

Continuation awards within the project period will be made if progress is satisfactory and funds are available.

The purpose of this cooperative agreement is to assist the ASTDHPPE, a key partner to CDC, in determining and developing the training, research, and program implementation requirements to build health promotion and public health education capacity at the State and territorial level.

The CDC will provide consultation, assistance, and support in planning, conducting, and evaluating program activities; plan and conduct the Annual National Conference on Health Promotion and Health Education; collaborate with the ASTDHPPE to improve effectiveness in Managed Care and Worksite Health Promotion; encourage and facilitate the participation of ASTDHPPE members in on-site technical assistance visits; and provide continuing updates on scientific, operational, and funding developments in the areas of health education and health promotion.

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 Educational and Community-Based Programs. (For ordering a copy of "Healthy People 2000," see the section "Where to Obtain Additional Information.")

Authority

This program is authorized under section 317(k)(2), of the Public Health Service Act, 42 U.S.C. 247b(k)(2), as amended.

Smoke-Free Workplace

The Public Health Service strongly encourages 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 Applicant

Assistance will be provided only to the ASTDHPPE. No other applications are being solicited. The program announcement and application kit have been sent to ASTDHPPE. Eligibility is limited to ASTDHPPE since it is the only appropriate and qualified agency that can provide the services specified

under this cooperative agreement. ASTDHPPE is the only national nonprofit health education organization in which program directors and staff representing all States and territories are members. As such, it is uniquely capable, and organized specifically, to serve as a leader and a convener of activities relative to State health education programs. ASTDHPPE has a unique relationship with the Association of State and Territorial Health Officials (ASTHO) and ASTHO affiliates. It is the only organization whose primary mission is to promote health education and health promotion as core disciplines of public health practice and to advocate for quality health education and health promotion programs and strategies to address the nation's leading health problems. ASTDHPPE has served as a health education and health promotion policy development and capacity-building organization since 1946, and historically has strengthened public health education goals and objectives. The membership is uniquely diverse and its members, who provide major leadership to State and territorial categorical health areas, have strengthened health education and health promotion programs nationwide.

ASTDHPPE also provides consultation and technical assistance to numerous agencies and has liaison relationships with many national organizations. In this way, the Association is deeply involved in health education and health promotion program development and evaluation efforts conducted nationally.

In collaboration with other national organizations, the Association accomplishes its mission by disseminating information on state-of-the-art health education and health promotion policies and strategies. The Association has the established relationships and expertise necessary to accomplish the requirements of this cooperative agreement. The unique information exchange among the ASTDHPPE members and expert program knowledge provide it with special credibility with national, private, and voluntary agencies.

Executive Order 12372 Review

This program is not subject to Executive Order 12372 review.

Public Health System Reporting Requirement

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

Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance number is 93.283.

Where To Obtain Additional Information

Additional information 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 Rd., NE., Room 314, Atlanta, GA 30305, telephone (404) 842-6508.

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 may be obtained 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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[CDC-567]

Cooperative Agreement with the World Health Organization (WHO)

Summary

The Centers for Disease Control and Prevention (CDC) announces the availability of funds for fiscal year (FY) 1995 for a cooperative agreement with the World Health Organization (WHO) for initiatives related to emerging infectious diseases. Approximately \$100,000 is available in FY 1995 to fund this program. It is expected that the award will begin on or about September 1, 1995, 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 and availability of funds.

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 to improve the quality of life. This announcement focuses on 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 307 of the Public Health Service Act, 42 U.S.C. 241 and 242l, 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 Applicant

Assistance will be provided only to WHO for this project. No other applications are solicited. The program announcement and application kit have been sent to WHO.

WHO is the only international/intergovernmental agency qualified to conduct the activities under this cooperative agreement because it has:

A. A unique position among the world's health agencies as the technical agency for health within the United Nations.

B. Access to all national health promotion and disease prevention programs and potential research sites through its six regional offices located in Washington, DC; Copenhagen, Denmark; Alexandria, Egypt; Brazzaville, Congo; Delhi, India; and Manila, Philippines.

C. In collaboration with other international organizations, WHO works to accomplish its mission by disseminating information related to infectious disease program needs and services, recommends and advocates improved policies and programs, and provides consultation and guidance at the international, national, and local level.

D. WHO offers special opportunities for furthering research programs through the use of unusual talent resources, populations, or environmental conditions in other countries that are not readily available in the United States or that provide augmentation of existing U.S. resources.

E. WHO is uniquely qualified to conduct activities that have specific relevance to the mission and objectives of CDC and the potential to advance knowledge that would benefit the United States.

Purpose

The purpose of this program is to assist WHO in implementing a coordinated plan to assist national

governments and regional authorities to improve infectious disease surveillance, build public health infrastructure, promote applied research activities, and develop improved infectious disease prevention and control strategies. These efforts will lead to a better understanding of baseline infectious disease incidence and prevalence, so that "unusual" disease occurrences will be more readily recognized and accurately addressed. As infectious diseases do not respect international boundaries, outbreaks virtually anywhere may threaten the health of the United States, and the improved surveillance activities will offer national, international, and global early warning of new and unusual diseases so that effective interventions can be promptly instituted.

Program Requirements

In carrying out the activities under this program, WHO will be responsible for the activities under A., below, and CDC will be responsible for the activities under B., below:

A. Recipient Activities

1. Identify geographic areas, on a global basis, for implementation and evaluation of infectious disease surveillance activities.
2. Develop and evaluate strategies to enhance national, regional, and global infectious disease surveillance.
3. Analyze national resources devoted to infectious disease diagnosis to identify critical shortfalls in human, technical, and equipment resources, then develop and implement plans to resolve recognized deficiencies.
4. Conduct a program of applied research focusing on recognition and response to emerging infectious diseases.
5. Build international networks of collaborating laboratories for the rapid acquisition and exchange of surveillance and monitoring information.
6. Coordinate activities with other relevant agencies, organizations, and individuals to facilitate development, implementation, and evaluation of infectious disease prevention and control programs.
7. Monitor and evaluate program performance.

B. CDC Activities

1. Collaborate in the design of research protocols.
2. Assist in the analysis and interpretation of data generated from each project.

3. As needed, provide other programmatic consultation and guidance in support of the program.

4. Provide continuing updates on scientific and operational developments in emerging infectious diseases.

5. Participate in the development of plans for the sharing and dissemination of program and research data and information.

6. Assist in defining the scope, the development, and dissemination of plans for emerging infectious disease prevention, research, and control.

Evaluation Criteria

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

A. Needs Statement: The extent to which the applicant identifies specific needs related to the purposes of the program. (20 Points)

B. Objectives: The degree to which short-term and long-term objectives are specific, time-phased, measurable, and realistic. (20 Points)

C. Operational Plan: The adequacy of the applicant's plan to carry out the proposed activities. (20 Points)

D. Evaluation Plan: The extent to which the evaluation plan appears capable of monitoring progress toward meeting project objectives. (20 Points)

E. Program Management: The extent to which proposed staff are necessary, appropriate, and qualified to perform the proposed activities. (20 Points)

F. Budget: The extent to which the budget is reasonable and consistent with the purpose and objectives of the program. (Not Weighted)

Executive Order 12372 Review

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

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 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 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 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).