

French as an ongoing, independent, and viable acute care hospital, and remedying the lessening of competition resulting from Tenet's acquisition of OrNda.

The divestitures must be completed by August 1, 1997; otherwise, Tenet will consent to the appointment of a trustee, who will have twelve additional months to effect the divestitures. If Tenet does not complete a Commission-approved divestiture of French by August 1, 1997, the Commission may appoint a trustee to complete that divestiture. The trustee may divest not only French and related assets, but also OrNda's Valley Community Hospital in Santa Maria, south of San Luis Obispo County, and certain assets relating to Valley, if the additional hospital and assets turn out to be necessary for a successful divestiture of French.

The Agreement to Hold Separate executed in conjunction with the consent agreement requires Tenet, effective immediately, to maintain French, Valley, the Monarch stock and loan agreement, and related assets separate from Tenet's other operations until the completion of the divestitures, or as otherwise specified. The Agreement to Hold Separate also requires Tenet to comply with the provisions of the proposed consent order, pending its final approval by the Commission.

To assure the complete independence and viability of French and Valley hospitals, and related assets, the Hold Separate Agreement requires Tenet to transfer control of those assets to a three-member board (only one of whom will be a Tenet employee), and to ensure that no competitive information is exchanged between Tenet and those assets. (The Hold Separate Agreement's provisions relating to the Monarch stock have been described above.) Under the Hold Separate Agreement, Tenet may not exercise any direction, control, or influence over the assets to be held separate, except as necessary to ensure compliance with the Consent Order and the Hold Separate Agreement, and to ensure the continued viability, competitiveness, and marketability of those assets.

For ten years after the order is made final, the proposed consent order would prohibit Tenet from combining (through purchase, sale, lease, or otherwise) its acute care hospitals in San Luis Obispo County with any other acute care hospital in that area, or from acquiring Monarch stock, without prior notice to the Federal Trade Commission. Tenet must provide such notice in accordance with procedures similar to those governing premerger notifications

required by Section 7A of the Clayton Act, 15 U.S.C. 18a (unless the merger is already subject to section 7A's requirements, in which case no notice is necessary over and above that provided pursuant to section 7A). The order provision supplements section 7A, to ensure that the Commission receives advance notice of potentially significant Tenet mergers in the relevant market, and to thereby give the Commission an opportunity to block any such merger if it can demonstrate that the merger may substantially lessen competition. The proposed order contains certain limited exceptions to the prior notification requirement for transactions which are unlikely to substantially lessen competition, such as for transactions under \$1 million.

The proposed consent order also contains provisions concerning its continued application to future owners of French and of Tenet's acute care hospitals in San Luis Obispo County. The acquirer of French, pursuant to the divestiture called for by the order, must agree not to transfer the hospital, for ten years from the date of the order, without prior notice to the Commission, to any person already operating an acute care hospital in San Luis Obispo County. In addition, the order would prohibit Tenet for ten years from transferring an acute care hospital facility in San Luis Obispo County, other than French (e.g., Sierra Vista or Twin Cities) to another person, unless the acquiring person first files with the Commission an agreement to be bound by the order.

The purpose of this analysis is to invite public comment concerning the proposed order, and to assist the Commission in its determination of whether to make the order final. This analysis is not intended to constitute an official interpretation of the agreement or to modify its terms in any way.

Donald S. Clark,

Secretary.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement Number 717]

National Limb Loss Information Project; Notice of Availability of Funds for Fiscal Year 1997

Introduction

The Centers for Disease Control and Prevention (CDC), the Nation's

prevention agency, announces the availability of funds in fiscal year (FY) 1997 for a cooperative agreement program to establish a National Limb Loss Information Center (NLLIC). Non-renewable financial assistance will be provided to develop a National Limb Loss Information Center which will operate as a national clearinghouse to provide educational material and self-help rehabilitation guidance to persons with limb loss. In addition, the NLLIC will develop a peer visitation training initiative that will conduct peer education and training sessions with hospitals and limb loss support groups.

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 areas of Clinical Preventive Services and Surveillance and Data Systems.

(For ordering a copy of Healthy People 2000, see the section "Where to Obtain Additional Information".)

Authority

This program is authorized by Section 301(a)(42 U.S.C. 241(a)) of the Public Health Service Act, as amended.

Smoke-Free Workplace

The CDC 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, nonprofit organizations, and governments and their agencies.

Note: An organization described in section 501(c)(4) of the Internal Revenue Code of 1986 which engages in lobbying activities shall not be eligible to receive Federal funds constituting an award, grant, contract, loan, or any other form.

Availability of Funds

A maximum of \$800,000 in FY 1997 funds will be available to award one non-renewable cooperative agreement. The award will be made on or before May 31, 1997, for a twelve-month budget period within a project period of up to 3 years. Succeeding second- and third-year budget requests should reflect the organization's increasing financial participation indicating the ability to

sustain the project once the cooperative agreement has expired. (Budget period is the interval of time into which the project is divided for funding and reporting purposes. Project period is the total time for which a project has been programmatically approved.)

Noncompeting continuation awards for new budget years within the approved project period will be made on the basis of satisfactory progress in meeting project objectives and the availability of funds. Progress will be determined by site visits by CDC, project-generated progress reports, and the quality of continuation application requests.

Use of Funds

Funds available under this announcement must support activities directly related to the establishment and operation of a National Limb Loss Information Center. The award may be used for personnel services, supplies, equipment, travel, subcontracts, and services directly related to project activities. Project funds may not be used to supplant the applicant's pre-existing funds, for construction costs, to lease or purchase facilities or space, or for patient care. Although applicants may contract with other organizations under this cooperative agreement, applicants must perform a substantial portion of the activities (including program management and operations and delivery of services) for which funds are requested.

Background

Estimates of persons in the United States that were born with a congenital limb deficiency or have sustained an amputation are questionable. Roughly 2,000,000 respondents to the U.S. Census Bureau's Survey of Income and Program Participation reported a deformity or loss of a hand, foot, leg or arm as the cause of their disability. The 1983-1985 National Health Interview Survey reported approximately 400,000 persons with a limb loss. It is estimated that approximately 60,000 surgical amputation procedures are performed a year and this number is expected to increase. Regardless of the actual numbers of individuals with limb loss, it is anticipated that current trends and population growth will contribute to increasing numbers of individuals with limb loss.

There is an ever increasing need to facilitate the timely distribution of appropriate information regarding rehabilitation, health promotion, and other services for persons with limb loss. Existing information sources are not equipped to handle the increasing

demand for these services. There is a basic inability of individuals to locate and obtain information relating to their particular situation, care and rehabilitation. A Harris poll taken for the International Center for the Disabled indicated that fifty-three percent of the respondents expressed difficulty in obtaining disability-related information, and only forty-four percent considered themselves to be familiar with this type of information. These findings indicate a need to establish a National Limb Loss Information Center that will collect and/or develop state of the art rehabilitation and post-rehabilitation materials and resources for dissemination to persons with limb loss, their families, and providers responsible for their care.

Purpose

The purpose of this cooperative agreement is to establish a National Limb Loss Information Center and a peer visitation training initiative. These initiatives will significantly assist in identifying gaps in the service network, establish opportunities to bridge the gaps, provide appropriate and timely educational messages to affected individuals and their support groups, and facilitate linkages between individuals with limb loss and available rehabilitative and support services. It is important that these initiatives provide persons with limb loss access to resources, information and education needed to make informed choices to attain the optimal rehabilitation outcomes, return to productive lifestyles, and prevent related secondary conditions.

Advances in medical science and technology have been extremely effective in returning persons with limb loss to their customary lifestyle. Effective rehabilitation outcomes, however, are contingent upon the ability to provide a broad range of educational and informational resources to persons with limb loss. This project is intended to establish a National Limb Loss Information Center that will serve as a repository for current information on limb loss and be responsible for operating a national clearinghouse providing guidance to the public regarding rehabilitation, support services and training opportunities for persons with limb loss.

Budget and Project Costs

This program has no statutory matching requirement; however, applicants should demonstrate their capacity to support a portion of project costs, increase cost-sharing potential over time, and identify other potential funding sources for continuation of the

project at the conclusion of the three-year project period. Applicants must prepare budget requests that provide line item specificity for intended expenditures and a separate budget justification (identifying both Federal and non-Federal funding sources).

Cooperative Activities

In conducting activities to achieve the purposes of this program, the recipient shall be responsible for activities under A. (Recipient Activities) and CDC shall be responsible for activities listed under B. (CDC Activities).

A. Recipient Activities

1. Establish and maintain a resource library regarding limb loss which includes a comprehensive electronic resource database;
2. Utilize universities, research institutions and other noted authorities to collect and maintain a comprehensive inventory of current educational materials regarding limb loss;
3. Use professional staff to provide appropriate information, educational messages, and guidance to individuals with limb loss;
4. Develop and disseminate a national educational publication that conveys the most current advances in treatment and care of persons with limb loss;
5. Develop a peer visitation training initiative to conduct self-help training and work with support networks;
6. Develop standardized materials to assist local organizations in the conduct of appropriate visitation programs.

B. CDC Activities

1. Provide scientific, programmatic, and technical assistance in the planning, operation, and evaluation of the National Limb Loss Information Center;
2. Provide programmatic assistance in administrative and organizational aspects of project operations;
3. Serve as a resource for sharing regional and/or national data pertinent to limb loss; and
4. Assist in evaluating and/or studying the effectiveness of specific activities.

Application Content

Applicants must submit a separate typed abstract/summary of their proposal as a cover to their applications, consisting of no more than two double-spaced pages. Applicants should also include a table of contents for the project narrative and related attachments.

Applicants should organize their proposals in accordance with the application contents section of this

announcement. Applicants should be concise in preparing application narratives. The narrative portion of the application presenting the project functions should not exceed 30 double-spaced pages.

The application should be organized into two sections described as the (1) Project narrative and (2) budget justification. The total combined financial assistance request should be listed on the cover sheet and on the budget information sheet (Budget Information, Non-Construction Programs) on the Public Health Service Grant Application, Form PHS-5161-1.

Supporting information related to the project should be provided as attachments. Supporting information may include position descriptions, organizational charts, inventories of educational materials or tools, reports providing evidence as to need and extent of the problem, graphic depictions of objectives and milestones, letters of commitment noting collaborations and funding support, etc.

1. The application must document the background and need for support, including an overview of the national limb loss problem. Describe gaps in data, information, educational materials, program services, educational approaches, and how this cooperative agreement will help close those gaps and develop the capacity to establish and continue to operate a national information center for persons with limb loss.

2. Describe the plan and methods for initiating, facilitating, coordinating, conducting and evaluating educational activities related to limb loss. The applicants should describe those project resources and staff necessary to accomplish the project objectives. The plan should describe the future funding options beyond the three-year project period and discuss the plans for continuation of the project.

3. Describe the plan to develop and disseminate a national educational publication regarding limb loss.

4. Describe the plan to develop a peer visitation training initiative that will promote the educational outreach goals and objectives of the project and enhance the opportunities for a sustained educational presence at the local level.

5. Furnish an organizational chart of the applicant agency and indicate the relationships of the proposed activities to affiliates and other organizations that will be utilized to promote the program objectives; and describe the physical facilities available to house project operations.

6. Describe the role of the board of directors, if applicable, and outline its responsibilities.

7. Describe the applicant's potential to sustain the viability of the National Limb Loss Information Center. This description should explain how and over what time period the project will develop its plan for financial self-sufficiency. The plan should establish benchmarks that relate to annual increases in non-Federal sources of funding. Indicate how the plan will be updated and marketed to ensure a timely and orderly transition to non-Federal financial support.

8. Present specific and measurable objectives within the project work plan to meet the purposes of the cooperative agreement. Outline the dates that selected key events will be initiated, become operational, and conclude. Chart long-range objectives and time frames for the three-year project period, including methods for project evaluation.

9. Describe what measures have been or will be taken to ensure that all program services and facilities will be fully accessible to persons with disabilities, and how persons with disabilities will be encouraged to participate.

10. Describe the plans and methods to be employed or that are in place for addressing the needs of low socioeconomic and minority populations.

11. Provide a detailed narrative justification for all requested budget items.

Evaluation Criteria (Total 100 Points)

1. Evidence of Need and Understanding of the Problem: (15 Points)

Evaluation will be based on:

a. The applicant's description and understanding of the national limb loss problem as evidenced by estimates of incidence and/or prevalence, demographic indicators, and scope of the problem;

b. The applicant's description of the gaps that exists in the educational materials and tools that would serve to better educate and facilitate more positive rehabilitation outcomes.

2. Technical Approach (30 Points)

Evaluation will be based on:

a. The capability of the applicant to ensure that the basic components of the project will be promoted and implemented;

b. The proposed plan to establish and operate the National Limb Loss Information Center, and ensure its capability to function as a national

coordinating focus for collection and dissemination of limb loss information utilizing its affiliation with local and regional support groups, allied disability agencies, health professionals and service providers. These historical relationships should be documented with the submission of memorandums of agreement and/or letters of support that demonstrate the collaborative relationship with the applicant;

c. A demonstrated competency in developing educational materials regarding individuals with limb loss;

d. The functions of the established oversight entity (such as a board of directors) including its composition, impact on policy, planning, and oversight for educational activities, with an indication of how it will complement existing educational programs;

e. The reasonableness, feasibility, and logic of the designated project objectives, including the overall work plan, timetable for accomplishment, and the strength of the proposed evaluation plan;

f. The described services and how access for persons with disabilities to project services, opportunities, and facilities will be achieved.

3. Evidence of Ability to Provide Educational Materials Needed to Inform Individuals With Limb Loss Regarding Rehabilitation Resources and Choices (25 Points)

Evaluation will be based on: a. Evidence of the applicant's knowledge and use of current educational materials available with regard to limb loss rehabilitation and identification of materials needed to address specific problems associated with the rehabilitation process;

b. Evidence of the applicant's capacity to disseminate resources, educational materials and tools that will inform persons with limb loss in regard to their rehabilitation options.

4. Outreach Capacity (20 Points)

Evaluation will be based on:

a. Evidence of the applicant's ability to establish a peer visitation training program initiative;

b. Identification and description of facilities and organizations to be visited and description of any planned follow-up to evaluate the number of training sessions that were initiated and the results of these activities.

5. National Education Publication (5 points)

Evaluation will be based on:

The description of the applicant's plan to develop, distribute, and update a national educational publication that

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 Duyn, 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).

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[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.)