television, or print media as a major focus or constituency; or (2) is a media-related professional society; or (3) is a media-related trade association; and (1) has a formal or informal network, chapters, affiliates, constituent organizations, or offices in multiple U.S. States or territories; (2) has access to media leaders, content producers, or distributors; and (3) has access to important national, regional, State, or local media outlets or message delivery channels (e.g., national broadcasters or publishers, regional media networks, or local television or radio stations). For example, a media-related trade organization with constituent chapters or affiliates in multiple States would meet the definition of a national media organization, whereas an individual television or radio station would not.

A *national civic or service organization* is a nonprofit, professional or voluntary organization or agency which (1) has community service as a primary focus, and (2) has a formal or informal network, chapters, affiliates, constituent organizations, or offices in multiple States or territories. For example, a civic organization that has affiliates or chapters in multiple States would meet the definition of a national civic or service organization, whereas an individual State chapter would not.

Note: Organizations authorized under section 501(c)(4) of the Internal Revenue Code of 1986 are not eligible to receive Federal grant or cooperative agreement funds.

All applicants must clearly demonstrate that the proposed program services will ultimately reach targeted communities or groups in multiple States or territories, and these services will have a strong scientific, theoretical, or conceptual basis. Organizations or institutions may apply as either: (1) national business- or labor-related, faith, performing arts or professional media, or civic or service organizations that have the capacity to reach targeted communities or groups in multiple States or territories, or (2) academic institutions that will work on this program in collaboration with such organizations. If the primary applicant is an academic institution, the collaborating national organization must play a substantive role in the design and implementation of the proposed program.

Governmental or municipal agencies and their affiliate organizations or agencies (e.g., health departments, school boards, public hospitals) are not eligible for funding under this announcement.

Availability of Funds

In FY 1998, CDC expects approximately \$2 million to be available for funding approximately 10 programs in four separate Categories. In FY 1998, however, \$600,000 will be used for continuation of currently funded projects. Therefore, in FY 1998, CDC expects approximately \$1.4 million to be available to fund approximately 10 programs in 4 categories for an eight month budget period. The second and third budget periods will be 12 months; the total project period will be 32 months. Applicants may apply for funding in only one of the four Categories; however, within each category, applicants may apply for one or both of two Activities, as defined in the section on Recipient Activities.

A. Category I—Business or Labor-related Organization Programs

Up to three awards, including:

- Up to two that address Activity A (Leadership Activities), requests should not exceed \$200,000 per year; and
- Up to two that address Activity B (Technical Assistance Activities), requests should not exceed \$300,000 per year.

B. Category II—Faith Organization Programs

Up to three awards, including:

- Up to two that address Activity A (Leadership Activities), requests should not exceed \$200,000 per year; and
- Up to two that address Activity B (Technical Assistance Activities), requests should not exceed \$300,000 per year.

C. Category III—Performing Arts or Professional Media Organization Programs

Up to two awards, including:

- Up to two that address Activity A (Performing Arts Activities), requests should not exceed \$300,000 per year; and
- Up to two that address Activity B (Professional Media Activities), requests should not exceed \$300,000 per year.

D. Category IV—Civic or Service Organization Programs

Consideration will be given to proposals involving national civic or service organizations, including:

- Activity A (Leadership Activities), requests should not exceed \$200,000 per year; and

- Activity B (Technical Assistance Activities), requests should not exceed \$300,000 per year.

These estimates are subject to change based on the following: the actual availability of funds; the scope and the quality of applications received; appropriateness and reasonableness of the budget justification; and proposed use of project funds.

Funds available under this announcement must support activities directly related to primary HIV prevention (i.e., prevention of the transmission or acquisition of HIV infection). However, activities that involve preventing other STDs and drug use as a means of reducing or eliminating the risk of HIV infection may also be supported. No funds will be provided for direct patient medical care (including substance abuse treatment, medical prophylaxis or drugs). These funds may not be used to supplant or duplicate existing funding.

Although applicants may contract with other organizations under these cooperative agreements, applicants must perform a substantial portion of the activities (including program management and operations and delivery of prevention services) for which funds are requested. Applications requesting funds to support only administrative and managerial functions will not be accepted.

Awards will be made for one 8 month and two 12 month budget periods within a 32 month project period. (Budget period is the interval of time into which the project period is divided for funding and reporting purposes. Project period is the total time for which a project has been programmatically approved.)

Noncompeting continuation awards for a new budget period within an approved project period will be made on the basis of satisfactory progress in meeting project objectives and the availability of funds. Progress will be determined by site visits by CDC representatives, progress reports, results of program evaluation, and the quality of future program plans. Proof of continued eligibility will be required with the noncompeting continuation application.

Note: Applicants can apply in only one category. Within each category, applicants can apply for either or both of the specified activities. A separate application must be submitted for each activity; for example, an organization applying in both Category I/Activity A and Category I/Activity B, should submit an application for Category I/Activity A and a separate application for Category I/Activity B. With each application, applicants should state explicitly for which Category and Activity they are applying.

Program Requirements

A cooperative agreement is a legal agreement between CDC and the recipient in which CDC provides financial assistance and substantial Federal programmatic involvement with the recipient during the performance of the project. In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities under A; CDC will be responsible for activities under B.

A. Recipient Activities

1. Recipients in all categories must include the following general activities:

- a. Incorporate cultural competency and linguistic appropriateness into all capacity and skills building efforts, including those involving the development, production, dissemination, and marketing of health communication or prevention messages;
- b. Develop and implement a plan for obtaining additional resources from non-CDC sources to supplement the program conducted through this cooperative agreement and ensure its continuation after the end of the project period. Recipients are encouraged to obtain funds from non-CDC sources to match the CDC funds provided through this cooperative agreement in a 2:1 ratio (i.e., two dollars from other sources for each one dollar of CDC funds provided through this cooperative agreement);
- c. Use epidemiologic data, needs assessments, and prioritization of groups and interventions to design program activities and place emphasis on communities at high risk for HIV;
- d. Participate fully and freely as a member of a CDC-coordinated technical assistance network, including working with other national partners in a team approach, when appropriate;
- e. Coordinate program activities with relevant national, regional, State, and local HIV prevention programs to prevent duplication of efforts;
- f. Review and ensure consistency with applicable State and local comprehensive HIV prevention community plans when conducting program activities at the State and local levels;
- g. Facilitate the dissemination of successful prevention interventions and program models through meetings, workshops, conferences, and communications with project officers;
- h. Compile "lessons learned" from the project;
- i. Monitor and evaluate all major program activities and services supported with CDC HIV prevention funds under this cooperative agreement;
- j. Participate fully and freely in any CDC-conducted or CDC-funded

evaluation of the National Partnerships Program; and

k. Adhere to CDC policies for securing approval for CDC sponsorship of conferences.

2. Category I—Business-or Labor-related Organization Programs.

a. Activity A—Leadership Activities.

(1) Develop and promote, at the national, State, and local levels, leadership, support for HIV prevention policies and strategies, volunteerism, community service, and philanthropic activities in support of HIV prevention.

(2) Influence and strengthen, at the national, State, and local levels, societal and community norms that dispel myths about HIV/AIDS, reduce discrimination against persons with HIV/AIDS, and facilitate HIV prevention by supporting the adoption and maintenance of safer behaviors.

(3) Review, promote, and market, at the national, State, and local levels, policies related to HIV/AIDS and HIV prevention education in the workplace.

b. Activity B—Technical Assistance Activities.

(1) Provide businesses and business-and labor-related organizations with training and technical assistance related to:

- Adopting and implementing appropriate CDC-recommended policies on HIV/AIDS in the workplace
- Educating managers and labor leaders about these policies;
- Educating workers about HIV/AIDS in the workplace;
- Educating workers and their families about HIV prevention, and
- Contributing to community efforts to control HIV transmission.

Prioritize these activities to focus on communities that are at high risk for HIV.

(2) Assist State and local HIV prevention community planning groups, health departments, CBOs, and other HIV prevention providers in working with businesses and business-and labor-related organizations to strengthen and promote HIV prevention efforts in the community.

(3) Assist businesses and business-and labor-related organizations in working with State and local HIV prevention community planning groups, health departments, CBOs, and other HIV prevention providers to strengthen and promote HIV prevention efforts in the community.

Note: Organizations conducting these technical assistance activities will function as members of a CDC-coordinated technical assistance network.

3. Category II—Faith Organization Programs.

(a) Activity A—Leadership Activities.

(1) Develop and promote, at the national, State, and local levels, leadership, support for HIV prevention policies and programs, volunteerism, community service, and philanthropic activities in support of HIV prevention.

(2) Influence and strengthen, at the national, State, and local levels, societal and community norms that dispel myths about HIV/AIDS, reduce discrimination against persons with HIV/AIDS, and facilitate HIV prevention by supporting the adoption and maintenance of safer behaviors.

b. Activity B—Technical Assistance Activities.

(1) Provide faith-based organizations, institutions, and groups with training and technical assistance related to:

- Educating their leaders, employees, and membership about HIV/AIDS and HIV prevention
- Planning and implementing HIV education and prevention programs and activities, and
- Contributing to community efforts to prevent HIV transmission.

Prioritize these activities to focus on communities that are at high risk for HIV.

(2) Assist State and local HIV prevention community planning groups, health departments, CBOs, and other HIV prevention providers in working with regional, State, or local faith-based organizations or institutions to strengthen and promote HIV prevention efforts in the community.

(3) Assist regional, State, or local faith-based organizations or institutions in working with State and local HIV prevention community planning groups, health departments, CBOs, and other HIV prevention providers to strengthen and promote HIV prevention efforts in the community.

Note: Organizations conducting these technical assistance activities will function as members of a CDC-coordinated technical assistance network.

4. Category III—Performing Arts or Professional Media Organization Programs.

a. Activity A—Performing Arts Activities.

(1) Develop a network of State and local organizations or groups that use the performing arts to promote HIV prevention among youth (i.e., persons ≤ 24 years old).

(2) Provide State and local performing arts organizations or groups with training and technical assistance to develop their capacity and skills for using the performing arts for HIV prevention among youth. Prioritize these activities to focus on communities that are at high risk for HIV.

(3) Assist State and local HIV prevention community planning groups, health departments, CBOs, and other HIV prevention providers in working with performing arts organizations or groups to strengthen and promote HIV prevention among youth in the community.

(4) Assist performing arts organizations or groups in working with State and local HIV prevention community planning groups, health departments, CBOs, and other HIV prevention providers to strengthen and promote HIV prevention among youth in the community.

Note: Organizations conducting these technical assistance activities will function as members of a CDC-coordinated technical assistance network.

b. Activity B—National Media Organization Programs.

(1) Provide radio and television stations and the print media with training and technical assistance to develop their capacity and skills for communicating effective HIV education and prevention messages to their audiences. Prioritize these activities to focus on communities that are at high risk for HIV.

(2) Assist State and local HIV prevention community planning groups, health department HIV prevention programs, CBOs, and other HIV prevention providers in working with radio and television stations and the print media to strengthen and promote HIV prevention efforts in the community.

(3) Assist radio and television stations and the print media in working with State and local HIV prevention community planning groups, health departments, CBOs and other HIV prevention providers to strengthen and promote HIV prevention efforts.

Note: Organizations conducting these technical assistance activities will function as members of a CDC-coordinated technical assistance network.

5. Category IV—Civic or Service Organization Programs

a. Activity A—Leadership Activities.

(1) Develop and promote, at the national, State, and local levels, leadership, support for HIV prevention policies and programs, volunteerism, community service, and philanthropic activities in support of HIV prevention.

(2) Influence and strengthen, at the national, State, and local levels, societal and community norms that dispel myths about HIV/AIDS, reduce discrimination against persons with HIV/AIDS, and facilitate HIV prevention by supporting the adoption and maintenance of safer behaviors.

b. Activity B—Technical Assistance Activities.

(1) Provide civic and service organizations with training and technical assistance related to:

- Educating their leaders, staff members, and membership about HIV/AIDS and HIV prevention;
- Planning and implementing HIV education and prevention programs and activities; and
- Contributing to community efforts to prevent HIV transmission.

Prioritize these activities to focus on communities that are at high risk for HIV.

(2) Assist State and local HIV prevention community planning groups, health departments, CBOs, and other HIV prevention providers in working with regional, State, or local civic and service organizations to strengthen and promote HIV prevention efforts in the community.

(3) Assist regional, State, or local civic and service organizations in working with State and local HIV prevention community planning groups, health departments, CBOs, and other HIV prevention providers to strengthen and promote HIV prevention efforts in the community.

Note: Organizations conducting these technical assistance activities will function as members of a CDC-coordinated technical assistance network.

B. CDC Activities

1. Coordinate a national technical assistance network that will include organizations providing technical assistance under the cooperative agreement.

2. Provide recipients with consultation and technical assistance in planning, operating, and evaluating program activities and services. Provide consultation and technical assistance both directly from CDC and indirectly through prevention partners such as health departments, national and regional minority organizations (NRMOS), contractors, and other national organizations.

3. Provide up-to-date scientific information on the risk factors for HIV infection, prevention measures, and program strategies for prevention of HIV infection.

4. Assist recipients in collaborating with State and local health departments, HIV prevention community planning groups, and other federally-supported HIV/AIDS recipients.

5. Facilitate the dissemination of successful prevention interventions and program models through meetings of grantees, workshops, conferences, and communications with project officers.

6. Monitor recipient performance of program activities, protection of client confidentiality, and compliance with other requirements.

7. Facilitate exchange of program information and technical assistance among HIV prevention community planning groups, health departments, national and regional organizations, and CBOs.

8. Conduct an overall evaluation of the National Partnerships Cooperative Agreement program.

Application Content

A. Develop applications in accordance with PHS Form 5161-1 (OMB Number 0927-0189), and the general instructions, information, and examples contained below. The application should not exceed 25 double spaced printed pages, excluding attachments and required forms.

B. Submit the original and 2 copies of the application. Number each page clearly, and provide a complete index to the application and its appendices. Please begin each section of the application on a new page. The original and each copy of the application set must be submitted unstapled and unbound. All material must be printed, single spaced, with unrounded type on 8-1/2" by 11" paper, with at least 1" margins, headings and footers, and printed on one side only. Materials which should be part of the basic plan will not be accepted if placed in the appendices.

C. In developing the application, follow the instructions and format outlined below.

1. Abstract (not to exceed two pages). Summarize your proposed program activities. Include the following:

- a. Category and activity for which the application is being made;
- b. Long-term goals;
- c. Brief summary of the need for the proposed activities;
- d. Brief description of organizational history and capacity;
- e. Proposed first-year objectives;
- f. Brief summary of proposed plan of operation;

g. Brief description of planned collaborations with governmental and non-governmental organizations (e.g., national agencies or organizations, State and local health departments, community planning groups, or State and local non-governmental organizations);

h. Brief summary of plans for evaluating the activities of this project; and

i. Brief summary of plans for obtaining training and technical assistance.

2. Long-term Goals:

Describe the broad goals that your proposed program aims to achieve over the course of the 32 month project period. Describe how these goals relate to the prevention of HIV infection, either directly or indirectly.

3. Assessment of Need and

Justification for Proposed Activities:

Clearly identify the need that will be addressed by your proposed program. Describe how you assessed the need for your proposed program. Include epidemiologic and other data that was used to identify the need, an inventory of resources currently available that address the identified need, and an analysis of the gap between the identified need and the resources currently available to address the need (i.e., How will the proposed activities or program address an important unmet HIV prevention need or risk-group?). State why the funds being applied for in this application are necessary to address the need.

4. Organizational History and Capacity:

a. Describe your role as a national entity and how you meet the criteria for national organizations as defined in this program announcement. Describe your existing organizational structure, including constituent or affiliate organizations or networks, how that structure will support the proposed program activities, and how the proposed program will have the capacity to reach targeted communities or groups in multiple States or territories.

b. Describe your past and current experience in developing and implementing similar programs in the appropriate category and activity. For leadership activities, include capacity for and expertise in leadership development. For technical assistance activities, include capacity for and expertise in providing training and technical assistance related to HIV prevention.

c. Describe your knowledge of HIV transmission and behavioral and social interventions for preventing HIV transmission, and experience in developing and implementing effective HIV prevention strategies and activities. Include your capacity for and expertise in providing educational or prevention services to populations at risk for HIV.

d. Describe your capacity to provide culturally competent and appropriate services that respond effectively to the cultural, gender, environmental, social and multilingual character of the target audiences, including any history of providing such services.

e. Describe your experience and ability to (1) collaborate with other governmental and non-governmental organizations, including other national agencies or organizations, State and local health departments, community planning groups, and State and local non-governmental organizations that provide HIV prevention services; and (2) coordinate program development with existing governmental and private prevention efforts.

f. For any of the above areas in which you do not have capacity or expertise, describe how you will ensure that the proposed program has that capacity (e.g., through a collaborating organization or a subcontractor).

g. Describe your plan for obtaining additional resources from other (non-CDC) sources to supplement the program conducted through this cooperative agreement and ensure its continuation after the end of the project period.

5. Program Proposal:

Describe your proposed program, including:

a. Objectives: Provide specific, realistic, time-phased and measurable objectives to be accomplished during the first budget period. Describe how these objectives relate to the program's long-term goals. Describe possible barriers to or facilitators for reaching these objectives.

b. Plan of Operation: Describe in detail the methods (i.e., strategies and activities) you will use to achieve the proposed goals and objectives, and perform the required recipient activities. Identify program staff responsible for conducting the proposed activities. Describe specifically how you will address the general and activity-specific requirements. Describe your roles and responsibilities and those of each collaborating institution, organization, or subcontractor in performing the proposed activities.

c. Prioritize Program Activities: Describe how you will prioritize the program activities to place emphasis on populations or communities that are disproportionately affected by HIV/AIDS.

d. Coordination/Collaboration: Describe how you will work and coordinate with other national, regional, State, and local governmental and nongovernmental organizations and HIV prevention providers, such as other national agencies or organizations, State and local health departments, and State and local non-governmental organizations, to conduct the proposed activities. Describe how you will ensure consistency with applicable State and local comprehensive HIV prevention

community plans when conducting program activities at the State and local levels.

e. Communications: Describe how you will share successful approaches with other organizations and how "lessons learned" will be compiled and disseminated.

f. Time Line: Provide a time line that indicates the approximate dates by which activities will be accomplished.

6. Scientific, Theoretical, or Conceptual Foundation for Proposed Activities:

Provide a detailed description of the scientific, theoretical, or conceptual foundation on which the proposed activities are based and which support the potential effectiveness of these activities for addressing the stated need.

7. Plan of Evaluation: Describe how you will monitor progress to determine if the objectives are being achieved, and determine if the methods used to deliver the proposed activities are effective. Describe how data will be collected, analyzed, and used to improve the program.

8. Training and Technical Assistance Plan: Describe areas in which you anticipate needing technical assistance in designing, implementing, and evaluating your program and how you will obtain this technical assistance. Describe anticipated staff training needs related to the proposed program and how these needs will be met.

9. Project Management and Staffing: Describe how the proposed program will be managed and staffed, including the location of the program within your organization. Describe in detail each existing or proposed position by job title, function, general duties, and activities. Include the level of effort and allocation of time for each project activity by staff positions. If the identity of any key personnel who will fill a position is known, provide their curriculum vitae (not to exceed two pages per person) as an attachment. Note experience and training related to the proposed project.

10. Budget Breakdown and Justification: Provide a detailed budget for each proposed activity. Justify all operating expenses in relation to the stated objectives and planned priority activities. CDC may not approve or fund all proposed activities. Be precise about the program purpose of each budget item and itemize calculations wherever appropriate.

For the personnel section, indicate the job title, annual salary/rate of pay, and percentage of time spent on this program.

For contracts contained within the application budget, identify the

contractor, if known; describe the services to be performed; justify the use of a third party; and provide a breakdown of and justification for the estimated costs of the contracts; the kinds of organizations or parties to be selected; the period of performance; and the method of selection.

Note: If indirect costs are requested, you must provide a copy of your organization's current negotiated Federal indirect cost rate agreement.

11. Attachments:

Provide the following as attachments: budget resolution:

a. Proof of nonprofit status;
b. An organizational chart and listing of existing and proposed staff, including volunteer staff;
c. Description of collaborating organizations or institutions and original, signed letters from the chief executive officers of each such organization or institution assuring their understanding of the intent of this program announcement, the proposed program, their role in the proposed program, and the responsibilities of recipients;

d. A description of any funding being received from CDC or other sources to conduct similar activities which includes:

(1) A summary of funds and income received to conduct HIV/AIDS programs. This summary must include the name of the sponsoring organization/source of income, level of funding, a description of how the funds have been used, and the budget period. In addition, identify proposed personnel devoted to this project who are supported by other funding sources and the activities they are supporting;

(2) A summary of the objectives and activities of the funded programs described above;

(3) A description of how funds requested in this application will be used differently or in ways that will expand upon the funds already received, applied for, or being received; and

(4) An assurance that the funds being requested will not duplicate or supplant funds received from any other Federal or non-Federal source. CDC awarded funds can be used to expand or enhance services supported with other Federal or non-Federal funds.

e. Evidence of collaboration, or intent to collaborate, with State and local chapters, affiliates, organizations, or venues; and

f. Independent audit statements from a certified public accountant for the previous 2 years.

Evaluation Criteria

A CDC-convened committee will evaluate each application on an individual basis according to the following criteria:

A. Long-term Goals and Justification (Total 10 Points)

1. The quality of the applicant's stated long-term goals and the extent to which the goals are consistent with the purpose of this cooperative agreement, as described in this program announcement. (5 points)

2. The extent to which the applicant soundly and convincingly documents a substantial need for the proposed program and activities. (5 points)

B. Organizational History and Capacity (Total 25 Points)

The extent of the applicant's documented experience, capacity, and ability to address the identified needs and implement the proposed activities, including:

1. How the applicant's organizational structure and planned collaborations (including constituent or affiliated organizations or networks) will support the proposed program activities, and how the proposed program will have the capacity to reach targeted communities or groups in multiple States or territories; (5 points)

2. Summary of the applicant's past and current experience in developing and implementing similar programs in the appropriate category (For leadership activities, this should include capacity for and expertise in leadership development. For technical assistance activities, this should include capacity for and expertise in providing training and technical assistance related to HIV prevention); (5 points)

3. The applicant's knowledge of HIV transmission and behavioral and social interventions for preventing HIV transmission and experience in developing and implementing effective HIV prevention activities; (3 points)

4. Past and current experience providing culturally competent and appropriate services which respond effectively to the cultural, gender, environmental, social and multilingual character of the target audiences, including documentation of any history of providing such services; (3 points)

5. Experience and ability in collaborating with other governmental and non-governmental organizations, including other national agencies or organizations, State and local health departments, community planning groups, and State and local non-governmental organizations that provide HIV prevention services; (3 points)

6. Experience and ability in coordinating program development with existing governmental and private prevention efforts; (3 points) and

7. The quality of the applicant's plans for obtaining additional resources from other non-CDC sources to supplement the program conducted through this cooperative agreement and ensure its continuation after the end of the project period. (3 points)

C. Objectives (Total 5 Points)

1. The extent to which the proposed first-year objectives are specific, realistic, measurable, time-phased, and consistent with the program's long-term goals and proposed activities. (3 points)

2. The extent to which the applicant identifies possible barriers to or facilitators for reaching these objectives. (2 points)

D. Plan of Operation (Total 25 Points)

1. The overall quality of the applicant's plan for conducting program activities and the likelihood that the proposed methods will be successful in achieving proposed goals and objectives; (7 points)

2. The quality of the applicant's plans to address the general and category/activity-specific requirements listed under Recipient Activities; (6 points)

3. The extent to which the roles and responsibilities of the primary applicant and each collaborating institution, organization, or subcontractor are consistent with the proposed activities; (5 points) and

4. The quality of the applicant's plan to focus the proposed program and activities on communities that are at high risk for HIV. (7 points)

E. Coordination With Other Programs (Total 10 Points)

1. The extent to which the applicant describes and documents intended coordination with other national, regional, State, and local governmental and nongovernmental organizations and HIV prevention providers, such as other national agencies or organizations, State and local health departments; (4 points)

2. The quality of the applicant's plan to ensure consistency with applicable State and local comprehensive HIV prevention community plans when conducting activities at the State and local levels; (4 points) and

3. The quality of the applicant's plan for communicating successful approaches and "lessons learned" to other organizations. (2 points)

F. Scientific, Theoretical, or Conceptual Foundation (Total 10 Points)

1. The extent to which the program, as described, has a clearly described and

sound scientific, theoretical, or conceptual foundation; (5 points) and

2. The extent to which data, theory, or conceptual framework convincingly demonstrate that the proposed activities are likely to meet the stated needs. (5 points)

G. Evaluation and Technical Assistance (Total 15 Points)

1. The quality of the applicant's evaluation plan for monitoring the implementation of proposed activities and measuring the achievement of program goals and objectives; (10 points) and

2. The quality of the applicant's plan for obtaining needed technical assistance and staff training to support the proposed program. (5 points)

H. Budget (Not Scored)

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

A fiscal Recipient Capability Audit may be required of some applicants before funds will be awarded.

Other Requirements

A. Reporting Requirements

Biannual narrative progress reports will be required 30 days after the end of each six-month interval. Progress reports should document services provided and problems encountered, with careful attention to answering questions and documenting accomplishments and problems encountered in meeting program objectives. Progress reports should follow the OMB report format (OMB 0920-0249) as indicated in the application kit. In the third and final year of the project, CDC will ask recipients to report on their plans to sustain the program in the event CDC funding is not continued for another project period.

Annual financial status reports are required no later than 90 days after the end of each budget period. Final financial status and performance reports are required 90 days after the end of the project period.

B. AR98-4 HIV/AIDS Confidentiality Provisions

C. AR98-5 HIV Program Review Panel Requirements

D. AR98-7 Executive Order 12372 Review

E. AR98-9 Paperwork Reduction Act Requirements

F. AR98-10 Smoke-Free Workplace Requirements

G. AR98-11 Healthy People 2000

H. AR98-12 Lobbying Restrictions

I. AR98-14 Accounting System Requirements

J. AR98-15 Proof of Non-Profit Status

Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under the Public Health Service Act, Section 301(a) [42 U.S.C. 241(a)], 317(k)(2) [42 U.S.C. 247b(k)(2)], as amended. The Catalog of Federal Domestic Assistance Number is 93.939, HIV Prevention Activities—Non-Governmental Organization Based.

Where To Obtain Additional Information

Please refer to Program Announcement [98043] when you request information. For a complete program description, information on application procedures, an application package, and business management technical assistance, contact: Maggie Slay-Warren, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement 98043, Centers for Disease Control and Prevention (CDC), Room 300, 255 East Paces Ferry Road, NE., Mailstop E16, Atlanta, GA 30305-2209, telephone (404) 842-6797, E-mail address MCS9@CDC.GOV.

See also the CDC home page on the Internet: <http://www.cdc.gov>

You may obtain programmatic technical assistance by calling Victor Barnes, M.D., Division of HIV/AIDS Prevention—Intervention Research and Support; National Center for HIV, STD, and TB Prevention; Centers for Disease Control and Prevention (CDC), Mail Stop E-58, Atlanta, GA 30333, telephone (404) 639-5200, E-mail VCB3@CDC.GOV.

Dated: March 30, 1998.

Joseph R. Carter,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institutes of Deafness and Other Communication Disorders; Notice of Meeting of the National Deafness and Other Communication Disorders Advisory Council and Its Planning Subcommittee

Pursuant to Pub. L. 92-463, notice is hereby given of the meeting of the National Deafness and Other Communication Disorders Advisory Council and its Planning Subcommittee on May 6-7, 1998, at the National Institute of Health, 9000 Rockville Pike, Bethesda, Maryland. The meeting of the full Council will be held in Conference Room 6, Building 31C, and the meeting of the Subcommittee will be in Conference Room, 7, Building 31CZ.

The meeting of the Planning Subcommittee will be open to the public on May 6 from 2 pm until 3 pm for the discussion of policy issues. The meeting of the full Council will be open to the public on May 7 from 8:30 am until 11:30 am for a report from the Institute Director and discussion of extramural policies and procedures at the National Institutes of Health and the National Institute of Deafness and Other Communication Disorders. Attendance by the public will be limited to space available.

In accordance with the provisions set forth in Sections 552b(c)(4) and 552b(c)(6), Title 5, United States Code and Section 10(d) of Pub. L. 92-463, the meeting of the Planning Subcommittee on May 6 will be closed to the public from 3 pm to adjournment. The meeting of the full Council will be closed to the public on May 7 from 12:30 pm until adjournment. The meetings will include the review, discussion, and evaluation of individual grant applications. The applications and the discussions could reveal confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Further information concerning the Council and Subcommittee meeting may be obtained from Dr. Craig A. Jordan, Executive Secretary, National Deafness and other Communication Disorders Advisory Council, National Institute on Deafness and Other Communication Disorders, National Institutes of Health, Executive Plaza South, Room 400C, 6120 Executive Blvd. MSC7180,