will provide information regarding limb loss.

6. Cost-Sharing (5 Points)

Evaluation will be based on:

The evidence of personnel and financial contributions to the project and the specific plans for providing cost-sharing for the first year and succeeding years within the project period.

7. Budget Justification/Adequacy of Facilities (Not Scored)

The proposed budget will be evaluated on the basis of its reasonableness, concise and clear justification, accuracy and consistency with the intended use of cooperative agreement funds.

Funding Priority

CDC will give priority consideration to an established national organization with experience in providing educational and support services to individuals with limb loss.

Reporting Requirements

Project narrative reports, submitted with an original and two copies, will be required semi-annually. The reports shall be submitted to CDC thirty days after the end of the report period. An original and two copies of the Financial Status Report is required no later than 90 days after the end of each budget period.

Executive Order 12372

Applications are not subject to the Intergovernmental Review of Federal Programs as governed by Executive Order 12372.

Public Health System Reporting Requirements

This program is subject to the Public Health System Reporting Requirements. Under these requirements, all community-based nongovernmental applicants must prepare and submit the items identified below to the head of the appropriate State and/or local health agency(s) in the program area(s) that may be impacted by the proposed project no later than the receipt date of the Federal application. The appropriate State and/or local health agency is determined by the applicant. The following information must be provided:

A. A copy of the face page of the application (SF424).

B. A summary of the project that should be titled ''Public Health System Impact Statement'' (PHSIS), not to exceed one page, and include the following:

1. A description of the population to be served;

2. A summary of the services to be provided; and

3. A description of the coordination plans with the appropriate State and/or local health agencies.

If the State and/or local health official should desire a copy of the entire application, it may be obtained from the State Single Point of Contact (SPOC) or directly from the applicant.

Other Requirements

Paperwork Reduction Act

Projects that involve the collection of information from 10 or more individuals and funded by cooperative agreement will be subject to review by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

Catalog of Federal Domestic Assistance

The Catalog of Federal Domestic Assistance number is 93.184.

Application Submission and Deadline

The original and two copies of the application PHS Form 5161–1 (OMB number 0937–0189) must be submitted to Mr. Ron Van Duyne, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention, 255 East Paces Ferry Road, NE., Room 300, Mailstop E–13, Atlanta, Georgia 30305, on or before March 17, 1997.

1. *Deadline:*

Applications will be considered to have met 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 for the review process. 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 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 and will be returned to the applicant.

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 Georgia Jang, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention, 255 East Paces Ferry Road, NE., Room 321, Mailstop E–13, Atlanta, Georgia 30305, telephone (404) 842–6814, Internet address: glj2@ops.cdc.gov. Please refer to Program Announcement No. 717 when requesting information and submitting an application.

Programmatic technical assistance including additional guidance may be obtained from Jack Stubbs, Disabilities Prevention Program, National Center for Environmental Health, Centers for Disease Control and Prevention, 4770 Buford Highway, Building 101, Mailstop F–29, Atlanta, Georgia 30341, telephone (404) 488–7096, Internet address: jbs2@cehod1.em.cdc.gov.

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

Dated: January 30, 1997.

Joseph R. Carter,

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

[FR Doc. 97–2800 Filed 2–4–97; 8:45 am]

BILLING CODE 4163–18–P

[Announcement 721]

State and Community-Based Childhood Lead Poisoning Prevention Program and Surveillance of Blood Lead Levels in Children; Notice of Availability of Funds for Fiscal Year 1997

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of funds in fiscal year (FY) 1997 for new and competing continuation State and community-based childhood lead poisoning prevention projects, and to build statewide capacity to conduct surveillance of blood lead levels in children.

The CDC is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority area of Environmental Health. (To order a copy of Healthy People 2000, see the Where to Obtain Additional Information section.)

Authority

This program is authorized under sections 301(a), 317A and 317B of the Public Health Service Act [42 U.S.C. 241(a), 247b–1, and 247b–3], as amended. Program regulations are set forth in Title 42, Code of Federal Regulations, Part 51b.

Smoke-Free Workplace

The CDC strongly encourages all grant recipients to provide a smoke-free workplace and 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.

Environmental Justice Initiative

Activities conducted under this announcement should be consistent with the Federal Executive Order No. 12898 entitled, ''Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations.'' Grantees, to the greatest extent practicable and permitted by law, shall make achieving environmental justice part of its program's mission by identifying and addressing, as appropriate, disproportionately high and adverse human health and environmental effects of lead on minority populations and low-income populations.

Eligible Applicants

Eligible applicants for State childhood lead prevention programs are State health departments or other State health agencies or departments deemed most appropriate by the State to direct and coordinate the State's childhood lead poisoning prevention program, and agencies or units of local government that serve jurisdictional populations greater than 500,000. This eligibility includes health departments or other official organizational authority (agency or instrumentality) of the District of Columbia, the Commonwealth of Puerto Rico, and any territory or possession of the United States.

Applicants for prevention program grants from eligible units of local jurisdiction must elect either to apply directly to CDC as a grantee, or to apply as part of a statewide grant application. Local jurisdictions cannot submit applications directly to CDC and also apply as part of a Statewide grant application.

For Surveillance Funds Only

Eligible applicants are State health departments or other State health agencies or departments deemed most appropriate by the State to direct and coordinate the State's childhood lead poisoning prevention and surveillance program. Eligible applicants must have regulations for reporting of PbB levels by both public and private laboratories or provide assurances that such regulations will be in place within six months of awarding the grant. This program is intended to initiate and build capacity for surveillance of childhood PbB levels. Therefore, any applicant that already has in place a PbB level surveillance activity must demonstrate how these grant funds will be used to enhance, expand or improve the current activity, in order to remain eligible for funding. CDC funds should be added to blood-lead surveillance funding from other sources, if such funding exists. Funds for these programs may not be used in place of any existing funding for surveillance of PbB levels.

If a State agency applying for grant funds is other than the official State health department, written concurrence by the State health department must be provided.

Availability of Funds

State and Community-based Prevention Program Grant Funds

Approximately $8,000,000 will be available in FY 1997 to fund a selected number of new and competing continuation childhood lead poisoning prevention projects. The CDC anticipates that awards for the first budget year will range from $200,000 to $1,500,000. Applications exceeding the funding limit of $1,500,000 will be returned as non-responsive to the program announcement. This includes both direct and indirect cost amounts.

Surveillance Grant Funds

Approximately $300,000 will be available in FY 1997 to fund up to four new grants to support the development of PbB surveillance activities. Surveillance awards are expected to range from $60,000 to $75,000. Applications exceeding the funding limit of $75,000 will be returned as non-responsive to the program announcement. This includes both direct and indirect cost amounts.

The new awards are expected to begin on or about July 1, 1997.

New awards are made for 12-month budget periods within project periods not to exceed 3 years. Estimates outlined above are subject to change based on the actual availability of funds and the scope and quality of applications received. Continuation awards within the project period will be made on the basis of satisfactory progress and availability of funds.

Grant awards cannot supplant existing funding for childhood lead poisoning prevention programs or surveillance activities. Grant funds should be used to increase the level of expenditures from State, local, and other funding sources.

Applicants may apply for either a prevention program grant or a surveillance grant, but NOT both. Applicants from State health agencies applying for prevention program grant funds must address surveillance issues in their application.

Awards will be made with the expectation that program activities will continue when grant funds are terminated.

Note

- Grant funds may not be expended for medical care and treatment or for environmental remediation of lead sources. However, the applicant must provide an acceptable plan to ensure that these program activities are appropriately carried out.
- Not more than 10 percent (exclusive of Direct Assistance) of any grant may be obligated for administrative costs. This 10 percent limitation is in lieu of, and replaces, the indirect cost rate.

Background and Definitions

Background

State and community health agencies have traditionally been the principal delivery points for childhood lead screening and related medical and environmental management activities; however, limited resources and changing public health infrastructures have required public health agencies to develop new strategies to ensure the delivery of comprehensive services to prevent childhood lead poisoning.

In 1991, CDC recommended universal screening for children under six years old except in communities where the prevalence of elevated blood lead levels was known to be very low. In areas where the majority of children are at low risk for lead exposure, universal screening is not a practical or cost-beneficial investment of limited resources. Thus, screening activities should be targeted to children at elevated risk of lead exposure. As the prevalence of blood lead levels continues to diminish in the United States, targeting screening to those children who remain at elevated risk of lead exposure will become increasingly important.

Based on this scientific information and practical experience, to prevent childhood lead poisoning State and community health agencies will need to

re-examine their current screening policies and practices. State and local health agencies must have in place sound policies and programs to assess the risk for lead exposure and assure that appropriate and timely actions take place to protect children at risk of lead exposure. As State and local health departments revise their screening policies, it is anticipated that the screening and follow-up of children who most need services will be expanded or enhanced, thereby diminishing the screening of children in areas where they are not exposed to lead.

Blood lead levels in the United States have fallen dramatically over the past decade—by about 78 percent between 1978 and 1991. Nevertheless, the Third National Health and Nutrition Examination Survey (NHANES III) shows that, despite a dramatic decline in lead exposure among children, approximately 1.7 million children ages 1–5 still have blood lead levels ≥10 μg/dL, a level at which there has been shown to be subtle effects on children's cognitive development. Poor, urban, black children and Mexican-American children are at especially high risk for harmful levels of lead in their blood.

We have made great progress in reducing lead in important sources for the U.S. population—gasoline and food. However, there are still important sources of lead that pose a serious health threat to children. The remaining sources of lead exposure for children—lead in paint, dust, and soil—are far more difficult to address, since these can only be reduced by actions in individual homes. Without a concerted effort to reduce exposure from these sources, elevated lead levels in children will continue to be a public health problem.

Definitions

•*Program*: A designated unit within an agency responsible for implementing and coordinating a systematic and comprehensive approach to prevent childhood lead poisoning in high-risk communities.

•*Program Elements*: Include (1) identifying infants and young children with elevated blood lead levels, (2) identifying and assuring the remediation of possible sources of lead exposure throughout the community, (3) monitoring the medical and environmental management of lead poisoned children, (4) providing information on childhood lead poisoning and its prevention and management to the public, health professionals, and policy and decision makers, (5) encouraging and supporting community-based programs directed to the goal of eliminating childhood lead poisoning, (6) developing and providing laboratory support, and (7) maintaining a data management component that assists in the day-to-day management of the childhood lead poisoning prevention program and documents program activities.

•*High-Risk or Targeted Community*: Geographically defined community or neighborhood where there is significant childhood lead exposure (documented by the presence of children with elevated blood lead levels) or potential childhood lead exposure (documented by the presence of sources of lead exposure, especially older, deteriorating housing.)

•*Lead Hazard*: Accessible paint, dust, soil, water, or other source or pathway that contains lead or lead compounds that can contribute to or cause lead poisoning.

•*Lead Hazard Remediation*: The elimination, reduction, or containment of known and accessible lead sources.

•*Care coordination*: The total care of a child with lead poisoning, including appropriate and timely medical and environmental follow-up.

•*Surveillance*: For the purpose of this program, a complete PbB surveillance activity is defined as a process which: (1) systematically collects information over time about children with elevated PbB levels using laboratory reports as the data source; (2) provides for the follow-up of cases, including field investigations when necessary; and (3) provides timely and useful analysis and reporting of the accumulated data including an estimate of the rate of elevated PbB levels among all children receiving blood tests.

Purpose

Prevention Grant Program

The purpose of this grant program is to provide impetus for the development and operation of State and community-based childhood lead poisoning prevention programs in places where there is a determined risk of childhood lead exposure and to develop Statewide capacity for conducting surveillance of elevated blood-lead levels.

Grant-supported programs are expected to serve as catalysts and models for the development of non-grant-supported programs and activities in other States and communities. Further, grant-supported programs should create community awareness of the problem (e.g., among community and business leaders, medical community, parents, educators, and property owners). It is expected that State health agencies will play a lead role in the development of community-based childhood lead poisoning prevention programs, including ensuring coordination and integration with maternal and child health programs; State Medicaid Early Periodic Screening, Diagnosis, and Treatment, (EPSDT) programs; community and migrant health centers; and community-based organizations providing health and social services in or near public housing units, as authorized under Section 340A of the PHS Act.

The prevention grant program will provide financial assistance and support to State and local government agencies to:

1. Establish, expand, or improve services to assure that children in high risk areas are screened. Screening should focus on: (1) Making certain children not currently served by existing health care services are screened, (2) integrating screening efforts with maternal and child health programs; State Medicaid programs, such as the EPSDT programs; community and migrant health centers; and community-based organizations providing health and social services in or near public housing units, as authorized under Section 340A of the PHS Act, and (3) guaranteeing that high-risk children seen by private providers are screened.

2. Intensify care coordination efforts to ensure that children with elevated blood lead levels receive appropriate and timely follow-up services.

3. Establish, expand, or improve environmental investigations to rapidly identify and reduce sources of lead exposure throughout a community.

4. Plan and develop activities for the primary prevention of childhood lead poisoning in demonstrated high-risk areas to be conducted in collaboration with other government and community-based organizations.

5. Develop and implement efficient information management/data systems compatible with CDC guidelines for monitoring and evaluation.

6. Improve the actions of other appropriate agencies and organizations to facilitate the rapid remediation of identified lead hazards in high-risk communities.

7. Enhance knowledge and skills of program staff through training and other methods.

8. Based upon program findings, provide information on childhood lead poisoning to the public, policy-makers, academic community, and other interested parties.

9. Develop State-based systems for surveillance of blood lead levels among

children, and use surveillance data to assess prevention activities and target resources.

Surveillance Grant Funds

The surveillance component of this announcement is intended to assist State health departments or other appropriate agencies to implement a complete surveillance activity for PbB levels in children. Development of surveillance systems at the local, State and national levels is essential for targeting interventions to high-risk populations and for tracking progress in eliminating childhood lead poisoning.

The childhood blood-lead surveillance program has the following five goals:

1. Increase the number of State health departments with surveillance systems for elevated PbB levels;
2. Build the capacity of State-or territorial-based PbB level surveillance systems;
3. Use data from these systems to conduct national surveillance of elevated PbB levels;
4. Disseminate data on the occurrence of elevated PbB levels to government agencies, researchers, employers, and medical care providers; and
5. Direct intervention efforts to reduce environmental lead exposure.

Program Requirements

A copy of the Program Guidance Document will be included with the application package. Please refer to this document (Program Guidance) for important information and procedures in developing and completing your application.

Prevention Grant Program

The following are requirements for Childhood Lead Poisoning Prevention Projects:

1. A director/coordinator with authority and responsibility to carry out the requirements of the program.
2. Provide qualified staff, other resources, and knowledge to implement the provisions of the program.
3. Revise program efforts based on CDC's plans to issue new recommendations on childhood lead poisoning prevention.
4. Provide a comprehensive statewide plan that includes strategies, identifies where lead exposed children are, and provides appropriate screening and timely follow-up for those children.
5. Provide a plan to develop an automated data-management system designed to collect and maintain laboratory data on the results of blood lead testing and care coordination data for children with elevated blood lead levels. This automated data-management systems should be used to monitor and evaluate all major program activities and services.
6. Establishment and maintenance of a system to monitor the notification and follow-up of children who are confirmed with elevated blood lead levels and who are referred to local Public Housing Authorities (PHAs).
7. Effective, well-defined working relationships within public health agencies and with other agencies and organizations at national, State, and community levels (e.g., housing authorities, environmental agencies, maternal and child health programs, State Medicaid EPSDT programs; or, community and migrant health centers; community-based organizations providing health and social services in or near public housing units, as authorized under Section 340A of the PHS Act, State epidemiology programs, State and local housing rehabilitation offices, schools of public health and medical schools, and environmental interest groups) to appropriately address the needs and requirements of programs (e.g., data management systems to facilitate the follow-up and tabulation of children reported with elevated blood lead levels, training to ensure the safety of abatement workers) in the implementation of proposed activities. This includes the establishment of networks with other State and local agencies with expertise in childhood lead poisoning prevention programming.
8. Assurances that income earned by the childhood lead poisoning prevention program is returned to the program for use by the program.
9. For awards to State agencies, there must be a demonstrated commitment to provide technical, analytical, and program evaluation assistance to local agencies interested in developing or strengthening childhood lead poisoning prevention programs.
10. SPECIAL REQUIREMENT regarding Medicaid provider-status of applicants: Pursuant to section 317A of the Public Health Service Act (42 U.S.C. 247b–1) as amended by Sec. 303 of the ''Preventive Health Amendments of 1992'' (Public Law 102–531), applicants AND current grantees must meet the following requirements: For Childhood Lead Poisoning Prevention Program services which are Medicaid-reimbursable in the applicant's State:

- Applicants who directly provide these services must be enrolled with their State Medicaid agency as Medicaid providers.
- Providers who enter into agreements with the applicant to provide such services must be enrolled with their State Medicaid agency as providers.

An exception to this requirement will be made for providers whose services are provided free of charge and who accept no reimbursement from any third-party payer. Such providers who accept voluntary donations may still be exempted from this requirement.

11. For State Prevention Programs, a Surveillance component defined as a process which: (1) Systematically collects information over time about children with elevated PbB levels using laboratory reports as the data source; (2) provides for the follow-up of cases, including field investigations when necessary; (3) provides timely and useful analysis and reporting of the accumulated data including an estimate of the rate of elevated PbB levels among all children receiving blood tests; and (4) reports data to CDC in the appropriate format.

To achieve these goals, programs must be able to: (1) provide qualified staff, other resources, and knowledge to implement the provisions of this program. Applicants requesting grant supported positions must provide assurances that such positions will be approved by the applicant's personnel system; (2) revise, refine, and implement, in collaboration with CDC, the methodology for surveillance as proposed in the respective program application; (3) have demonstrated experience or access to professionals knowledgeable in conducting and evaluating public health programs; and (4) have the ability to translate data to State and local public health officials, policy and decision-makers, and to others seeking to strengthen program efforts.

For Surveillance Grants

The following are requirements for surveillance only grant projects:

1. A full-time director/coordinator with authority and responsibility to carry out the requirements of surveillance program activities.
2. Ability to provide qualified staff, other resources, and knowledge to implement the provisions of this program. Applicants requesting grant supported positions must provide assurances that such positions will be approved by the applicant's personnel system.
3. Effective, well-defined working relationships with childhood lead poisoning prevention programs within the applicant's State.
4. Revise, refine, and implement, in collaboration with CDC, the methodology for surveillance as

proposed in the respective program application.

5. Collaborate with CDC in any interim and/or final evaluation of the surveillance activity.

6. Monitor and evaluate all major program activities and services.

7. Demonstrated experience in conducting and evaluating public health programs or having access to professionals who are knowledgeable in conducting such activities.

8. Ability to translate data to State and local public health officials, policy and decision-makers, and to others seeking to strengthen program efforts.

Technical Reporting Requirements

Quarterly progress reports are required of all grantees. The quarterly report should not exceed 25 pages. Time lines for the quarterly reports will be established at the time of award, but are typically due 30 days after the end of each calendar quarter. A progress report is required as a part of the continuation application. Note that surveillance only grantees are not required to submit quarterly quantitative data.

Annual Financial Status Reports (FSRs) are due 90 days after the end of the budget period. The final progress report and FSR shall be prepared and submitted no later than 90 days after the end of the project period. Submit the original and 2 copies of the reports to the Grants Management Office indicated under ''Where to Obtain Additional Information'' section.

Evaluation Criteria

The review of applications will be conducted by an objective review committee who will review the quality of the application based on the strength and completeness of the plan submitted. The budget justification will be used to assess how well the technical plan is likely to be carried out using available resources. The maximum ratings score of an application is 100 points.

A. The Factors To Be Considered in the Evaluation of Prevention Program Grant Applications Are:

1. Evidence of the Childhood Lead Poisoning Problem (40 points).

(a) Applicants should describe and document the extent of the problem as defined by data from recent screening, demographic, environmental, and other data. (Population-based data or estimates should be compared to NHANES III data discussed in the Background and Definition Section of this program announcement). (20 points)

(b) Applicants' ability to identify high-risk targeted areas within their public health jurisdictions defined by such factors as: evidence of children with elevated blood lead levels, documentation of pre-1950 housing and/or other evidence of old, deteriorating houses as well as the percent and number of children under six years of age living in poverty. Other known or suspected sources of lead poisoning should also be discussed. (20 points)

2. Technical Approach (30 points).

The quality of the technical approach in carrying out the proposed activities including:

(a) Goals and Objectives: The extent to which the applicant has included clearly identified goals and objectives which are specific, measurable, and relevant to the purpose of this proposal (10 points).

(b) Approach: The extent to which the applicant provides a detailed description of the proposed activities which are likely to achieve each objective for the budget period (10 points).

(c) Timeline: The extent to which the applicant provides a reasonable schedule for implementation of the activities (5 points).

(d) Evaluation: The extent to which the evaluation plan addresses the achievement of objectives (5 points).

3. Applicant Capability (10 points).

Capability of the applicant to initiate and carry out proposed program activities successfully within the time frames set forth in the application. Proposed staff skills must match the proposed program of work described. Elements to consider include:

(a) Demonstrated knowledge and experience of the proposed project director or manager and staff in planning and managing large and complex interdisciplinary programs involving public health, environmental management, and housing rehabilitation. The percentage of time the project manager will devote to this project is a significant factor, and must be indicated (5 points).

(b) Written assurances that proposed positions can and will be filled as described in the application (3 points).

(c) Evidence of institutional capacity, demonstrated by the experience and continuing capability of the jurisdiction, to initiate and implement similar environmental and housing projects. The applicant should describe these related efforts and the current capacity of its agency (2 points).

4. Collaboration (20 points).

(a) Extent to which the applicant demonstrates that proposed activities are being conducted in conjunction with, or through, organizations with known and established ties in the target communities. Evidence of support and participation from appropriate community-based or neighborhood-based organizations in the form of memoranda of understanding or other agreements of collaboration. (10 points)

(b) Extent to which the applicant documents established collaboration with appropriate governmental agencies responding to childhood lead poisoning prevention issues such as environmental health, housing, medical management, etc., through specific commitments for consultation, employment, or other activities, as evidenced by the names and proposed roles of these participants and letters of commitment. Absence of letters describing specific participation will result in a reduced rating under this factor. (10 points)

5. Budget Justification and Adequacy of Facilities (NOT SCORED).

The budget will be evaluated for the extent to which it is reasonable, clearly justified, and consistent with the intended use of grant funds. The adequacy of existing and proposed facilities to support program activities also will be evaluated.

B. The Factors to be Considered in the Evaluation of Applications for Surveillance Program Grant Applications are:

1. Surveillance Activity : (35 points).

The clarity, feasibility, and scientific soundness of the surveillance approach. Also, the extent to which a proposed schedule for accomplishing each activity and methods for evaluating each activity are clearly defined and appropriate. The following points will be specifically evaluated:

(a) How laboratories report PbB levels.

(b) How data will be collected and managed.

(c) How the quality of data and completeness of reporting will be assured.

(d) How and when data will be analyzed.

(e) How summary data will be reported and disseminated.

(f) Protocols for follow-up of individuals with elevated PbB levels.

(g) Provisions to obtain denominator data.

2. Progress Toward Complete Blood-Lead Surveillance (30 points).

The extent to which the proposed activities are likely to result in substantial progress towards establishing a complete State-based PbB surveillance activity (as defined in the ''Purpose'' section).

3. Project Sustainability (20 points).

The extent to which the proposed activities are likely to result in the long-

term maintenance of a complete State-based PbB surveillance system. In particular, specific activities that will be undertaken by the State during the project period to ensure that the surveillance program continues after completion of the project period.

4. Personnel (10 points).

The extent to which the qualifications and time commitments of project personnel are clearly documented and appropriate for implementing the proposal.

5. Use of Existing Resources (5 points).

The extent to which the proposal would make effective use of existing resources and expertise within the applicant agency or through collaboration with other agencies.

6. BUDGET (Not Scored).

The extent to which the budget is reasonable, clearly justified, and consistent with the intended use of 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 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. If they have comments it should be sent to Lisa G. Tamaroff, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Atlanta, GA 30305, no later than 60 days after the application due date. The Program Announcement Number and Program Title should be referenced on the document. The granting agency does not guarantee to ''accommodate or explain'' State process recommendations it receives after that date.

Public Health System Reporting Requirement

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 93.197.

Other Requirements

Paperwork Reduction Act

Projects that involve the collection of information from 10 or more individuals and funded by the grant 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 PHS 5161–1 (OMB Number 0937-0189) must be submitted to Lisa G. Tamaroff, 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, Atlanta, GA 30305, on or before April 9, 1997.

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 for the review process. 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.

A one-page, single-spaced, typed abstract must be submitted with the application. The heading should include the title of the grant program, project title, organization, name and address, project director and telephone number.

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 721. You will receive a complete program description, information on application procedures and application forms.

If you have questions after reviewing the contents of all documents, business management technical assistance may be obtained from Lisa G. Tamaroff, 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) 842–6796. Internet address lgt1.@ops.cdc.gov.

This and other CDC announcements are also available through the CDC homepage on the Internet. The address for the CDC homepage is http://www.cdc.gov.

CDC will not send application kits by facsimile or express mail.

Please refer to Announcement Number 721 when requesting information and submitting an application.

Technical assistance on prevention activities may be obtained from Claudette A. Grant, Acting Chief, Program Services Section, Lead Poisoning Prevention Branch, Division of Environmental Hazards and Health Effects, National Center for Environmental Health, Centers for Disease Control and Prevention (CDC), 4770 Buford Highway, NE., Mailstop F–42, Atlanta, GA 30341–3724, telephone (770) 488–7330, Internet address cag4@ceh.cdc.gov.

Technical assistance on surveillance activities may be obtained from Carol Pertowski, M.D., Medical Epidemiologist, Surveillance and Programs Branch, Division of Environmental Hazards and Health Effects, National Center for Environmental Health, Centers for Disease Control and Prevention (CDC), 4770 Buford Highway, NE., Mailstop F–42, Atlanta, GA 30341–3724, telephone (770) 488–7330, Internet address cap4@ceh.cdc.gov.

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

Dated: January 30, 1997.

Joseph R. Carter,

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

[FR Doc. 97–2799 Filed 2–4–97; 8:45 am]

BILLING CODE 4163–18–P

Food and Drug Administration

[Docket No. 97F–0038]

Alcide Corp.; Filing of Food Additive Petition

AGENCY: Food and Drug Administration, HHS.