GENERAL ACCOUNTING OFFICE

System Requirements Checklists

AGENCY: General Accounting Office.

ACTION: Notice of document availability.

SUMMARY: The General Accounting Office (GAO) is concurrently issuing three checklists to be used as tools to help agencies review their financial management systems and assist auditors with their responsibilities under the Federal Financial Management Improvement Act (FFMIA) of 1996. The first checklist, the *Framework For Federal Financial Management System Checklist* (GAO/AIMD–98–21.2.1), is based on the Joint Financial Management Improvement Program (JFMIP) framework document and is primarily a reference source rather than a standard-setting document. The other two documents reflect the system requirements defined by JFMIP and are the: *Core Financial System Checklist* (GAO/AIMD–98–21.2.2), and *Inventory System Checklist* (GAO/AIMD–98–21.2.4). Although these checklists are not required to be used by agencies, this notice indicates that the checklists are available from GAO for immediate use.

DATES: June 5, 1998.

ADDRESSES: Copies of the system requirement checklists are available by (1) pick-up at Document Distribution, U.S. General Accounting Office, Room 1100, 700 4th Street, NW. (corner of 4th and G Streets, NW.), Washington, DC; (2) mail from U.S. General Accounting Office, P.O. Box 37050, Washington, DC 20013; (3) phone at 202–512–6000 or FAX 202–512–6061 or TDD 202–512–2537; or (4) on GAO's home page (http://www.gao.gov) on the Internet.

FOR FURTHER INFORMATION CONTACT: Robert W. Gramling, 202–512–9406.

SUPPLEMENTARY INFORMATION: The FFMIA requires, among other things, that agencies implement and maintain financial management systems that substantially comply with federal financial management systems requirements. These system requirements are detailed in the Financial Management Systems Requirements series issued by JFMIP and Office of Management and Budget (OMB) Circular A–127, *Financial Management Systems.*

The JFMIP requirements documents identify: (1) a framework for financial management systems, (2) core financial systems requirements, and (3) 16 other systems that support agency operations. To date, JFMIP has issued the framework and core documents, and 7 of the 16 systems (inventory, seized/forfeited asset, direct loan, guaranteed loan, travel, personnel-payroll, and managerial cost accounting). GAO plans to issue a checklist for each of the JFMIP systems requirements documents. The three checklists being issued in final were initially issued as exposure drafts. Comments received were analyzed and considered.

OMB Circular A–127 and OMB's *Implementation Guidance for the Federal Financial Management Improvement Act (FFMIA) of 1996*, issued September 9, 1997, provide the basis for assessing compliance with the FFMIA requirement of agencies to implement and maintain financial management systems that comply substantially with federal requirements. OMB's guidance provides indicators for chief financial officers and inspectors general to assist them in determining whether the agency's financial management systems substantially comply with federal financial management systems requirements. The annual assurance statement required pursuant to section 4 of the Federal Managers' Financial Integrity Act is one of those indicators. Agencies can use GAO's checklists to help determine annual compliance with section 4 of the Integrity Act.

Jeffrey C. Steinhoff,

Director of Planning and Reporting, Accounting and Information Management Division.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Announcement Number 98051]

Cooperative Agreements for Enhanced State-Based Birth Defect Surveillance and Use of Surveillance Data To Guide Prevention and Intervention Programs

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1998 funds for a cooperative agreement program for developing and improving birth defect surveillance; and using surveillance data to develop birth defect prevention programs and activities to improve the access of children born with birth defects to health services and early intervention programs. This program addresses the ''Healthy People 2000'' priority areas of Substance Abuse, Alcohol and Other Drugs, Environmental Health, Maternal and Infant Health, and Surveillance and Data Systems.

The purpose of the program is to support the development, implementation, expansion, and evaluation of State-based birth defect surveillance systems; the development and implementation of State-based programs to prevent birth defects; and the development and implementation of activities to improve the access of children with birth defects to health services and early intervention programs. More specifically, the purpose of this program is to assist States:

a. To improve the timeliness of neural tube defect (NTD) surveillance in order to prevent the recurrence of NTD-affected pregnancies among women who have had NTD-affected pregnancies, and to improve the completeness of NTD surveillance in selected areas in order to evaluate progress made in the prevention of occurrent NTDs in the population;

b. To develop and implement methodologies and approaches which will improve or expand the State's capacity to ascertain cases and generate timely population-based data of major birth defects; and

c. To use surveillance data to design, implement and evaluate programs to prevent birth defects and improve the access of children with birth defects to comprehensive, community-based, family-centered care.

B. Eligible Applicants

Assistance will be provided only to State and local public health agencies that are officially recognized as such, including State, local, county, city-county, district, and territorial health departments. Also, universities with formal agreements for working with State or local health departments for carrying out the State's surveillance and surveillance-based research are eligible to apply.

C. Availability of Funds

Approximately $1,500,000 is available in FY 1998 to fund approximately 10 to 16 awards. It is expected that awards will be made to 3 to 5 States with no birth defect surveillance systems; 3 to 5 States with newly implemented surveillance systems or systems which are only partially operational; and 3 to 5 States with ongoing, operational birth defect surveillance systems. It is expected that awards will range from $50,000 to $150,000. 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. Funding estimates may vary and are subject to change.

These awards may be used for personnel services, equipment, travel, and other costs related to project activities. Project funds may not be used to supplant State funds available for birth defect surveillance, prevention, or health care services.

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

D. Cooperative Activities

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities under A. Recipient activities for States with no birth defect surveillance systems; B. Recipient activities for States with newly implemented surveillance systems or systems which are only partially operational; or C. Recipient activities for States with ongoing, operational birth defect surveillance systems; and CDC will be responsible for the activities listed under D. CDC Activities. A list of States and their designated category (A, B or C) has been prepared based on information CDC currently has on each State program. This list is available with the application materials. If States disagree with their designated category, they may provide written justification along with the application as to which category of recipient activities (A, B, or C) the State should be placed in.

A. Recipient activities for States with no birth defect surveillance systems:

1. Develop and implement an approach to prevent the recurrence of NTDs in the State including: (1) timely ascertainment of new NTD cases in the population (prenatally diagnosed cases may be ascertained but are not required to be ascertained); and (2) referral of affected families for sensitive and appropriate education/counseling interventions to prevent the recurrence of NTDs;

2. With the goal of generating data to guide prevention and intervention programs, develop and begin implementation of a State-based surveillance system to ascertain cases and generate timely population-based data of major birth defects occurring in the State. Analyze the surveillance data generated by the system in a timely fashion (including rates and trends of major birth defects) and share that data with appropriate organizations within the State and with other States;

3. Working with the appropriate partners in the State, (1) develop a plan for a birth defect prevention program (e.g., NTD occurrence prevention) and/or, (2) develop a plan for activities to improve the access of children with birth defects to comprehensive, community-based, family-centered care.

B. Recipient activities for States with newly implemented surveillance systems or systems which are only partially operational:

1. Develop and implement an approach to prevent the recurrence of NTDs in the State including: (1) timely ascertainment of new NTD cases in the population (prenatally diagnosed cases may be ascertained but are not required to be ascertained); and (2) referral of affected families for sensitive and appropriate education/counseling interventions to prevent the recurrence of NTDs;

2. With the goal of generating data to guide prevention and intervention programs, develop and implement methodologies and approaches which will improve, sustain, and expand the capacity of the existing State-based surveillance system to ascertain cases and generate timely population-based data of major birth defects occurring in the State. Analyze the data generated by the surveillance system in a timely fashion (including rates and trends of major birth defects) and share that data with appropriate organizations within the State and with other States; and

3. Working with the appropriate partners in the State, (1) develop and begin implementation of a birth defects prevention program (e.g., NTD occurrence prevention) AND/OR, (2) develop and begin implementation of activities to improve the access of children with birth defects to comprehensive, community-based, family-centered care.

C. Recipient activities for States with ongoing, operational birth defect surveillance systems:

1. Develop, implement, and evaluate surveillance methodologies and approaches to ascertain new cases of NTDs (including those prenatally diagnosed, if possible) in a more timely manner, and use the data to: (1) develop and implement an approach to prevent the recurrence of NTDs in the State including the referral of affected families for sensitive and appropriate education/counseling interventions to prevent the recurrence of NTDs, and (2) evaluate progress made in the prevention of occurrent NTDs in the population;

2. Evaluate current methodologies used to ascertain cases and generate timely population-based data of major birth defects occurring in the State, and develop and implement methodologies and approaches which will improve or expand the capacity of the existing State-based surveillance system. Analyze the data generated by the surveillance system in a timely fashion (including rates and trends of major birth defects) and share that data with appropriate organizations within the State and with other States;

3. Working with the appropriate partners in the State, (1) develop and implement a birth defect prevention program (e.g., NTD occurrence prevention) and monitor changes in the prevalence of the birth defects being targeted AND/OR, (2) develop and implement activities to improve the access of children with birth defects to comprehensive, community-based, family-centered care; and

4. Prepare a document describing the surveillance methodologies used to generate timely NTD data and how the data was used to monitor progress made in the prevention of NTDs; and describe the use of your surveillance data for developing and implementing programs to prevent birth defects or activities to improve access to health services and early intervention programs. This document will be a resource to be shared with other States.

D. CDC activities:

1. Provide technical assistance.

2. Assist recipients in designing, developing, and evaluating methodologies and approaches used for State-based birth defect surveillance.

3. Assist recipients in analyzing surveillance data related to birth defects.

4. Assist recipients in designing plans for prevention programs and plans to improve the access of children with birth defects to health services and intervention programs.

5. Assist recipients in developing methods to: ascertain NTDs in a timely manner, prevent recurrence of NTDs in families, and evaluate progress made in the prevention of occurrent NTDs.

6. Provide a reference point for sharing regional and national data and information pertinent to the surveillance and prevention of birth defects.

E. Application Content

Use the information in the COOPERATIVE ACTIVITIES, OTHER REQUIREMENTS, and EVALUATION CRITERIA sections to develop the application content. Applications will be evaluated on the criteria listed, so it is important to follow them in describing the program plan.

Applications must be developed in accordance with PHS Form 5161–1 (Revised 7/92, OMB Control number 0937–0189), information contained in the program announcement and the instructions and format provided below:

1. Abstract

A one-page, single-spaced, typed abstract must be submitted with the application. The heading should include the title of the grant program, project title, organization, name and address, project director and telephone number. The abstract should briefly summarize the program for which funds are requested, the activities to be undertaken, and the applicant's organization and composition. The abstract should follow ''the printed forms'' and precede the Program Narrative.

2. Program Narrative

The Program Narrative should specifically address item A, B, or C in the ''COOPERATIVE ACTIVITIES.'' All items of the Program Narrative (i.e., Project Description, Results or Benefits Expected, Approach, Evaluation, Geographic Location, Additional Information) should begin on a new page. If the proposed program is a multiple-year project, the applicant should provide detailed description of first year activities, and briefly describe future year objectives and activities. The ''EVALUATION CRITERIA'' will serve as the basis for evaluating the application, therefore, the narrative of the application should address:

1. Applicant's understanding of the problem;
2. Impact on timely ascertainment of new NTD cases and use of the data for NTD recurrence prevention;
3. Impact on State-based birth defects surveillance;
4. Use of the surveillance data for prevention and intervention;
5. Organizational and program personnel capability;
6. Matching funds;
7. Budget justification and adequacy of facilities; and
8. Human subjects review.

The Program Narrative section should not exceed 40 pages, excluding attachments (e.g., resumes, appendices, etc.). Do not include a detailed budget nor detailed budget justification as part of the Program Narrative.

If the applicant is a university, evidence of an existing formal agreement with the State or local health departments for carrying out the State's surveillance activities must be included.

Applicant's are required to submit an original application and 2 copies. The original and each copy of the application must be submitted unstapled and unbound. All material must be typewritten, double-spaced, with un-reduced type on 8½″ by 11″ paper, with at least 1″ margins, headers and footers, and printed on one side only.

All graphics, maps, overlays, etc., should be in black and white and meet the above criteria.

F. Application Submission and Deadline

Application

The original and two copies of the application PHS Form 5161–1 (Revised 7/92, OMB Control number 0937–0189) must be submitted on or before July 27, 1998 to: David Elswick, 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, Georgia 30305–2209.

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 will 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 in the current competition and will be returned to the applicant.

G. Evaluation Criteria

Each application will be evaluated individually against the following criteria by an independent review group appointed by CDC as they relate to the applicant's response to either A, B, or C in the ''COOPERATIVE ACTIVITIES.''

1. Applicant's understanding of the problem (10 percent). The extent to which the applicant has a clear, concise understanding of the requirements, objectives, and purpose of the cooperative agreement. The extent to which the application reflects an understanding of the complexities of birth defects surveillance.

2. Impact on timely ascertainment of new NTD cases and use of the data for NTD recurrence prevention (20 percent).

The extent to which the applicant describes the proposed methods for the timely ascertainment of new NTD cases occurring in the population, and plans for referral of women who have had an NTD-affected pregnancy for education/counseling about the importance of folic acid. Specific criteria include:

a. Plan for ascertainment of NTD cases;

b. Timeliness of NTD case ascertainment; and

c. Plan for referral of families for education/counseling.

3. Impact on State-based birth defects surveillance (30 percent).

The extent to which the applicant describes the anticipated level of impact this cooperative agreement will have on birth defect surveillance activities in the State. The current and proposed activities evaluated in this criteria are specific for the three different recipient categories (A, B, or C) as outlined in the COOPERATIVE ACTIVITIES:

A. Evaluation criteria for category A (States with no birth defect surveillance systems):

a. Plans for developing State-based birth defects surveillance;
b. Methods of case ascertainment;
c. Timeliness of case ascertainment;
d. Level of coverage of the population;
e. Specific birth defects ascertained; and
f. Plans for analyzing and reporting surveillance data.

B. Evaluation criteria for category B (States with newly implemented birth defect surveillance systems or systems which are only partially operational):

a. Plans for improving/expanding State-based birth defects surveillance;
b. Methods of case ascertainment;
c. Timeliness of case ascertainment;
d. Level of coverage of the population;
e. Specific birth defects ascertained; and
f. Plans for analyzing and reporting surveillance data.

C. Evaluation criteria for category C (States with ongoing, operational birth defect surveillance systems):

a. Methods for evaluating current State birth defect surveillance system;
b. Plans for improving/expanding State-based birth defects surveillance;
c. Methods of case ascertainment;
d. Timeliness of case ascertainment;
e. Level of coverage of the population;
f. Specific birth defects ascertained;
g. Plans for analyzing and reporting surveillance data; and
h. Plan to evaluate progress made in the prevention of occurrent NTDs in the population (including ascertainment of prenatally diagnosed NTDs, if possible).

4. Use of the surveillance data for prevention and intervention (20 percent)

The extent to which the applicant describes the plans for using surveillance data to develop and implement programs to prevent birth defects and/or activities to improve the access of children with birth defects to health services and early interventions. Specific criteria include:

a. Plan for working with appropriate partners in the State; and

b. Plan for using the surveillance data to develop prevention or intervention programs.

5. Organizational and program personnel capability (15 percent)

The extent to which the applicant has the experience, skills, and ability to develop and improve birth defects surveillance and use surveillance data to develop prevention or intervention programs. The adequacy of the present staff and capability to assemble competent staff to implement a birth defects surveillance system and develop programs for prevention or intervention. The applicant shall identify, to the extent possible, all current and potential personnel who will work on this cooperative agreement, including qualifications and specific experience as it relates to the requirements set forth in this request.

6. Matching funds (5 percent)

The extent to which the applicant proposes matching funds. Matching funds may be contributions by the recipient of at least five percent of Federal funds awarded under this program. The applicant should identify and describe:

a. The amount expended during the preceding year for birth defects surveillance activities and birth defects prevention and intervention activities. These amounts will be used to establish a baseline for current and future match amounts; and

b. Sources of matching funds for the project and the estimated amounts from each.

7. Budget justification and adequacy of facilities (not scored)

The budget will be evaluated for the extent to which it is reasonable, clearly justified, and consistent with the intended use of the cooperative agreement funds. The applicant shall describe and indicate the availability of facilities and equipment necessary to carry out this project. Proposed matching funds must be detailed in the budget.

8. Human subject review (not scored)

The applicant must clearly state whether or not human subjects will be used in research and ensure that adequate human subjects protections will be implemented.

H. Other Requirements

An original and two copies of semi-annual progress reports are required of all grantees. Due dates for the semi-annual reports will be established at the time of award. Final financial status and performance reports are required no later than 90 days after the end of the project period.

Send all reports to: David Elswick, 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, Georgia 30305–2209.

The following additional requirements are applicable to this program. For a complete description of each, see Attachment 1 of the application kit.

AR98–1 Human Subjects Requirements
AR98–2 Requirements for Inclusion of Women and Racial and Ethnic Minorities in Research
AR98–7 Executive Order 12372 Review
AR98–9 Paperwork Reduction Act Requirements
AR98–10 Smoke-Free Workplace Requirements
AR98–11 Healthy People 2000
AR98–12 Lobbying Restrictions

I. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under sections 301(a), 311 and 317C of the Public Health Service Act [42 U.S.C. 241(a), 243, and 247b–4], as amended. The Catalog of Federal Domestic Assistance number is 93.238.

J. Where to Obtain Additional Information

A complete program description and information on application procedures are contained in the application package. Business management technical assistance may be obtained from David C. Elswick, 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, Georgia 30305, telephone (404) 842–6630.

Programmatic technical assistance may be obtained from Larry D. Edmonds or Paula W. Yoon, State Services, Birth Defects and Genetic Diseases Branch, Division of Birth Defects and Developmental Disabilities, National Center for Environmental Health, Centers for Disease Control and Prevention (CDC), 4770 Buford Highway NE., Mailstop F–45, Atlanta, Georgia 30341–3724, telephone (404) 488–7170.

Please refer to Announcement Number 98051 when requesting information and submitting an application.

Dated: June 5, 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

[Announcement Number 98065]

Grant to Study a Healthy Home/Healthy Community Intervention Notice of Availability of Funds for Fiscal Year 1998

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1998 funds for a grant to evaluate the effectiveness of a Healthy Homes/Healthy Community intervention to improve children's health by addressing environmental hazards in deteriorating communities and inadequate housing. This program addresses the Healthy People 2000 priority areas of Environmental Health, Educational and Community-Based Programs, and Maternal and Infant Health.

The purpose of this program is the implementation and evaluation of an intervention strategy in a target neighborhood to prevent childhood disease caused by health hazards in the residential environment. This intervention will be to bring to bear private- and public-sector financing to reduce multiple environmental hazards and associated childhood morbidities at the level of both individual home and surrounding neighborhood.

B. Eligible Applicants

Applications may be submitted by public and private nonprofit organizations and by governments and their agencies; that is universities, colleges, research institutions, hospitals, other public and private nonprofit organizations, State and local governments or their bona fide agent.

Note: Public Law 104–65 states that an organization described in section 501(c)(4) of the Internal Revenue Code of 1986 that