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Lisa Simpson,

Acting Administrator.

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Centers for Disease Control and Prevention

[Announcement Number 730]

State Capacity Projects for Assessing and Preventing Secondary Conditions Associated With Disability and Promoting the Health of Persons With Disabilities; Notice of Availability of Funds for Fiscal Year 1997

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1997 cooperative agreements to establish and/or sustain capacity to assess the magnitude of disability in States, prevent secondary conditions associated with disability, and promote the health and wellness of persons with disabilities.

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 Healthy People 2000 category, Preventive Services. (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)) and Section 317 (42 U.S.C. 247b) of the Public Health Service Act, as amended.

Smoke-free Workplace

CDC strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. 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

Eligible applicants are the official public health departments of States or other State agencies or departments. This includes the District of Columbia, American Samoa, the Commonwealth of Puerto Rico, the Virgin Islands, the Federated States of Micronesia, Guam,

the Northern Mariana Islands, the Republic of the Marshall Islands, the Republic of Palau, and federally recognized Indian tribal governments.

State agencies applying under this announcement other than the official State health department must provide written concurrence from that agency and describe the proposed working relationship. Only one application from each State may enter the review process and be considered for an award under this program.

Availability of Funds

A total of \$5,300,000 is estimated to be available in FY 1997 to fund State capacity projects. CDC anticipates making 15-16 awards which will not exceed \$350,000 each. Awards are expected to be made in June 1997, for a 12-month budget period beginning on July 1, 1997, within a project period of up to four years.

Funding estimates are subject to change, including funds to be awarded in continuation budget years. The funding levels for each continuation year of the project period are expected to remain constant at \$350,000. However, the actual amount of future year funding levels will take into account documented progress toward objectives, the quality of subsequent project work plans, evidence of cost sharing, previous year expenditures, and the availability of funds.

Use of Funds and Project Costs

These awards may be used for personnel services, supplies, equipment, travel, subcontracts, consultants, and services directly related to project activities. Funds may not be used to supplant State or local funds for the purpose of this cooperative agreement, for construction costs, to lease or purchase space or facilities, or for patient care. Awards made under this Announcement should also be used to enhance/increase expenditures from State, local, and other funding sources to augment program operations.

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

Financial assistance should be utilized for the following State capacity activities (refer to the attachment providing DEFINITIONS included in the application kit and also appended to this Announcement available through the CDC Home Page on the Internet <<http://www.cdc.gov>>):

1. The human resources needed to direct the statewide project, including facilitating leadership, visibility, coordination, and inclusion of the prevention of secondary conditions as a public health priority, both within the applicant agency and in cross-agency collaborations;

2. Support of an advisory function to assist in project guidance and oversight;

3. Developing and implementing a State plan and/or policy document for the prevention of secondary conditions that includes coordination with other related planning functions;

4. Gathering and analyzing disability information from targeted populations in the State and promoting the use of this data in developing and implementing disability policy and the resulting program direction;

5. Support of data collection using questions taken from BRFSS-related modules and other instruments;

6. Sustaining collaborations and partnerships with constituency organizations and individuals, and ensuring that access for persons with disabilities to project activities and facilities will be achieved;

7. Collecting and disseminating disability and health promotion information;

8. Designing, promoting, and measuring the impact of efforts toward informing the public, professionals, and persons with disabilities and their family members regarding the disabling process and the opportunities for intervention;

9. Providing technical assistance to disability service organizations and community groups.

States may budget funds within their maximum request of \$350,000 to develop a university partnership which can expand the scope of the State in defining and assessing the magnitude and impact of disabilities at the State and community level. This partnership may also include establishing and sustaining a resource and research capacity to serve the State in identifying gaps and addressing unmet disability data/information and service needs, and in assisting in program evaluation.

Within their application, States should outline the rationale for selecting and contracting with the proposed university (denoting specific departments or programs), and describe the competencies and relationships in place at the university that will blend with State capacity to address and fulfill the proposed epidemiologic and program evaluation agenda.

Such a partnership is not a requirement of this Announcement. However, if State applicants elect not to

pursue the university affiliation; they must indicate how and by whom these enumerated tasks will be conducted (such as within the resources of the applicant agency).

Given the limits on funding for State capacity activities, it is important that applicants demonstrate their shared support in making a resource commitment for the project. States should identify those staff positions and other components of cost-sharing that will be supported by the applicant agency or other organizations in helping to achieve the objectives of the project. The sources and amounts of such contributions should be specified in the budget narrative and those amounts represented on the budget information sheet (Form 424A) under non-Federal budget categories. States receiving awards are expected to sustain (and make efforts to increase) that level of support throughout the project period. Meeting those commitments will be taken into account by CDC in funding level determinations for subsequent budget years.

Background

The CDC Office on Disability and Health (proposed), current name-Disabilities Prevention Program has provided financial assistance to States since 1988. These awards have permitted State health departments and other State agencies to build capacity in program identity, planning, surveillance of targeted disabilities, conduct of community-based interventions, training of providers, and providing health education/promotion curricula and conferences. Awards resulting from this Announcement are designed to assist States in shifting from assessing and preventing condition-specific etiologies (e.g., spinal cord injury, traumatic brain injury, fetal alcohol syndrome, mild mental retardation, spina bifida, cerebral palsy, osteoporosis, etc); toward building epidemiologic capacity to assess the magnitude of disability in States, developing data systems that contribute to the understanding of secondary conditions, and conducting other activities noted in the PROGRAM REQUIREMENTS section.

This change in approach acknowledges that over 49 million Americans have a disability and the national cost of disabilities is in excess of \$170 billion each year, of which an estimated \$85 billion is spent in federally-supported programs and services.

CDC has been assigned a Federal leadership role in assessing the magnitude of disability and the

prevention of secondary conditions. Therefore, it is incumbent that this Announcement recognize that even though specific conditions or etiologies are important, each individually represents only a small portion of the total measure of disability in America. Broader disability domains and associated secondary conditions represent the major impact and effects of disability in terms of human and economic cost. CDC wishes to give priority to these broader effects of disability on Americans and address the importance of health promotion among persons with disabilities, preventing the loss of their independence and participation, and reducing the economic and human costs of secondary conditions. These are health and social concerns of great magnitude and national significance.

This Announcement emphasizes expanding the capacity of States to determine the magnitude of disability in their respective jurisdictions. States should also conduct and measure the effectiveness of programs to reduce or prevent secondary conditions, and assess the risk and protective factors related to their selected disability domain.

Disability domains are categories of activities that individuals perform in everyday life. States should propose activities in at least one of the following disability domains: (1) mobility (locomotion); (2) personal care/home management; (3) communication; and (4) learning. Descriptions and *examples* within these disability domains are as follow:

1. *Mobility* (locomotion) refers to an individual's ability to perform distinctive activities associated with moving; both himself and objects, from place to place. Examples of underlying conditions or diagnoses include persons with spinal cord injury, cerebral palsy, lower limb loss, blindness, arthritis, or stroke. Secondary conditions may include urinary tract infections, cardiovascular deficit due to sedentary lifestyle, pressure sores, results from falls, bowel obstruction, dependence on assistive devices and its economic impact, lack of access to medical care, and social isolation.

2. *Personal Care/Home Management* refers to an individual's ability to perform basic self-care activities such as feeding, bladder and bowel care, personal hygiene, dressing, financial management, and homemaking. Examples of underlying conditions or diagnoses include persons with arthritis, asthma, stroke, osteoporosis, paraplegia, or multiple sclerosis. Secondary conditions may include lack

of physical fitness, weight gain, incontinence, poor nutrition, and emotional dependence.

3. *Communication* refers to an individual's ability to generate and express messages, and to receive and understand messages. Examples of underlying conditions or diagnoses include persons with cerebral palsy, deafness, aphasia from varied pathology, or congenital speech impediments. Secondary conditions may include family dysfunction, isolation, and constraints and barriers in employment opportunity.

4. *Learning* refers to an individual's ability to profit from daily experiences, and includes aspects of receiving, processing, remembering, and using information. Examples of underlying conditions or diagnoses include persons with mental retardation, spina bifida, fetal alcohol syndrome, or traumatic brain injury. Secondary conditions may include depression, behavioral problems, increased family stress, and poor academic and vocational performance.

Note that the examples listed above are illustrative, and not intended to be exhaustive. Several secondary conditions may apply to more than one disability domain. Because of limited funds and other resources available, this Announcement does not include disabilities created by psychiatric diagnoses, although mental health issues may be appropriately included as secondary conditions.

CDC will develop a set of questions taken from existing Behavioral Risk Factor Surveillance System (BRFSS) modules and add additional questions that must be asked by States funded under this Announcement. This would include asking an expected range of 20 to 25 questions that would take approximately 15–20 minutes to administer per interview. This process would employ BRFSS-like survey methods, designed to benefit the State in determining the magnitude of disability and selected secondary conditions. CDC will identify and finalize the survey questions by the time of issuance of awards in June 1997. The survey questions will be discussed with the successful State applicants in a start-up technical assistance conference to be held in Atlanta within 60 days of award. States will be required to implement (at a minimum) a point-in-time survey in the first year. The conduct of the BRFSS-like survey is expected to begin in early 1998 and would be repeated in the second and subsequent years of the project period, whether as a point-in-time survey or as a continuous

surveillance system at approximately the same range of annual expenditure.

For purposes of budgeting, applicants should set aside \$50,000 of their financial assistance request to conduct the survey each year and describe the process, methods, and organizational structure within the State for its implementation. Since the States to be funded are not yet known, sample sizes for the survey based on population differences among States cannot yet be determined. Thus, with each State proposing \$50,000 for this survey, adjustments to the awards will be made on an individual State basis once the sample sizes and resulting costs are determined. This will occur subsequent to the selection of States to be funded and during award negotiations.

Purpose

The purpose of these cooperative agreements is to assist States to develop highly visible programs for assessing the magnitude of disability in the State, preventing secondary conditions, and fostering health promotion among persons with disabilities within their own agency and through statewide collaborations. Financial assistance is being provided to allow States to work toward that goal by promoting public health leadership; building program visibility statewide; coordinating prevention services; using existing and emerging disability data; establishing an external or internal mechanism to enhance epidemiologic and program evaluation capabilities; providing technical assistance; and facilitating training, education, and health promotion programs directed to meet the needs of persons with disabilities. State capacity awards are also designed to support functions that promote and influence the activities of other organizations regarding these goals.

Program Requirements

Under this Program Announcement, States should develop strategies to identify the magnitude of a selected disability domain within the State in addition to the BRFSS-like survey. States should also be able to measure and characterize the incidence and prevalence of State-selected secondary conditions related to that domain, implement preventive interventions, and assess how participation is affected by secondary conditions.

State projects must include an organizationally-defined prevention office, an advisory function that includes broad representation with an emphasis on persons with disabilities, a strategic planning and/or policy development process, access to sound

epidemiologic information on the magnitude of disabilities in the State, competence in guiding and overseeing education/health promotion activities for persons with disabilities, and the ability to establish and sustain communications/information dissemination systems.

To that end, applicants must propose a disability program office that includes a full-time manager/coordinator position with the authority to carry out all project requirements. *Applicants who do not include (and maintain) a full-time manager/coordinator position will not be eligible for award or continuation funding.* Applicants should present their plan and time line for staffing the disability program office and indicate how the proposed staff will function in facilitating and promoting the activities required under this Announcement. Applicants should describe the proposed staff disciplines and professional competencies needed to meet these requirements, while also coordinating and influencing those activities that reside outside of this office.

Applicants should describe the organizational structure and placement of the project and how this placement/location can maximize the applicant's capacity to promote State level policy and priority setting for the prevention of secondary conditions. CDC prefers that State disability program offices have a program title and organizational location that adequately conveys their State-level coordination functions and responsibilities.

Applicants must cite the present and/or proposed composition and structure of its advisory function, and indicate how maximum input by persons with a disability, and their family members, and minority populations will be achieved. CDC recommends as high ratios as practical, but requires that applicants provide a specific plan to maximize representation of persons with a disability, women, and minorities. *CDC requires that such a plan assures that the State advisory function includes a minimum representation of 25 percent of persons with a disability.*

States must note the disability domain selected and the basis for that determination. Within that domain, States should conduct surveillance assessing the prevalence of the selected domain in addition to the BRFSS-like survey. A variety of underlying conditions may contribute to the selected disability domain. To work toward that assessment, States should identify specific data sets which are available, and could be accessed to help

ascertain the magnitude of disability within the selected domain.

Although separate State and other resources should be utilized for condition-specific surveillance, applicants may request a portion of cooperative agreement funds (up to a maximum of 15 percent of the total budget) to sustain surveillance for conditions or surveillance systems of importance (e.g., selected traumatic injuries, developmental disabilities, chronic diseases) that will contribute to the requirements of this Announcement.

Direct financing of interventions for primary prevention activities at the State or community level should be supported from resources apart from these awards; although the State disability program office may appropriately be used to provide technical assistance for planning, monitoring, and evaluation of these activities.

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. Develop a highly visible State-based program for the prevention of secondary conditions (see attachment providing DEFINITIONS for the list of State capacity activities included in the application kit and also appended to this Announcement available through the CDC Home Page on the Internet <<http://www.cdc.gov>>);
2. Establish coordination with other disabilities-related agencies, develop project objectives and time frames, provide technical assistance, and establish a mechanism for computerized communications/information systems;
3. Implement data collection using survey questions provided by CDC from existing BRFSS-related modules and other instruments;
4. Use existing disability data and access other State information in developing and implementing disability policy, including working with populations within a disability domain; and
5. Promote prevention planning in communities, conduct or guide education and health promotion activities (primarily for persons with disabilities), and evaluate their effectiveness.

B. CDC Activities

1. Provide scientific and programmatic technical assistance in

the planning, operation, and evaluation of disability data and health promotion activities;

2. Provide programmatic assistance in administrative and organizational aspects of project operations and provide information on project activities in other States and national initiatives;

3. Support project staff by conducting training programs, conferences, and workshops to enhance skills and knowledge;

4. Provide a point of referral for coordinating State, regional and/or national data pertinent to the disabling process; and

5. Provide survey questions to States from BRFSS-related modules and assist in the analysis of the resulting data.

Application Contents for State Capacity Projects

1. Document the background and need for support, including an overview (with evidence) of the disability problem in the State.

2. Describe the gaps in information and program services, and how this award will help close those gaps.

3. Provide a synopsis of prevention services now in place including those related to secondary conditions, denote other organizations with similar interests, discuss efforts to identify populations at risk, and provide an inventory of unmet needs that this award can help address.

4. Describe the plans to identify, designate, and utilize partner organizations and other collaborators in the conduct of the project and discuss their prospective roles in meeting agreed-upon objectives.

5. Describe the proposed structure of the advisory function and how it will function as a viable component for program guidance and oversight.

6. Present how the project will develop, disseminate, and implement a strategic plan and/or policy directive for the prevention of secondary conditions, and use it to advance this agenda within the State.

7. Provide letters of endorsement and support confirming proposed collaborations. These must represent specific, tangible commitments, not merely convey general interest and imprecise future relationships. Discuss how collaborations will function individually, and collectively contribute to the overall success of the project.

8. Provide a detailed work plan for all State capacity activities. The work plan should outline long-range goals for the four year project period, but also include detailed specific, measurable, and time-phased objectives by quarter

the first two budget years of the project period.

9. Describe how the organizational linkages in place or to be negotiated will be utilized for data access, analysis, data sharing, and dissemination. Denote the internal State structure and the proposed university partnership (if selected) to enhance epidemiologic capability. Indicate the experience and competencies in place to assure that these epidemiologic activities can be performed successfully and within defined time frames.

10. Present the methods and organizational entities to be used for developing and conducting surveys using CDC-supplied BRFSS-related questions.

11. Describe and identify the information/data systems (including their title, ownership, linkage opportunities, and potential benefit) to be accessed for the selected disability domain. Outline how that data will be utilized in the design of health promotion programs or other interventions to prevent secondary conditions.

12. Indicate how the project will address the reliability and validity of epidemiologic data collected, and how it will be used for policy development and prevention practice.

13. Describe the plan, methods and structure (such as a university partnership) to be enlisted for ongoing program evaluation, noting the experience and competencies available, and how the evaluation component will be integrated into project operations.

14. Present how, and by whom the advisory function and strategic planning and policy activities of the project will be evaluated as to process and results.

15. Discuss how the delivery of health promotion and technical assistance activities will be measured and modified for greater quality, acceptance, and improved outcomes.

16. Present the plan to establish the State disability program office, clearly indicate the time frames for staff recruitment, and provide curriculum vitae for the proposed Principal Investigator and key project personnel.

17. Provide an organization chart of the proposed project delineating its placement, and discuss how this location and resultant linkages will serve to ensure the prominence of the program and its influence within the applicant agency.

18. Discuss how and by whom the project will be directed. Designate the responsibilities of all staff members in the State disability program office. Present the rationale for outlined tasks, and identify personnel (by positions) to

be responsible for each identified objective.

19. Describe the plan for assuring that persons with disabilities as well as all racial, ethnic, gender, and cultural groups will have access to all project services, facilities, and opportunities for representation in the project.

20. Present the approach to design, influence, and/or provide leadership in training and education programs for health professionals and for the public, with an emphasis on groups at special risk. Indicate the subject areas and target audiences to be included in such programs. Describe the process for developing a system for disabilities-related information sharing and communications.

21. Prepare a budget and narrative that clearly and *fully justifies* all requested items, denoting the specific line categories for Federal financial assistance. The budget form should also list categories of non-CDC Federal funds and non-Federal funds that contribute to and comprise the total budget for the project.

22. In addition to the budget justification, applicants should denote the extent of State financial support of the project as documented by budget and narrative information. Indicate the level of full-time and majority-time staff and resources dedicated to this project and the level of other tangible costs to be borne by the applicant.

23. *Human Subjects (if applicable):* This section must describe the degree to which human subjects may be at risk and the assurance that the project will be subject to initial and continuing review by the appropriate institutional review committees.

Evaluation Criteria for State Capacity (Total 100 Points)

1. Evidence of Need and Understanding of the Problem: (10 Points)

Evaluation will be based on:

- The applicant's description and understanding of the magnitude of disabilities showing evidence (as available) of estimates of incidence and/or prevalence, demographic indicators, scope of disabilities and their severity, and their associated costs.

- The applicant's description of, and the extent of current prevention activities related to disability, including those related to the prevention of secondary conditions within the State. This description should describe need, available resources, populations-at-risk, knowledge gaps, and the use of this award in addressing those needs.

2. Evidence of Collaboration: (15 Points)

Evaluation will be based on:

a. Evidence of collaboration with other principal partners in the conduct of the project, including (if selected) the formal university partnership.

b. The description of the proposed advisory function including evidence of representation of persons with disabilities and its role and capacity to influence State-level policy.

c. The approach to develop and implement a State strategic plan and/or policy directive for the prevention of secondary conditions.

d. The description of the specific roles and responsibilities of these working partners including the products and services to be provided.

e. The presentation of evidence as to how these collaborations will result in successful implementation of the project.

3. Goals and objectives: (15 Points)

Evaluation will be based on the quality of the proposed project goals and objectives related to the conduct of the project. Objectives must be specific, measurable, achievable, and time-phased; and based on a formal work plan with descriptive methods and a timetable for accomplishment.

4. Epidemiological Capacity: (25 Points)

Evaluation will be based on:

a. The epidemiologic capacity and structure in place to coordinate and facilitate data collection, analysis, and dissemination.

b. The description of the approach and activities necessary to conduct the survey taken from CDC-provided BRFSS-related questionnaires.

c. The description of the approach to access other identified applicable State disability information sources, and how such data will be used.

d. The plan for how the university partnership (if selected) or other agency will be employed to facilitate epidemiologic excellence toward assessing the magnitude of disability and set intervention and health promotion priorities.

e. The accounts of how the project will assess the reliability and validity of epidemiological data collected and used for policy development.

5. Program Evaluation: (15 Points)

Evaluation will be based on:

a. The overall plan for evaluation of the project, including design, methods, partners, and process to be followed for implementation.

b. The description of how the advisory committee functions and planning activities of the project will be evaluated, and by whom.

c. The description of how the project will measure increases in public

awareness, knowledge, behavior, and the overall benefits of health promotion delivery.

d. The description of how the project will assess changes in public policy, and measure the effects of its technical assistance and communications directed toward communities and special populations.

6. Project Management and Staffing: (20 Points)

Evaluation will be based on:

a. The description of the proposed staffing for the project, including the plan to expedite filling of all positions.

b. The description of the responsibilities of individual staff members including the level of effort and time allocation for each project activity by staff position.

c. The extent to which the placement of the project within the applicant organization assures maximum operational visibility and influence.

d. The strength of the presentation citing that all project facilities and services provided will be fully accessible to persons with disabilities.

e. The extent to which the application demonstrates direct involvement of personnel who reflect the racial, ethnic, gender, and cultural composition of the population to be served.

f. The plan to provide technical assistance, education and training, and health promotion programs; and the proposed design of a shared information and communications dissemination system.

7. Budget Justification: (Not Scored)

The budget section must demonstrate reasonableness, a concise and clear justification, accuracy, and full itemization of line categories for Federal and non-Federal funds comprising the total budget. It also must show consistency with the intended use of cooperative agreement funds.

8. Human Subjects (if Applicable): (Not Scored)

The extent to which the applicant complies with the Department of Health and Human Services Regulations (45 CFR Part 46) regarding the protection of human subjects.

Funding Priorities

CDC intends that there be representation of all four listed disability domains among its State capacity recipients nationally. Therefore, to the extent that high quality and high ranking applications are reviewed, CDC plans to have no fewer than two States conducting prevention programs in each of the four disability domains.

As part of the funding decision process, CDC desires to achieve a balance of States that are geographically and demographically representative of the United States; and, to the extent practical, fund States in most or all of the ten Department of Health and Human Services Regions.

Priority for funding will be given to those States that both score high in the review and can also provide substantial commitment and *evidence* of tangible cost-sharing for financial and human resource contributions to this cooperative agreement. This includes commitments for both immediate and long-term support as the applicant's participation in project costs.

Priority for funding will also be given to those States that score high in the review and also demonstrate an organizational commitment to meet the requirements of this Announcement by integrating key project personnel within their agency personnel merit system structure. In lieu of that capability, applicants should provide evidence that key personnel will be able to function effectively under an alternate staffing plan, such as through a contract/consultant personnel agreement, and present the basis and rationale for such action.

CDC considers it important that States expedite meeting the requirements of this Announcement. Hence, special consideration will be given to those applicants that demonstrate evidence of an immediate or short term capability to address these requirements, as opposed to a longer term approach for development of these components of the project. While extra points are not set aside for that capability, the objective review committee will view the tasks explicit in this Announcement in light of the applicant's facility for implementation and attainment over the short term, as opposed to not being in place until late or at the conclusion of the four year project period.

Reporting Requirements

Project narrative reports will be required twice annually; and due 31 days after the close of each six month calendar period. An original and two copies of the narrative progress report should be submitted to the CDC Grants Management Branch by January 31 and July 31 of each year. The January report should cover the period from July 1 to December 31. The July report should cover the period from January 1 to June 30. An original and two copies of the Financial Status Report is required to be submitted to the CDC Grants Management Branch no later than 90

days after the end of each budget period, or by September 30 of each year.

Special Instructions

Applicants must submit a separate typed abstract or 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 both the project narrative and attachments. The budget narrative and full budget justification must be placed immediately after the table of contents and abstract in the front of the application. Applications must be developed in accordance with PHS Form 5161-1. Applicants should organize their proposals along the lines of the application contents section for state capacity functions under this Announcement, as those elements are arranged to be compatible with the respective application review evaluation criteria.

The main body of the application narrative should not exceed 50 double-spaced pages. Pages must be numbered and printed on only one side of the page. All material must be typewritten; with 10 characters per inch type (12 point) on 8-1/2" by 11" white paper with at least 1" margins, headers and footers (except for applicant-produced forms such as organizational charts, photos, graphs and tables, etc.). Applications must be held together only by rubber bands or metal clips. Applications must not be bound together in any other way. Attachments to the application should be held to a minimum in keeping to those items required by this Announcement.

Applicants may contract with other entities for the conduct of the project. These can include activities such as formal instruments with universities and faculty members as part of State capacity, facilitators for project meetings, training leaders/specialists, consultants for strategic planning, data collection contracts, intra-agency agreements in states for conducting surveys such as BRFSS-like questions provided by CDC, health promotion curriculum and communications/information systems development, questionnaire and survey design, and workshops and conferences.

Applicants are invited by CDC to attend a one day technical assistance meeting in Atlanta on Wednesday, March 26, 1997, to discuss the requirements of this Announcement, and to ask questions regarding its content. Interested State applicants should contact the official listed for obtaining programmatic information in the "WHERE TO OBTAIN

ADDITIONAL INFORMATION" Section for the time and location.

CDC plans to hold a start-up conference for successful applicants early in the project cycle. That meeting will be held in Atlanta within 60 days of award. Details regarding that conference will be provided at the time of the issuance of grant awards. Applicants should include travel funds in their budgets to participate in this start-up conference, and for one additional workshop for key project staff late in the first budget year.

CDC considers it critical that States participate in these and future project meetings. *By virtue of accepting an award, States are understood to have agreed to use cooperative agreement funds for travel by project staff selected by CDC to participate in CDC-sponsored workshops and other called meetings.*

Executive Order 12372

Applications are subject to the Intergovernmental Review of Federal Programs as governed by Executive Order 12372. Executive Order 12372 sets up a system for State and local government review of proposed Federal assistance applications. Applicants (other than federally recognized Indian tribal governments) should contact their State Single Point of Contacts (SPOCs) 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 SPOCs of each affected State. A current list is included in the application kit. If SPOCs have any State process recommendations on applications submitted to CDC, they should forward them to 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 321, Mailstop E-13, Atlanta, Georgia 30305, no later than 60 days after the deadline date for new and competing awards. The granting agency does not guarantee to "accommodate or explain" State process recommendations it receives after that date.

Public Health System Reporting Requirements

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

Catalog of Federal Domestic Assistance (CFDA)

The Catalog of Federal Domestic Assistance number is 93.184.

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.

Human Subjects

If the proposed project involves research on human subjects, the applicant must comply with the Department of Health and Human Services Regulations, 45 CFR Part 46, regarding the protection of human subjects. Assurance must be provided to demonstrate that the project will be subject to initial and continuing review by an appropriate institutional review committee. The applicant will be responsible for providing assurance in accordance with the appropriate guidelines and forms provided in the application kit.

Animal Subjects

If the proposed project involves research on animal subjects, the applicant must comply with the "PHS Policy on Humane Care and Use of Laboratory Animals by Awardee Institutions." An applicant organization proposing to use vertebrate animals in PHS-supported activities must file an Animal Welfare Assurance with the Office of Protection from Research Risks at the National Institutes of Health.

Women and Minority Inclusion Policy

It is the policy of CDC to ensure that women and racial and ethnic groups will be included in CDC-supported research projects involving human subjects, whenever feasible and appropriate. Racial and ethnic groups are those defined in OMB Directive Number 15 and include American Indian, Alaska Native, Asian, Pacific Islander, Black, and Hispanic. Applicants shall ensure that women, racial, and ethnic minority populations are appropriately represented in applications for research involving human subjects. Where clear and compelling rationale exist that inclusion is inappropriate or not feasible, this situation must be explained as part of the application. In conducting the review of applications for scientific merit, review groups will evaluate proposed plans for inclusion of minorities and both sexes as part of the scientific assessment and assigned score. This policy does not apply to research studies when the investigator cannot control the race, ethnicity, and/or sex of subjects. Further guidance to

this policy is contained in the Federal Register, Vol. 60, No. 179, Friday, September 15, 1995, pages 47947-47951.

Application Submission and Deadline

A. Pre-Application Letter of Intent

Although not a prerequisite of application, a non-binding letter of intent to apply is requested from potential applicants. The letter should be submitted to the Grants Management Officer whose name is noted in section B. below. The letter should be postmarked no later than 30 days prior to the submission deadline. The letter of intent should identify the Announcement Number; name the proposed project director; and in a paragraph, describe the scope of the proposed project. The letter will not influence review or funding decisions, but it will enable CDC to plan the review more efficiently and ensure that applicants receive timely and relevant information prior to application submission.

B. Application Submission

The original and two copies of the application PHS Form 5161-1 (OMB Number 0937-0189) should be submitted to Mr. Ron Van Duyne, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 321, Mailstop E-13, Atlanta, Georgia 30305, on or before Thursday, May 1, 1997.

1. **Deadline:** Applications will be considered as meeting the deadline if they are either:

(a) Received on or before the deadline date; or

(b) Sent on or before the deadline date and received in time for submission to the objective review group. (Applicants must request a legibly dated U. S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or 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 applications. Late applications will not be considered in the current

competition and will be returned to the applicant.

Where To Obtain Additional Information

To receive additional written information call (404) 332-4561. You will be asked your name, address, and telephone number and will need to refer to Announcement Number 730. You will receive a complete program description, information on application procedures, and application forms. In addition, this announcement is also available through the CDC Home Page on the Internet. The CDC Home Page address is <http://www.cdc.gov>.

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from Georgia L. 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@cdc.gov).

Programmatic and operational information may be obtained from Joseph B. Smith, Office on Disability and Health, National Center for Environmental Health, Centers for Disease Control and Prevention, 4770 Buford Highway, Building 101, Mailstop F-29, Atlanta, Georgia 30341, telephone (770) 488-7082. (Internet address: jos4@cdc.gov). Epidemiologic and surveillance-related technical assistance is available from Donald J. Lollar, Ed.D. at the same address, telephone (770) 488-7094. (Internet address: dcl5@cdc.gov).

An attachment to this Announcement provides definitions concerning the conceptual model of disability, secondary conditions; and includes a list and description of major State capacity activities (included in the application kit and also appended to this Announcement available through the CDC Home Page on the Internet <<http://www.cdc.gov>>).

Potential applicants may obtain a copy of "Healthy People 2000" (Full Report; Stock number 017-001-00474-0) or "Healthy People 2000" (Summary Report; Stock number 017-001-00473-

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

Dated: February 28, 1997.

Joseph R. Carter,

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

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BILLING CODE 4163-18-P

Administration for Children and Families

Agency Record/keeping/Reporting Requirements Under Emergency Review by the Office of Management and Budget (OMB)

Title: Community-Based Family Resource and Support Grants.

OMB No.: New Collection.

Description: The Program Instruction, prepared in response to the enactment of the Community-Based Family Resource and Support Grants (CBFRS), as set forth in Title II of Pub. L. 104-235, Child Abuse Prevention and Treatment Act Amendments of 1996, provides direction to the States and Territories to accomplish the purposes of (1) supporting State efforts to develop, operate, expand and enhance a network of community-based, prevention-focused, family resource and support programs that coordinate resources among existing human service organizations within the State; and (2) fostering an understanding, appreciation, and knowledge of diverse populations in order to be effective in preventing and treating child abuse and neglect. This Program Instruction contains information collection requirements that are found in Pub. L. 104-235 at Sections 202(1)(A); 202(b); 203(b)(1)(B); 205; and pursuant to receiving a grant award. The information submitted will be used by the agency to ensure compliance with the statute, complete the calculation of the grant award entitlement, and provide training and technical assistance to the grantee.

Respondents: State, Local or Tribal Govt.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Application	57	1	40	2,280
Annual report	57	1	40	1,368