

environmental exposures specified in the intervention.

3. Project Personnel (15 Points)

The qualifications, experience, (including experience in conducting relevant studies) and time commitment of the staff needed to ensure implementation of the project.

4. Laboratory Capacity (10 Points)

Documented availability of a laboratory with demonstrated proficiency in performing laboratory measurements as indicated in applicant's proposed study.

5. Performance Measurement (10 Points)

Schedule for implementing and monitoring the project. The extent to which the application documents specific, attainable, and realistic goals and clearly indicates the performance measures that will be monitored, how they will be monitored, and with what frequency.

6. Budget and Justification (Not Scored)

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

7. Human Subjects (Not Scored)

If human subjects will be involved, how will they be protected, i.e., describe the review process which will govern their participation. The applicant must demonstrate that they have met the CDC Policy requirements regarding the inclusion of women, ethnic, and racial groups in the proposed research. This includes:

- The proposed plan for the inclusion of both sexes and racial and ethnic minority populations for appropriate representation;
- The proposed justification when representation is limited or absent;
- A statement as to whether the design of the study is adequate to measure differences when warranted; and
- 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.

H. Other Requirements

Technical Reporting Requirements
Provide CDC with the original plus two copies of

- Annual progress reports including the following for each goal or activity involved in the study:

- a comparison of actual accomplishments to the goals established for the period;
 - the reasons for slippage if established goals were not met; and
 - other pertinent information and data essential to evaluating progress.
- Financial status report, no more than 90 days after the end of the budget period, and
 - Final financial report and performance report no more than 90 days after the end of the project period.
- Send all reports to: Lisa T. Garbarino, 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 Addendum 1 (included in the application kit).

- AR98-1 Human Subjects Requirements
- AR98-2 Requirements for Inclusion of Women and Racial and Ethnic Minorities in Research
- 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 the Public Health Service Act, Section 301(a) [42 U.S.C. section 241(a)], as amended. The Catalog of Federal Domestic Assistance number is 93.197.

J. Where To Obtain Additional Information

To receive additional written information call 1-888-GRANTS4 (1-888-472-6874). You will be asked to leave your name, organization, address, and phone number and will need Announcement Number 98065. All application procedures and guidelines are contained within that package or can be found on the CDC Home Page. The address for the CDC Home Page is [<http://www.cdc.gov>].

Business management technical assistance, contact: Lisa T. Garbarino, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement Number 98065, Centers for Disease Control and Prevention, (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E-13, Atlanta, Georgia 30305-2209,

Telephone: (404) 842-6796, E-mail address: lgt1@cdc.gov.

For program technical assistance, contact: Nancy Tips, National Center for Environmental Health, Division of Environmental Hazards and Health Effects, Centers for Disease Control and Prevention (CDC), 4770 Buford Highway, NE., Room 1320, Mailstop F-42, Atlanta, Georgia 30341, Telephone: (770) 488-7277, E-mail address: nmt1@cdc.gov.

To receive the document Innovative Financing Sources for Lead Hazard Control published by the Alliance to End Childhood Lead Poisoning, or the booklet on Community Reinvestment Act (CRA), contact Nancy Tips. (Address and number above.)

Joseph R. Carter,

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

[FR Doc. 98-15540 Filed 6-10-98; 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

[Announcement 98050]

A Young Worker Community-Based Health Education Project Notice of Availability of Funds for Fiscal Year 1998

Introduction

The Centers for Disease Control and Prevention (CDC), the nation's prevention agency, announces the availability of funds for fiscal year (FY) 1998 for a cooperative agreement program which would consider and utilize existing health education materials and methods that address young worker health issues. Community-based education intervention and its evaluation are the core activities to be accomplished. This project is related to the priority areas of Special Populations and Intervention Effectiveness Research in the National Occupational Research Agenda.

CDC is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority area of Occupational Safety and Health. (For ordering a copy of Healthy People 2000,

see the section WHERE TO OBTAIN ADDITIONAL INFORMATION.)

CDC, NIOSH is committed to the program priorities developed by the National Occupational Research Agenda (NORA). (For ordering a copy of the NORA, see the section WHERE TO OBTAIN ADDITIONAL INFORMATION.)

Authority

This program is authorized under the Public Health Service Act, as amended, Section 301(a) [(42 U.S.C. 241(a)]; the Occupational Safety and Health Act of 1970, Section 20(a) [(29 U.S.C. 669(a))]. The applicable program regulation is 42 CFR Part 52.

Smoke-Free Workplace

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

Eligible Applicants

Applications may be submitted by public and private, nonprofit and for-profit organizations and governments and their agencies. Thus, universities, colleges, research institutions, hospitals, other public and private organizations, 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 woman-owned businesses are eligible to apply.

Note: Public Law 104-65, dated December 19, 1995, prohibits an organization described in section 501(c)(4) of the IRS Code of 1986, that engages in lobbying activities shall not be eligible for the receipt of Federal funds constituting an award, grant, contract, loan, or any other form of funding.

Availability of Funds

Approximately \$100,000 is available in FY 1998 to fund one award to support the operation of an Adolescent Worker Injury Outreach Group (AWIOG).

The amount of funding available may vary and is subject to change. This award is expected to begin on or about September 30, 1998. The award will be made for a 12-month budget period within a project period not to exceed three years. Continuation awards within the project period will be made on the basis of satisfactory progress and availability of funds.

Use of Funds

Restrictions on Lobbying

Applicants should be aware of restrictions on the use of HHS funds for lobbying of Federal or State legislative bodies. Under the provisions of 31 U.S.C. 1352 (which has been in effect since December 23, 1989), recipients (and their subcontractors) 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 relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress, or any State legislature, except in presentation to the Congress or any State legislative body 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.

Purpose

The purpose of this program is to support the operation of an Adolescent Worker Injury Outreach Group (AWIOG). Its purpose is to:

1. Foster an awareness of the young worker injury issue among employers, educators, parents, health professionals, mass media and other opinion leaders within communities in a specified State or region.
2. Initiate community-based health education interventions in a population not to exceed 10 million using high school teachers, health educators, community health workers, and/or teenaged peer educators.
3. Test the effectiveness of existing curricula and information materials for

young workers in multiple communities within a specific State or region.

4. With community input, establish performance criteria and measurement methods to evaluate both the materials and the overall project.

5. Use the performance criteria and measurement methods to measure the progress of the project toward achieving community-defined goals.

Program Requirements

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

A. Recipient Activities

1. The Adolescent Worker Injury Outreach Group shall use appropriate community intervention models such as the Community Health Improvement Process (CHIP; IOM, 1997) or Bracht's community organization model (Bracht & Kingsbury, 1990) to develop the project plan and design.

2. The recipient will bring the issue of young worker injuries to the attention of important stakeholder groups in the selected population.

3. Develop collaborations with, and among, community groups. For example, a local business might team with a local school to propose to provide occupational safety and health training to all students from the school who go to work for the employer. Or, a local health department might team with a media outlet to conduct a media campaign on young worker issues.

4. As necessary, the recipient's project staff will provide technical assistance to assist community groups in conducting community activities for periods of three months to one year. For example, a recipient young worker health educator may help with assessing community needs, adapting existing curricula to a new situation, maintaining a consistent level of intervention for a period of time that will increase the chance of finding an effect, or outcome evaluation effort.

5. Conduct evaluation of the effectiveness of both process and outcome for every intervention attempted. The chief benefit of this approach is that it lets the community decide what the appropriate activities and outcomes are. Hence, expectations remain realistic and better appreciated when fulfilled. Recipients should publish results of project as appropriate.

B. CDC/NIOSH Activities

1. Provide technical assistance to the recipient.
2. As requested by the recipient, facilitate linkages with researchers and public and private sector agencies and organizations.
3. As requested by the recipient, collaborate on joint safety and health communication and dissemination efforts of prevention information.
4. As requested by the recipient, provide consultation on developing data collection instruments and procedures.
5. As requested by the recipient, provide consultation in establishing standardized reporting mechanisms to monitor program activities.
6. Provide up-to-date scientific and programmatic information about adolescent worker injury epidemiological evidence.
7. As requested by the recipient, provide assistance in interpretation of the results and cooperate in preparation and publication of the written reports.
8. Collaborate in compiling and disseminating results from the project evaluation.

Technical Reporting Requirements

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

Semi-annual progress reports should include:

- A. A brief program description.
- B. A listing of program goals and objectives accompanied by a comparison of the actual accomplishments related to the goals and objectives established for the period.
- C. If established goals and objectives to be accomplished were delayed, describe both the reason for the deviation and anticipated corrective action or deletion of the activity from the project.

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

Application Content

The entire application, including appendices, should not exceed 50 pages and the Proposal Narrative section contained therein should not exceed 30 pages. Pages should be clearly numbered and a complete index to the application and any appendices included. The original and each copy of the application must be submitted unstapled and unbound. All materials

must be typewritten, double-spaced, with unrounded type (font size 12 point) on 8½" by 11" paper, with at least 1" margins, headers, and footers, and printed on one side only. Do not include any spiral or bound materials or pamphlets.

A. Title Page

The heading should include the project title, organization, name and address, project director's name, address, and telephone number.

B. Abstract

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

C. Proposal Narrative

The narrative of each application must:

1. Briefly state the applicant's understanding of the need or problem to be addressed, the purpose, and goals over the three-year period of the cooperative agreement.
2. Describe in detail the objectives and the methods to be used to achieve the objectives of the project. The objectives should be specific, time-phrased, measurable, and achievable during each budget period. The objectives should directly relate to the program goals. Identify the steps to be taken in planning and implementing the objectives and the responsibilities of the applicant for carrying out the steps.

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

4. Document the applicant's expertise, and extent of involvement in health education and awareness activities concerning occupational illness and injury for workers under the age of 18.

5. Provide letters of support or other documentation demonstrating collaboration of the applicant's ability to

work with diverse groups, establish linkages, and facilitate awareness information.

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

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

D. Budget

Provide a detailed budget which indicates anticipated costs for personnel, equipment, travel, communications, supplies, postage, and the sources of funds to meet these needs. The applicant should be precise about the program purpose of each budget item. For contracts described within the application budget, applicants should name the contractor, if known; describe the services to be performed; and provide an itemized breakdown and justification for the estimated costs of the contract; the kinds of organizations or parties to be selected; the period of performance; and the method of selection. Place the budget narrative pages showing, in detail, how funds in each object class will be spent, directly behind form 424A (for the 398—use * * * directly behind the PHS 398, form page 6). Do not put these pages in the body of the application. CDC may not approve or fund all proposed activities.

Evaluation Criteria

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

A. Background and Need (5%)

Briefly state the applicant's understanding of the need or problem to be addressed and the purpose of this project. Prepare a draft protocol for the study.

B. Experience (35%)

The extent to which the applicant's prior work and experience in young worker health education issues is documented, including length of time committed to young worker health education and public information activities; linkages developed; collaboration with other individuals or groups; strength of leadership.

C. Goals, Objectives and Methods (Total 20%)

1. The extent to which the proposed goals and objectives are clearly stated, time-phased, and measurable. The extent to which the methods are sufficiently detailed to allow assessment of whether the objectives can be achieved for the budget period. Clearly state the evaluation method for evaluating the accomplishments. The extent to which a qualified plan is proposed that will help achieve the goals stated in the proposal. (10%)

2. The degree to which the applicant has met the CDC policy requirements regarding the inclusion of women, ethnic, and racial groups in the proposed project. This includes: (a) The proposed plan for the inclusion of both sexes and racial and ethnic minority populations for appropriate representation; (b) The proposed justification when representation is limited or absent; (c) A statement as to whether the design of the study is adequate to measure difference when warranted; and (d) A statement as to whether the plan for recruitment and outreach for study participants includes the process of establishing partnerships with community(ies) and recognition of mutual benefits. (10%)

D. Facilities and Resources (5%)

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

E. Project Management and Staffing Plan (5%)

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

F. Evaluation (25%)

The extent to which goals and objectives encompass both process and outcome evaluation for the activities listed. The extent to which an evaluation plan describes the method and design for evaluating the program's effectiveness. Evaluation should include progress in meeting the objectives and conducting activities during the project and budget periods, and the impact of the activities implemented on childhood injury.

G. Collaboration (5%)

The extent to which all partners are clearly described and their qualifications and the extent to which their intentions to participate are explicitly stated. The extent to which the applicant provides proof of support (e.g., letters of support and/or memoranda of understanding) for proposed activities. Evidence or a statement should be provided that these funds do not duplicate already funded components of ongoing projects.

H. Human Subjects (Not Scored)

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

I. Budget Justification (Not Scored)

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

Executive Order 12372 Review

Applications are 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 for 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 send them to Ron Van Duyne, Grants Management Officer, 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 Announcement Number and Program Title should be referenced on the document. The granting agency does not guarantee to "accommodate or explain" the State process recommendations it receives after that date.

Public Health System Reporting Requirements

This program is subject to the Public Health System Reporting Requirements. Under these requirements, all community-based nongovernmental applicants must prepare and submit the items identified below to the head of the appropriate State and/or local health agency(s) in the program area(s) that may be impacted by the proposed project no later than the receipt date of the Federal application. The appropriate State and/or local health agency is determined by the applicant. The following information must be provided:

A. A copy of the face page of the application (SF424).

B. A summary of the project that should be titled "Public Health System Impact Statement" (PHSIS), not to exceed one page, and include the following:

1. A description of the population to be served;

2. A summary of the services to be provided; and

3. A description of the coordination plans with the appropriate State and/or local health agencies.

If the State and/or local health official should desire a copy of the entire application, it may be obtained from the State Single Point of Contact (SPOC) or directly from the applicant.

Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance number is 93.262.

Other Requirements**Paperwork Reduction Act**

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

Human Subjects

If the proposed project involves research on human subjects, the applicant must comply with the DHHS Regulations, 45 CFR Part 46, regarding the protection of human subjects. Assurance must be provided to

demonstrate the project will be subject to initial and continuing review by an appropriate institutional review committee. The applicant will be responsible for providing assurance in accordance with the appropriate guidelines and form provided in the application kit.

In addition to other applicable committees, Indian Health Service (IHS) institutional review committees also must review the project if any component of IHS will be involved or will support the research. If any Native American community is involved, its tribal government must also approve that portion of the project applicable to it.

Confidentiality

1. All personal identifying information obtained in connection with the delivery of services provided to any person in any program carried out under this cooperative agreement cannot be disclosed unless required by a law of a state or political subdivision or unless such a person provides written, voluntary informed consent.

2. Nonpersonal identifying, unlinked information, which preserves the individual's anonymity, derived from any such program may be disclosed without consent:

1. In summary, statistical, or other similar form, or

2. For clinical or research purposes.

3. Personal identifying information: Recipients of CDC funds who must obtain and retain personal identifying information as part of their CDC-approved work plan must:

1. Maintain the physical security of such records and information at all times;

2. Have procedures in place and staff trained to prevent unauthorized disclosure of client-identifying information;

3. Obtain informed client consent by explaining the risks of disclosure and the recipient's policies and procedures for preventing unauthorized disclosure;

4. Provide written assurance to this effect including copies of relevant policies; and

5. Obtain assurances of confidentiality by agencies to which referrals are made.

Assurance of compliance with these and other processes to protect the confidentiality of information will be required of all recipients. A DHHS certificate of confidentiality may be required for some projects.

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 rationales exist that inclusion is inappropriate or not feasible, this situation must be explained as part of the application. This policy does not apply to research studies when the investigator cannot control the race, ethnicity, and/or sex of subjects. Further guidance to this policy is contained in the **Federal Register**, Vol. 60, No. 179, pages 47947-47951, and dated Friday, September 15, 1995.

Application Submission and Deadlines

A. Preapplication Letter of Intent

A non-binding letter of intent-to-apply should be submitted by potential applicants. An original and two copies of the letter should be submitted to Ron Van Dyne, Grants Management Officer, 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.

It should be postmarked no later than July 6, 1998. The letter should identify the Announcement number 98050, name of principal investigator, and specify the activity(ies) to be addressed by the proposed project. The letter of intent does not influence review or funding decisions and is not required in order to submit an application, but it will enable CDC to plan the review more efficiently, and will ensure that each applicant receives timely and relevant information prior to application submission.

B. Application

The original and two copies of the application PHS Form 5161-1 (Revised 7/92, OMB Number 0937-0189) (for research use PHS 398) (Revised 5/95, OMB Number 0925-0001 [original+5 copies]) must be submitted 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 321, Atlanta, GA 30305, on or before August 3, 1998.

1. *Deadline:* Applications will be considered as meeting the deadline if they are either:

(a) Received on or before the deadline date, or

(b) Sent on or before the deadline date and received in time for submission to the objective review group. (The applicants must request a legibly dated U.S. Postal Service postmark or obtain a receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks will not be acceptable as proof of timely mailing.)

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

Where To Obtain Additional Information

To receive additional written information call 1-888-GRANTS4. You will be asked to leave your name, address, and phone number and will need to refer to NIOSH Announcement 98050. You will receive a complete program description, information on application procedures, and application forms. CDC will not send application kits by facsimile or express mail.

PLEASE REFER TO NIOSH ANNOUNCEMENT NUMBER 98050 WHEN REQUESTING INFORMATION AND SUBMITTING AN APPLICATION.

If you have questions after receiving the contents of all the documents, business management technical assistance may be obtained from David Elswick, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), Mailstop E-13, Room 321, 255 East Paces Ferry Road, NE., Atlanta, GA 30305, telephone (404) 842-6804, Internet : dce1@cdc.gov.

Programmatic technical assistance may be obtained from Raymond C. Sinclair, Education and Information Division, National Institute for Occupational Safety and Health, Center for Disease Control and Prevention (CDC), 4676 Columbia Parkway, Mail stop C-3, Cincinnati, OH 45226, telephone 513-533-8172 fax 513-533-8121, or Internet address: rcs1@cdc.gov.

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

Potential applicants may obtain a copy of Healthy People 2000 (Full Report, Stock No. 017-001-00474-0) or Healthy People 2000 (Summary Report,

Stock No. 017-001-00473-1) through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325, telephone (202) 512-1800.

NORA

THE NATIONAL OCCUPATIONAL RESEARCH AGENDA: copies of this publication may be obtained from The National Institute of Occupational Safety and Health, Publications Office, 4676 Columbia Parkway, Cincinnati, OH 45226-1998 or phone 1-800-356-4674, and is available through the NIOSH Homepage; <http://www.cdc.gov/niosh/nora.html>.

Useful References

The following documents may also provide useful information:

- Bracht N., Kingsbury, L. (1990) Community organization principles in health promotion: A five-state model. In Bracht N. (ed.), *Health Promotion at the Community Level*. (Newbury Park, CA, Sage), pp. 66-90.
- Institute of Medicine (1997) *Improving Health in the Community: A Role for Performance Monitoring*. (Washington, DC, National Academy Press).
- Layne LA, Castillo DN, Stout N, Cutlip P (1994). Adolescent occupational injuries requiring hospital emergency department treatment: A nationally representative sample. *American Journal of Public Health*, 84(4): 657-660.

Dated June 5, 1998.

Diane D. Porter,

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

[FR Doc. 98-15548 Filed 6-10-98; 8:45 am]

BILLING CODE 4163-19-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Institute for Occupational Safety and Health

[Announcement 98053]

Deep-South Center for Agricultural Disease and Injury Research, Education, and Prevention; Notice of Availability of Funds for Fiscal Year 1998

Purpose

The Centers for Disease Control and Prevention (CDC), the nation's prevention agency, announces the availability of funds for fiscal year (FY)

1998 for a cooperative agreement to establish an Agricultural Safety and Health Center, The Deep-South Center for Agricultural Disease and Injury Research, Education, and Prevention.

This announcement is related to the priority area of Occupational Safety and Health. The National Institute for Occupational Safety and Health (NIOSH) has created a National Occupational Research Agenda (NORA). NORA is a vision of the Institute to conduct occupational safety and health research to adequately serve the needs of workers in the United States.

In 1990, Congress established a National Program for Occupational Safety and Health in Agriculture (Ag) within NIOSH to lead a national effort in surveillance, research, and intervention. This program has had a "significant and measurable impact" on reducing adverse health effects among agricultural workers. Since 1990, eight Ag Centers have been established nationally. The Ag Centers were established to conduct research, education, and prevention projects to address the nation's pressing agricultural safety and health problems. Geographically, the Ag Centers are distributed throughout the nation to be responsive to the agricultural safety and health issues unique to the different regions. Through these efforts, the Ag Centers help to ensure that actions to prevent disease and injury in agriculture are taken based upon scientific findings.

The purpose of this Agricultural Center will be to conduct research, education, and prevention programs addressing agricultural safety and health problems in the geographic region served. A special focus of this Deep-South Center will address safety and health problems of special agricultural populations in the region including minority, migrant, and low-income farmers and farm workers.

Eligible Applicants

Eligible applicants are limited to organizations that serve the target populations of Alabama, Florida and Mississippi. The successful applicant would have a primary focus in any or all of the target States. Therefore eligible applicants include State and private universities and university-affiliated, nonprofit and for-profit medical centers.

These States have been determined to be the most appropriate target populations for the following reason:

1. The sociocultural and demographic aspects of southern agricultural populations are unique relative to other regions of the country. Most notable are the racial diversity, poverty, and illiteracy unique to this region.

Southern farmers and migrant worker populations include African-Americans, Jamaicans, Haitians, Laotians, Thais, and other racial and ethnic minorities. Several studies suggest that African-American workers in agricultural production and services have higher fatality rates as compared to other racial or ethnic groups nationally.

2. There was no downward trend in fatality rates for the 10-year period, 1980-1989, for African-Americans as had been experienced by Caucasians and Hispanics in the South. (American Journal of Industrial Medicine, 1991)

3. In 1995, the *Kennedy SM et al* published the conclusions of an external review of funded NIOSH agricultural projects. The review panel recommended an expansion of the program to include other regions with a high degree of agricultural activity not adequately served under the current program. Specifically mentioned were major deep-south agricultural areas. This announcement for these specific States will allow this program to be implemented.

Availability of Funds

Approximately \$350,000 is available in FY 1998 to fund one Agricultural Center. The amount of funding available may vary and is subject to change. This award is expected to begin on or about September 30, 1998. The award will be made for a 12-month budget period within a project period not to exceed three years. Continuation awards within the project period will be made on the basis of satisfactory progress and availability of funds.

Program Requirements

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

A. Recipient Activities

1. Develop and conduct research related to the prevention of occupational disease and injury of agricultural workers and their families, with an emphasis on multi-disciplinary research and the development and evaluation of control technologies.

2. Develop a research protocol(s) for agricultural disease and injury research, education, and prevention which would include collaboration with regional stakeholders as appropriate.

3. Develop, implement and evaluate model educational, outreach, and intervention programs promoting health and safety for the targeted populations.