

Prevention (CDC, Morbidity and Mortality Weekly Report, March 27, 1992, Volume 41, Number RR-3, pages 5-11) may be obtained by calling (404) 488-4334.

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: June 5, 1995.

Diane D. Porter,

Acting Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC).

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[Announcement 575]

National Institute for Occupational Safety and Health; Evaluation of the Effectiveness of Medical Management and Rehabilitation Programs for Work-Related Musculoskeletal Disorders

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1995 funds for cooperative agreements to provide assistance for the development, implementation, and evaluation of demonstration projects that will determine the overall effectiveness of medical management and rehabilitation programs for individuals with work-related musculoskeletal disorders.

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 Occupational Safety and Health. (For ordering a copy of Healthy People 2000, see the Section Where to Obtain Additional Information.)

Authority

The legislative authority for this program is authorized under Sections 20(a) and 22(e)(7) of the Occupational Safety and Health Act of 1970 (29 U.S.C. 669(a) and 671(e)(7)) and Section 501(a) of the Federal Mine Safety and Health Act (30 U.S.C. 951).

Smoke-Free Workplace

The PHS strongly encourages all grant recipients to provide a smoke-free

workplace and 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, non-profit and for-profit organizations. Thus, universities, colleges, research institutions, hospitals, and other public and private organizations, State and local governments or their bona fide agents, 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 \$225,000 is available in FY 1995 to fund approximately 1 to 2 awards. It is expected the award(s) will begin on or about September 30, 1995, and will be made for a 12-month budget period within a project period of 3 to 5 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 and the availability of funds.

Purpose

The purpose of the demonstration projects is to assess the effectiveness of medical management programs regarding rehabilitation and return-to-work of employees with work-related musculoskeletal disorders. Through the development and application of objective evaluation criteria, the project will provide a basis with which to compare the success rate of various medical management, rehabilitation and return-to-work programs. In addition, the demonstrations will provide additional data on the types of programs available; components of the programs; elements necessary for successful programs; the success rates of programs for returning populations to work and possible explanations; the influence programs have in convincing employers to change activities in jobs where the injury was noted; and the direct and indirect costs of successful medical management, rehabilitation, and return-to-work programs.

This program may build on an existing program or provide assistance in initiating a new program. Personnel for the demonstration projects will include researchers from many disciplines such as ergonomics,

epidemiology, occupational medicine, physical and occupational therapy and physical and rehabilitation medicine, nursing, health education, and economics. Additionally, this program will report and disseminate findings, relevant health and safety education and training information to State health officials, health-care providers, workers, management, unions, and employers. It is envisioned that new research methods and techniques will be developed that improve the success of rehabilitation and return-to-work programs for work-related musculoskeletal disorders.

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/NIOSH will be responsible for the activities listed under B. (CDC/NIOSH Activities).

A. Recipient Activities

1. Develop and conduct a demonstration project for the evaluation of medical management, rehabilitation and return-to-work programs targeted at work-related musculoskeletal disorders.
2. Develop objective criteria for determination of "successful" medical management, rehabilitative, and return-to-work programs for work-related musculoskeletal disorders. (Issues to consider include assessment of the level of exposure prior to the injury and the type of job to which the individual returns, and how the job where the injury was noted was changed to reduce the risk of injury to workers.)
3. Identify existing medical management, rehabilitative and return-to-work programs to validate criteria and facilitate implementation of the demonstration project.
4. Develop a protocol that reviews the pertinent literature on program evaluation, describes the project methodology, the data to be collected and the proposed analysis of the data. Present the protocol to a panel of peer reviewers and revise the protocol as required for final approval.
5. Conduct data collection, management and analysis.
6. Prepare a final report summarizing the study methodology, results obtained, and conclusions reached, including recommendations regarding critical elements of effective medical management, rehabilitation and return-to-work programs for work-related musculoskeletal disorders.
7. Report research results to the scientific community via presentations at professional conferences and articles

in peer-reviewed journals and the lay community.

B. CDC/NIOSH Activities

1. Provide scientific, epidemiologic, ergonomic and clinical technical assistance to the recipient for the successful completion of the project.
2. Identify reviews and/or clearances that must be fulfilled by the recipient, and identify and convene a Peer Review Panel for review of draft study protocol.
3. Assist in study design, survey instrument designs (if necessary), the collection, tabulation and analysis of data, interpretation of the results and preparation of the written reports.
4. Assist in the reporting of project results to the scientific, public health, labor and industrial communities via presentations at professional conferences and publications in peer-reviewed and technical publications.

Evaluation Criteria

A CDC convened ad hoc committee will review the applications. The review will be based on the evidence submitted in the application which specifically describes the applicant's ability to meet the following criteria:

1. Understanding the Problem (30%)

Responsiveness to the objectives of the cooperative agreement including: (a) applicant's understanding of the objective of the proposed cooperative agreement; and, (b) relevance of the proposal to the objective.

2. Program Personnel (25%)

(a) Applicant's qualifications to do research on this topic; (b) the qualifications and time allocation of the professional staff to be assigned to this project; and (c) the applicant's ability to describe the approach to be used in carrying out the responsibilities of the applicant in this project.

3. Project Design (20%)

Steps proposed in planning and implementing this project and the respective responsibilities of the applicant for carrying out those steps.

4. Project Planning (15%)

The applicant's schedule proposed for accomplishing the activities to be carried out in this project and for evaluating the accomplishments.

5. Facilities and Resources (10%)

The adequacy of the applicant's facilities, equipment, and other resources available for performance of this project.

6. Budget Justification (not scored)

The budget will be evaluated to the extent that it is reasonable, clearly justified, and consistent with the intended use of funds.

Executive Order 12372 Review

This program is not subject to review by Executive Order 12372, Intergovernmental Review of Federal Programs.

Public Health Reporting Requirements

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

Catalog of Federal Domestic Assistance Numbers

The Catalog of Federal Domestic Assistance Number for this program is 93.283.

Other Requirements

Paperwork Reduction Act

Projects that involve the collection of information from 10 or more individuals and funded by this cooperative agreement will be subject to approval 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 the project will be subject to initial and continuing review by an appropriate institutional review committee. The applicant will be responsible for providing assurance in accordance with the appropriate guidelines and form provided in the application kit.

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.

Application Submission and Deadline

The original and two copies of the application PHS Form 5161-1 (Revised 7/92, 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 E-13, Atlanta, GA 30305, on or before July 19, 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 review group. Applicants 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 are not acceptable as proof of timely mailing.

2. Late Applications: Applications which do not meet the criteria in 1.(a) or 1.(b) above are considered late 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 telephone number and will need to refer to Announcement 575. 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 Oppie Byrd, 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, telephone (404) 842-6546. Programmatic technical assistance may be obtained from Centers for Disease Control and Prevention (CDC), National Institute for Occupational Safety and Health, Division of Surveillance, Hazard Evaluation and Field Studies, ATTN: Marie Haring Sweeney, Ph.D., Mailstop R-13, Robert A. Taft Laboratories, 4676 Columbia Parkway, Cincinnati, OH 45226-1049, telephone (513) 841-4207, FAX (513) 841-4486.

Please refer to Announcement 575 when requesting information and submitting an application.

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 Section may be obtained through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325, telephone (202) 512-1800.

Copies of A Framework for Assessing the Effectiveness of Disease and Injury Prevention (CDC, Morbidity and

Mortality Weekly Report, March 27, 1992, Volume 41, Number RR-3, Pages 5-11) may be obtained by calling (404) 488-4334.

Dated: June 5, 1995.

Diane D. Porter,

Acting Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC).

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Public Health Service

Agency Forms Undergoing Paperwork Reduction Act Review

Each Friday the Public Health Service (PHS) publishes a list of information collection requests under review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the PHS Reports Clearance Office on (202) 690-7100.

The following requests have been submitted for review since the list was last published on June 2.

1. Protocol for a Case-Control Study of the Deterrent Effect of Environmental Designs on Robbery in VA—0920-0352—Extension, no change—This study proposes a case-control study of the deterrent effect of environmental designs and crime strategies to deter violent crime in Virginia Convenience Stores. The information to be collected will be used to determine criteria for estimating a safe and healthy work environment. Respondents: Business or other for-profit; State, Local or Tribal Government; Number of Respondents: 5,096; Number of Responses per Respondent: 1; Average Burden per Response: .165 hour; Estimated Annual burden: 849 hours. Send comments to Shannah Koss, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503.

2. Common Reporting Requirements for Urban Indian Health Programs—0917-0007—Reinstatement, no change—Congress mandated that standard reporting requirements be established for Indian Health Service Urban Health Clinics. Data collected is used to monitor contracts; prepare reports to Congress; for program evaluation, program planning, and to establish program performance indicators. Respondents: Not-for-profit institutions; State, Local or Tribal Government; Number of Respondents: 34; Number of Responses per Respondent: 2; Average Burden per Response: 10.68 hours; Estimated Annual burden: 726 hours. Send

comments to James Scanlon, Office of the Assistant Secretary for Health, Room 737-F, Humphrey Building, 200 Independence Ave., SW., Washington, DC 20201.

3. Reader Evaluation of Public Health Assessments—New—This collection attempts to evaluate the reader's use of public health assessment reports issued by the Agency for Toxic Substances and Disease Registry which represent decisions about the public health risk posed by hazardous waste sites. ATSDR is attempting to evaluate the usefulness of these documents to those individuals who work or reside near these sites. Respondents: Individuals or households; Number of Respondents: 2,120; Number of Responses per Respondent: 1; Average Burden per Response: .24 hours; Estimated Annual burden: 507 hours. Send comments to James Scanlon, Office of the Assistant Secretary for Health, Room 737-F, Humphrey Building, 200 Independence Ave., SW., Washington, DC 20201.

4. IHS Medical Staff Credentials and Privileges File—0917-0009—Reinstatement with change—Information collected is used by IHS Medical Staff to review, evaluate, and verify the credentials, training, and experience of applicants applying for medical staff privileges at IHS healthcare facilities. Respondents: Federal Government; State, Local or Tribal Government. Send comments to James Scanlon, Office of the Assistant Secretary for Health, Room 737-F, Humphrey Building, 200 Independence Ave., Sw., Washington, DC 20201.

	No. of re-pond-ents	No. of re-sponses/respond-ents	Avg. bur- den/re- sponse
Applicants; Initial	1,265	1	0.77 hour
Reappoint- ment	644	1	1 hour
References	1,800	1	0.33 hour
Estimated annual burden ..			2,221 hours
Estimated annual burden ..			2,221 hours

5. HIV/AIDS Dental Reimbursement Program—0915-0151—Revision—Dental schools will apply for reimbursement of documented uncompensated costs of oral health care for HIV-infected persons. The information will be used to determine eligibility and amount of reimbursement under this program. Respondents: Not-for-profit institutions; Number of Respondents: 125; Number of Responses

per Respondent: 1; Average Burden per Response: 3.5 hours; Estimated Annual burden: 438 hours. Send comments to Shannah Koss, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, D.C. 20503.

Uniform Data System—New—A Uniform Data System (UDS) has been developed for primary care and family planning grantees funded by the Bureau of Primary Health Care and the Office of Population Affairs. The UDS consolidates the Bureau Common Reporting Requirements (BCRR) with reporting requirements in grant applications and progress reports. Send comments to Shannah Koss, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, D.C. 20503.

	No. of re-pond-ents	No. of re-sponses/respond-ent	Avg burden/ response
BPHC grantees (universal report)	694	1	24 hours
BPHC grantees (grant report)	88	1	16 hours
OPA grantees (grant report)	87	1	16 hours
Estimated annual burden .			19,457 hours

Written comments and recommendations concerning the proposed information collections should be sent within 30 days of this notice directly to the individual designated.

Dated: June 5, 1995.

James Scanlon,

Director, Data Policy Staff, Office of the Assistant Secretary for Health and PHS Reports Clearance Officer.

[FR Doc. 95-14115 Filed 6-8-95; 8:45 am]

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Substance Abuse and Mental Health Services Administration

Center for Substance Abuse Treatment; Correction of Meeting Notice

Public notice was given in the **Federal Register** on May 22, 1995, Vol. 60, No. 98, page 27116, that the Substance Abuse Treatment (CSAT) National Advisory Council meeting on June 26, 1995 would be open from 8:30 a.m. to 2:00 p.m. and closed for review of grant applications and procurement plans