

By direction of the Commission.

Donald S. Clark,

Secretary.

[FR Doc. 98-30087 Filed 11-9-98; 8:45 am]

BILLING CODE 6750-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 99009]

Notice of Availability of Funds; Cooperative Agreement for Limb Loss Research and the Prevention of Secondary Conditions

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1999 funds for a cooperative agreement program for limb loss research and the prevention of secondary conditions. The purpose of the program is to advance the field of limb loss epidemiology, surveillance, data analysis, and intervention design including health promotion programs for persons with limb loss and the prevention of secondary conditions. This program addresses the "Healthy People 2000" priority area of Preventive Services.

B. Eligible Applicants

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

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

It is anticipated that a maximum of \$500,000 will be available in FY 1999 to fund one award, including direct and indirect costs. It is expected that the project period will begin on April 1, 1999 and the award will be made for a 12-month budget period within a project period of up to four years. This funding estimate may change. Continuation awards within an approved project period will be made on the basis of

satisfactory progress as evidenced by required reports, CDC site visits, and the availability of funds.

Use of Funds

Project funds may be used to support personnel services, supplies, equipment, travel, subcontracts, and other services consistent with the approved scope of work.

Project funds may not be used to supplant other available applicant or collaborating agency funds, for construction, or purchase of facilities or space, or for patient care. Project funds may not be used for individualized preventive measures (direct patient support) such as wheelchairs, assistive technology, and medical appliances including prosthetic devices unless specifically approved by the funding agency. Travel funds should be requested for at least three project staff to participate in a CDC Office on Disability and Health workshop in Atlanta, GA during the first budget year.

D. Program Requirements

The applicant should: (1) propose and utilize a six month planning period at the beginning of the project in order to structure key staffing and organizational activities; (2) establish formal collaborations with identified outside entities, and solicit diverse input for use in project design, objective setting, and operations; and (3) appoint a full-time manager/coordinator with the authority and responsibility to conduct and manage all components of the project.

Cooperative Activities

In conducting activities to achieve the purposes of this program, the Recipient shall be responsible for activities listed under Recipient Activities, item A; and CDC shall be responsible for activities listed under CDC Activities, item B.

A. Recipient Activities

1. Develop an epidemiologic capacity to understand and characterize secondary conditions in persons with limb loss including analyses of differential secondary conditions and their associations with co-morbidities.
2. Collect, compile, and analyze information relevant to the incidence and prevalence of limb loss and amputations on a national, regional, and state/local basis.
3. Develop cost-effectiveness measures and models as optimal approaches for intervention design and efficacy, and provide guidance for their implementation.
4. Characterize the population of persons with limb loss by determined incidence, etiology/causality, functional

effects, co-morbidities, and affected limb site variables.

5. Develop and maintain research literature and resources on the prevention of secondary conditions and health promotion strategies regarding limb loss, and establish a communication process to disseminate prevention information to research entities including collaboration with the National Limb Loss Information Center.

6. Provide technical assistance on health promotion and community-directed interventions that has as its purpose the prevention of secondary conditions in targeted populations.

7. Develop a model limb loss and amputation reporting system that could be piloted in a geographic or health jurisdiction.

8. Collaborate with other organizations for the design and/or implementation of programs meriting replication in other settings, recognizing appropriate cultural sensitivity and controlled by a formal program evaluation protocol.

9. Establish relationships and client access linkage with public/community/advocacy/voluntary agencies and provider organizations that serve persons with limb loss for the purpose of addressing and understanding secondary conditions and promoting best practices from the health promotion and personal perspective of persons who have experienced limb loss.

10. Collect and report information on community programs related to limb loss including complications from surgery, comparisons of clinical and community programs geared toward preventing secondary conditions, vocational and educational outcomes in persons with limb loss, gaps in services and data, and provider training needs.

B. CDC Activities

1. Provide consultation in the development of data collection instruments, methods, procedures, and outcome determinations.

2. Provide technical consultation, assistance, and referrals on existing epidemiological information regarding limb loss and amputations in the United States.

3. Serve as a reference for accessing other data sets that will be of value to the surveillance and epidemiologic activities of the recipient.

4. Provide consultation on the development of cost-effectiveness and cost-utility models, and in designing minimal data sets for developing pilot reporting systems for limb loss and amputations.

5. Assist the project in the planning and organizing of conferences and

workshops regarding surveillance activities, developing partnerships, and in the characterization of limb loss nationally and in population subgroups.

6. Assist in the transfer of information and methods developed in the project to other disability-related entities and programs.

E. Application Content

Use the information in the Program Requirements, Cooperative Activities, and Evaluation Criteria sections to develop the application content. The application will be evaluated on the criteria listed, so it is important to follow them in laying out the program plan. The narrative addressing the scored criteria should be no more than 40 single-spaced pages, printed on one side, with one inch margins, and un-reduced font.

F. Submission and Deadline

Letter of Intent (LOI)

A non-binding letter of intent to apply is requested from potential applicants. The LOI should identify the Announcement number, name the proposed project director, and describe the scope of the proposed project in not more than three pages. The letter will not influence review or funding decisions, but it will enable CDC to plan the review more efficiently, and ensure that each applicant receives timely and relevant information prior to the application review.

The LOI should be submitted on or before *December 22, 1998* to Victoria Sepe, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), Room 300, 255 East Paces Ferry Road, NE, Mailstop E-13, Atlanta, Georgia 30305-2209.

Application

Applicants must submit a separate typed abstract/summary of their proposal as a cover to their applications, consisting of no more than two single-spaced pages. Applicants should also include a table of contents for the project narrative and related attachments. It is strongly suggested that applications be organized to be compatible with the evaluation scoring criteria, as that is the process by which the review committee will assess the quality of the proposals.

Submit the original and five copies of PHS-398 (OMB Number 0925-0001). Adhere to the instructions on the Errata Instruction Sheet for PHS 398. Budget and other required forms are in the

application kit. Applications are due on or before *Wednesday, January 20, 1999*.

Submit the application to Victoria Sepe, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), Room 300, 255 East Paces Ferry Road, NE, Mailstop E-13, Atlanta, Georgia 30305-2209. Please list the Announcement Number 99009 on the covering address label. 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.

A. Problem Statement and Evidence of Need—15 Points

This includes: 1. the extent to which the applicant understands the purpose and requirements of the program.

2. The presentation of the magnitude and impact of limb loss as a public health issue with cited references.

3. The understanding of unmet needs as they affect the occurrence and documentation of secondary conditions, and the information gaps associated with the epidemiology of secondary conditions related to limb loss.

4. The presentation of the full range of surveillance activities required and inventory of data sets to be developed and accessed.

5. The description of research needs in the development of models for intervention design, and the problems (and opportunities) inherent in developing uniform reporting systems for limb loss and amputations.

B. Research Resources and Organizational Capacity—20 Points

This includes: 1. the capability of the applicant to conduct the project, taking into account its institutional experience and its current activities in the field for all required activities.

2. The ability of the applicant to ensure timely access to necessary population-based data related to the surveillance and epidemiology of secondary conditions associated with limb loss.

3. The understanding demonstrated and the resources available to address the development of cost-effectiveness

models for the design and conduct of health promotion interventions.

4. The capacity of the applicant to provide evidence of effective collaborations and linkages to meet the research requirements of the project including documented letters of support and commitments from collaborating entities.

5. The capacity of the applicant to include and effectively work with community organizations and service providers in order to develop and sustain an outreach capacity to assess the needs of persons with limb loss, and to provide guidance and consultation regarding health promotion interventions to prevent secondary conditions.

6. The capacity of the applicant to collect and secure confidential information, and to protect study participants through rigorous human subjects clearance procedures.

C. Research Approach—35 Points

This includes: 1. the methods to be employed to gather necessary etiological/causality, demographic, and functional data, including the kinds and resources of data to be accessed, collected, analyzed, and used.

2. The quality and scope of the data collection and data analysis plan, and the description of the staff and organizations charged with its control.

3. The approach proposed to use extant or emerging epidemiologic data to assess the frequency and significance of secondary conditions, including risk and protective factors.

4. The approach to translate epidemiological/ surveillance data into outreach intervention protocols designed to prevent secondary conditions in persons with limb loss through the provision of guidance and technical assistance to community groups and service providers.

5. The approach to gather information on the experiences, perceptions, and concerns/needs of persons with limb loss (and their families), and translate that information into intervention protocols designed to provide knowledge to prevent secondary conditions. This approach should consider both healthy living practices (e.g., tobacco use cessation, nutrition, weight management, physical activity and exercise), as well as secondary medical/clinical conditions directly related to an amputation/limb loss (e.g., infections, fall-related injury, pain, depression, prosthetic adaptability, etc).

6. The capacity of the applicant to describe their approach and later develop a prototype uniform reporting system for limb loss and amputations

that could be piloted in a selected jurisdiction to demonstrate feasibility and reasonableness.

7. The quality and comprehensiveness of the overall research plan that includes innovative approaches to best address the epidemiologic/surveillance, demographic characterization, health promotion interventions, and collaborative opportunities.

8. The degree to which the applicant has met CDC policy requirements regarding the inclusion of women, ethnic, and racial groups in proposed research. This includes:

a. The proposed plan for the inclusion of both sexes and racial and ethnic minority populations for appropriate representation.

b. The proposed justification when representation is limited or absent.

c. A statement as to whether the design of the study is adequate to measure differences when warranted.

d. A statement as to whether the plans for recruitment and outreach for study participants include the process of establishing partnerships with community(ies) and recognition of mutual benefits.

D. Management Plan and Project Goals and Objectives—30 Points

This includes: 1. how the applicant will use the six month planning period to gather diverse input and engage all collaborating partners and constituencies in meeting the full range of activities required under this announcement.

2. The management work plan for conducting the project including the advantage defined by its placement within the applicant organization (include an organization chart and denote the relationship of this project within the applicant organization).

3. The presentation of the approach, methods, and goals, objectives and timelines for the first year by calendar month or quarter; and a work plan outline for the second, third, and fourth years of the project.

4. The description of the specified tasks and responsibilities for all positions proposed for financial assistance, including both applicant organization staff and contractual/consultant personnel.

5. The manner in which the project will seek out, utilize, and benefit from other research and provider organizations in developing limb loss project priorities and objectives.

6. The proposed plan to maintain and disseminate appropriate limb loss information through defined communications technology processes and systems.

7. The process for how the applicant will evaluate the management work plan and all research and outreach activities of the project.

E. Budget Justification—Not Scored

This criteria includes the adequacy of the budget justification and its relationship to program operations, collaborations, and services. Each line item of the budget must be well justified in a brief narrative with special attention given to contractual requests including the responsibilities of consultants, percentage time equivalents, hourly or daily rates, etc. This section will also be evaluated on the adequacy of facilities to conduct the project. The relevance of this section to the other evaluation criteria will be measured on the extent to which the budget narrative is reasonable, clearly documented, accurate, and consistent with the purpose of this announcement.

F. Human Subjects—Not Scored

This includes the extent to which the application adequately addresses the requirements of Title 45 CFR Part 46 for the protection of human subjects. If the project involves research on human participants, assurance and evidence must be provided to demonstrate that the project will be subject to initial and continuing reviews by an appropriate institutional review board. Does the project adequately address the requirements of 45 CFR 46 for the protection of human subjects?

H. Other Requirements

Technical Reporting Requirements

Provide CDC with original plus two copies of:

1. semi-annual progress reports; due dates to be denoted in the notice of grant award;

2. financial status report, due no more than 90 days after the end of each budget period; and

3. final financial and performance reports, due no more than 90 days after the end of the project period.

The following additional requirements are applicable to this program. For a complete description of each, see Addendum I.

- 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 [42 U.S.C. section 241 (a)], as amended. The Catalog of Federal Domestic Assistance number is 93.184.

J. Where To Obtain Additional Information

To receive additional written information and to request an application kit, call 1-888-GRANTS4 (1-888-472-6874). You will be asked to leave your name and address and will be instructed to identify the Announcement number of interest. Also, the CDC Home Page on the Internet: <http://www.cdc.gov> is available for copies of this Announcement, application forms, and funding information.

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from Victoria Sepe, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement 99009, Centers for Disease Control and Prevention (CDC), Room 300, 255 East Paces Ferry Road, NE, Mailstop E-13, Atlanta, GA, 30305-2209, telephone (404) 842-6804. E-mail address: vxw1@cdc.gov

For program technical assistance, contact Jack Stubbs, Office on Disability and Health, Centers for Disease Control and Prevention, National Center for Environmental Health (NCEH) 4770 Buford Highway, Mailstop F-29, Atlanta, GA, telephone (770) 488-7096. E-mail address: jbs2@cdc.gov

Dated: November 4, 1998.

John L. Williams,

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

[FR Doc. 98-30058 Filed 11-9-98; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 99010]

Notice of Availability of Funds; Cooperative Agreement for a National Information Center on Physical Activity for Persons With Disabilities

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1999