Respondents (form name)	Number of respondents	Number of responses/ respondent	Average burden/response (in hours)	Total burden (in hours)
Positive Tuberculin Skin Tests (TST's) Form	15	1	0.333	3
Negative TST's Form	46	1	0.333	46

Dated: July 22, 1998

Charles Gollmar,

Acting, Associate Director for Policy, Planning, and Evaluation, 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 98102]

Asthma Surveillance With an Emphasis on Children; Notice of Availability of Funds for Fiscal Year 1998

A. Purpose

The Centers for Disease Control and Prevention (CDC) and the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health (NIH) announce the availability of fiscal year (FY) 1998 funds for cooperative agreements for asthma surveillance activities.

The purpose of this project is to build a model framework for asthma surveillance with a particular focus on asthma in children. The specific objectives are:

1. To further develop, refine, and document asthma surveillance activities focused on (but not exclusive to) children;

2. To document and evaluate surveillance activities as to the source of data, effort needed to access the data, accuracy, cost, use of the data, and value of the data to contribute to development of a model asthma surveillance plan; and

3. To prepare reports, visuals, and examples of use of previously collected data to be used within the State and as models for other health agencies.

This announcement is related to the priority area of Environmental Health.

B. Eligible Applicants

Eligible applicants are State health agencies or major local health agencies with a population base greater than 1,000,000 persons with asthma surveillance and multiple data sources analyzed that address the population of the entire State or jurisdiction. This eligibility includes health agencies or other official organizational authority (agency or instrumentality) of the District of Columbia, the Commonwealth of Puerto Rico, and any territory or possession of the United States.

Eligible applicants may enter into contracts and consortia agreements and understandings as necessary to meet the requirements of the program and strengthen the overall application. The intent to use the above mechanisms must be stated in the application and the nature and scope of work of these mechanisms requires the approval of CDC and NHLBI.

C. Availability of Funds

Approximately $400,000 will be available in FY 1998 to support this program with an average award of $65,000. It is expected that up to 6 awards will begin on or about September 30, 1998, and will be made for a 12-month budget and project period. Funding estimates may change.

D. Cooperative Activities

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities under 1. Recipient Activities, and CDC and NHLBI will be responsible for the activities under 2. CDC and NHLBI Activities.

1. Recipient Activities:

a. Using existing data from previously analyzed data sources, prepare presentations of the asthma-related data (e.g. as reports, visuals, press releases) focusing primarily on children with asthma for use within the State and as examples for all States;

b. Demonstrate the usefulness of data collected for the purpose of planning and evaluating intervention program activities and for educating persons affected by asthma, the media, and the general public;

c. Document the source, effort, cost, use, sensitivity and other measures of data accuracy, representativeness, timeliness of the data; and the contribution of the data source to the State's total asthma surveillance effort;

d. Document lessons learned in the conduct of asthma surveillance activities; and

e. Participate through workshops, conference calls, and correspondence with other grantees in the development of (1) a model asthma surveillance strategy for States and (2) an asthma prevalence questionnaire.

2. CDC and NHLBI Activities:

a. Collaborate with the recipient in all stages of the project and coordinate joint activities among all grantees;

b. Provide programmatic technical assistance as appropriate;

c. Convene meetings of all grantees and facilitate documentation of an asthma surveillance model and an asthma prevalence questionnaire; and

d. Work with participants to prepare reports summarizing the project.

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 laying out the program plan. The narrative should be no more than 20 double-spaced pages, printed on one side, with one inch margins, and unreduced 12 point or 12 pitch font.

All graphics, maps overlays, etc., should be in black and white and meet the above criteria. Include each of the following sections:

1. Description of Problem

Describe what is known of the asthma problem in the State or jurisdiction, focusing primarily, but not exclusively, on children; the challenges experienced to date, specific to asthma surveillance in your State, experiences with similar problems related to surveillance of other diseases/conditions, and a brief description of success in addressing them.

2. Program Purpose

For each of the elements cited in the program purpose, provide specific objectives that are realistic, time-phased, measurable.

3. Program Plan

Submit a plan that describes how the project objectives will be achieved. The plan must address the following topics:

a. Briefly describe what state-wide data are currently available; what have already been analyzed, and how those

data have been presented and used to date (note: Examples might be included as appendices.);

b. Describe plans for new presentation of the data;

c. Describe your ability to evaluate a surveillance system as presented in ''Guidelines for Evaluating Surveillance Systems'', Morbidity and Mortality Weekly Report (MMWR) supplement S–5, Vol. 37, May 6, 1998; and

d. Document assurance of ability to travel to Atlanta and to participate in surveillance model building activities.

4. Management and Staffing Plan

Identify the principal investigator, e.g., an epidemiologist, who will oversee project activities and participate in model-building activities and a health educator/program specialist for data use activities.

5. Evaluation

Describe how progress made toward meeting objectives will be evaluated and documented.

6. Budget

Grant funds should be used to supplement asthma surveillance resources in the State and can include items such as personnel, equipment, printing, etc.

F. Application Submission and Deadline

1. Applications

The original and 2 copies of the application PHS Form 5161–1 (revised 5/96) 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 300, Mailstop E–13, Atlanta, GA 30305, on or before August 31, 1998.

2. Deadlines: Applications shall be considered as meeting the deadline above if they are either: (1) Received on or before the deadline date; or (2) sent on or before the deadline date and received in time for submission to the independent review group. (Applicants should request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.)

G. Evaluation Criteria

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

1. Quantity and quality of existing asthma surveillance efforts (maximum 40 points).

The extent to which existing asthma surveillance data and data sources covering the entire State or jurisdiction have been documented; the quantity and quality of data sources; the understanding of the data, and experience in the use of the data.

2. Measurable Objectives and Plan (maximum 20 points).

The consistency of the measurable objectives, which should include a particular focus on asthma in children, with the stated purpose of the cooperative agreement; the anticipated ability to meet the objectives according to the specified time table, and the adequacy of the applicants plan to carry out the proposed activities.

3. Management and Staffing Plan (maximum 20 points).

The extent to which the proposal has described the qualifications and commitment of the applicant, and the qualifications and level of effort of the key project staff.

4. Understanding the Problem (maximum 10 points).

Evidence of the applicant's understanding of the problem (asthma and asthma surveillance) and the purpose of the cooperative agreement.

5. Proposed Evaluation Plan (maximum 10 points).

The adequacy of the applicant's plan to monitor progress toward meeting the objectives of the project.

6. Budget (not scored).

The extent to which the budget is reasonable, adequately justified, and consistent with the intended use of the cooperative agreement funds.

H. Other Requirements

Technical Reporting Requirements

Provide CDC with the original and two copies of:

1. Semi-annual progress reports including the following for each goal or activity involved in the study: (a) A comparison of actual accomplishments to the objectives established for the period; (b) the reasons for slippage if objectives were not met; (c) other pertinent information including, when appropriate, analysis and explanation of unexpectedly high costs for performance; and

2. Final financial status report and a final progress report are due no more 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), Room 300, Mailstop E–13, 255 East Paces Ferry Road, NE., Atlanta, GA 30305.

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

AR98–9 Paperwork Reduction Act Requirements
AR98–8 Public Health System Reporting Requirements
AR98–10 Smoke-Free Workplace Requirements
AR98–11 Healthy People 2000
AR98–12 Lobbying Restrictions
AR98–7 Executive Order 12372

I. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under the Public Health Service Act, sections 301 and 317 (42 U.S.C. 241 and 246). The Catalog of Federal Domestic Assistance number assigned to this project is 93.283.

J. 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 Announcement 98102. 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 announcement number 98102 when requesting information and submitting an application.

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained by contacting: David Elswick, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement 98102, Centers for Disease Control and Prevention (CDC), Room 300, 255 East Paces Ferry Road, NE., MS E–13, Atlanta, GA 30305–2209, telephone (404)842–6803.

See also the CDC home page on the Internet: http://www.cdc.gov

A copy of the ''Guidelines for Evaluating Surveillance Systems'' may be obtained from the Internet at http://www.cdc.gov/epo/mmwr/preview/mmwrhtml/ 00001769.htm. Programmatic technical assistance can be obtained from Leslie Boss, Air Pollution and Respiratory Health Branch, Division of Environmental Hazards and Health Effects, National Center for Environmental Health, Centers for Disease Control and Prevention, Mailstop F–39, 4770 Buford Highway, NE., Atlanta, Georgia, 30341–3724, telephone (770) 488–7329.

Dated: July 22, 1998.

John L. Williams,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 98092]

The Epidemiology of Opportunistic Infections in Bone Marrow Transplant Recipients; Notice of Availability of Funds

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 The Epidemiology of Opportunistic Infections in Bone Marrow Transplant Recipients. This program addresses the ''Healthy People 2000'' priority area of Immunization and Infectious Diseases. The purpose of the program is to provide assistance for a study to assess the epidemiology of opportunistic infections (OIs) in bone marrow transplant (BMT) recipients in the mid-1990s. For this study, a BMT is defined as any hematopoietic cell transplant of any type (autologous, syngeneic, or allogeneic), with transplanted cells collected from either the donor's bone marrow or peripheral blood. An OI is defined as any infection which occurs with increased frequency or severity in BMT recipients. The goals of this study are: (a) to identify the important OIs in inpatients and outpatients, both pediatric and adult, and autologous and allogeneic BMT recipients who have received stem cells harvested from donor bone marrow or blood, and (b) to describe recent trends in BMT OI epidemiology to help set priorities for BMT OI prevention strategies.

B. Eligible Applicants

Maximum Competition

Applications may be submitted by public and private nonprofit organizations whose functions include collecting and disseminating national BMT data and coordinating information about OIs in BMT recipients. Eligible applicants must perform or collect OI data on ≤ 100 new BMTs per year in order to maximize the number of BMT recipients under surveillance, and therefore increase the power of the study.

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

C. Availability of Funds

Approximately $140,000 is available in FY 1998 to fund approximately 1–2 awards. It is expected that the average award will be $70,000 ranging from $50,000–140,000. 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 one (1) year. Funding estimates may change.

D. Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities under 1. (Recipient Activities), and CDC will be responsible for the activities listed under 2. (CDC Activities).

1. Recipient Activities

a. Develop a plan to identify the important OIs, including new and emerging ones, which have occurred during the mid-1990s in a retrospective cohort of BMT recipients. Previously, important BMT OIs have included cytomegalovirus, influenza A and B, respiratory syncytial virus, *S. pneumoniae, Haemophilus influenzae* type b, *Toxoplasma gondii, Pneumocystis carinii,* and invasive *Candida spp.* and *Aspergillus spp.* Important OIs in the mid-1990s may include some or all of these agents.

b. Develop case definitions for specific BMT OIs.

c. Design a study to determine the epidemiology of OIs in BMT recipients in the mid-1990s. This should include methods to determine risk factors and incidence rates of important Ois.

d. Develop a plan for quality assurance to ensure completeness and accuracy of data.

e. Interpret, publish, and disseminate findings.

2. CDC Activities

a. Collaborate on planning and designing the study. Assist with the development of OI case definitions.

b. Provide assistance as requested by recipient(s).

c. Collaborate in data management, and in quality assurance.

d. Perform Statistical analysis as requested.

e. In collaboration with recipient(s), assist with interpretation of data.

f. Facilitate dissemination of findings.

E. Application Content

Use the information in the Program Requirements, Other Requirements, and Evaluation Criteria sections to develop the application content. Your application will be evaluated on the criteria listed, so it is important to follow them in laying out your program plan. The narrative should be no more than 15 double-spaced pages, printed on one side, with one inch margins, and unreduced font.

F. Submission and Deadline

Application

Submit the original and five copies of PHS 398 (OMB Number 0925–0001)(adhere to the instructions on the Errata Instruction Sheet for PHS398). Forms are in the application kit. On or before August 30, 1998, submit the application to: Van Malone, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement 98092, Centers for Disease Control and Prevention, Room 300, 255 East Paces Ferry Road, NE., M/S E18, Atlanta, Georgia 30305–2209.

If your application does not arrive in time for submission to the independent review group, it will not be considered in the current competition unless you can provide proof that you mailed it on or before the deadline (i.e., receipt from U.S. Postal Service or a commercial carrier; private metered postmarks are not acceptable).

G. Evaluation Criteria

Each application will be evaluated individually against the following criteria by an independent review group appointed by CDC.

Plan (10 points)

Extent to which applicant presents a detailed operational plan for initiating and conducting the project, which clearly and appropriately addresses all Recipient Activities.

Objectives (15 points)

Extent to which applicant describes specific objectives of the proposed project which are consistent with the purpose and goals of this cooperative agreement program and which are measurable and time-phased.

Methods (30 points)

Extent to which applicant describes specific study protocols or plans for the development of study protocols that are appropriate for achieving project objectives. The extent the proposed plan includes the inclusion of women,