term of the agreement continues to run through March 31, 1999.

Agreement No.: 224–201050.

Title: NY–NJ/Ecuadorian Containerized Banana Volume Incentive Agreement.

Parties: Port Authority of New York and New Jersey; South Pacific Shipping Company Ltd. d/b/a; Ecuadorian Line.

Synopsis: The proposed agreement concerns the terms and conditions of a banana import incentive program. The term of the agreement runs through April 28, 1999.

Dated: May 4, 1998.

By Order of the Federal Maritime Commission.

Joseph C. Polking,

Secretary.

[FR Doc. 98–12193 Filed 5–7–98; 8:45 am]

BILLING CODE 6730–01–M

FEDERAL RESERVE SYSTEM

Sunshine Act Meeting

TIME AND DATE: 10:00 a.m., Wednesday, May 13, 1998.

PLACE: Marriner S. Eccles Federal Reserve Board Building, 20th and C Streets, N.W., Washington, D.C. 20551.

STATUS: Closed.

MATTERS TO BE CONSIDERED:

1. Personnel actions (appointments, promotions, assignments, reassignments, and salary actions) involving individual Federal Reserve System employees.

2. Any matters carried forward from a previously announced meeting.

CONTACT PERSON FOR MORE INFORMATION: Joseph R. Coyne, Assistant to the Board; 202–452–3204.

SUPPLEMENTARY INFORMATION: You may call 202–452–3206 beginning at approximately 5 p.m. two business days before the meeting for a recorded announcement of bank and bank holding company applications scheduled for the meeting; or you may contact the Board's Web site at http://www.bog.frb.fed.us for an electronic announcement that not only lists applications, but also indicates procedural and other information about the meeting.

Dated: May 6, 1998.

Jennifer J. Johnson,

Deputy Secretary of the Board.

[FR Doc. 98–12385 Filed 5–6–98; 10:50 am]

BILLING CODE 6210–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Announcement Number 98039]

Programs To Prevent the Emergence and Spread of Antimicrobial Resistance; Notice of Availability of Fiscal Year 1998 Funds

Introduction

The Centers for Disease Control and Prevention (CDC) is implementing a multifaceted effort to address the problem of antimicrobial resistance. As part of this, CDC announces the availability of fiscal year (FY) 1998 funds for a cooperative agreement program to provide assistance for the development and evaluation of demonstration projects to prevent and control the emergence and spread of antimicrobial resistance.

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 Immunization and Infectious Diseases. (For ordering a copy of Healthy People 2000, see the section WHERE TO OBTAIN ADDITIONAL INFORMATION.)

Authority

This program is authorized under sections 301(a), 317(k)(1), and 317(k)(2) of the Public Health Service Act, as amended (42 U.S.C. 241(a), 247b(k)(1), and 247b(k)(2)).

Smoke-Free Workplace

CDC strongly encourages all grant recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products, and Pub. L. 103–227, the Pro-Children's 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 organizations and governments and their agencies in the United States (U.S.). Thus, universities, colleges, research institutions, hospitals, other public and private nonprofit organizations, including State and local governments 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: An organization described in Section 501(c)(4) of the Internal Revenue Code of 1986 which engages in lobbying activities shall not be eligible to receive Federal funds constituting an award, grant, contract, loan, or any other form.

Also, only one application will be accepted from any single applicant.

Availability of Funds

Approximately $1.2 million is available in FY 1998 to fund approximately 2 to 3 awards. It is expected that awards will begin on or about August 15, 1998, and will be made for a 12-month budget period within a project period of up to 5 years. It is expected that the average annual award for the first 3 years of the project period will be $450,000 (direct costs and indirect costs), ranging from $300,000 to $600,000. The last 2 years will involve data collection and analysis only for purposes of evaluating the program; therefore, it is anticipated that lesser amounts of funding will be needed in these years.

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

Note: Approximately 50 percent of the available funds are allocated for projects focusing on community-based projects. Approximately 50 percent of the available funds are allocated for projects focusing on integrated health care delivery systems. Applicants should indicate clearly whether they consider their application to be primarily directed at community-based interventions or interventions in integrated health care delivery systems. (Applications addressing both are encouraged. However, for purposes of the evaluation process, the application must clearly state whether it is primarily addressing community-based interventions or interventions in integrated health care delivery systems.)

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 subtier 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 1998 Department of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act (Pub. L. 105–78) states in section 503(a) and (b) that no part of any appropriation contained in this Act shall be used, other than for normal and recognized executive-legislative relations, 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 or any State legislature, except in presentation to the Congress or any State legislature itself. 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.

Background

The introduction of antibacterial drug therapy in the 1940s led to a dramatic reduction in illness and death from infectious diseases over the past 50 years. Worldwide, antimicrobial drugs have spared the lives of millions of people for whom premature death or crippling complications would have been unavoidable. However, this situation is changing rapidly. Emergence of drug resistance in bacteria, fungi, parasites, and viruses is swiftly reversing the miracles of the past 50 years and threatens to create an era where antimicrobial agents are no longer useful for many common diseases. The identification this year of *Staphylococcus aureus* with reduced susceptibility to vancomycin in both Japan and the United States (U.S.) is particular cause for concern. At least 70 percent of the bacteria-causing, hospital-acquired infections are resistant to at least one antimicrobial agent commonly used for treatment. Among community-acquired pathogens, drug resistance among respiratory tract pathogens, particularly pneumococci, represents a growing problem. Pneumococcal strains have been identified that are not susceptible to any of the oral agents commonly used as therapy, and combination therapy with vancomycin now is recommended for life threatening pneumococcal infections due to increasing resistance among extended spectrum cephalosporins. The spread of resistance means that more toxic, more difficult to administer, more costly, or experimental antimicrobial agents must be used for therapy.

Factors that promote the spread of resistance differ between pathogens. In the community, transmission within families and in other settings where close contact may occur (*e.g.*, child care facilities); rates of antibiotic therapy, the agents used and their dose; and the impact of resistance on the fitness of a pathogen, all may affect the spread of resistance. For pathogens that cause nosocomial infections, health-care-associated transmission involving acute-care hospitals, long-term-care institutions, such as nursing homes, and non-institutionalized persons in the community receiving health care in their homes and/or ambulatory clinical settings also may be important. Few programs to reduce the development and spread of antimicrobial resistance have been implemented in whole communities. Strategies to prevent the spread of resistance among nosocomial pathogens which have proven successful within a single institution or a limited population of patients include the implementation of infection control guidelines and controls on antibiotics to limit inappropriate use. Antibiotic use has been controlled with formulary restrictions, intervention by infectious disease consultants and/or clinical pharmacologists, clinical practice guidelines for physicians, computer-assisted prescribing, and physician and patient educational programs.

Infection control guidelines include the use of barrier precautions, pre-admission and discharge screening, environmental controls, and cohorting. In the community, successful interventions have included education of physicians and patients, the development of clinical practice guidelines and their promotion by peer educators and opinion leaders, feedback to clinicians comparing their practices with those of their peers, decreasing availability of antibiotics, and changing the agents used, their dose, and the duration of therapy.

Purpose

This program is intended to evaluate the effectiveness and impact of strategies to control the spread of antimicrobial resistance within a larger population, such as a geographically defined community, the catchment area of large health-care delivery organization, or the population of one or more integrated health-care delivery systems.

Another purpose of this program is to conduct research which develop, implement, and evaluate programs designed to reduce the emergence and spread of antimicrobial resistance. It is anticipated that these programs will be effective and that they could subsequently be replicated widely in order to reduce antimicrobial resistance throughout the U.S. Applicants may submit applications that focus primarily on either (1) communities or (2) integrated networks of health facilities. This program is not intended to support an infection control program at an individual health-care facility or evaluation of a single intervention in a community or health-care setting.

Programs will address the problem of antimicrobial resistance through interventions potentially including, but not limited to:

1. Promoting more judicious antimicrobial use (e.g., using antimicrobials only when needed, using appropriate doses of antimicrobial agents, etc.).
2. Reducing transmission of antimicrobial resistant microorganisms.
3. Preventing colonization and infection through the use of vaccines.
4. Improving the ability to provide effective narrow spectrum therapy by rapidly and accurately diagnosing resistant microorgansims through the use of improved laboratory testing procedures and improved quality and flow of laboratory data.
5. Using improved means of communication with health-care providers to improve their use of antimicrobials, such as through the use of information management systems and Internet-based technology.

It is envisioned that funded projects will use a combination of approaches to achieve judicious antimicrobial use and other changes that will result in decreased appearance and spread of resistance. Funded projects will also be expected to conduct a multifaceted evaluation of many aspects of the program. An essential part of such an evaluation will be assessing the costs and cost savings associated with any proposed intervention.

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 conducting activities under B (CDC Activities).

A. Recipient Activities

1. Select Community or Health Facility Focus and Define Pathogens of Interest

Identify whether the primary focus of activities will be on decreasing spread

of resistance among community-or health-care-associated pathogens and define the pathogen/resistance patterns that will be evaluated in the project.

2. Select Study Population

Identify a population of adequate size for study purposes.

a. If the primary focus of the application is to address antimicrobial resistance in community settings, the population should be defined by a geographic area and should include a variety of health-care providers and health-care provider organizations. (One example of an appropriate approach would be to define the population to be addressed as metropolitan area or part of a State in which case the project might involve, at a minimum, public health entities and providers of outpatient health care in this area.)

b. If the primary focus of the application is on integrated health care delivery systems or networks, the population should be defined such that interventions could be conducted in multiple settings in which antimicrobial resistance among the target pathogens can develop or be spread (for example, inpatient hospital settings, emergency rooms, ambulatory care facilities, home health settings, long term care facilities, etc.). One example of an appropriate approach would be to define the population as those receiving hospital, long-term care services, and ambulatory care services through a network of related organizations, in which case the project might involve the targeted health facilities, as well as public health authorities in the area.

3. Define, Collect, and Analyze Baseline Data

Collect baseline data so that evaluation of the interventions can be done. This includes, at a minimum, collecting incidence and/or prevalence data on antimicrobial resistance among the target pathogens and measuring indicators of prescribing practices of providers serving the population under study.

4. Design and Implement an Intervention Promoting Judicious Antimicrobial Use and Other Approaches to Reducing Antimicrobial Resistance

It is anticipated that this will involve developing coalitions among public health agencies, health-care providers, professional societies, and others, as well as implementing specific strategies. These strategies may include peer education of physicians, public education campaigns, clinical practice guidelines, formulary guidelines, prescribing restrictions, pre-admission and pre-discharge screening and the implementation of admission and discharge guidelines, cohorting, barrier precautions, isolation precautions, and other strategies which are likely to be efficacious. The choice of strategies should be justified based on the nature of the study population and the structure of the health care delivery system(s) within which the study population receives health care.

5. Measure Effect of the Intervention

a. Measure the change in rates of antimicrobial resistance of the organisms over time. Changes in rates of resistance among organisms that are carried (*e.g.*, in the nasopharynx) may be evaluated in addition to changes in rates of resistant infections. Measurement of antimicrobial resistance should be by a laboratory with proven ability to do these measurements well.

b. As decreases in resistance as a result of the program may take several months to years to manifest themselves, measure outcomes related to how well the interventions have been implemented and whether they have resulted in behavior change.

c. Measure cost implications of the intervention. This should include impact of the intervention on direct costs (*e.g.*, costs of antibiotics, medical care visits, duration of hospitalization, etc.) and indirect costs (*e.g.*, time lost from work or child care). Costs should be differentiated from charges, and the perspective of the costs should be defined (*e.g.*, societal, payer, patient, provider). Costs of the intervention program must be differentiated from those of the evaluation.

d. Other possible outcomes that could be measured include changes in parent or provider knowledge and attitudes regarding antimicrobial use.

6. Disseminate Research Findings

Disseminate research results by appropriate methods such as publication in journals, presentation at meetings, conferences, etc.

B. CDC Activities

CDC will provide technical assistance in the design and conduct of the research. This may include:

1. Provide technical assistance in the design and conduct of the project, including intervention methods and analytic approach.

2. Upon recipient's request, perform selected laboratory tests as appropriate.

3. Participate in data management, the analysis of research data, and the interpretation and dissemination of research findings as appropriate.

4. Assist in the design of the evaluation, in particular, in the identification of outcome measures that will allow for later analysis of economic benefits.

5. Provide educational materials, including working with grantees to develop new materials that might be needed at multiple sites.

6. Facilitate exchange of information between recipients.

Technical Reporting Requirements

Narrative progress reports are required semiannually. The first semiannual report is required with each year's noncompeting continuation application and should cover program activities from date of the previous report (or date of award for reporting in the first year of the project). The second semiannual report is due 90 days after the end of each budget period and should cover activities from the date of previous report. Progress reports should address the status of progress toward specific project objectives and should include copies of any publications resulting from the project.

An original and two copies of a Financial Status Report (FSR) are required no later than 90 days after the end of each budget period. A final performance report and FSR are due no later than 90 days after the end of the project period. All reports are submitted to the Grants Management Branch, CDC.

Application

1. Pre-application Letter of Intent

In order to assist CDC in planning and executing the evaluation of applications submitted under this program announcement, all parties intending to submit application(s) are requested to submit a non-binding letter of intent. Notification should be provided as soon as possible but not later than 30 business days prior to the application due date. Notification should include: (1) Name and address of institution, (2) name, address, and telephone number of contact person, and (3) whether the application will primarily address community-based interventions or interventions in integrated health care delivery systems. Notification can be provided by facsimile, postal mail, or electronic mail (E-mail) to Suzanne Binder, M.D., National Center for Infectious Diseases, Mailstop F–22, 1600 Clifton Road, NE., Atlanta, Georgia 30333, Facsimile (770) 488–7794, Internet scb1@cdc.gov.

2. Application Content

Applicants are required to submit an original and two copies of the

application and must develop their application in accordance with the PHS Form 5161–1 (Revised 7/92, OMB Control number 0937–0189), information contained in this program announcement, and the instructions outlined below. In order to ensure an objective, impartial, and prompt review, applications which do not conform to these instructions may be disqualified.

All pages must be clearly numbered, and a complete index to the application and its appendixes must be included. The application must be submitted unstapled and unbound. Bound materials (e.g., pamphlets, booklets, etc.) will not be accepted in the narrative or appendices. To submit such materials, copy them onto 8½″ x 11″ white paper, one-side only. All materials must be typewritten, single spaced, and in unreduced type (no smaller than font size 12) with at least 1″ margins, headers, and footers.

The application narrative must not exceed 20 pages (excluding budget and appendixes). Unless indicated otherwise, all information requested below must appear in the narrative. Materials or information that should be part of the narrative will not be accepted if placed in the appendices. The application narrative must contain the following sections in the order presented below.

a. Abstract

Provide a brief (two pages maximum) abstract of the project. State the length of the project period for which assistance is being requested (see AVAILABILITY OF FUNDS Section for additional information regarding project period). Indicate clearly whether this project primarily addresses antimicrobial resistance in communities or in integrated health-care networks.

b. Background and Need

Discuss the background and need for the proposed project. Illustrate and justify the need for the proposed project that is consistent with the purpose and objectives of this cooperative agreement program.

c. Capacity and Personnel

Describe applicant's past experience in conducting projects/studies similar to that being proposed. Describe applicant's resources, laboratory and other facilities, and professional personnel that will be involved in conducting the project. Include in an appendix curriculum vitae for all professional personnel involved with the project. Describe plans for administration of the project and identify administrative resources that will be assigned to the project. Provide in an appendix letters of support from all key participating non-applicant organizations, individuals, etc., which clearly indicate their commitment to participate as described in the operational plan. (Do not include letters of support from CDC personnel—they will not be accepted in the application.)

d. Objectives and Technical Approach

Describe specific objectives for the proposed project which are measurable and time-phased and are consistent with the purpose and goals of this cooperative agreement program. Include a detailed timeline for completion of key activities. Provide a detailed operational plan for initiating and conducting the project which clearly and appropriately addresses all recipient activities. Include a clear description of applicant's technical approach/methods which are directly relevant to the study objectives. Clearly identify specific assigned responsibilities/tasks for all key professional personnel. Describe the nature and extent of collaboration with CDC and/or others during various phases of the project. If the applicant is not a health department, describe plans for involving local and State health departments. Clearly describe the population to be studied. Describe in detail a plan for evaluating study results (including how data on prescribing practices, costs, and charges will be obtained) and for evaluating progress toward achieving project objectives. Justify the choice of organisms and antimicrobial susceptibility that will be used for evaluation, and include a description about how quality of laboratory measurements will be assured. Clearly state the proposed length of the project period.

e. Budget

Provide in an appendix a budget and accompanying detailed justification for the first year of the project that is consistent with the purpose and objectives of this program. Provide estimated total budgets for subsequent years. If requesting funds for any contracts, provide the following information for each proposed contract: (1) Name of proposed contractor, (2) breakdown and justification for estimated costs, (3) description and scope of activities to be performed by contractor, (4) period of performance, and (5) method of contractor selection (e.g., sole-source or competitive solicitation). (See sample budget included in application package.)

Note: If indirect costs are requested, a copy of the applicant organization's current negotiated Federal indirect cost rate agreement or cost allocation plan must be provided.

f. Human Subjects

Whether or not exempt from DHHS regulations, if the proposed project involves human subjects, describe in an appendix adequate procedures for the protection of human subjects. Also, ensure that women, racial and ethnic minority populations are appropriately represented in applications for research involving human subjects (see OTHER REQUIREMENTS Section for additional information).

Evaluation Criteria

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

1. Background and Need (10 points): Extent to which applicant's discussion of the background for the proposed project demonstrates a clear understanding of the purpose and objectives of this cooperative agreement program. Extent to which applicant illustrates and justifies the need for the proposed project that is consistent with the purpose and objectives of this program.

2. Capacity (30 points total):

a. Extent to which applicant describes adequate resources and facilities (both technical and administrative) for conducting the project. This includes the capacity to conduct quality laboratory measurements. (10 points)

b. Extent to which applicant documents that professional personnel involved in the project are qualified and have past experience and achievements in research and programs related to that proposed as evidenced by curriculum vitae, publications, etc. (15 points)

c. Extent to which applicant includes letters of support from non-applicant organizations, individuals, etc. Extent to which the letters clearly indicate the author's commitment to participate as described in the operational plan. (5 points)

3. Objectives and Technical Approach (60 points total):

a. Extent to which applicant describes specific objectives of the proposed project which are consistent with the purpose and goals of this program and which are measurable and time-phased. (10 points)

b. Extent to which the applicant identifies an appropriate population for study, including whether the results of a study in this population will be generalizable to other populations in the U.S. Extent to which adequate procedures are described for the protection of human subjects. Extent to

which the applicant identifies microbes/resistance patterns for study that are of public health importance. (10 points)

c. Extent to which applicant presents a detailed operational plan for initiating and conducting the project, which clearly and appropriately addresses all recipient activities. Extent to which applicant clearly identifies specific assigned responsibilities for all key professional personnel. Extent to which the plan clearly describes applicant's technical approach/methods for developing and conducting the proposed program and evaluation and extent to which the plan is adequate to accomplish the study objectives. The degree to which the applicant has met the CDC Policy requirements regarding the inclusion of women, ethnic, and racial groups in the proposed research. The extent to which applicant describes the existence of or plans to establish partnerships. (20 points)

d. Extent to which applicant describes adequate and appropriate collaboration with CDC and/or others during various phases of the project. (10 points)

e. Extent to which applicant provides a detailed and adequate plan for evaluating study results (including laboratory data and data on prescribing practices), as well as plans for evaluating progress toward achieving project objectives. (10 points)

4. Budget (not scored): Extent to which the proposed budget is reasonable, clearly justifiable, and consistent with the intended use of cooperative agreement funds.

Executive Order 12372 Review

This program is not subject to Executive Order 12372 Review, Intergovernmental Review of Federal Programs.

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 is 93.283.

Other Requirements

Paperwork Reduction Act

Projects that involve the collection of information from ten or more individuals and funded by the 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 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 an appropriate institutional review committee. The applicant will be responsible for providing evidence of this 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 or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander. Applicants shall ensure that women, 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.

Application Submission and Deadline

The original and two copies of the application PHS Form 5161–1 (Revised 7/92, OMB Control number 0937–0189), must be submitted to Sharron P. Orum, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), Room 300, Mailstop E–18, 255 East Paces Ferry Road, NE., Atlanta, Georgia 30305, on or before June 29, 1998.

1. *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 U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.)

2. *Late Applications*: Applications which 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 applicant.

Where To Obtain Additional Information

To receive additional written information and to request an application kit, call 1–888–GRANTS (1–888–472–6874). You will be asked to leave your name and address and will be instructed to identify the Announcement number of interest. (Please refer to Announcement Number 98039.) 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 Oppie M. Byrd, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), Room 314, Mailstop E–18, 255 East Paces Ferry Road, NE., Atlanta, Georgia 30305, telephone (404) 842–6546, Facsimile (404) 842–6513, Internet oxb3@cdc.gov.

Programmatic technical assistance may be obtained from David Bell, telephone (404) 639–2603 or Suzanne Binder, M.D., National Center for Infectious Diseases, Centers for Disease Control and Prevention (CDC), Mailstop F–22, 1600 Clifton Road, NE., Atlanta, Georgia 30333, telephone (770) 488–7793, Facsimile (770) 488–7794, Internet scb1@cdc.gov.

Please refer to Announcement Number 98039 when requesting information regarding this program.

You may obtain this announcement from one of two Internet sites on the actual publication date: CDC's homepage at http://www.cdc.gov or at the Government Printing Office homepage (including free on-line access to the **Federal Register** at http://www.access.gpo.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 through the Superintendent of Documents, Government Printing Office,

Washington, DC 20402–9325, telephone: (202) 512–1800.

Dated: May 4, 1998.

Joseph R. Carter,

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

[FR Doc. 98–12236 Filed 5–7–98; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Institute for Occupational Safety and Health

[Program Announcement 98056]

Mining Occupational Safety and Health Research Grants; Availability of Funds for FY 1998

A. Purpose

The Centers for Disease Control and Prevention (CDC), National Institute for Occupational Safety and Health (NIOSH), announces the availability of fiscal year (FY) 1998 funds for a research grant program for Mining Occupational Safety and Health Research Grants. This program addresses the ''Healthy People 2000'' priority area of Occupational Safety and Health. The purpose of the program is to develop knowledge that can be used to prevent occupational diseases and injuries to miners. NIOSH will support hypothesis-testing research projects to identify and quantify occupational health and safety hazards to miners, develop methods and technologies to measure and control these hazards, and translate research findings so that they can be applied to solve health and safety problems in mines.

B. Eligible Applicants

Applications may be submitted by public and private nonprofit and for-profit organizations and by governments and their agencies; that is, universities, colleges, research institutions, hospitals, other public and private nonprofit and for-profit organizations, State and local governments or their bona fide agents, and federally recognized Indian tribal governments, Indian tribes, or Indian tribal organizations.

Note: Pub. L. 104–65 states that an organization described in section 501(c)(4) of the Internal Revenue Code of 1986 that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant, cooperative agreement, contract, loan, or any other form.

C. Availability of Funds

Approximately $700,000 is expected to be available in FY 1998 to fund 4–8 research project grants. This money is in addition to the funds available for the previous RFA 807 announced in August 1997. Organizations that submitted applications for RFA 807 may revise and resubmit under this announcement. The amount of funding available may vary and is subject to change. Awards will range from $50,000 to $200,000 in total costs (direct and indirect) per year. It is expected that the awards will begin on or about September 30, 1998, and will be made for a 12-month budget period within a project period of up to 3 years.

Continuation awards within an approved project period will be made on the basis of satisfactory progress as evidenced by required reports and the availability of funds.

D. Programmatic Interest

The Mine Safety and Health Research Program has been fully coordinated with the National Occupational Research Agenda (NORA) plans and recommendations. The NORA document is available through the NIOSH homepage at http://www.cdc.gov/niosh/nora.html. The focus of grants should emphasize research in the following topical areas which are in priority order:

(1) Hearing Loss Prevention

Conduct laboratory and field research on noise-induced hearing loss in miners; Conduct field dosimetric and audiometric surveys to assess the extent and severity of the problem and to identify those mining segments in greatest need of attention and to objectively track progress in meeting loss prevention goals; Conduct field and laboratory research to identify noise generation sources and to identify those areas most amenable to intervention activities; Develop, test, and demonstrate new control technologies for noise reduction; Develop strategies and methods to improve the effectiveness of hearing protectors for miners; Assess the effect of using hearing protectors on miner safety; Evaluate technical and economic feasibility of controls; Develop, evaluate, and recommend implementation strategies to promote the adoption and use of noise reduction technology.

(2) Mining Injury Prevention

Conduct laboratory, field, and computer modeling research to focus on human physiological capabilities and limitations and their interactions with mining jobs, tasks, equipment and the mine work environment; Research on causes and prevention of low back disorders, slips and falls, and materials handling injuries in miners; Study effects of human behavior on mining injuries; Design and conduct epidemiological research studies to identify and classify risk factors that are causing or may be causing traumatic injuries to miners; Evaluate and recommend implementation strategies for injury prevention and control technologies; Research to improve response to mine emergencies, and to enhance the effectiveness of mine rescue teams; Identify and evaluate research opportunities using a systems approach for intervention and prevention; and Develop cost analysis methodologies to evaluate performance and engineering control strategies.

(3) Dust and Toxic Substance Control

Research to develop or improve personal and area direct reading instruments for measuring mining contaminants, including but not limited to respirable dust, silica, diesel engine emissions, and other toxic substances and mixtures; Conduct field tests, experiments, and demonstrations of new technology for monitoring and assessing mine air quality; Conduct laboratory and field research to develop airborne hazard reduction control technologies; Carry out field surveys in mines to identify work organization strategies that could result in reduced dust or toxic substance exposure; Evaluate the performance, economics, and technical feasibility of engineering control strategies, novel approaches, and the application of new or emerging technologies for underground and surface mine dust and toxic substance control systems; Develop and evaluate implementation strategies for using newly developed monitors and control technology for exposure reduction or prevention.

(4) Social and Economic Consequences of Mining Illness and Injury

Analyze all effects of mining illness and injury on miners, their families, communities and States; Assess the effectiveness of health services provided to miners for prevention and care of occupational illness and injury; Assess the economic burden of mining illnesses and injuries and potential economic benefits of their prevention.

(5) Surveillance

Develop and evaluate new surveillance methods for mining-related illnesses and fatal and nonfatal injuries to improve collection and analysis of