

planning. This evaluation will follow two cohorts of respondents: *Cohort A* (Master Trainers and Coalition Leaders) includes education and public health agency administrators, health education trainers, and community organization and community media leaders who attended the national training and who will disseminate the program in their states and communities; Cohort B (Local

Health Educators and Coalition Members) includes local administrators, teachers, and health educators in local health departments, schools, media groups, and community organizations, who attended a training provided by a Master Trainer/Coalition Leader. Cohort A will complete a 30-minute survey at 6 months and 12 months post-training and also participate in one 90-minute

focus group conducted by phone. Cohort B will receive one 45-minute survey six months after they have received training.

We assume that each Cohort A participant will, in turn, train 30 local health educators or coalition members (Cohort B). The total annualized burden is estimated to be 1339.5 hours.

Respondents	Number of respondents	Number of responses per respondent	Burden per response
Cohort A: HIV .....	57	2	0.50
Cohort B: HIV .....	1710	1	0.75

Dated: June 30, 2000.

**Kathy Cahill,**

*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

[Program Announcement 00142]

#### Human Immunodeficiency Virus (HIV) Related Applied Research; Notice of Availability of Funds

##### A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2000 funds for a cooperative agreement program for human immunodeficiency virus (HIV) related applied research for the control and prevention of HIV. The purpose of this program is to encourage new and innovative methods to further the prevention of HIV infection. This program addresses the "Healthy People 2010" priority area of HIV Infection. For the conference copy of "Healthy People 2010" visit the internet site: <<http://www.health.gov/healthypeople>>.

Projects that will be considered for funding are applied research for the control and prevention of HIV that address only the following Program Priority Areas:

1. Prevent development of opportunistic infections and prevent or delay progression to AIDS and death among HIV-infected persons receiving medical care.

2. Develop, pilot, evaluate, and/or transfer technology of HIV rapid testing and counseling strategies.

3. Identify and characterize recently HIV-infected persons in specific populations or geographic areas; or assess HIV incidence in selected high-risk populations or social networks in geographically-defined communities where HIV incidence is known or expected to be high; or use of HIV incidence data to evaluate prevention interventions.

4. Develop and implement methods to improve access to care of HIV-infected person and to reduce HIV associated morbidity and mortality among persons in medical care.

5. Describe the prevalence and identify demographic and drug use correlates of antibody to HIV, HCV (Hepatitis C Virus), HBV (Hepatitis B Virus) and other bloodborne pathogens among entrants to a correctional facility (CF) and estimate the incidence of transmission of such bloodborne pathogens among recidivists reentering the correctional facility.

##### B. Eligible Applicants

Applications may be submitted by universities, colleges, research institutions, hospitals, public and private non-profit organizations, community-based, national, and regional organizations, State and local governments or their bona fide agents or instrumentalities, federally recognized Indian Tribal governments, Indian tribes or 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

Approximately \$500,000 is available in FY 2000 to fund approximately four new and/or competing continuation

awards. It is expected that the average award will be \$125,000, ranging from \$100,000—\$300,000. Funding estimates are subject to change. It is expected that awards will begin September 30, 2000, and will be made for a 12 month budget period within a project period of up to four years. Funding estimates are subject to change.

Continued support in future years will be based on the availability of funds and success in demonstrating progress toward achievement of objectives.

##### Funding Preference

Preference will be given to competing continuation applications to ensure continuity of support for currently funded projects.

##### 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 under 2. (CDC Activities). Recipient activities to achieve the purposes of this program will vary by project.

###### 1. Recipient Activities

- a. Complete the development of the research protocol.

- b. Carry out the activities according to the approved protocol.

- c. Ensure that appropriate approvals are secured for the protection of human subjects, Office of Management and Budget and Paperwork Reduction Act, privacy, confidentiality, and data security.

- d. Compile and disseminate findings.

###### 2. CDC Activities

- a. Monitor and evaluate scientific and operational accomplishments of the project through periodic site visits, frequent telephone calls, and review of technical reports and interim data analysis.

b. Assist in facilitating the planning and implementation of the necessary linkages with local or State health departments and assist with the developmental strategies for applied clinical or prevention oriented research programs, for recipients whose projects involve collaboration with a State or local health department.

c. Facilitate the technological and methodological dissemination of successful prevention and intervention models among appropriate target groups, such as, State and local health departments, community based organizations, and other health professionals.

d. Provide technical assistance in planning and evaluating strategies and protocols, as requested.

#### 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, excluding the budget, should be no more than 11 doubled-spaced pages, printed on one side, with one inch margins, and unreduced font.

The application narrative should consist of:

1. Abstract (Not to exceed 1 page): An executive summary of your program covered under this announcement.

2. Program Plan (Not to exceed 10 pages): In developing the application under this announcement, please review the recipient activities and, in particular, evaluation criteria and respond concisely and completely.

3. Budget: Submit an itemized budget and supporting justification that is consistent with your proposed program plan.

#### F. Submission and Deadlines

##### *Application*

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). Forms are available at the following Internet address: [www.cdc.gov/](http://www.cdc.gov/) . . . Forms, or in the application kit. On or before August 18, 2000, submit your application to the Grants Management Specialist listed in the "Where to Obtain Additional Information" section of this announcement.

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

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

(b) Sent on or before the deadline date and received in time for submission to the independent 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 shall not be acceptable as proof of timely mailing.)

**Late Applications:** Applications which do not meet the criteria in (a) or (b) above are considered late applications, will not be considered, and will be returned to the applicant.

#### G. Evaluation Criteria

##### *Applications*

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

1. The inclusion of a brief review of the scientific literature pertinent to the study being proposed and specific research questions or hypotheses that will guide the research. The originality and need for the proposed research, the extent to which it does not replicate past or present research efforts, and how findings will be used to guide prevention and control efforts. (25 points)

2. The quality of the plans to develop and implement the study, including the degree to which the applicant has met the CDC Policy requirements regarding the inclusion of women, ethnic, and racial groups in the 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 communities and recognition of mutual benefits. (25 points)

3. Extent to which proposed activities, if well executed, support attaining project objectives. (25 points)

4. Extent to which personnel involved in this project are qualified, including evidence of past achievements appropriate to the project, and realistic and sufficient time commitments. Evidence of adequacy of facilities and other resources supported to carry out the project. (25 points)

5. Other (not scored)

(a) Budget: Will be reviewed to determine the extent to which it is

reasonable, clearly justified, consistent with the intended use of the funds, and allowable. All budget categories should be itemized.

(b) Human Subjects: Does the application adequately address the requirements of Title 45 CFR Part 46 for the protection of human subjects?

#### H. Other Requirements

##### *Technical Reporting Requirements*

Provide CDC with original plus two copies of:

1. an annual progress report;

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

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

Send all reports to the Grants Management Specialist identified in the "Where to Obtain Additional Information" section of this announcement.

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

AR-1—Human Subjects Requirements

AR-2—Inclusion of Women and Racial and Ethnic Minorities in Research Requirements

AR-4—HIV/AIDS Confidentiality Provisions

AR-5—HIV Program Review Panel Requirements

AR-6—Patient Care Prohibitions

AR-9—Paperwork Reduction Act Requirements

AR-10—Smoke-Free Workplace Requirements

AR-11—Healthy People 2010

AR-12—Lobbying Restrictions

#### I. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under the Public Health Service Act, Section 317(k)(2) [42 U.S.C. 247b(k)(2)], as amended. The Catalog of Federal Domestic Assistance number 93.943, Epidemiologic Research Studies of Acquired Immunodeficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV) Infection in Selected Population Groups.

#### J. Where To Obtain Additional Information

This and other CDC announcements can be found on the CDC home page Internet address—<http://www.cdc.gov> Click on "Funding" then "Grants and Cooperative Agreements."

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.

If you have questions after reviewing the contents of all documents, business management technical assistance may be obtained from: Julia L. Valentine, Grants Management Specialist Grants Management Branch, Procurement and Grants Office Centers for Disease Control and Prevention (CDC), Room 3000, 2920 Brandywine Road, Atlanta, GA 30341-4146, telephone (770) 488-2732 or facsimile at (770) 488-2847 or INTERNET address: HTTP://WWW.jxv1@CDC.GOV.

You may obtain programmatic technical assistance from: Peggy Bloom, National Center for HIV, STD and TB Prevention, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE, Atlanta, GA 30333, Telephone (404) 639-0927, INTERNET address: HTTP://WWW.PMB1@CDC.GOV

Dated: June 30, 2000.

**Henry S. Cassell III,**

*Acting 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 00137]

#### **HIV/AIDS Prevention Program Development and Technical Assistance Collaboration for Faith Communities in Countries Targeted by the Leadership and Investment in Fighting the Epidemic (LIFE) Initiative; Notice of Availability of Funds**

##### **A. Purpose**

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2000 funds for a cooperative agreement program for HIV/AIDS Prevention Program Development and Technical Assistance Collaboration with Countries Targeted by the LIFE (Leadership and Investment in Fighting an Epidemic) Initiative.

In July 1999, the Administration announced the LIFE initiative to address the global AIDS pandemic. The LIFE initiative, an effort to expand and intensify the global response to the growing AIDS pandemic and its serious

impact, is part of the United States (U.S.) Government's participation in the International Partnership Against HIV/AIDS in Africa (IPAA). A central feature of the LIFE initiative is a \$100 million increase in U.S. support for sub-Saharan African countries and India, which are working to prevent the further spread of HIV and to care for those affected by this devastating disease. This additional funding is a critical step by the U.S. Government in recognizing the impact that AIDS continues to have on individuals, families, communities, and nations and responding to the imperative to do more. The Department of Health and Human Services (HHS), through its agency the Centers for Disease Control and Prevention (CDC) is administering \$35 million of the \$100 million allocated to the LIFE initiative by Congress.

The purpose of this program is to support HIV/AIDS prevention program development and technical assistance for faith communities in countries designated by the U.S. Congress under the LIFE Initiative. At present, those countries are Botswana, Cote D'Ivoire, Kenya, South Africa, Uganda, Rwanda, Zimbabwe, Ethiopia, Mozambique, Malawi, Tanzania, Nigeria, Senegal, Zambia and India. The countries targeted represent those with the most severe epidemic and the highest number of new infections. They also represent countries where the potential for impact is greatest and where U.S. government agencies are already active.

The goals of the program are to address and support three program elements of the LIFE initiative: (1) Primary Prevention, (2) Capacity and Infrastructure Development, and (3) Community and Home-Based Care and Treatment. This program calls for the delivery of HIV/AIDS prevention programs development, and technical assistance to the LIFE countries through a variety of recipient activities. The result will be enhancement of the skills of faith leaders from LIFE country national AIDS programs in strategic planning, implementation, evaluation, and communication relating to HIV/AIDS prevention, capacity building, and care programs.

##### **B. Eligible Applicants**

Assistance will be provided only to a U.S. national or regional minority organization (NRMO). Eligible applicants must meet these criteria:

1. Have been granted tax-exempt status under Section 501 (c)(3), evidenced by an Internal Revenue Service (IRS) determination letter.
2. Have a minimum of one year of documented experience in operating

and centrally administering a coordinated program to integrate HIV prevention education and services into faith communities.

**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 \$500,000 is available in FY 2000 to support Phase I and Phase II of this award. It is expected that the award will begin on or about September 30, 2000 and will be made for a 12-month budget period within a project period of up to 3 years. Funding estimates may change.

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

##### **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. It is anticipated that in the first year of the project, the recipient will perform the activities listed below in Phase I in at least three of the LIFE countries listed in Section A "Purpose". The recipient may target more than, but not less than three LIFE countries.

##### **1. Recipient Activities**

###### **Phase I**

a. Provide technical assistance to faith community leaders in LIFE countries to explore the benefits, challenges, and rewards of embracing the HIV/AIDS epidemic as an issue within their respective communities.

b. Provide technical assistance to help these faith leaders in LIFE countries develop needs assessments to evaluate opportunities for and barriers to adopting HIV/AIDS prevention as an issue within their communities.

c. Provide technical assistance to help these faith leaders assess resources and linkages available to serve the needs identified in the needs assessments. Such resources and linkages may include materials, peer-to-peer training opportunities and/or technical assistance. These training and technical assistance opportunities may include placements that bring faith leaders from LIFE countries to U.S. churches identified to have model programs, as well as opportunities to bring faith