

(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 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.

Application Submission and Deadline

The WHO must submit an original and two copies of the application Form PHS-5161-1 (Revised 7/92, OMB Number 0937-0189) to Clara M. Jenkins, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 314, Mailstop E-18, Atlanta, Georgia 30305, on or before August 21, 1995.

Where To Obtain Additional Information

If you are interested in obtaining additional information on this program, please refer to Announcement Number 567 and contact Gordon R. Clapp, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 314, Mailstop E-18, Atlanta, Georgia 30305, telephone (404) 842-6508.

Programmatic technical assistance may be obtained from Pat McConnon, National Center for Infectious Diseases, Centers for Disease Control and Prevention (CDC), Mailstop C-12, 1600 Clifton Road, NE., Atlanta, Georgia 30333, telephone (404) 639-2175, Email address: PJM2@CIDOD1.EM.CDC.GOV.

Please refer to Announcement Number 567 when requesting information regarding this program.

WHO 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 Summary through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325, telephone (202) 512-1800.

Dated: July 17, 1995.

Joseph R. Carter,

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

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[Announcement Number 539]

Cooperative Agreement for Provider-Based Emerging Infections Sentinel Networks

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1995 funds to provide assistance for the establishment of one to three provider-based Emerging Infections Sentinel Networks (EISN). These networks will assess emerging infectious diseases, including drug-resistant, food borne and waterborne, and vaccine-preventable or potentially vaccine-preventable diseases.

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 Immunization and Infectious Diseases. (For ordering a copy of Healthy People 2000, see the section 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 non-use 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 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 \$250,000 is available in FY 1995 to fund one to three awards. It is expected that the average award will be \$125,000, ranging from \$75,000 to \$250,000. It is expected that 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 five years. Funding estimates may vary and are subject to change. Continuation awards within an approved project period will be made on the basis of satisfactory progress and availability of funds.

Purpose

The purpose of this cooperative agreement is to assist recipients in establishing EISNs for assessing emerging infections. These networks will be valuable in learning about specific problems in emerging infectious diseases and also in serving as readily accessible surveillance mechanisms to address emergent public health infectious disease problems rapidly.

A list of potential provider-based EISNs and possible subject areas for surveillance follows. This list is provided for illustration, not to limit the proposed range of provider-based EISNs or specific projects.

- Adult Infectious Diseases Practitioners (e.g., encephalitis, febrile deaths of unknown etiology). These could be combined with a network of pediatric infectious disease practitioners.
- Pediatric Infectious Disease Practitioners (e.g., encephalitis, otitis media refractory to antibiotics, group A streptococcal complications of varicella). These could be combined with a network of adult infectious disease practitioners.
- Emergency Departments (e.g., bloody diarrhea, first-time seizures possibly caused by cysticercosis, patterns of use of post-exposure rabies prophylaxis).
- Travel Medicine Clinics (e.g., malaria, dengue fever, other parasitic diseases in travelers).
- Clinical Microbiology Laboratories (e.g., drug-resistant infections, infections by new or unusual organisms).
- Family Practitioners (e.g., community-acquired pneumonia).
- Internists
- Pediatricians (e.g., otitis media treatment failures, rash and fever where no vaccine-preventable disease is identified).

Program Requirements

In conducting activities to achieve the purpose of this program, the recipient shall be responsible for the activities under A., below, and CDC shall be responsible for conducting activities under B., below:

A. Recipient Activities

1. Establish an EISN by developing a new sentinel network for assessing emerging infectious diseases or modifying or expanding an existing network. Organize the EISN around a specific group of providers, i.e., blood banks, clinical microbiology laboratories, emergency rooms, family practitioners, gynecologists, internists, infectious disease specialists, pediatricians, medical examiners, travel and tropical medicine clinics, etc. EISNs must be sufficiently flexible to be engaged swiftly to address emergent problems in infectious diseases.

2. In collaboration with CDC, conduct one or more specific emerging infectious disease surveillance projects focused on particular syndromes, diseases, conditions, events, etc.

3. Analyze, present, and publish the results of surveillance projects collaboratively with CDC.

4. In collaboration with CDC:

a. Focus and/or redirect surveillance projects as indicated through critical review of data and evaluation of various surveillance projects; and

b. Consider and initiate novel methods of surveillance for emerging infectious diseases; develop and modify as necessary methods for management and communication of information commensurate with requirements of the network.

5. Monitor and evaluate scientific and operational accomplishments of the EISN and progress in achieving the purpose and overall goals of this program.

B. CDC Activities

1. Provide consultation and scientific and technical assistance in establishing the EISN and in designing and conducting specific surveillance projects. Participate in the selection of EISN projects and collaborate as necessary to address new emerging infectious disease issues.

2. Participate in analysis, publication, and dissemination of information and data gathered from EISN projects.

3. Assist in monitoring and evaluating scientific and operational accomplishments of the EISN and progress in achieving the purpose and overall goals of this program.

Evaluation Criteria

The applications will be reviewed and evaluated according to the following criteria:

1. Understanding the Objectives of the EISN (10 points)

The extent to which the applicant demonstrates a clear understanding of the objectives of this cooperative agreement program.

2. Capacity (30 points)

a. For new networks, the extent to which the applicant demonstrates the capacity to establish a provider-based EISN, including description of the applicant's qualifications and standing to represent a group of providers in a national network and a description of the professional relationships that qualify applicant to propose an EISN representative of a group of providers.

For existing networks, the extent to which the applicant describes how it fills the need for an EISN; the extent to which the applicant describes the niche that the proposed EISN will fill that is not currently filled by other surveillance systems. The extent to which the applicant comments on the long-term potential of the network to provide important information for public health.

b. The extent to which the applicant describes past experience in conducting infectious disease surveillance and/or applied research in infectious diseases, particularly public health-related work. The extent to which the applicant describes past experience in conducting surveillance specifically for emerging infectious diseases, including drug-resistant, food borne and waterborne, and vaccine-preventable or potentially vaccine-preventable diseases.

c. The extent to which the applicant provides letters of support from non-applicant participating agencies, institutions, organizations, individuals, consultants, etc., identified in applicant's operational plan. The extent to which the letters of support clearly indicate the signatory's willingness to participate in the EISN (e.g., as sources of surveillance information or members of the network).

3. Operational Plan (40 points)

a. The extent to which the applicant distinguishes whether the EISN is an extension of an existing surveillance network or a new network. If it is an extension of an existing network, the extent to which the applicant provides a complete and detailed description of the existing network.

b. The extent to which applicant provides a detailed and time-phased plan for establishing and operating the

EISN, which clearly describes the proposed organizational and operating structure/procedures for accomplishing all Recipient Activities. The extent to which the applicant describes agreements currently in place with potential participants in the network, describes what new agreements with potential participants will be necessary, and the likelihood that these agreements can be implemented promptly. The extent to which the applicant intends and describes plans to collaborate with CDC in the establishment and operation of the EISN and in the planning of individual surveillance projects, including planning and development of projects, management and analysis of data, and synthesis and dissemination of findings. The extent to which applicant's plan is consistent with and adequate to accomplish the purpose and objectives of this program.

c. The extent to which the applicant clearly identifies and describes the EISN participants/sources of surveillance information. The extent to which the applicant describes the structure of the EISN "network", such as number, location, etc., of sites or surveillance information sources. The extent to which the applicant describes procedures and mechanisms to transfer information between EISN participants and the central data collection point.

d. The extent to which the applicant's proposed specific surveillance projects are appropriate for the participants/sources in the network and address significant emerging syndromes, diseases, conditions, events, etc. The extent to which applicant clearly identifies specific diseases or conditions (e.g., notifiable diseases, food borne and waterborne diseases, and drug-resistant infections) which will be addressed. The extent to which the applicant describes how cases will be defined, what information will be collected for each case, and the likelihood that such cases will occur with sufficient frequency to provide useful public health information. The extent to which these projects appear feasible and the likelihood they can be successfully conducted.

e. The extent to which the applicant clearly describes how its design for the EISN is flexible and able to swiftly address new public health challenges in infectious diseases.

f. The extent to which the applicant describes an appropriate and effective process for providing necessary information to State and local health departments and appropriate others about findings related to notifiable conditions.

4. Project Management and Staffing (10 points)

The extent to which applicant identifies professional and support staff who have the knowledge, experience, and authority to carry out recipient activities as evidenced by job descriptions, curricula vitae, organizational charts, etc.

5. Evaluation (10 points)

The quality of the proposed plan for monitoring progress in achieving the purpose and overall goals of this program.

6. Budget (Not Scored)

The extent to which the proposed budget is reasonable, clearly justifiable, and consistent with the intended use of cooperative agreement funds.

Executive Order 12372 Review

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 for each affected State. A current list of SPOCs is included in the application kit. Indian tribes are strongly encouraged to request tribal government review of the proposed application. If SPOCs or tribal governments have any process recommendations on applications submitted to CDC, they should forward them to Clara M. Jenkins, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Mailstop E-18, Room 314, Atlanta, GA 30305. The due date for State process recommendations is 30 days after the application deadline date for new and competing continuation awards. (A waiver for the 60 day requirement has been requested). 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 93.283.

Other Requirements

Paperwork Reduction Act

Projects that involve the collection of information from ten 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.

Application Submission and Deadline

The original and two copies of the application Form PHS-5161-1 (Revised 7/92, OMB Control Number 0937-0189) must be submitted to Clara M. Jenkins, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 314, Mailstop E-18, Atlanta, Georgia 30305, on or before August 21, 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 objective 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.)

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

Where To Obtain Additional Information

A complete program description and information on application procedures are contained in the application package. Business management technical assistance may be obtained from Gordon R. Clapp, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 314,

Mailstop E-18, Atlanta, Georgia 30305, telephone (404) 842-6508.

Programmatic technical assistance may be obtained from Robert W. Pinner, M.D., Special Assistant for Surveillance, Office of the Director, National Center for Infectious Diseases, Centers for Disease Control and Prevention (CDC), Mailstop C-12, 1600 Clifton Road, NE., Atlanta, Georgia 30333, telephone (404) 639-2603.

Please refer to Announcement Number 539 when requesting information regarding this program.

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.

Potential applicants may obtain a copy of Addressing Emerging Infectious Disease Threats: A Prevention Strategy for the United States through the Centers for Disease Control and Prevention (CDC), National Center for Infectious Diseases, Office of Planning and Health Communication—EP, Mailstop C-14, 1600 Clifton Road, NE., Atlanta, Georgia 30333. Requests may also be sent by facsimile to (404) 639-3039.

Dated: July 17, 1995.

Joseph R. Carter,

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

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[Announcement Number 543]

Cooperative Agreement for State Epidemiology and Laboratory Surveillance and Response

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1995 funds for a cooperative agreement program to ensure adequate capacity of local, State, and national efforts to conduct epidemiology and laboratory surveillance and response for infectious diseases.

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