landing when completing initial or upgrade training. *Grant, December 26, 1996, Exemption No. 6562.*

[FR Doc. 97–3410 Filed 2–11–97; 8:45 am]

BILLING CODE 4910–13–M

Notice of Intent To Rule on Application To Impose and Use the Revenue From a Passenger Facility Charge (PFC) at Rapid City Regional Airport, Rapid City, SD

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Notice of intent to rule on application.

SUMMARY: The FAA proposes to rule and invites public comment on the application to impose and use the revenue from a PFC at Rapid City Regional Airport under the provisions of the Aviation Safety and Capacity Expansion Act of 1990 (Title IX of the Omnibus Budget Reconciliation Act of 1990) (Public Law 101–508) and Part 158 of the Federal Aviation Regulations (14 CFR Part 158).

DATES: Comments must be received on or before March 14, 1997.

ADDRESSES: Comments on this application may be mailed or delivered in triplicate to the FAA at the following address: Federal Aviation Administration, Bismarck Airports District Office, 2000 University Drive, Bismarck, North Dakota 58504. In addition, one copy of any comments submitted to the FAA must be mailed or delivered to Mr. William E. Bacon, Executive Director, of the Rapid City Regional Airport at the following address: Rapid City Regional Airport, 4550 Terminal Road, Suite 102, Rapid City, South Dakota 57701–8706.

Air carriers and foreign air carriers may submit copies of written comments previously provided to the Rapid City Regional Airport under section 158.23 of part 1258.

FOR FURTHER INFORMATION CONTACT: Ms. Irene R. Porter, Manager, Bismarck Airports District Office, 2000 University Drive, Bismarck, North Dakota 58504, (701) 250–4385. The application may be reviewed in person at this same location.

SUPPLEMENTARY INFORMATION: The FAA proposes to rule and invites public comment on the application to impose and use the revenue from a PFC at Rapid City Regional Airport under the provisions of the Aviation Safety and Capacity Expansion Act of 1990 (Title IX of the Omnibus Budget Reconciliation Act of 1990) (Public Law 101–508) and Part 158 of the Federal Aviation Regulations (14 CFR Part 158).

On January 31, 1997, the FAA determined that the application to impose and use the revenue from a PFC submitted by the Rapid City Regional Airport was substantially complete within the requirements of section 158.25 of Part 158. The FAA will approve or disapprove the application, in whole or in part, no later than May 13, 1997.

The following is a brief overview of the application.

PFC application number: 97–01–C–00–RAP.

Level of the proposed PFC: $3.00.

Proposed charge effective date: June 1, 1997.

Proposed charge expiration date: December 31, 1999.

Total estimated PFC revenue: $1,109,115.00.

Brief description of proposed project(s): Airport Planning Studies; PFC Application; Rehabilitate Runway 14/32; Taxiway Rehabilitation; Airport Equipment; Airport Safety/Security; Land Acquisition; Pilot Controlled Lighting; Grade Runway 14 Overrun; Air Safety/Security; Sand Storage Building; Exit Road Rehabilitation; Overlay GA Apron; Airfield Equipment; Emergency Power System; Snow Equipment; Airport Planning; Overlay Ramp.

Class or classes of air carriers which the public agency has requested not be required to collect PFCs: Air Taxi/Commercial Operators Filing FAA Form 1800–31.

Any person may inspect the application in person at the FAA office listed above under **FOR FURTHER INFORMATION CONTACT**.

In addition, any person may, upon request, inspect the application, notice and other documents germane to the application in person at the Rapid City Regional Airport.

Issued in Des Plaines, Illinois, on February 5, 1997.

Benito De Leon,

Manager, Planning and Programming Branch, Airports Division, Great Lakes Region.

[FR Doc. 97–3505 Filed 2–11–97; 8:45 am]

BILLING CODE 4910–13–M

National Highway Traffic Safety Administration

Discretionary Cooperative Agreements to Support the Demonstration and Evaluation of Safe Communities Programs

AGENCY: National Highway Traffic Safety Administration (NHTSA), DOT.

ACTION: Announcement of discretionary cooperative agreements to support the demonstration and evaluation of Safe Communities Programs

SUMMARY: The National Highway Traffic Safety Administration (NHTSA) announces the second year of a discretionary cooperative agreement program to demonstrate and evaluate the effectiveness of the Safe Communities concept for traffic safety initiatives. The Safe Communities program offers communities a new way to control traffic injuries. This approach recognizes that traffic-related deaths and injuries are primarily a local community problem that is best solved at the local level. The Safe Communities program adopts a comprehensive injury control approach to address traffic injury problems. Recognizing that traffic fatalities are only a small part of the total traffic injury problem, Safe Communities focuses on non-fatal injuries as well as fatal injuries to define the traffic safety problem, and asks who is paying the costs of the injuries. Four characteristics define the Safe Communities approach: Data analysis of crash and injury data bases (and linkage where possible), expanded partnerships, citizen involvement in setting priorities, and movement towards an integrated and comprehensive injury control system.

In 1996 under Phase I of this demonstration and evaluation program, cooperative agreements were awarded to the Greater Dallas Injury Prevention Program and the East Carolina University/Eastern Carolina Injury Prevention Program. This notice solicits applications from public and private, non-profit, and non-for-profit organizations, governments and their agencies, or a consortium of these organizations that are interested in developing, implementing and evaluating the Safe Communities approach in their community. The funds from this program may only be used to support traffic safety activities within the larger context of community injury control efforts. Private contractors, working on behalf of community groups are not eligible to apply. Preference will be given to those applications which help NHTSA meet its needs to obtain geographic diversity, urban/rural mix, diversity in lead organization(s); potential for replication in other communities, and/or other factors deemed relevant by NHTSA.

NHTSA anticipates awarding two (2) demonstration and evaluation projects for a period of three years each as a result of this announcement.

DATES: Applications must be received at the office designated below by 3:00 PM on or before May 1, 1997.

ADDRESSES: Applications must be submitted to the National Highway Traffic Administration, Office of Contracts and Procurement (NAD–30), ATTN: Amy Poling, 400 7th Street, S.W., Room 5301, Washington, D.C. 20590. All applications submitted must include a reference to NHTSA Cooperative Agreement Program No. DTNH22–97–H–05108. Interested applicants are advised that no separate application package exists beyond the contents of this announcement.

FOR FURTHER INFORMATION CONTACT: General administrative questions along with requests for copies of the OMB Standard Form 424-Application for Federal Assistance and Certified Assurances may be directed to Amy Poling, Office of Contracts and Procurement. All questions and requests may be directed by e-mail at apoling@nhtsa.dot.gov or, if necessary, at 202–366–9552. Programmatic questions relating to this cooperative agreement program should be directed to Barbara Sauers, Traffic Safety Programs, NHTSA, NTS–22 400 7th Street, S.W., Washington, D.C. 20590, by e-mail at bsauers@nhtsa.dot.gov or, if necessary, at 202–366–0144. NHTSA intends to post this Federal Register Announcement and OMB Standard Form 424 on the NHTSA home page at http://www.nhtsa.dot.gov under ''What's Hot''.

SUPPLEMENTARY INFORMATION:

Background

The past several decades witnessed dramatic advances in medical care and shifts in health behaviors. Despite the advances, injuries remain a major health care problem, and the leading cause of death for persons from age 1 to 44. Fatalities, however, are only a small part of the total injury picture. For each injury-related death, there are 19 injury hospitalizations and over 300 injuries that require medical attention. These injuries account for almost 10 percent of all physician office visits and 38 percent of all emergency department visits. For an individual, these injuries can vastly diminish quality of life. For society, injuries pose a significant drain on the health care system, incurring huge treatment, acute care and rehabilitation costs.

Motor vehicle injuries, in particular, are the leading cause of all injury deaths and the leading cause of death for each age from 5 through 27. Motor vehicle-related injuries are the principal cause of on-the-job fatalities, and the third largest cause of all deaths in the U.S. Only heart disease and cancer kill more people. However, far more people are injured and survive motor vehicle crashes than die in these crashes. In 1995, for example, while over 41,000 persons were killed in motor-vehicle related incidents and almost 3.4 million were injured. These injured persons often required medical care and many required long-term care. The costs of these injuries are enormous, over $150.5 billion each year in economic costs and $17 billion in medical costs.

The vast majority of these injuries and deaths are not acts of fate, but are predictable and preventable occurrences. Injury patterns, including traffic-related injury patterns, vary by age group, gender, and cultural group. There are also seasonal and geographic patterns to injury. Once the populations, types and locations of crashes and causes of injuries that are associated in the community with increased severity and high costs are identified, interventions can be designed to address these factors specifically.

Safe Communities: A New Generation of Community Programs

American traffic safety advocates have traditionally worked in partnerships with many organizations and groups to achieve a successful, long and established history in preventing and reducing traffic-related injuries and fatalities. For over 15 years, community-based traffic safety programs have been and remain an effective means for identifying local crash problems and providing local solutions.

Building on past success, the Safe Communities program offers communities a new way to control traffic injuries. This approach recognizes that traffic-related deaths and injuries are primarily a local community problem. Effective preventive efforts require a coordinated approach involving Federal, State and local organizations. The Safe Communities approach adopts a comprehensive injury control model to address traffic injury problems within the context of all injuries. Recognizing that traffic fatalities are only a small part of the total traffic injury problem, Safe Communities focus on fatal and non-fatal injuries (as opposed to only fatalities) to define the traffic safety problem, and ask who is paying the costs of the injuries. Safe Communities recognize the importance of citizens in identifying community problems and solutions, as well as the importance of partnerships in implementing solutions to community problems.

The Safe Communities approach represents an evolutionary (rather than revolutionary) way in which community programs are established and managed. Four characteristics define the Safe Communities approach: Data analysis of crash and injury data bases (and linkage where possible), expanded partnerships, citizen involvement in setting priorities, and movement towards an integrated and comprehensive injury control system. Each of these characteristics is described below.

Analysis of Multiple Data Bases is critical to Safe Communities because addressing traffic-related injuries suggests that not only fatalities are reduced, but injuries and health care costs as well. This shift from an emphasis on fatalities to one emphasizing injuries and cost reduction means that different data bases need to be identified. Police crash reports tell only part of the story. Analysis of data from health departments, hospitals, EMS providers, business, rehabilitation programs, and insurance companies helps project managers', community leaders' and others' understanding of the magnitude and consequences of traffic injuries and monitoring progress in reducing the problem. Even more effective is data linkage which can provide opportunities, for example, to identify when and where young people in the community drink and drive, their risk for impaired driving which result in crashes, the types of injuries which occur, and how much these injuries cost the community compared to other types of injuries caused by young people who drink. Thus, countermeasures can be designated to address these risk factors (e.g., traffic safety and violence prevention efforts can join forces to reduce youth access to alcohol).

Expanded partnerships are important to solve local injury problems effectively through comprehensive and collaborative strategies. Traffic safety advocates have long recognized that traffic problems are too complex and resources too limited for them to solve in isolation. As a result, over the years, the traffic safety community has worked with law enforcement, emergency medical services, local government, schools, courts, business, health departments, and community and advocacy organizations to reduce traffic injuries. Safe Communities continue to work with these existing partners, but also seek to expand the partnership base to involve actively the medical, acute care and rehabilitation communities. These groups, which have traditionally been focused on treating disease, need to be engaged as integral partners in preventing injuries.

Safe Communities enlist business and employers as full partners in community injury prevention activities. Employers need to understand how traffic-related injuries contribute to their overall costs, and how participation in community-wide injury prevention efforts can help them reduce their own costs due to motor vehicle injuries. Through partnerships and collaboration, Safe Communities spread program ownership and delivery systems throughout the community. Finally, Safe Communities provide an opportunity for traditional traffic safety partners—such as law enforcement and schools—to understand better the linkages among risk-taking behaviors. For example, individuals who commit traffic offenses may also be involved with other kinds of problem or illegal behaviors.

Citizen involvement and input are essential to establish community priorities for identified problems. Town meetings and other techniques are routinely used to solicit wide-spread citizen input and feedback about community injury problems. Citizens are actively involved identifying, designing and implementing solutions to their injury problems. Citizens actively participate in problem identification, assume responsibility and ownership for shaping solutions, and share in both the successes and challenges of their program.

Movement towards an integrated and comprehensive injury control system incorporates the elements of prevention, acute care, and rehabilitation as active and essential participants insolving community injury problems. This is the crux of the Safe Communities approach, and often one or more of these groups have not traditionally been involved in addressing community traffic injury problems or their involvement has focused only on prevention and not their role in the overall system. Involvement of the three component groups will not happen overnight or in every community, but it is something to strive for over time.

The ''evolutionary shift'' from current programs to Safe Communities is summarized in Table 1 (below). Community partners participate as equals in developing solutions, sharing success, assuming programming risks, planning for self-sufficiency, and building a community infrastructure and process for continual improvement of community life through reduction of traffic-related injuries, fatalities, and costs.

TABLE 1.—NEW THINKING ABOUT COMMUNITY PROGRAMS

Current program emphasis	Evolving program emphasis
Reducing fatalities	Reducing fatal and non-fatal injuries & health care and social costs.
Traffic safety as the objective.	Traffic safety integrated into broader injury control efforts.
Prevention-based solutions.	Systems-based solutions (integration of prevention, acute care, rehabilitation).
Agency-based delivery system.	Community/citizen ownership.
Traditional traffic safety.	Adds new or expanded health, injury, partners business, and government partners.
Administration evaluation.	Impact evaluation/ cost benefit analysis.

Objectives

Under this cooperative agreement the effectiveness of the Safe Communities approach for traffic safety initiatives shall be demonstrated and evaluated to determine the impact on reducing traffic related injuries and associated costs to the community. Specific objectives for this cooperative agreement program are as follows:

1. Work with existing community traffic safety and/or injury control coalitions and apply the defining characteristics to establish a Safe Communities approach for reducing traffic injuries.

2. Use community and/or state data, as appropriate, to define the community's traffic injury problem within the context of the community's overall injury problem. Where possible, population based data are preferred. Data sources in addition to police crash reports are required for this purpose. The costs of traffic injuries to the community (which may include emergency medical services, acute care, hospital, medical, rehabilitation, insurance, lost wages, and workmen's compensation) are to be documented.

3. Actively engage community residents in defining both the community's traffic injury problem as well as solutions to the problem. The grantee shall develop strategies for ensuring wide-spread citizen involvement throughout the project.

4. In addition to traditional traffic safety partners (e.g., law enforcement) identify and actively engage health care (both provider and payer) and business partners in the Safe Communities approach. The grantee is responsible for ensuring active and committed participation from these two sectors.

5. Implement a program to reduce traffic-related injuries in the community. The programs could address any area of traffic safety including alcohol-impaired driving, use of occupant restraints, speeding, emergency medical services, or pedestrian or bicycle safety. The intervention program should be based on data and citizen input and should actively engage all sectors of the community, including health care, business, local government, law enforcement, schools, and media. The program should also include elements of an integrated injury control system (prevention, acute care and rehabilitation) and/or plans for how the program will move towards this type of approach.

6. Evaluate the effectiveness of the Safe Communities approach in reducing traffic-related injuries and associated costs. In addition, evaluate the process of establishing a Safe Communities approach (what works, what does not work, how to engage partners, how to overcome barriers, challenges, how to run challenges into opportunities, etc.)

Availability of Funds

A total of $800K is available in FY97 to fund this program. Two (2) demonstration and evaluation projects will receive awards of $400K each to be used over a period of three years. In each project, $150K must be dedicated to evaluation activities. Given the amount of funds available for this effort, applicants are strongly encouraged to seek other funding opportunities to supplement the federal funds and include cost-sharing plans and commitments.

Period of Performance

The period of performance for this cooperative agreement will be three years from the effective date of award.

NHTSA Involvement

NHTSA will be involved in all activities undertaken as part of the cooperative agreement program and will:

1. Provide a Contracting Officer's Technical Representative (COTR) to participate in the planning and management of this Cooperative Agreement and to coordinate activities between the Grantee and NHTSA.

2. Provide information and technical assistance from government sources within available resources and as determined appropriate by the COTR.

3. Serve as a liaison between NHTSA Headquarters, Regional Offices and others (Federal, state and local) interested in the safe communities approach and the activities of the grantee.

4. Stimulate the transfer of information among grant recipients and others engaged in safe communities activities.

Eligibility and Other Applicant Requirements

Applications may be submitted by public and private, non-profit and not-for-profit organizations, and governments and their agencies or a consortium of the above. Thus, universities, colleges, research institutions, hospitals, other public and private (non- or not-for-profit) organizations, and State and local governments are eligible to apply. Private contractors working on behalf of community groups are not eligible to apply. Interested applicants are advised that no fee or profit will be allowed under this cooperative agreement program. These demonstration projects will require extensive collaboration among each of these various organizations in order to achieve the program objectives. It is envisioned during the pre-application process, these various organizations will designate one organization to prepare and submit the formal application.

Applicant Procedures

Each applicant must submit one original and five copies of the application package to: NHTSA, Office of Contracts and Procurement (NAD–30), ATTN: Amy Poling, 400 7th Street, S.W., Room 5301, Washington, DC 20590. Applications must be typed on one side of the page only, and must include a reference to NHTSA Cooperative Agreement No. DTNH22–97–H–05108. Unnecessarily elaborate applications beyond what is sufficient to present a complete and effective response to this invitation are not desired. Only complete packages received by 3:00 PM on or before May 1, 1997 will be considered.

Application Content

Applicants for this program must include the following information:

1. The application package must be submitted with OMB Standard Form 424 (Rev. 4–88, including 424A and 424B), application for Federal Assistance, with the required information filled in and certified assurances signed. While the form 424A deals with budget information, and Section B identified Budget Categories, the available space does not permit a level of detail which is sufficient to provide for a meaningful evaluation of the proposed total costs. A supplemental sheet shall be provided which presents a detailed breakdown of the proposed costs, as well as any costs which the applicant indicates will be contributed locally in support of the demonstration project.

2. The application shall include a program narrative statement which addresses the following information in separately labeled sections:

a. A table of contents including page number references.

b. A description of the community in which the applicant proposes to work. For the purposes of this program, a ''community'' includes a city, town or county, small metropolitan area, or even a large neighborhood (i.e., it does not have to correspond with a political jurisdiction). It should be large enough so that the program can have a demonstrable effect on injuries, while not so large as to lose a sense of community. The description of the community should include, at a minimum, community demographics, the community's traffic injury problem using the most recent three years of local and/or state data available (including data from multiple sources such as police, hospital, EMS, vital records, etc.), a list of data sources available, existing traffic safety or injury control coalitions, community resources and political structure and commitment.

c. A preliminary description of the community's traffic injury problem, including injury, fatality and cost data. If chosen for award, the applicant will be required to conduct a more thorough problem analysis that includes input from citizens residing in the community. Therefore, a plan on how this more thorough problem analysis will be conducted and how citizen input will be obtained is required in the proposal.

d. A description of the goal of the program and how the grantee plans to establish a Safe Communities program in the proposed site. What will the grantee do to ''move'' the site towards the Safe Communities concept? What will be different from existing community programs? How will the grantee obtain citizen involvement in setting program priorities? What health and business partners will be engaged? How will they be engaged? What will they do?

e. An implementation plan that describes the types of interventions or activities proposed to achieve the objectives of the Safe Communities program. Given the community motor vehicle injury problem analysis, the implementation plan needs to include a description of the types of interventions that would be considered and how citizens would be engaged in identifying the interventions. The implementation plan must also include a discussion of how the applicant will develop the final implementation plan; how the plan will relate to the identified problems; how citizens, business, health/medical organizations, and others will be involved in the delivery of the program; what action the community will undertake to reach its objectives; how the intervention will be delivered; how delivery will be monitored; and the expected results from the intervention. The implementation plan should address elements from prevention, acute care and rehabilitation (integrated comprehensive injury control system) and/or how the program will move towards inclusion of these elements. The implementation plan shall also address prospects for program continuation beyond the period of Federal assistance.

f. A proposed evaluation plan (both quantitative and qualitative) based on the initial data analysis that describes the kinds of questions to be addressed by the evaluation design, what the outcome measures are expected to be, how they will be measured, the methodology for collecting the data, how often data will be collected, and how the data will be analyzed. The plan should indicate how action undertaken by the community will be linked with outcome measures. It is important that the area encompassed by the Safe Communities program coincide with the population covered by the data to be used in the evaluation, or that the data systems allow the disaggregation of the relevant population.

g. A description of the full working partnership that has been or will be established to conduct the Safe Communities program. The application shall describe all the partners (from prevention, acute care and rehabilitation) that will participate in the program (e.g. local government, law enforcement, health care, injury prevention, insurance, business, education, media, citizens) and what the role for each partner will be. A complete set of letters of commitment written by major partners, organizations, groups, and individuals proposed for involvement in this project shall detail what each partner is willing to do over the course of the project period (e.g. provide data, staff, resources, etc.) Form letters that do not specifically address these issues are not acceptable. Letters from owners of the data (injury, cost,

other) required for successful completion of this project must also be submitted. These letters must indicate that the data required for the project are accessible to the project team.

h. A description of how the project will be managed, both at the applicant level and at the community level. The application shall identify the proposed project manager and any support personnel considered critical to the successful accomplishment of this project, including a brief description of their qualifications and respective organizational responsibilities. The roles and responsibilities of the grantee, the community and any others included in the application package shall be specified. The proposed level of effort in performing the various activities shall also be identified. A staffing plan and resume for all key project personnel shall be included in the application.

i. A separately-labeled section with information demonstrating that the applicant meets all of the special competencies:

(1) Knowledge and familiarity with data sources such as police crash and crime reports, EMS files, emergency department data, hospital discharge data, and injury cost data (i.e. cost of injuries to the community); and injury surveillance systems (including analyzing and linking such data files). Availability of and accessibility to relevant data in their community from police crash reports and at least one or two injury data sources.

(2) Capable of:

i. Designing comprehensive program evaluations;

ii. Collecting and analyzing both quantitative and qualitative

iii. Synthesizing, summarizing and reporting evaluation results which are usable and decision-oriented.

(3) Experience in working in partnership with others, especially business, health care systems (providers and payers) and government organizations, media and with local citizens in implementing solutions to community problems.

(4) Experience in implementing injury control programs (prevention, acute care, rehabilitation) at the community level.

j. A dissemination plan that describes how the results of this demonstration and evaluation project will be shared with interested parties. The dissemination plan should include preparation of a final report and process manual (see reporting requirements), 1–2 briefings per year at the NHTSA headquarters, presentation at one or more national meetings per year (e.g. APHA, Lifesavers, etc.), and if appropriate, preparation and submission of at least one paper for publication in a professional journal.

Application Review Process and Evaluation Factors

Each application package will initially be reviewed to confirm that the applicant is an eligible recipient and that the application contains all of the items specified in the Application Contents section of this announcement. Each complete application from an eligible recipient will then be evaluated by an evaluation committee. The applications will be evaluated using the following criteria:

1. Understanding of the Community (10%). The extent to which the applicant has demonstrated an understanding of the community, including the community's demographics, traffic safety problem, resources (including data), and political structure. The extent to which the applicant is knowledgeable about community data sources, is able to use the data sources to define the community traffic injury problem, and has demonstrated the community's need for a safe communities approach to controlling traffic injuries and the community's willingness to commit and participate in the program. The extent to which the applicant has access to the community and potential target populations in the community.

2. Problem Identification (20%). The extent of the applicant's capability to identify through the Safe Communities process the significance of the traffic injury problem in relation to other types of injuries which occur in the community; and to identify among those residents involved in motor vehicle crashes the populations, types and locations of crashes, human factors issues (e.g., occupant restraint usage rates), types of vehicles, and the types of injuries which are most associated with increased injury severity and high care costs for this community. The problem identification will also be evaluated with respect to the potential for the Safe Communities approach to prevent or reduce the traffic injury problem.

3. Goals, Objectives and Implementation Plan (15%). The extent to which the applicant's goals are clearly articulated; the objectives are time-phased, specific, measurable, and achievable; and the goals and objectives relate to identified problems. The extent to which the implementation plan will achieve an outcome-oriented result that will reduce traffic-related injuries and costs to the community. The implementation plan should address what the applicant proposes to implement in the community and how this will be accomplished. The implementation plan will be evaluated with respect to its feasibility, realism, and ability to achieve the desired outcomes as well as prospective plans for program continuation beyond the period of Federal assistance.

4. Collaboration (15%). The extent to which the applicant has demonstrated experience in a full working partnership for data acquisition and analysis, design, implementation, and evaluation of a community program; and the extent to which such a partnership has been established among the applicant and critical components in the community representing prevention, acute care and rehabilitation. Has the applicant specified who will be involved in the program and what the role of each partner will be? The extent to which the applicant has demonstrated access to partners deemed critical to this effort, such as health care, business, and local government. Has the applicant shown that potential partners are committed to working with the program? In what way will potential partners participate? The extent to which the applicant describes how citizens will be actively engaged in the safe communities program.

5. Evaluation Plan (15%). How well the applicant describes the proposed evaluation design and the methods for measuring the processes and outcomes of the proposed interventions (countermeasures). How well will the evaluation plan be able to measure the effectiveness of the safe communities approach? Does the applicant provide sufficient evidence that the proposed community partnership is committed to evaluation? Are there sufficient data sources and is there sufficient capacity to collaborate with appropriate community program partners to ensure access to data; identify/create and test appropriate instruments; and collect and analyze quantitative and qualitative data for measuring the effectiveness of the safe communities approach? How well does the applicant ensure the availability of staff and facilities to carry out the submitted evaluation plan?

6. Special Competencies (15%). The extent to which the applicant has demonstrated knowledge and experience accessing and using relevant data sources, designing and implementing comprehensive program evaluations (using both qualitative and quantitative data), implementing injury control programs, and working in partnership with others on community programs.

7. Project Management and Staffing (10%). The extent to which the

proposed staff, including management and program staff and community partners, are clearly described, appropriately assigned, and have adequate skills and experiences. The extent to which the applicant has the capacity and facilities to design, implement, and evaluate a complex and comprehensive community program. The extent to which the applicant provides details regarding the level of effort and allocation of time for each staff position. Did the applicant submit an organizational chart and resume for each proposed staff member? Does the applicant provide a reasonable plan for accomplishing the objectives of the project within the time frame set out in this announcement?

Special Award Selection Factors

Applicants are strongly encouraged to seek funds for the purpose of cost-sharing from other federal, State, local and private sources to augment those available under this announcement. Applications which include a commitment of such funds will be given additional consideration.

For those applications that are evaluated as eligible for award, consideration for final award will be made on the basis of geographic diversity, urban/rural mix, organizational diversity and potential for program replication.

Terms and Conditions of Award

1. Prior to award, each grantee must comply with the certification requirements of 49 CFR part 20, Department of Transportation New Restrictions on Lobbying, and 49 CFR part 29, Department of Transportation government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug Free Workplace (Grants).

2. Reporting Requirements and Deliverables:

a. Quarterly Progress Reports should include a summary of the previous quarter's activities and accomplishments, as well as the proposed activities for the upcoming quarter. Any decisions and actions required in the upcoming quarter should be included in the report. The grantee shall supply the progress report to the Contracting Officer's Technical Representative (COTR) every ninety (90) days, following date of award.

b. Problem Identification Report, Program Implementation and Evaluation Plan: The grantee shall submit a problem identification report, program implementation and evaluation plan no more than 9 months after award of this agreement, or as soon as the Safe Communities program has completed the problem identification activity, has determined what traffic safety problem or problems will be addressed, and determined what program or programs will be implemented to reduce the traffic-related injuries. The NHTSA COTR will review and comment on this plan.

The plan should describe the problem identification effort (data sources used, how analyzed, and the results including costs of traffic injuries to the community), how the communities traffic injury problems and proposed solutions were determined, how input was obtained from citizens, and how the program will be evaluated. This final evaluation plan should describe how the effectiveness of the Safe Communities program will be determined and how the process issues involved in establishing and implementing a Safe Communities program will be determined.

c. Dissemination Plan:

i. Draft Final Report and Draft Process Manual: The grantee shall prepare a Draft Final Report that includes a description of the community (including the traffic safety problem and data sources to support the problem), partners, intervention strategies, program implementation, evaluation methodology and findings from the program evaluation. The grantee shall also prepare a Draft Process Manual describing what happened in the community in establishing a safe communities approach to traffic injury. In terms of technology transfer, it is important to know what worked and did not work, under what circumstances, and what can be done to avoid potential problems in implementing community programs. This Process Manual shall contain the ''lessons learned'' in establishing a safe community. The grantee shall submit the Draft Final Report and Draft Process Manual to the COTR 90 days prior to the end of the performance period. The COTR will review each draft document and provide comments to the grantee within 30 days of receipt of the documents.

ii. Final Report and Process Manual: The grantee shall revise the Draft Final Report and Draft Process Manual to reflect the COTR's comments. The revised documents shall be delivered to the COTR on or before the end of the performance period. The grantee shall supply the COTR one camera-ready copy, one computer disk copy in WordPerfect format, and four additional hard copies of each revised document.

iii. Meetings and Briefings: The grantee shall plan for one to two briefings per year at NHTSA headquarters in Washington, D.C. with the COTR and other interested parties. The grantee shall also participate in one or two technology sharing/problem solving sessions with the NHTSA COTR, other interested parties and the other Safe Communities grantees per year in Washington, D.C. or some central location. In addition, the grantee shall plan for a presentation at one or more national meetings (e.g., APHA, Lifesavers . . .) per year.

iv. Professional Journal Paper: The grantee shall prepare and submit at least one paper for publication in a professional journal if deemed appropriate by the COTR.

3. During the effective performance period of cooperative agreements awarded as a result of this announcement, the agreement as applicable to the grantee, shall be subject to the National Highway Traffic Safety Administration's General Provisions for Assistance Agreements.

Issued on: February 7, 1997.

James Hedlund,

Associate Administrator for Traffic Safety Programs.

[FR Doc. 97–3510 Filed 2–11–97; 8:45 am]

BILLING CODE 4910–59–M

Safety Performance Standards, Research and Safety Assurance Programs Meetings

AGENCY: National Highway Traffic Safety Administration, DOT.

ACTION: Notice of NHTSA Industry Meetings.

SUMMARY: This notice announces a public meeting at which NHTSA will answer questions from the public and the automobile industry regarding the agency's vehicle regulatory, safety assurance and other programs. In addition, NHTSA will hold a separate public meeting to describe and discuss specific research and development projects .

DATES: The Agency's regular, quarterly public meeting relating to its vehicle regulatory, safety assurance and other programs will be held on March 12, 1997, beginning at 9:45 a.m. and ending at approximately 12:30 p.m. Questions relating to the above programs must be submitted in writing by February 24, 1997, to the address shown below. If sufficient time is available, questions received after February 24 may be answered at the meeting. The individual, group or company submitting a questions(s) does not have to be present for the questions(s) to be answered. A consolidated list of the questions submitted by February 24,