

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

Puerto Rico, the Virgin Islands, the Federated States of Micronesia, Guam, the Northern Mariana Islands, the Republic of Palau, and federally recognized Indian tribal governments. Each applicant must have a minimum of 50 newborns identified each year, for at least the past five years, with presumed Hemoglobin SS, SC, or S/ $\beta$ -thalassemia. Each applicant must also have an existing mechanism for ascertaining health outcomes for these children.

**Note:** Eligible applicants may enter into contracts, including consortia agreements, as necessary to meet the essential requirements of this program and to strengthen the overall application, provided that the lead organization is a State.

#### Availability of Funds

Approximately \$100,000 is available in FY 1995 to fund one to three awards. It is expected that the average award will be \$50,000. It is expected that the awards 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.

Continuation awards within the project period will be made on the basis of satisfactory progress, the need to continue the program, and the availability of funds.

#### Purpose

These awards will support State programs that are already involved with the follow-up of children with SCD ascertained through their newborn screening programs. Data from this program will be used to determine the proportion of affected newborns who receive appropriate health care, which will measure progress toward the applicable "Healthy People 2000" objectives.

#### 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 under B. (CDC Activities).

##### A. Recipient Activities

1. Refine existing efforts to ascertain follow-up information about cohorts of children with SCD, including vital status and other relevant data, such as major illnesses and hospitalizations. The database of outcomes will contain a core common to all collaborating States. Individual States may, at their option, develop a non-core section to account for local conditions.

2. Determine risk factors for mortality and morbidity from SCD including (but not limited to) extent of medical care follow-up, location of treatment, use of penicillin prophylaxis, immunization patterns, and other relevant factors. The risk factor database will contain a core common to all collaborating States. Individual States may, at their option, develop a non-core section to account for local conditions.

3. Conduct a collaborative case-control study of risk factors for mortality and morbidity.

4. Design and implement a mechanism for reducing all data to computer readable form.

5. Engage, and collaborate with, other States and CDC in the timely sharing, joint analysis and publication of pooled data.

##### B. CDC Activities

1. Assist recipients in standardizing and implementing collection of outcome data for the SCD cohorts.

2. Assist recipients in developing a common data-collection instrument and database of risk factors for mortality and morbidity.

3. Assist recipients in designing and implementing a case-control study of risk factors for mortality and morbidity.

4. Assist recipients in designing and implementing a mechanism for reducing data to computer readable form.

5. Assist with statistical analyses, interpretation, and dissemination of applicable results.

6. Provide technical assistance.

#### Evaluation Criteria

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

##### 1. Need and Purpose (10%)

Responsiveness to the objectives of the cooperative agreement program, including the applicant's recognition of the public health significance of the problem and the relevance of the proposed project to the purpose of the agreement.

##### 2. Project Description and Methods (45%)

a. Strength of the project design in describing the objectives of the proposed project.

b. Strength of the project design in describing the attributes of the State SCD newborn screening database as related to the purposes of the project.

c. Quality, extent, and history of the State newborn screening program, including the population base and percent of State residents screened, the cumulative number of infants identified

with SCD since the inception of screening, the existence of an established database of identified infants, and efforts to ascertain mortality and morbidity over time.

d. Quality of the project design in describing the technical approach, including identification of available State resources for follow-up; description of proposed and existing follow-up methods; and description of methods for ascertaining risk factors for mortality and morbidity.

e. Ability to protect the confidentiality of data.

f. Strength of the project design in describing the steps to be taken in planning and implementing the project.

#### 3. Capability and Experience (25%)

a. Demonstration of capability to conduct a project of this nature, including reputation in the field, ability to access all necessary data, and ability to demonstrate a pre-eminent position as an appropriate agency to carry out the project.

b. Demonstration of ability to identify, organize, and determine appropriate responsibilities among the applicant, CDC, and other participants.

c. Demonstration of applicant's successful experience and performance in conducting and evaluating similar projects, including the strength and value to the project of any collaborating organizations.

#### 4. Staffing and Management Resources (20%)

a. Demonstration that proposed Project Director is knowledgeable regarding newborn screening and prevention of SCD complications, and has management capabilities, scientific skills, and experience with prevention activities, as evidenced by publications, program summaries, or other materials that document prior work. Demonstration of a minimum of five percent time commitment to the project by the proposed Project Director.

b. Demonstration that proposed professional staff are the appropriate mix of professional disciplines based on their training, experience, and expertise in their disciplines, as evidenced by publications, program summaries, or other materials that document prior work. Demonstration of a minimum of twenty percent time commitment by the proposed professional staff that is sufficient to accomplish the project.

c. Demonstration of ability to provide facilities and other necessary management or administrative resources.

### 5. Budget (Not Scored)

Extent to which the project budget is reasonable, clearly justified, and consistent with the intended use of funds.

### 6. Human Subjects (Not Scored)

The applicant must clearly state whether or not human subjects will be used in their 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 send 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, Georgia 30305, no later than 60 days after the application deadline. The Program Announcement Number and Program Title should be referenced on the documents. 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 send 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, Georgia 30305, no later than 60 days after the application deadline. The Program Announcement Number and Program Title should be referenced on the documents. The granting agency does not guarantee to "accommodate or

explain" for State process recommendations it receives after that date.

### Public Health System Reporting Requirement

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

### Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance number is 93.283.

### Other Requirements

#### 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.

#### Paperwork Reduction Act

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### Where To Obtain Additional Information

A complete program description, information on application procedures, an application package, and 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., Room 300, Mailstop E13, Atlanta, Georgia 30305, telephone (404) 842-6634. Programmatic technical assistance may be obtained from Richard S. Olney, M.D., M.P.H., Division of Birth Defects and Developmental Disabilities, National Center for Environmental Health, Centers for Disease Control and Prevention (CDC), 4770 Buford Highway, NE., Mailstop F45, Atlanta, Georgia 30341, telephone (404) 488-7176, electronic mail [rs00@cehbddd.em.cdc.gov](mailto:rs00@cehbddd.em.cdc.gov).

Please refer to Announcement 536 when requesting information or 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: May 8, 1995.

**Joseph R. Carter,**

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

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