

colleges or universities to demonstrate and evaluate a summer institute prototype on their campus during the summers of 1996 and 1997 on the topic of "A Head Start on Science", with follow up assistance to graduates as they implement their new skills at their local Head Start programs. In year two of the grant period, the successful applicant also will recruit, fund and mentor another teacher education college or university to implement the "Head Start on Science" approach.

Because of the recent disaster in Oklahoma City which disrupted normal work schedules for the larger community, we are allowing all prospective applicants more time to submit their applications. Therefore, we are extending the due dates for submission of applications by two weeks to May 16, 1995.

(Catalog of Federal Domestic Assistance Program Number 93.600, Project Head Start)

Dated: May 8, 1995.

**Olivia A. Golden,**

*Commissioner, Administration on Children, Youth and Families.*

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## Centers for Disease Control and Prevention

[Announcement 549]

### Program for Playground Safety

#### Introduction

The Centers for Disease Control and Prevention (CDC), announces the availability of fiscal year (FY) 1995 funds for a cooperative agreement for the establishment of a Program for Playground Safety.

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of "Healthy People 2000," a PHS-led national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority area of Unintentional Injuries. (For ordering a copy of "Healthy People 2000," see the section **Where To Obtain Additional Information.**)

#### Authority

This program announcement is authorized under Sections 301, 317, and 391-394 (42 U.S.C. 241, 247b, and 280b-280b-3) of the Public Health Service Act as amended.

#### Smoke-Free Workplace

PHS 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, and early childhood development services are provided to children.

#### Eligible Applicants

Applications may be submitted by public and private, nonprofit and for-profit organizations and governments and their agencies. Thus, universities, colleges, research institutions, hospitals, other public and private organizations, State and local health departments or their bona fide agents or instrumentalities, federally recognized Indian tribal governments, Indian tribes or Indian tribal organizations, and small, minority- and/or women-owned businesses are eligible to apply.

#### Availability of Funds

Approximately \$550,000 is available in FY 1995 to fund one award. It is expected that the award will begin on or about September 30, 1995, and will be made for a 12-month budget period within a project period of up to three years. Funding estimates may vary and are subject to change.

A continuation award within the project period will be made on the basis of satisfactory progress and the availability of funds.

#### Purpose

The purpose of this cooperative agreement is to establish a Program for Playground Safety to assume a lead capacity for prevention and control of playground injuries to children and the promotion of safer playgrounds.

#### Program Requirements

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 the activities listed under B. (CDC Activities).

##### A. Recipient Activities

1. Develop a national agenda and plan for the prevention of playground injuries. Steps involved in producing this plan shall include:

a. Prepare a state of the art review of playground injuries and known and effective strategies for their prevention. Production of this review should involve key researchers and leaders in the field of playground injury prevention, and include relevant disciplines such as behavioral science, child development, engineering, leisure

studies, environmental sciences, and public health;

b. Convene one or more meetings of relevant parties, experts and organizations to discuss the review, assess the current issues, set and prioritize goals, and consider methods to achieve those goals;

c. Produce a draft national plan and circulate it for comment among relevant parties and;

d. Finalize, publish and disseminate the plan.

Expected collaborators in the development, review, and endorsement of the plan include researchers, injury control specialists (e.g., CDC-funded Injury Control Research Center staff), playground operators (e.g., Department of Parks and Recreation staff, Department of Education staff, day care center operators), manufacturers of playground equipment and surfaces, playground regulators, and playground users. The plan should identify surveillance, research, evaluation, training, and programmatic needs and activities to reduce playground injuries. In particular, the plan should include a research agenda that defines the priority research questions to be answered and the methods to answer them, including the variables to be measured, the methods for measuring those variables, the type of study design and necessary size of the study, and the costs of such a study. (It is not anticipated that the recipient will undertake all of the planned research.) Data needs for all elements (e.g., surveillance, training) should be identified. The plan should contain recommendations targeted at playground operators, manufacturers, regulators, users, and other relevant parties. The plan should include estimates of the necessary resources for each aspect of the plan, as well as a timetable. The plan should be completed within one year of funding to help guide future activities.

Activities 2-5 below may be completed at any time during the three-year project period.

2. Establish a clearinghouse for materials on the prevention of playground injuries and safe playgrounds. This activity includes identifying, collecting, and classifying existing materials on playground design and safety and playground injury prevention. The activity also includes identifying and cataloging nationwide activities and intervention projects related to playground injury prevention and safety. These materials should be made easily available to others. The applicant should provide the public, schools, municipalities and others with a forum, including research findings, for

answering questions about playground injury prevention. A toll-free hotline should be set up and advertised; electronic access to materials should be provided; and the presence of the clearinghouse should be advertised.

3. Disseminate information regarding playground safety and the prevention of injuries on the playground. The dissemination should be active and regular and national in scope. It should help translate scientific information into easily understandable terms. The dissemination should reach both the public and those responsible for playground design, purchase, construction, maintenance, oversight, and use. The dissemination should include both the media (e.g., newspapers, magazines) and relevant technical forums (e.g., journals, meetings).

4. Develop a training curriculum for playground safety inspections and teachers in schools and day care centers. Prepare, produce, and disseminate such materials widely, including an evaluation of the effectiveness of the training. Evaluate the effectiveness of the inspection process in reducing hazards on the playground. Define the necessary competencies of those persons conducting playground inspections and produce a test of those competencies.

5. Conduct research on the performance of playground surfaces. The applicant should assemble *all* available surfaces (e.g., loose-fill materials, grass, and proprietary materials) and conduct shock absorbing tests of these materials according to the American Society for Testing and Materials (ASTM) Number 1292 procedure. (For ordering a copy of ASTM Number 1292, see the section **Where To Obtain Additional Information.**) To help guide the choice of materials for protecting from indoor falls from playground equipment, the surfaces to be tested should include samples of play mats, wrestling mats and other mat materials that may possess impact attenuating properties. Drop heights should be increased in 1-foot increments and the attendant peak G and HIC results reported. Heights should be increased until peak G exceeds 200 or HIC exceeds 1000. For loose fill materials, depths should be varied at four, six, nine, and twelve inches. The effect of the 18" x 18" containment box should be ascertained by varying the box size. The results of these tests should be widely disseminated.

6. Provide a full-time director/coordinator and staff who have

authority, responsibility, and expertise to carry out the undertaking.

#### *B. CDC Activities*

1. Provide consultation in the development of a national agenda and plan for the prevention of playground injuries. This includes a review of the draft national plan prior to circulation among relevant parties.

2. Provide assistance on the types of materials to be identified, collected, and classified prior to inclusion in the clearinghouse inventory.

3. Collaborate in the development of a strategic plan for dissemination of information regarding playground safety and prevention of injuries on the playground.

4. Provide advice and assistance in the development of a training curriculum for playground safety inspections and teachers in schools and day care centers.

#### **Evaluation Criteria**

Applications will be reviewed and evaluated according to the following criteria:

##### *1. Background and Need (15%)*

The extent to which the applicant presents justification for each projected activity in terms of magnitude of the problem, experience in this area, and how the likely results of the activity will impact the problem.

##### *2. Goals and Objectives (15%)*

The extent to which the goal(s) and objectives are relevant to the purpose of the proposal, feasible for accomplishment during the project period, measurable, and specific in terms of what is to be done and the time involved. The extent to which the objectives address all activities necessary to accomplish the purpose of the proposal.

##### *3. Methods (40%)*

The extent to which the applicant provides a detailed description of all proposed activities which are likely to achieve each objective and overall program goal(s) and which includes designation of responsibility for each action undertaken. The extent to which the applicant provides a reasonable and complete schedule for implementing all activities. The extent to which position descriptions, lines of command, and collaborations are appropriate to accomplishment of program goal(s) and objectives.

##### *4. Evaluation (10%)*

The extent to which the proposed evaluation plan is detailed and will

document program process and outcome. The extent to which the applicant demonstrates staff and/or collaborator availability, expertise, and capacity to perform the evaluation.

##### *5. Facilities, Staff, and Resources (20%)*

The extent to which the applicant can provide adequate facilities, staff and/or collaborators, and resources to accomplish the proposed goal(s) and objectives during the project period. The extent to which the applicant demonstrates staff and/or collaborator availability, expertise, previous experience, and capacity to perform the undertaking successfully.

##### *6. Budget and Justification (Not Scored)*

The extent to which the applicant provides a detailed budget and narrative justification consistent with the stated objectives and planned program activities.

##### *7. Human Subjects (Not Scored)*

The applicant must clearly state whether or not human subjects will be used in research.

#### **Executive Order 12372**

Applications are subject to Intergovernmental Review of Federal Programs as governed by Executive Order (E.O.) 12372. E.O. 12372 sets up a system for State and local government review of proposed Federal assistance applications. Applicants (other than federally recognized Indian tribal governments) should contact their State Single Point of Contact (SPOC) as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC of each affected State. A current list of SPOCs is included in the application kit. If SPOCs have any State process recommendations on applications submitted to CDC, they should forward them to Henry S. Cassell, III, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E13, Atlanta, GA 30305, no later than 60 days after the application deadline. The granting agency does not guarantee to "accommodate or explain" for State process recommendations it receives after that date.

Indian tribes are strongly encouraged to request tribal government review of the proposed application. If tribal governments have any tribal process recommendations on applications

submitted to CDC, they should forward them to Henry S. Cassell, III, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E13, Atlanta, GA 30305, no later than 60 days after the application deadline. The granting agency does not guarantee to "accommodate or explain" for State process recommendations it receives after that date.

### Public Health System Reporting Requirements

This program is not subject to the Public Health System Reporting Requirements.

### Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance Number is 94.136.

### Other Requirements

#### *Paperwork Reduction Act*

Projects that involve the collection of information from 10 or more individuals 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*

If the proposed project involves research on human subjects, the applicant must comply with the Department of Health and Human Services Regulations, 45 CFR part 46, regarding the protection of human subjects. Assurance must be provided to demonstrate that the project will be subject to initial and continuing review by the appropriate institutional review committees. In addition to other applicable committees, Indian Health Service (IHS) institutional review committees also must review the project if any component of IHS will be involved or will support the research. If any American Indian community is involved, its tribal government must also approve that portion of the project applicable to it. The applicant will be responsible for providing assurance in accordance with the appropriate guidelines and form provided in the application kit.

### Application Submission and Deadline

The original and two copies of the application PHS Form 5161-1 (OMB Number 0937-0189) must be submitted to Henry S. Cassell, III, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease

Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E13, Atlanta, GA 30305, on or before July 14, 1995.

1. 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 committee. For proof of timely mailing, applicant must 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 will not be acceptable as proof of timely mailing.

2. Late Applications: Applications that do not meet the criteria in 1.a. or 1.b. above are considered late. Late applications will not be considered in the current competition and will be returned to the applicant.

### Where To Obtain Additional Information

To receive additional written information call (404) 332-4561. You will be asked to leave your name, address, and phone number and will need to refer to Announcement 549. You will receive a complete program description, information on application procedures, and application forms.

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from Adrienne Brown, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Mailstop E13, Atlanta, GA 30305, telephone (404) 842-6634.

Programmatic assistance may be obtained from Tim W. Groza, M.P.A., National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (CDC), 4770 Buford Highway, NE., Mailstop K63, Atlanta, GA 30341-3724, telephone (404) 488-4652.

Please refer to Announcement 549 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.

A copy of American Society for Testing and Materials (ASTM) Number 1292 may be obtained from ASTM, Customer Services, 1916 Race Street, Philadelphia, PA 19103-1187, telephone (215) 299-5585.

Dated: May 8, 1995.

**Joseph R. Carter,**

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

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### [Announcement 536]

## State-Based Evaluation of Trends and Risk Factors in Morbidity and Mortality From Sickle Cell Disease After Newborn Screening; Availability of Funds for Fiscal Year 1995

### Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1995 funds for a cooperative agreement program for the State-based evaluation of trends and risk factors in morbidity and mortality from sickle cell disease (SCD) after newborn screening.

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of "Healthy People 2000," a PHS-led national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority area of Maternal and Infant Health. (For ordering a copy of "Healthy People 2000," see the section entitled **Where To Obtain Additional Information.**)

### Authority

This program is authorized under sections 301 and 317 of the Public Health Service Act (42 U.S.C. 241 and 247b), as amended.

### Smoke-Free Workplace

PHS 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, and early childhood development services are provided to children.

### Eligible Applicants

Eligible applicants are the official public health agencies of States or their bona fide agents or instrumentalities. This includes the District of Columbia, American Samoa, the Commonwealth of