### Availability

The completed public health assessments and addenda are available for public inspection at the Division of Health Assessment and Consultation, Agency for Toxic Substances and Disease Registry, Building 33, Executive Park Drive, Atlanta, Georgia (not a mailing address), between 8 a.m. and 4:30 p.m., Monday through Friday except legal holidays. The completed public health assessments are also available by mail through the U.S. Department of Commerce, National Technical Information Service (NTIS), 5285 Port Royal Road, Springfield, Virginia 22161, or by telephone at (703) 487–4650. NTIS charges for copies of public health assessments and addenda. The NTIS order numbers are listed in parentheses following the site names.

### Public Health Assessments Completed or Issued

Between October 1, 1997 and March 31, l998 public health assessments were issued for the sites listed below:

### NPL Sites

*Alabama*

USA Alabama Army Ammunition Plant—Childersburg—(PB98–118631)

*Arizona*

Williams Air Force Base—Mesa—(PB98–113236)

*California*

Sacramento Army Depot—Sacramento—(PB98–108939)
Sharpe Army Depot (aka Defense Distribution Depot, San Joaquin, California—Sharpe)—Lathrop—(PB98–137342)

*Hawaii*

Schofield Barracks—Wahiawa—(PB98–126196)

*Indiana*

Carter Lee Lumber Company—Indianapolis—(PB98–114739)

*Maryland*

Naval Surface Warfare Center Indian Head Division (NSWC–IHDIV)—Indian Head—(PB98–119167)

*Massachusetts*

Natick Laboratory Army Research—[aka U.S. Army Soldier System Command (SSCOM)—Natick]—Natick—(PB98–133630)

*Michigan*

Aircraft Components (Michigan Radiologic) (aka D & L Sales)—Benton Harbor—(PB98–113590)
H & K Sales (Michigan Radiologic) (aka D & L Sales)—Belding—(PB98–113590)
Organic Chemicals Incorporated—Grandville—(PB98–133622)

*New York*

Rosen Site (aka Rosen Brothers Site)—Cortland—(PB98–117930)

*Washington*

Fairchild Air Force Base (4 Areas)—Spokane—(PB98–118672)
Palermo Wellfield Groundwater Contamination—Tumwater—(PB98–116031)

*West Virginia*

Sharon Steel Corporation (aka Fairmont Coke Works)—Fairmont—(PB98–110901)

### Non-NPL Petitioned Sites

*U.S. Virgin Islands*

Bovoni Dump—St. Thomas—(PB98–124332)

Dated: July 8, 1998.

**Georgi Jones,**

*Director, Office of Policy and External Affairs, Agency for Toxic Substances and Disease Registry.*

[FR Doc. 98–18767 Filed 7–14–98; 8:45 am]

BILLING CODE 4163–70–P

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Centers for Disease Control and Prevention (CDC)

## Safety and Occupational Health Study Section: Notice of Charter Renewal

This gives notice under the Federal Advisory Committee Act (Pub. L. 92–463) of October 6, 1972, that the Safety and Occupational Health Study Section, National Institute for Occupational Safety and Health (NIOSH), of the Department of Health and Human Services, has been renewed for a 2-year period beginning July 1, 1998, through June 30, 2000.

For further information, contact Pervis C. Major, Ph.D., Scientific Review Administrator, Office of Extramural Coordination and Special Projects, Office of the Director, NIOSH, 1095 Willowdale Road, Morgantown, West Virginia 26505. Telephone 304/285–5979.

Dated: July 8, 1998.

**Carolyn J. Russell**

*Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).*

[FR Doc. 98–18825 Filed 7–14–98; 8:45 am]

BILLING CODE 4163–19–P

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Centers for Disease Control and Prevention

**[Announcement 98082]**

## National Minority Organizations Strategies for the Prevention and Control of Diabetes, The National Diabetes Education Program; Notice of Availability of Fiscal Year 1998 Funds

### Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of funds for fiscal year (FY) 1998 for the award of cooperative agreements to national minority organizations (NMOs) for National Diabetes Education Program (NDEP) activities related to the prevention and control of diabetes within special populations groups disproportionately burdened by this chronic disease (i.e. Black or African-American, Hispanic or Latinos, Asian, Native Hawaiian or Other Pacific Islanders, and American Indian or Alaska Native). These awards will assist NMOs to reach their targeted populations with culturally and linguistically appropriate NDEP prevention and control messages through community-based intervention approaches and delivery channels.

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 Diabetes and Chronic Disabling Conditions. (To order a copy of Healthy People 2000, see the section ''Where To Obtain Additional Information''.)

### Authority

This program is authorized under Sections 301(a) and 317(k)(2) [42 U.S.C. 241(a) and 247b (k) (2)] of the Public Health Service Act, as amended. Applicable program regulations are found in 45 CFR Part 74.

### 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, or early childhood development services are provided to children.

### Eligible Applicants

Eligible applicants are public and private nonprofit, national minority organizations that have the ability to reach those special populations specified in the Introduction. Eligible applicants must meet all the criteria listed below and provide evidence of eligibility in a cover letter and supporting documentation attached to their application. If the applicants do not meet all the eligibility criteria below, the application will be returned and not reviewed.

A. The applicant organization must have a primary relationship with one of the targeted populations. A primary relationship is one in which the targeted population is viewed as the most important benefactor or constituent of the organization's mission and activities. The relationship to the targeted population must be direct (membership or service) rather than indirect or secondary (philanthropy or fund-raising).

B. The applicant organization must have affiliate offices, chapters, or related-membership organizations in more than one State or territory. Individual affiliates or chapters of parent organizations are not eligible to apply.

C. The applicant organization must provide a copy of a letter of commitment from the organization's President or Executive Director, acknowledging their intent to develop a diabetes prevention and control policy and plan that will be adopted by the national organization, and moved for adoption by affiliates, chapters, and related-membership organizations. If a diabetes prevention and control policy and plan already exists within the national organization's office, they should be submitted in lieu of a letter of commitment.

D. A private nonprofit organization must include evidence of its nonprofit status with the application. Any of the following is acceptable evidence.

1. A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.

2. A copy of a currently valid Internal Revenue Service Tax exemption certificate.

3. A statement from a state taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.

4. A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.

In addition, to be considered a national minority organization, eligible applicants must meet the following criteria:

1. At least 51 percent of persons on the governing board must be members of racial or ethnic minority populations.

2. The organization must possess a documented history of serving racial and ethnic minority populations through its offices, affiliates, or participating minority organizations at the national level for at least 12 months before submission of the application to 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 will not be eligible for the receipt of federal funds constituting an award, grant, cooperative agreement, contract, loan, or any other form.

### Availability of Funds

Approximately $1.5 million is available in FY 98 to fund from five to six awards.

CDC expects to fund one award in each of the following targeted populations: Black or African-American, Hispanic or Latinos, Asian, Native Hawaiian or Other Pacific Islanders, and American Indian or Alaska Native.

It is expected that the average award will be $300,000, ranging from $200,000 to $400,000. 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.

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

Funds may not be expended for the purchase or lease of land or buildings, construction of facilities, renovation of existing space, or the delivery of clinical and therapeutic services. The purchase of equipment is discouraged but will be considered for approval if justified on the basis of being essential to the program and not available from any other source.

### Use of Funds

*Restrictions on Lobbying*

Applicants should be aware of restrictions on the use of HHS funds for lobbying of Federal or State legislative bodies. Under the provisions of 31 U.S.C. Section 1352 (which has been in effect since December 23, 1989), recipients (and their subtier contractors) are prohibited from using appropriated Federal funds (other than profits from Federal contract) for lobbying Congress or any Federal agency in connection with the award of a particular contract, grants, 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 Sec. 503(a) and (b) 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 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.

### Background

Diabetes is a serious and costly public health problem in the United States. In 1997, an estimated 15.7 million people (5.9 percent) have diabetes and one-third or 5.4 million people are undiagnosed. Diabetes contributed to approximately 187,800 deaths in 1995 and it was the seventh leading cause of death according to the National Center for Health Statistics. Approximately 798,000 new diabetes cases are diagnosed annually. The prevalence of diabetes is 8.2 percent, equally impacting both males and females. Diabetes disproportionately affects those aged 65 years or older. For example, the prevalence of diabetes in the general population aged 20 years or older is 8.2 percent; the prevalence is 18.4 percent among those aged 65 years or older. The population 65 years or older represent 12.8 percent of the U.S. population.

Diabetes is the leading cause of blindness among working-aged adults. It is the leading cause of kidney failure requiring dialysis and transplantation. Additionally, more than half of lower limb amputations occur among people with diabetes. Diabetes imposes a tremendous cost with the direct medical and indirect costs totaling approximately $92 billion in 1992. People with diabetes have a twofold-fourfold increase in cardiovascular disease. The incidence of diabetes is expected to rise in the United States given the aging of America, increase in minority populations, and trends in higher prevalence of obesity.

The racial and ethnic population in the United States is disproportionately affected by diabetes. For instance, the prevalence of diabetes among non-Hispanic blacks is 10.8 percent or 38.5 percent higher than among non-Hispanic whites (7.8 percent). On average, Hispanic/Latinos are nearly twice as likely to have diabetes as non-Hispanic whites of similar age. Prevalence data for Asian Americans and Pacific Islanders are limited, however, selected studies such as the King County, Washington study indicate that among second-generation Japanese Americans 45 to 74 years of age, 20 percent of the men and 16 percent of the women had diabetes.

Strong scientific evidence exists to support secondary and tertiary prevention efforts to reduce the medical, social, and economic burden of diabetes among all populations. Results of the Diabetes Control and Complications Trial (DCCT) clearly showed that persons with Type 1 diabetes who maintained tight control of their blood glucose levels can dramatically reduce their risk for long-term medical complications such as blindness, lower limb amputations, and kidney failure. Other studies suggest that tight glucose control has similar benefits for persons with Type 2 diabetes and reduces the risk for heart attacks, strokes, and peripheral vascular diseases. With so much scientific evidence, the question now becomes, What could and should be done to improve the prognosis for all people with diabetes?

The answer begins with the recognition that there is a big gap between what is known versus current practice in good diabetes care. There is a lack of awareness that diabetes is serious, common, costly, and controllable; and that prevention and early detection practices may prevent or delay the progression of long-term medical complications. This gap is especially true among racial and ethnic minority populations who have less access to culturally and linguistically appropriate diabetes information in the communities where they live. The U.S. health care system inadequately provides prevention and early detection services to people with diabetes and does not have the capacity to address the special needs of racial/ethnic diverse populations.

CDC and the National Institutes of Health (NIH) joined forces in 1995 to develop a major new initiative, the NDEP. The NDEP is a collaborative effort to improve the treatment and outcome for people with diabetes, promote early diagnosis, and ultimately, prevent the onset of disease. The NDEP will initially focus on secondary and tertiary strategies aimed at the prevention, early detection and control of medical complications related to diabetes including the reduction of risk factors for cardiovascular disease.

Targeted audiences of the NDEP include the general public, people with diabetes and their families, health professionals, and, purchasers and payers of health care and policy makers. The goal of the NDEP is to reduce morbidity and mortality caused by diabetes and its complications. The NDEP objectives are to (1) increase public awareness of the seriousness of diabetes, its risk factors, and potential strategies for preventing diabetes and its complications; (2) improve understanding of diabetes and its control and to promote self-management behaviors among people with diabetes; (3) improve health care providers' understanding of diabetes and its control and to promote an integrated approach to care; and, (4) promote health care policies and activities that improve quality and access to diabetes care.

The underlying theme of NDEP messages is, ''diabetes is serious, common, costly, and controllable.''

Through a nationwide Partnership Network, diverse public and private sector organizations will be brought together to collaboratively address the nation's diabetes burden. The NDEP will facilitate the coordination of efforts to reduce the burden of diabetes from a national perspective. Science-based diabetes messages will be developed and delivered using a wide variety of approaches and channels that effectively reach targeted audiences. NDEP messages and strategies will be integrated into existing systems of diabetes care, education programs, and community-based interventions. NDEP partners include federal agencies; State and local health departments; multiple professional, voluntary health, racial and ethnic minority groups, national, academic, community-based, and civic organizations; as well as private sector enterprises (e.g., managed care organizations, corporations and small businesses, pharmaceutical and diabetes equipment companies, national and local media including racial and ethnic minority media, and others).

It is essential to reach racial and ethnic minority populations through the NDEP. Creative and nontraditional methods need to be employed to accommodate the cultural, language, literacy, intergenerational, and other challenges of delivering diabetes messages and education programs to these groups. National minority organizations have a great depth of cultural understanding and established trust with their targeted populations and many who serve them. They have established relationships with individuals and organizations at the national, State and local levels that are respected by the targeted populations. Additionally, they have unique knowledge of how to effectively reach the targeted populations with awareness and education programs. NMOs are critical partners of the NDEP. It is through them and the partnerships formed to extend the reach of the NDEP that an impact may be made in reducing the burden of diabetes among racial and ethnic minority populations.

## Purpose

The purpose of this announcement is to strengthen the capacity of national minority organizations (NMOs) to collaborate with the NDEP to reduce the disproportionate burden of diabetes among high-risk populations (e.g. Black or African-American, Hispanic or Latinos, Asian, Native Hawaiian or Other Pacific Islanders, and American Indian or Alaska Native). These awards will assist NMOs to reach their targeted populations with culturally and linguistically appropriate NDEP prevention and control messages through trusted and valued community-based intervention approaches and delivery channels.

## Program Requirements

Program activities should focus on delivering NDEP messages to the targeted populations using a variety of culturally valued and effective community-based approaches and channels, establishing coalitions and partnerships to extend the reach of the NDEP in the targeted populations, and strengthening the health care system's capacity to competently provide culturally and linguistically appropriate diabetes education and support to diverse racial and ethnic minority populations. All program activities should support and be consistent with the purpose, goal, objectives, partnership guidelines, messages, and strategies of the NDEP.

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

**A. Recipient Activities**

1. Required Activities (Select 3 or More) (based on the needs and priorities of the targeted populations and adequacy of existing diabetes awareness and education activities).

(a) Identify and replicate effective cultural and linguistically appropriate community-based diabetes awareness and education activities and programs that are consistent with the NDEP and deliver them through trusted and valued channels. Examples: lay health workers or promoters, church-based education, or worksite education.

(b) Develop and carry out creative new community-based intervention strategies for the delivery of culturally and linguistically appropriate NDEP messages designed to improve the knowledge, attitude, skills, and behaviors related to the prevention, early detection, and control of diabetes complications. Example: community information and diabetes health promotion partnerships with local businesses, health care organizations, government health care programs (e.g., Medicare), or media outlets that serve the targeted populations.

(c) Establish community-based diabetes coalitions among organizations that serve the targeted population to extend the reach of the NDEP in at least 5 geographically distinct communities with a high concentration of the targeted population. Geographically distinct communities may be located in different States where the targeted population resides. Examples: Actively engage coalition members in a State and local partnership network to identify community needs and resources, incorporate NDEP messages into existing programs, develop joint initiatives and otherwise extend the reach of the NDEP.

(d) Develop and disseminate user friendly, consumer oriented inventories of diabetes education and care resources available to the targeted population in 5 or more geographically distinct communities with a high concentration of the targeted population. Geographically distinct communities may be located in different States where the targeted population resides. Examples: referral and resource directories.

(e) Establish culturally and linguistically appropriate mechanisms to respond to public inquiries regarding diabetes generated by NDEP media and other activities. Examples: multi language 1–800 number or information service from local multi language health care clinics.

(f) Identify, evaluate, and recommend existing diabetes awareness & education products that are culturally and linguistically appropriate for the targeted population, based on current science and consistent with the NDEP. Examples: brochures and pamphlets, videos, books, and public service announcements.

(g) Strengthen the capacity of the State/local health care system to competently provide culturally and linguistically appropriate diabetes information, education and support to the targeted population consistent with the NDEP. Examples: provider training on cultural sensitivity relative to diabetes or patient advocate and outreach program.

2. Other Required Activities:

(a) Participate in appropriate NDEP work groups to define the characteristics and needs of the targeted population, recommend priority activities and delivery strategies, and develop and test culturally and linguistically appropriate diabetes messages, information and educational products, and guidelines for developing community-based programs that reach the targeted population through participation on appropriate NDEP work groups.

(b) Incorporate culturally and linguistically appropriate NDEP diabetes prevention and control messages into all proposed program activities.

(c) Establish public and private sector partnerships to extend the reach of the NDEP in the targeted population.

(d) Assess the accomplishment and effectiveness of each program objective and major activity following a well-designed evaluation plan.

(e) Participate in the annual CDC Diabetes Control Conference, annual NDEP Partnership Network meeting, and 1–2 NDEP work group meetings (as appropriate).

(f) Identify additional public and private sector resources to extend, sustain and expand NDEP program activities initiated under this program announcement.

(g) Disseminate pertinent program information to other CDC-funded grantees, NDEP partner organizations, and other appropriate agencies and partners at the national, State and local levels.

**B. CDC Activities**

1. Provide periodic updates of the nationwide activities and progress of the NDEP and an explanation of how they relate to the purpose of this award.

2. Include recipients as participants in NDEP work groups formed to develop specific program components that are relevant to the purpose of this award.

3. Provide culturally and linguistically tested NDEP messages, information and education products, and guidelines for the development of community-based programs that reach the targeted populations as they become available for dissemination.

4. Collaborate with recipients in the development, implementation, evaluation, and dissemination of proposed program activities to ensure their consistency with the NDEP and provide technical assistance and consultation, as needed.

5. Provide periodic updates about public knowledge, attitudes, practices, and effective interventions for the prevention, early detection, and control of diabetes, and up-to-date scientific information.

6. Collaborate with recipients in the development of publications, manuals, modules, etc. that relate to this award.

**Technical Reporting Requirements**

An original and two copies of a quarterly progress report are due 30 days after the end of each quarter. The progress reports must include the following for each program, function, or activity: (1) A comparison of actual accomplishments to the objectives established for the reporting period; (2) the reasons for slippage if established objectives were not met; and (3) other pertinent information.

An original and two copies of the financial status report (FSR) must be submitted no later than 90 days after the end of each budget period. A final financial status and performance reports providing an overall evaluation of the 3 year program are required no later than 90 days after the end of the project period. All reports are submitted to the Grants Management Branch, Procurement and Grants Office, CDC.

**Application Content**

Applicants should focus on reaching the targeted population that they have the greatest likelihood of impacting and propose program activities that are consistent with the purpose of the award and description of recipient activities in this announcement. All program activities should support and be consistent with the purpose, goal, objectives, partnership guidelines, messages, and strategies of the NDEP. The application should be organized and presented following the outline described below. Program definitions and information that can be helpful in completing the application are attached.

Applicants must develop their applications in accordance with PHS Form 5161–1 (OMB Number 0937–0189), information contained in the program announcement, and the instructions below. The application should be limited, including PHS forms, budget information, and appendixes, to no more than 75 single-spaced pages. All materials should be suitable for photocopying. The application should not contain audiovisual materials, posters, tapes, etc.

**A. Background and Need**

1. Describe the targeted population to include the magnitude and scope of diabetes, existing activities and programs, barriers and gaps in diabetes prevention and control efforts, and need for the proposed program activities.

2. Describe the characteristics of the targeted population relative to their racial and ethnic diversity and knowledge, attitudes, beliefs, and health practices relative to diabetes.

**B. Objectives**

1. Identify the 3-year measurable outcome objectives for the program consistent with the purpose of this announcement and recipient activities.

2. Identify the process objectives for each budget year.

**C. Program Activities**

1. Clearly describe the specific activities that will be undertaken to achieve each of the program's process objectives during the year 01 budget period consistent with the recipient activities.

2. Briefly describe the activities planned for budget years 2 and 3.

**D. Capabilities**

1. Describe the organization's mission, structure and function, size, national membership, substructure, activities on a regional, State, or local level, and methods of routine communication with constituents and members (newsletters, journals, meetings, etc.). Explain how this infrastructure will be used to support successful implementation of the proposed program activities.

2. Describe the organization's past and present awareness and education activities in the prevention, early detection, and control of diabetes. Describe the organization's other past and present diabetes activities such as diabetes support groups and clinical services. Explain how NDEP messages can be integrated and how the proposed program activities will expand rather than duplicate present activities.

3. Describe the organization's past and present participation in planning or developing the National Diabetes Education Program.

4. Describe past and present collaborative partnerships with public and private sector organizations that serve or have established linkages in the targeted population. Include evidence of collaborations with partners such as memorandums of agreement. Explain how these partnerships can be used to support successful implementation of the proposed program activities.

5. Describe the nature and extent of constituent support for past and present organizational activities related to awareness and education activities for the prevention and control of diabetes. Explain how constituent support will be secured for the proposed program activities.

**E. Project Management**

1. Submit a work plan that outlines the main implementation steps and activities to be completed by specified targeted dates to achieve the process objectives for the budget year. Identify the persons or positions responsible for carrying out the activities.

2. Describe each proposed position for this program by job title, function, general duties, and the main activities with which that position will be involved. Describe the qualifications for the project coordinator position in terms of education, experience and desired skills. Include the level of effort and allocation of time for each project activity by staff position. Minimal staffing should include a full-time project coordinator and one program assistant.

**F. Program Evaluation Plan**

Identify methods for attaining measurable outcome and process objectives, accomplishing program activities, and monitoring program quality including the consistency of activities with the NDEP. The evaluation plan should include qualitative and quantitative data collection and assessment mechanisms. As appropriate, this plan should include baseline data for the proposed objectives or the mechanism that will be used to establish the baseline data; the minimum data to be collected to evaluate the achievement of proposed program objectives; and the systems for collecting and analyzing the data. Data to be reported will be dependent on the proposed program objectives and activities, however, examples of potential data include, but are not limited to the following:

1. The number expected to be reached in the targeted population and the plan for evaluating the number actually reached.

2. Information about the State affiliates, local community-based organizations and other partners reached and their activities.

3. Information about the health organizations and providers reached and populations served.

4. When, where, and how often activities are conducted.

5. Cultural and linguistically appropriate program products developed and disseminated and their consistency with the NDEP.

6. Information on the change in knowledge, attitudes, and self-management practices among people with diabetes.

7. Information on the number of existing programs or organizations that have incorporated the NDEP messages and strategies including a description of their activities.

8. Information on the number and types of public and private sector partnerships and coalitions established to extend the reach of the NDEP including a description of their activities.

**G. Budget and Narrative Justification**

Provide a detailed line-item budget and narrative justification for all operating expenses consistent with the proposed objectives and planned activities. Be precise about the program purpose of each budget item and itemize calculations when appropriate.

Applicants should budget for the following costs: Out-of-State Travel: Participation in CDC-sponsored training workshops and meetings is essential for the effective implementation of diabetes control programs. Travel funds should be budgeted for the following meetings:

1. Two persons to attend the CDC Diabetes Prevention and Control Conference (3 days) held during Spring of 1999.

2. Two persons to attend the 1999 NDEP Partnership Network Meeting in Atlanta, or another specified location (2–3 days).

3. One person to attend 1–2 NDEP work group meetings related to program development during 1999 (2 days each meeting).

**H. Attachments**

Provide these attachments:

1. An organizational chart and 1-page résumés of current and proposed staff. Include 1 page job descriptions of proposed staff.

2. A list of applicant's constituents by regional, State, and local organization(s).

3. Evidence of collaboration with other organizations that serve the same targeted populations. Include Memorandums of Agreement and letters of support.

4. A description of funding from other sources to conduct similar activities:

(a) Describe how funds requested under this announcement will be used differently or in ways that will expand on the funds already received, applied for, or being received.

(b) Identify proposed personnel devoted to this project who are supported by other funding sources and the activities they are supporting.

(c) Written statement that the funds being requested will not duplicate or supplant funds received from any other sources.

5. Proof of eligibility.

## Typing and Mailing

Applicants are required to submit an original and two copies of the application. Number all pages clearly and sequentially and include a complete table of contents for the application and its appendixes. The original and each copy of the application must be submitted unstapled and unbound. Print all material, single-spaced, in a 12-point or larger font on 8 1/2″ by 11″ paper, with at least 1″ margins and printed on one side only. The application length should be no more than 75 pages total including appendixes, an itemized budget with justification and the required forms.

## Evaluation Criteria (100 Points)

Objective Review panels evaluate the scientific and technical merit of applications and their responsiveness to the information requested in the ''Application Content'' section above. The application will be reviewed and evaluated according to the following criteria:

*A. Background and Need (10 Points)*

The extent to which the applicant demonstrates an understanding of the program's purpose and objectives, describes the characteristics, diabetes burden and needs of the targeted population, and justify the need for the proposed activities.

*B. Objectives (15 Points)*

The extent to which the proposed outcome and process objectives are specific, time-related, measurable, appropriate for the targeted audience, and consistent with the stated purpose of this announcement.

*C. Program Activities (25 Points)*

The appropriateness of the proposed program activities for the targeted population, likelihood that they are achievable, and expectation that their implementation will lead to accomplishment of the proposed process and outcome objectives within the project period.

*D. Capabilities (20 Points)*

1. The capacity of the applicant's infrastructure in supporting successful implementation of the proposed program activities in the targeted population.

2. The success of the applicant's past and present experiences in working with the targeted population, conducting diabetes awareness and education activities, collaborating with public and private sector partners and the potential contribution of these experiences to the success of the proposed program activities.

3. The success of the applicant in generating constituent support for past and present organizational activities and the likelihood that strong support can be secured for the proposed program activities.

*E. Project Management (20 Points)*

1. The adequacy of the work plan in outlining the main program implementation steps with time lines and identification of appropriate responsible positions or persons.

2. The adequacy of proposed personnel time allocations and the extent to which proposed staff exhibit appropriate qualifications and experience to accomplish the program activities.

*F. Program Evaluation Plan (10 Points)*

The appropriateness and quality of the evaluation plan for monitoring the program's progress, quality and accomplishments relative to the achieving the outcome and process objectives and completing the proposed program activities.

*G. Budget and Justification (Not Weighted)*

The extent to which the budget is reasonable and consistent with the purpose and objectives of the cooperative agreement.

## Content of Noncompeting Continuation Applications

In compliance with 45 CFR 74.51(d), noncompeting continuation applications submitted within the project period need only include:

A. A brief progress analysis that describes the accomplishments from the start of the project period.

B. Any new or significantly revised items or information (objectives, scope of activities, operational methods, evaluation, etc.) not included in the year 01 application.

C. An annual budget and justification. Existing budget items that are unchanged from the previous budget period do not need rejustification. Simply list the items in the budget and indicate that they are continuation items. Supporting justification should be provided where appropriate.

## Executive Order 12372 Review

Applications are not subject to Executive Order 12372, Intergovernmental Review of Federal Programs.

## Public Health System Reporting Requirements

This program is subject to the Public Health System Reporting Requirements.

## Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance number is 93.283.

## Other Requirements

*Paperwork Reduction Act*

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

*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.

*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.

*Application Submission and Deadline*

The original and two copies of the application PHS Form 5161–1 (Revised 5/96, OMB Number 0937–0189) must be submitted to Sharron P. Orum, Grants Management Officer, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), Room 300, Mail Stop E–18, 255 East Paces Ferry Road, NE., Atlanta, GA 30305, on or before August 15, 1998.

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

(a) Received on or before the deadline date; and

(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 accepted as proof of timely mailing.)

2. Late Applications: Applications that do not meet the criteria in 1.(a) and 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**

A complete program description and information on application procedures may be obtained in an application package. Business management technical assistance may be obtained from Sharron Orum, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), Room 314, Mail Stop E–18, 255 East Paces Ferry Road, NE., Atlanta, GA 30305; telephone (404) 842–6508 or the Internet at, slh3@cdc.gov. Programmatic technical assistance may be obtained from Rita Díaz-Kenney, Division of Diabetes Translation, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC), Mail Stop K–10, 4770 Buford Highway NE., Atlanta, GA 30341–3724; telephone (770) 488–5016, or the Internet at: rvd1@cdc.gov.

You may also obtain this announcement, and other CDC announcements, from one of two Internet sites on the actual publication date: CDC's home-page at http://www.cdc.gov or the Government Printing Office home-page (including free on-line access to the **Federal Register** at http://www.access.gpo.gov).

Please refer to Announcement number 98082 when requesting information and submitting an application.

Potential applicants may obtain a copy of Healthy People 2000 (Full Report; stock No. 017–001–00474–0) or Healthy People 2000 (Summary Report; stock No. 017–001–00473–1) referenced in the Introduction through the Superintendent of Documents, Government Printing Office, Washington, DC 20402–9325; telephone (202) 512–1800.

Dated: July 9, 1998.

**John L. Williams,**

*Director, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC).*

[FR Doc. 98–18824 Filed 7–14–98; 8:45 am]

BILLING CODE 4163–18–P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Centers for Disease Control and Prevention

## Ethics Subcommittee and the Advisory Committee to the Director, Centers for Disease Control and Prevention: Cancellation of Meetings

This notice announces the cancellation of previously announced meetings.

**FEDERAL REGISTER CITATION OF PREVIOUS ANNOUNCEMENT:** 63 FR 34901, June 26, 1998.

**PREVIOUSLY ANNOUNCED TIMES AND DATES:** 9 a.m.–3 p.m., July 16, 1998, and 8:30 a.m.–3 p.m. July 17, 1998.

**CHANGE IN THE MEETING:** These meetings have been cancelled.

**CONTACT PERSON FOR MORE INFORMATION:** Linda Kay McGowan, Executive Secretary, Advisory Committee to the Director, CDC, 1600 Clifton Road, NE, M/S D–24, Atlanta, Georgia 30333, telephone 404/639–7080.

Dated: July 10, 1998.

**Nancy C. Hirsch,**

*Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).*

[FR Doc. 98–18934 Filed 7–14–98; 8:45 am]

BILLING CODE 4163–18–P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Food and Drug Administration

**[FDA 225–98–800]**

## Memorandum of Understanding Between the Food and Drug Administration and the Indian Health Service

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Food and Drug Administration (FDA) is providing notice of a memorandum of understanding (MOU) between FDA and the Indian Health Service (IHS). The purpose of the MOU is to develop a more cohesive relationship to mutually address American Indian and Alaska Native issues within the context of each organization's jurisdiction.

**DATES:** The agreement became effective July 9, 1997.

**FOR FURTHER INFORMATION CONTACT:** Mary C. Wallace, Office of External Affairs (HFE–3), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–827–4406.