

After interviewing buyers and respondents, staff will ask them to submit financial documents for a five-year period beginning the year before the divestiture occurred. To the extent that no such financial documents exist, staff will not request that such documents be prepared. Because only documents already in existence will be requested, the anticipated burden of producing these documents will be minimal, approximately two hours per participant, for a total of 174 hours (51 buyers + 36 respondents=87, $87 \times 2=174$).

Staff is also asking respondents and buyers to complete a two-question chart that requests sales in dollars and units of the product that was the subject of the Commission's concern in the case over a five-year period beginning the year before the divestiture. Staff estimates that the burden on each participant to provide this information will be 4 hours, for a total of 348 hours (51 buyers + 36 respondents =87, $87 \times 4=348$). The total cumulative burden of the document production will be 522 hours (174+348). The estimated total burden for the entire study is therefore calculated to be 825 hours (303+522), which has been rounded to 1,000 hours to allow for small additions such as subsequent buyers of divested assets.

Estimate of Information Collection Annual Cost Burden: none.

Capital equipment/start-up/operation and maintenance/other non-labor costs: Not applicable. The date for the study are being collected in two principal ways. Staff is conducting telephone interviews and asking respondents to respond to a brief questionnaire. Neither the telephone interviews nor respondents' responses to questionnaires require any capital expenditure by respondents. Interviews solely involve respondents making available one or more company officials for approximately 1½ hours. The questionnaires ask respondents to provide only information that they maintain within the ordinary and usual course of their business. No additional cost burden is imposed on respondents.

Debra A. Valentine,
General Counsel.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 98054]

Programs for the Prevention of Fire Related Injuries; Notice of Availability of Funds for Fiscal Year 1998

Introduction

The Centers for Disease Control and Prevention (CDC), announces the availability of fiscal year (FY) 1998 funds for cooperative agreements for programs to prevent fire related injuries.

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 Unintentional Injuries. (For ordering a copy of "Healthy People 2000," see the Section "WHERE TO OBTAIN ADDITIONAL INFORMATION.")

Authority

This program announcement is authorized under Sections 301, 317, and 391A (42 U.S.C. 241, 247b, and 280b-280b-3) of the Public Health Service Act as amended.

Smoke-Free Workplace

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

Eligible Applicants

Eligible applicants are the official State public health agencies or their bona fide agents. This includes the District of Columbia, American Samoa, the Commonwealth of Puerto Rico, the Virgin Islands, the Federated States of Micronesia, Guam, the Northern Mariana Islands, the Republic of the Marshall Islands, and the Republic of Palau.

Applicants funded under Program Announcement 780 are eligible to apply under this Announcement. The proposed target areas for this Announcement must be different than those currently being funded by CDC.

Note: Effective January 1, 1996, Public Law 104-65 states that 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 (cooperative agreement), contract, loan, or any other form.

Availability of Funds

Approximately \$2,000,000 is available in FY 1998 to fund 11 to 13 awards, ranging from \$150,000 to \$170,000. It is expected that the award 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. Funding estimates may vary and are subject to change.

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

Prohibition on Use of CDC Funds for Certain Gun Control Activities

The Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 1998 specifies that: "None of the funds made available for injury prevention and control at the Centers for Disease Control and Prevention (CDC) may be used to advocate or promote gun control.

Anti-Lobbying Act requirements prohibit lobbying Congress with appropriated Federal monies. Specifically, this Act prohibits the use of Federal funds for direct or indirect communications intended or designed to influence a Member of Congress with regard to specific Federal legislation. This prohibition includes the funding and assistance of public grassroots campaigns intended or designed to influence Members of Congress with regard to specific legislation or appropriation by Congress.

In addition to the restrictions in the Anti-Lobbying Act, CDC interprets the new language in the CDC's 1998 Appropriations Act to mean that CDC's funds may not be spent on political action or other activities designed to affect the passage of specific Federal, State, or local legislation intended to restrict or control the purchase or use of firearms.

Background

In 1995, there were an estimated 414,000 home fires in the United States, which killed 3,640 individuals (1.4/100,000) and injured an additional 18,650 people. Accordingly, a Healthy People 2000 objective is the reduction of residential fire deaths to no more than 1.2 per 100,000 people by the Year 2000. Direct property damage caused by these fires exceeded \$4.2 billion. In 1994, the monetary equivalent of all fire deaths and injuries, including deaths and injuries to fire fighters, was estimated at \$14.8 billion.

Residential fire deaths occur disproportionately in the southeastern States. They also occur disproportionately during the winter months of December–February, a period during which more than one-third of home fires occur, compared to one-sixth in the summer months of June–August. Many subgroups within the population remain highly vulnerable to fire morbidity and mortality. The rate of death due to fire is higher among the poor, minorities, children under age 5, adults over age 65, low-income communities in remote rural areas or in poor urban communities, and among individuals living in manufactured

homes built before 1976, when the U.S. Department of Housing and Urban Development construction safety standards became effective. Other risk factors for fire-related deaths include:

- Inoperative smoke alarms,
- Careless smoking,
- Abuse of alcohol or other drugs,
- Incorrect use of alternative heating

sources including usage of devices inappropriate or insufficient for the space to be heated,

- Inadequate supervision of children, and
- Insufficient fire safety education.

The majority of fire-related fatalities occur in fires that start at night while occupants are asleep, a time when effective detection and alerting systems are of special importance. Operable smoke alarms on every level provide the residents of a burning home with sufficient advance warning for escape from nearly all types of fires. If a fire occurs, homes with functional smoke alarms are half as likely to have a death occur as homes without smoke alarms. As a result, operable residential smoke alarms can be highly effective in preventing fire-related deaths. It is important to understand that any smoke alarm—whether ionization or photoelectric, AC or battery powered—will offer adequate warning for escape, provided that the alarm is listed by an independent testing laboratory and is properly installed and maintained.

For Residential Fire Injury Prevention Programs the definition for high-risk target populations is a community (an area with no more than 50,000 people) or geographic area known to have: (1) a high prevalence of residential fire deaths, and (2) a composition of primarily low-income residents.

Community organizations for project collaboration may include churches, Salvation Army, Boy/Girl Scouts, Goodwill Industries, ethnic organizations, Meals on Wheels, National Guard, International Association of Black Fire Fighters, American Red Cross, SAFE KIDS Coalitions, thrift stores/charitable organizations, Area Agency on Aging, Senior Centers, private sector businesses, and Social clubs/community centers serving the target populations. This list is not exhaustive, as each community differs in their social make-up.

Purpose

The purpose of this cooperative agreement is to prevent fire-related injuries through the distribution and installation of smoke alarms in high-risk homes that do not have adequate smoke alarm coverage.

Cooperative Activities

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

A. Recipient Activities

1. Identify a minimum of two different communities with fire mortality and fire incidence rates above the State averages and mean household income below the poverty line.

2. In Year 01 implement the project in the identified targeted communities. Continue to run the project in all identified targeted communities during Years 02 and 03.

3. Provide program management oversight in collaboration with the local public health agencies in the identified targeted communities. Identify coordinators at the State and local levels.

4. Mobilize a minimum of three community organizations which already serve the target populations to provide education on fire safety and to distribute smoke alarms appropriate to residents' needs, (i.e. strobe-lighted for visually impaired persons, high-pitched for hearing impaired persons, etc.).

5. Collaborate with fire departments, firefighter associations, and fire safety coalitions at the local level.

6. Distribute appropriate alarms, as specific needs are identified, in communities with the highest rates of residential fire injury and death.

7. Facilitate installation of smoke alarms, as requested by residents, through collaboration with fire safety personnel and/or community workers who are trained in fire safety education, proper installation and placement of smoke alarms, adequate number of alarms for each home, smoke alarm maintenance and testing, fire escape planning and practice, etc.

8. Develop an evaluation plan that includes a comparison of pre- and post-intervention residential fire incidence, injuries, and deaths in intervention communities. Evaluation plan should include, as a minimum, follow-up assessment in each intervention community to determine the continued presence and functionality of program-installed smoke alarms.

9. Establish a system to track smoke alarms distributed by the program.

B. CDC Activities

1. Provide technical consultation on program planning, implementation, and evaluation methods.

2. Establish communication mechanisms among participating States by facilitating the transfer of technical and programmatic information and delivery methodology.

3. Provide technical assistance for management of program operations, including the application of continuous quality improvement.

4. Conduct ongoing assessment of program activities to ensure the use of effective and efficient implementation strategies.

5. Facilitate collaborative efforts to compile and disseminate program results through presentations and publications.

Technical Reporting Requirements

An original and two copies of semiannual progress reports (and an electronic copy submitted by electronic mail to the project officer) are required of all awardees. Time lines for the 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 will be submitted to the Grants Management Branch, Procurement and Grants Office, CDC.

Semiannual progress reports should include:

A. A brief, updated program description, and a one-page summary of bi-annual activities.

B. A status report on accomplishment of program goals and objectives, accompanied by a comparison of the actual accomplishments related to the goals and objectives established for the period. Include target population, intervention activities, collaborations, and progress on evaluation plan.

C. If established goals and objectives were not accomplished or were delayed, describe the reason for the deviation, the recommendation for corrective action or deletion of the activity, and lessons learned.

D. Other pertinent information, including changes in staffing, contractors, or partners.

Application Content

Each application, including appendices, should not exceed 70 pages and the Proposal; Narrative section should not exceed 30 pages. Pages should be clearly numbered and a complete index to the application and any appendices included. The project narrative section must be double-spaced. 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 10 point

or greater) on 8-1/2" by 11" paper, with at least 1" margins, headers and footers, and printed on one side only.

The applicant should provide a detailed description of first-year activities and briefly describe future year objectives and activities.

The application must include:

A. Abstract

A one page abstract and summary of the proposed program.

B. Background and Need:

Describe and quantify the magnitude of the residential fire problem within the State, providing background information that highlights the need for a residential fire prevention (smoke alarm promotion) program. Identify populations at risk based on analysis of residential fire data, including demographics of the State compared to the targeted communities.

C. Goals and Objectives:

Specify overall goals the applicant anticipates accomplishing by the end of the three-year project period. Include specific time-framed, measurable and achievable objectives which can be accomplished during the first budget period. Objectives should relate directly to the project goal to increasing the prevalence of functional smoke alarms in targeted communities.

D. Methods:

Describe how the residential fire injury prevention program will be implemented in the applicant's setting. Describe activities at the State and local levels that are designed to achieve each of the program objectives during the budget period. A time line should be included which indicates when each activity will occur and the assigned staff for each proposed activity. Include an organizational chart identifying placement of the residential fire-related injury prevention program. Describe how pre-and post-intervention residential fire incidence data will be compared as well as plans for conducting analyses. Provide a description of plans to educate residents in target communities on fire safety and smoke alarm installation and testing. Describe how records of smoke alarm distribution and promotional activities will be maintained and provided to the State coordinator.

Women, Racial and Ethnic Minorities. A description of the proposed plan for the inclusion of both sexes and racial and ethnic minority populations for appropriate representation.

E. Evaluation:

Provide a detailed description of the methods and design to evaluate program effectiveness, including what will be evaluated, data to be used, and the time frame. Document staff availability, expertise, and capacity to evaluate program activities and effectiveness, and demonstrate evaluation data availability. Evaluation should include progress in meeting the objectives and conducting activities on residential smoke alarm programs (process evaluation measures), and increasing residential smoke alarm prevalence and functionality (outcome measures).

F. Capacity and Staffing:

Describe the roles and responsibilities of the State Project Coordinator and each Local Program Coordinator. Provide letters of support from partnering agencies, sub-contractors, and consultants, documenting their concurrence and/or specific involvement in proposed program activities. Describe how a coalition of appropriate individuals, agencies, and grass root organizations will be organized to generate community input and support for smoke alarm promotion campaigns. Provide a description of the relationship between the program and community organizations, agencies, and health department units that are collaborating to implement the program. Specifically, identify and describe the role of State and/or local coalitions and their individual commitments. Letters of support from public safety officials should also be included if related activities are undertaken. Describe previous experience in implementing injury prevention programs, demonstrating the capacity to conduct a residential fire prevention program.

G. Budget and Accompanying Justification:

Provide a detailed budget with accompanying narrative justifying all individual budget items, which make up the total amount of funds requested. The budget should be consistent with stated objectives and planned activities. The budget should include funds for two trips to Atlanta by the State Project Coordinator and one trip for 2 Local Program Coordinators for skill building.

H. Human Subjects:

This section must describe the degree to which human subjects may be at risk and the assurance that the project will be subject to initial and continuing review by the appropriate institutional review committees.

Evaluation Criteria

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

1. Background and Need (30 Percent)

The extent to which the applicant describes the magnitude of the residential fire injury problem in the State, and the extent to which low-income communities within the State are affected. Describe how the likely results of proposed activities will impact the problem.

2. Goals and Objectives (15 Percent)

The extent to which the goals and objectives are relevant to the purpose of the proposal, feasible for accomplishment during the project period, measurable, and specific in terms of what is to be done and the time involved. The extent to which the objectives address all activities necessary to accomplish the purpose of the proposal.

3. Methods (30 Percent)

The extent to which the applicant provides a detailed description of proposed activities, which are likely to achieve program goals and objectives, including individuals responsible for each action. The extent to which the applicant provides a reasonable and complete schedule for implementing activities. The extent to which position descriptions, lines of command, and collaborations are appropriate to accomplish program goals and 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 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 plans for recruitment and outreach for study participants include the process of establishing partnerships with community(ies) and recognition of mutual benefits will be documented.

4. Evaluation (15 Percent)

The extent to which the proposed evaluation plan is detailed and will document program implementation strategies and results (i.e. process and outcome objectives). The extent to which the applicant demonstrates staff and/or collaborator availability,

expertise, and capacity to perform the evaluation.

5. Capacity and Staffing (10 Percent)

The extent to which the applicant can provide adequate facilities, staff and/or collaborators, and resources to accomplish the proposed goals and objectives during the project period. The extent to which the applicant demonstrates staff and/or collaborator availability, expertise, previous experience, and capacity to conduct the program successfully.

6. Budget and Justification (not scored)

The extent to which the applicant provides a detailed budget and narrative justification consistent with the stated objectives and planned program activities.

7. Human Subjects (not scored)

The extent to which the applicant complies with the Department of Health and Human Services Regulations (45 CFR Part 46)

Executive Order 12372

Applications are subject to Intergovernmental Review of Federal Programs as governed by Executive Order (E.O.) 12372. E.O. 12372 sets up a system for State and local government review of proposed Federal assistance applications. Applicants (other than federally recognized Indian tribal governments) should contact their State Single Point of Contact (SPOC) as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC of each affected State. A current list of SPOCs is included in the application kit. If SPOCs have any State process recommendations on applications submitted to CDC, they should forward them to Ron Van Duyne, III, Grants Management Officer, ATTN: Joanne Wojcik, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E-13, Atlanta, GA 30305, no later than 60 days after the application deadline. The granting agency does not guarantee to "accommodate or explain" for State process recommendations it receives after that date.

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 (CFDA) number for this project is 93.136.

Other Requirements

Human Subjects Requirements

If a project involves research on human subjects, assurance (in accordance with Department of Health and Human Services Regulations, 45 CFR Part 46) of the protection of human subjects is required. 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 with 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. Unless the grantee holds a Multiple Project Assurance, a Single Project Assurance is required, as well as an assurance for each subcontractor or cooperating institution that has immediate responsibility for human subjects.

The Office for Protection from Research Risks (OPRR) at the National Institutes of Health (NIH) negotiates assurances for all activities involving human subjects that are supported by the Department of Health and Human Services.

Requirements for Inclusion of Women and Racial and Ethnic

Minorities in Research

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.

Paperwork Reduction Act

Projects that involve the collection of information from 10 or more individuals and funded by the cooperative agreement will be subject to review by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

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 Joanne Wojcik, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E-13, Atlanta, GA 30305, on or before July 14, 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 independent review committee. For proof of timely mailing, applicant must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks will not be acceptable as proof of timely mailing.

2. Late Applications: 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 applicant.

Where To Obtain Additional Information

The program announcement and application forms may be downloaded from internet: www.cdc.gov (look under funding). You may also receive a complete application kit by calling 1-888-GRANTS4. You will be asked to identify the program announcement number and provide your name and mailing address. A complete announcement kit will be mailed to you.

If you have questions after reviewing the forms, for business management technical assistance contact Joanne Wojcik, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE.,

Mailstop E-13, Atlanta, GA 30305, Internet: jcw6@cdc.gov, telephone (404) 842-6535.

Programmatic assistance may be obtained from Mark Jackson, R.S., National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (CDC), 4770 Buford Highway, NE., Mailstop K-63, Atlanta, GA 30341-3724, telephone (770) 488-4652.

Please refer to Announcement 98054 when requesting information and submitting an application.

The potential applicant 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.

A copy of American Society for Testing and Materials (ASTM) Number 1292 may be obtained from ASTM, Customer Services, 1916 Race Street, Philadelphia, PA 19103-1187, telephone (215) 299-5585.

Dated: May 7, 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

Centers for Disease Control and Prevention

[Program Announcement 98046]

National Comprehensive Cancer Control Program; Notice of Availability of Fiscal Year 1998 Funds

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of funds in fiscal year (FY) 1998 for cooperative agreements to implement comprehensive cancer control plans.

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 to improve the quality of life. This announcement is related to the priority area of Cancer. (To order a copy of "Healthy People 2000," see the section "Where To Obtain Additional Information.")

Authority

This program is authorized by Sections 317 and 1507 [42 U.S.C. 247b] and [42 U.S.C. 300n-3] of the Public Health Service Act, as amended.

Smoke-Free Workplace

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

Eligible Applicants

Assistance will be provided only to the official public health agencies of States or their bona fide agents, including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, federally recognized Indian tribal governments, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of the Palau. In consultation with States, assistance may be provided to political subdivisions of States.

Applicants must complete the Eligibility Assurance Form included in the application packet and must attach a reproducible copy of the State/Tribe/Territory's comprehensive Cancer Control Plan to that form. Only one eligible application from a State/Tribe/Territory will be funded. Applicants from each State/Tribe/Territory are encouraged to coordinate and combine their efforts prior to submitting the application for their State/Tribe/Territory.

Availability of Funds

Approximately \$1.5 million is available in FY 1998 to fund approximately 5 awards. It is expected that the average award will be \$300,000 ranging from \$250,000 to \$350,000. It is expected that these awards will begin on or about September 30, 1998, and will be made for 12-month budget periods within a project period of up to 4 years. Funding estimates may vary and are subject to change.

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

Use of Funds

These funds are intended for comprehensive cancer control and