

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Program Support Center; Agency Information Collection Activities; Proposed Collections; Comment Request

The Department of Health and Human Services, Program Support Center (PSC), will periodically publish summaries of proposed information collections projects and solicit public comments in compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995. To request more information on the project or to obtain a copy of the information collection plans and instruments, call the PSC Reports Clearance Officer on (301) 443-2045.

Comments are invited on: (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

1. PHS Commissioned Corps Application Forms (PHS-50 and PHS-1813)—Extension

The PHS-50, Application for Appointment as a Commissioned Officer in the United States Public Health Service, is used to determine if an applicant is qualified for appointment in the Commissioned Corps of the Public Health Service (PHS). In addition, the information contained in PHS-50 establishes the basis for future assignments and benefits as a commissioned officer. Respondents: individual applicants seeking appointment as an officer in the Commissioned Corps of the PHS; Total Number of Respondents: 1,750 in calendar year 1996; Frequency of Response: once per applicant; Average Burden per Response: 1.25 hours; Estimated Annual Burden: 2,190 hours.

The PHS 1813, Reference Request for Applicants to the U.S. Public Health Service Commissioned Corps, is used to obtain reference information concerning applicants for appointment in the Commissioned Corps of the PHS.

Each applicant is required to provide four references. Respondents: persons designated by applicant; Total Number

of Respondents: 7,000; Frequency of Response: once per reference source; Average Burden per Response: .25 hour; Estimated Annual Burden: 1,750 hours. Total Burden: 3,940 hours to respondents.

Send comments to Douglas F. Mortl, PSC Reports Clearance Officer, Room 17-108, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: March 10, 1997.

Lynnda M. Regan,

Director, Program Support Center.

[FR Doc. 97-6523 Filed 3-13-97; 8:45 am]

BILLING CODE 4160-17-M

Centers for Disease Control and Prevention

[Announcement Number 727]

Community-Based Primary Prevention Programs to Prevent Intimate Partner Violence for a Safe America; 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 funds for cooperative agreements for minority and other community-based organizations (CBOs) to develop, implement, and evaluate community-based primary prevention programs for preventing intimate partner violence. The program will: (1) establish and expand the capacity of community-based primary prevention programs; and (2) evaluate the process and outcomes of such programs to prevent intimate partner violence among the target population(s). This program will serve two purposes:

Part I—To provide minority non-profit community-based organizations an opportunity to develop, implement, and evaluate community-based primary prevention programs to prevent intimate partner violence for the population that qualifies them for minority CBO status.

Part II—To provide other non-profit community-based organizations an opportunity to develop, implement, and evaluate community-based primary prevention programs to prevent intimate partner violence.

CDC is committed to achieving the health promotion and disease prevention objectives described in "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 Violent and Abusive Behavior. (For ordering a copy of "Healthy People 2000," see the Section, "Where to Obtain Additional Information.")

Authority

This program announcement is authorized under sections 393 and 394 of the Public Health Service Act (42 U.S.C. 280b-1a and 280b-2) 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, 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

To be eligible for funding under this announcement, applicants must be a tax-exempt, non-profit CBO whose net earnings in no part accrue to the benefit of any private shareholder or person. Tax-exempt status is determined by the Internal Revenue Service (IRS) Code, Section 501(c)(3). Tax-exempt status may be proved by either providing a copy of the current IRS Determination Letter or a copy of the pages from the IRS' most recent list of 501(c)(3) tax-exempt organizations. Proof of tax-exempt status must be provided with the application.

Note: Effective January 1, 1996, Public Law 104-65 states that 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 (cooperative agreement), contract, loan, or any other form.

CBOs may apply under either:
Part I—Minority non-profit CBOs intending to serve predominantly racial or ethnic minority populations at risk for Intimate Partner Violence.
Part II—Other Non-profit CBOs intending to service populations at risk for Intimate Partner Violence.

Applicants may submit only one application for either Part I or Part II.

To apply as a minority non-profit CBO the applicant organization must have the following: (1) a governing board composed of more than 50 percent racial or ethnic minority members, (2) a significant number of minority individuals in key program positions (including management, administrative, and service positions),

who reflect the racial and ethnic demographics, and the characteristics of the population to be served, and (3) an established record of service to a racial or ethnic minority community or communities. In addition, if the minority organization is a local affiliate of a larger organization with a national board, the larger organization must meet the same requirements listed above. If applying as a minority non-profit CBO, proof of minority status must be provided with the application. Affiliates of national organizations must provide proof of their national organization's eligibility and include with the application an original, signed letter from their chief executive officer assuring their understanding of the intent of this program announcement and the responsibilities of the recipients.

CDC will return to the sender, as non-responsive, all applications that do not contain minority status and proof of eligibility for affiliates of national organizations (for Part I only) or proof of tax-exempt status (for Part I and II).

Availability of Funds

Approximately \$2.5 million is available in FY 1997 to fund up to ten awards under Parts I and II of this announcement as outlined below:

Part I—Approximately \$1,250,000 is available in FY 1997 to fund up to five awards. Awards will range from \$250,000–300,000 with an average award of \$275,000.

Part II—Approximately \$1,250,000 is available in FY 1997 to fund up to five awards. Awards will range from \$250,000–300,000 with an average award of \$275,000.

Projects are expected to begin on or about September 1, 1997. Awards will be made for the first 12-month budget period within a project period of up to three years. (Budget period is the interval of time into which the project period is divided for funding and reporting purposes. Project period is the total time for which a project has been programmatically approved.) Funding estimates may vary and are subject to change.

Noncompeting continuation awards for new budget periods within the approved project period will be made on the basis of satisfactory progress and the availability of funds. Proof of eligibility will be required with the noncompeting continuation application.

Applications that exceed \$300,000 (including both direct and indirect costs) will be determined as ineligible and will not be accepted by CDC.

Use of Funds

Allowable Uses: Funds may be used for planning, developing, implementing, and evaluating projects. Accordingly, funds can be used to support personnel and to purchase modest amounts of hardware, and software required to implement the project. Applicants may enter into contractual agreements to purchase goods and services, or to support collaborative activities, but the applicant must retain proper stewardship over funds and retain responsibility for tasks associated with the project.

Prohibited Uses: Cooperative agreement funds for this project cannot be used for construction, renovation, the lease of passenger vehicles, the development of major software applications, or supplanting current applicant expenditures.

Prohibition on Use of CDC Funds for Certain Gun Control Activities

The Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 1997 specifies that: "None of the funds made available for injury prevention and control at the Centers for Disease Control and Prevention may be used to advocate or promote gun control."

Anti-Lobbying Act requirements prohibit lobbying Congress with appropriated Federal monies. Specifically, this Act prohibits the use of Federal funds for direct or indirect communications intended or designed to influence a Member of Congress with regard to specific Federal legislation. This prohibition includes the funding and assistance of public grassroots campaigns intended or designed to influence Members of Congress with regard to specific legislation or appropriation by Congress.

In addition to the restrictions in the Anti-Lobbying Act, CDC interprets the new language in the CDC 1997 Appropriations Act to mean that CDC funds may not be spent on political action or other activities designed to affect the passage of specific Federal, State, or local legislation intended to restrict or control the purchase or use of firearms.

Background and Definitions

Background

In 1996, *Understanding Violence Against Women* was published by the National Research Council (NRC), underscoring the finding that significant gaps exist in understanding the extent and causes of violence against women and the impact and effectiveness of prevention programs for intimate

partner violence. Little information is known about effective program efforts for racial/ethnic minority individuals. Moreover, the authors call for qualitative and quantitative efforts which: (1) recognize the influence of the broad social and cultural context in which women experience violence, and (2) individual factors, such as race, ethnicity and socioeconomic status in shaping the context and experience of violence in women's lives. The NRC further stated that, in order to reduce the amount of violence against women in the United States, the focus must be on the prevention of intimate partner violence. The NRC's call for the development of effective prevention strategies requires better understanding of the causes of violent behavior against women as well as rigorous evaluation of prevention programs.

Intimate partner violence is an urgent public health problem with devastating physical and emotional consequences for women, children, and families. Women are frequent targets of both physical and sexual assault by partners and acquaintances, as well as strangers. In 1994, almost 5,000 women in the United States died as a result of homicide. Where the Federal Bureau of Investigation (FBI) knew the relationship between the victim and the offender, 87 percent of these women were killed by someone they knew. Approximately half of these women were murdered by a spouse or someone with whom they had been intimate.

Approximately 99.9 percent of assaults on women do not result in death, but often result in physical injury or emotional distress. Researchers determined that in 1985 more than 1.8 million women were assaulted by male partners or a cohabitant. Battered women are at increased risk of depression, attempting suicide, and abusing alcohol and other drugs. It is estimated that 25 percent of all women in the United States will suffer a violent sexual attack sometime during their lives and that approximately one-third of all girls and women have been victims of violence while on a date.

Children witnessing intimate partner violence are a critical concern. Estimates vary, but children who witness intimate partner violence are more likely than those without such experiences to become victims or abusers of partners when they begin to date and develop intimate relationships. Specifically, men who witness parental violence as children are more likely to physically abuse their partners than men who did not.

Across the nation, communities are seeking to develop primary prevention

programs to prevent intimate partner violence. More often than not, crisis response and the overwhelming need for direct services, as well as funding that is not specifically available for primary prevention, have hindered the development and implementation of effective and creative primary prevention programs for intimate partner violence. From those who have worked directly with and/or studied racial/ethnic populations, there is general consensus that services for the general population to prevent intimate partner violence are often not appropriate for or utilized consistently by these groups. Consequently, the racial/ethnic population, their children, and battering partners are at high risk for further violence without programs directed toward understanding and responding to their particular needs.

Definitions

Community-Based Organization (CBO) is based in the community and has established ties with community networks providing services to persons at risk for Intimate Partner Violence.

Minority Community-Based Organization (CBO) is a CBO which represents and services minority persons and whose governing body is over 50 percent racial and/or ethnic minority group members (American Indian, Alaskan Native, Asian, Pacific Islander, Black, or Hispanic populations).

Intimate partner violence (IPV) is perpetrated by a current spouse, current boyfriend/girlfriend, former spouse or former boyfriend/ girlfriend. It is divided into four categories: (1) physical violence; (2) sexual violence; (3) threats of physical or sexual violence; and (4) psychological/emotional abuse (including coercive tactics). Terms commonly used to describe intimate partner violence include domestic violence, spouse abuse, woman battering, courtship violence, sexual assault, and date and partner rape.

Target Populations are women (ages 12–45) at risk for intimate partner violence; and children (ages 0–11) who are witnesses of intimate partner violence in the home.

Scientifically-based prevention strategies are those with a sound theoretical base which have clearly articulated goals, measurable objectives, activities designed to achieve the objectives, and intended outcomes resulting from the activities. The theoretical base would include risk factors for intimate partner violence and protective factors that may mitigate or prevent intimate partner violence in the specific target population based on

previous research, empirical observation, or anecdotal evidence.

Risk factor is an attribute or exposure that is associated with an increased probability of a specified outcome, such as the occurrence of intimate partner violence.

Protective factor is an attribute or exposure that is associated with a decreased probability of a specific outcome, such as the occurrence of intimate partner violence.

Primary prevention programs are those which prevent intimate partner violence from occurring in the first place. Working in conjunction with direct service programs, primary prevention programs may work by modifying and/or entirely eliminating the events, conditions, situations, or exposure to influences (risk factors) that result in the initiation of intimate partner violence and associated injuries, disabilities, and deaths as well as identifying protective factors which may prevent violence in the target group.

Coordinated response among community organizations is defined as pertinent community sectors collaborating as working partners to develop primary prevention programs in intimate partner violence for the target population(s).

Program evaluation is composed of process evaluation and outcome evaluation. Process evaluation determines the extent to which the program is implemented as intended and has been provided to the intended audience. Outcome evaluation identifies the extent to which the program was successful in achieving its goals and objectives by accomplishing its intended outcomes. It should also ensure that participants have not acquired negative outcomes.

Comparison group is one that closely resembles the applicant's community in the following areas: population size and community setting (urban/rural), ethnic composition, socioeconomic characteristics, and reported rates of intimate partner violence (number of reported cases per 1,000 women in the community, ages 12–45). Sources of data must be consistent between both the comparison and applicant communities.

Purpose

The purposes of this program for the primary prevention of intimate partner violence among the target population(s) are to:

1. Develop the capacity of programs serving the target population(s) to prevent intimate partner violence from occurring in the first place.

2. Evaluate the process and short-term outcomes of primary prevention programs to prevent intimate partner violence in the target population(s).

Programmatic Priority for Primary Prevention Programs

The following primary prevention programs and activities will be considered for funding under this announcement:

1. Strategies aimed at strengthening intimate partner violence prevention, such as child development or parenting classes which focus on intimate partner violence prevention, and support groups for children who have witnessed intimate partner violence.

2. Strategies aimed at increasing the capacity for any program that serves the target population(s), such as General Education Diploma (GED) or English as Second Language programs, job training programs, etc., to include components on intimate partner violence prevention.

3. School or community-based primary prevention programs designed to promote healthy relationships and prevent dating violence among school-aged youth, whether the youth are in school or not.

4. School or community-based programs designed to identify and assist school-aged children and adolescents who witness partner violence in the home, whether the youth are in school or not.

5. Community-based prevention programs designed to assist adolescents who have witnessed intimate partner violence and who are incarcerated.

6. Public awareness campaigns, media campaigns via billboards, Public Service Announcements (PSAs), television programs, etc., and community education specifically aimed towards the target population(s) to (1) emphasize knowledge, attitudes, beliefs and behaviors among the target population(s) that are conducive to preventing intimate partner violence; and (2) dispel misconceptions about intimate partner violence to change knowledge, attitudes, beliefs, and behaviors which promote intimate partner violence.

Note: Programs designed solely to prevent further intimate partner violence or its psychological impact proposed solely to provide services to victims will not be considered under this announcement.

Application Requirements

The applicant must provide for Part I only:

1. Evidence of current minority status. Proof of minority status, as outlined under the "Eligible Applicants" Section

of this announcement, must be provided in the application.

The applicant must provide for both Part I and Part II:

2. Evidence of current 501(c)(3) status. Proof of tax exempt status as outlined under the "Eligible Applicants" Section of this announcement, must be provided in the application.

3. A statement indicating which Priority Area(s) (1 through 6) the proposed program will address (see "Programmatic Priority for Primary Prevention Programs" Section of this announcement).

4. Statistical and programmatic evidence that women and families in the target population(s) community are victims of intimate partner violence and are at risk for injury and death from such violence.

5. Evidence that organizations and pertinent sectors of the community are willing working partners in a coordinated response to develop intimate partner violence primary prevention programs for the target population(s). Letters of commitment from working partners outlining capabilities, resources, and time to be allocated to the project are a requirement of this solicitation.

6. Evidence that a university, school of higher education, or organization specializing in program evaluation will assist in evaluation activities. Letters of commitment from working partners outlining capabilities, resources, and time to be allocated to the project are a requirement of this solicitation.

7. Evidence that a local intimate partner violence program that provides prevention and/or intervention services will be a part of the program planning and implementation. Letters of commitment from working partners outlining capabilities, resources, and time to be allocated to the project are a requirement of this solicitation.

8. Evidence of the existence of a full-time Program Manager and full-time Project Evaluator. These positions must be full-time and cannot be filled by part-time personnel to equal one full-time employee (FTE).

9. Evidence of the use of culturally relevant and linguistically appropriate strategies and interventions for the proposed primary prevention activities.

An affirmative response to each requirement is required (items 1-9 for Part I applicants and items 2-9 for Part II applicants) to qualify for the full review. Your response should be titled "Application Requirements" and must not exceed 4 pages, although, you are encouraged to reference appropriate text in, or attachments to, the application.

This section should be included as the first pages of the application.

Cooperative Activities

A cooperative agreement is a legal agreement between CDC and the recipient in which CDC provides financial assistance and substantial Federal programmatic involvement with the recipient during the performance of the project.

In a cooperative agreement, CDC and the recipient of Federal funds share roles and responsibilities. In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities under A. (Recipient Activities) below, and CDC will be responsible for activities under B. (CDC Activities) below.

A. Recipient Activities must include but are not limited to the following:

1. Identify working partners from the pertinent community agencies and organizations.

2. Develop and implement the proposed activities, in conjunction with working partners, for the primary prevention of intimate partner violence among the target population(s).

3. Develop protocols and data collection instruments for evaluating the proposed primary prevention activities in conjunction with a university, school of higher education, or organization specializing in program evaluation.

4. Prepare data sets of all collected data.

5. Conduct the evaluation of the overall project in collaboration with CDC and other funded recipients.

6. Disseminate guidelines that other communities may use in implementing these primary prevention activities.

B. CDC Activities:

1. Provide consultation in further designing the primary prevention activities and evaluating the cost, process, and outcomes of the program.

2. Provide consultation on developing data collection instruments and procedures.

3. Provide consultation in establishing standardized reporting mechanisms to monitor program activities.

4. Provide up-to-date scientific and programmatic information about intimate partner violence prevention.

5. Assist in data analysis and publication of results.

6. Collaborate in compiling and disseminating results from the project evaluation.

Technical Reporting Requirements

The original and two copies of semi-annual progress reports are required of all awardees. Timelines for the semi-annual reports will be established at the

time of award. An original and two copies of the Financial Status Report (FSR) are required no later than 90 days after the end of the budget period. A final progress report and FSR are due no later than 90 days after the end of the project period. All reports should be submitted to the Grants Management Branch, Procurement and Grants Office, CDC.

Application Content

Each application should be limited to 40 pages, excluding the budget/budget justification page(s) and attachments (i.e., letters of commitment, data collection form, resumes, etc.). The first pages of the application should contain the response to the "Application Requirements" Section and be marked "Application Requirements." All material must be typewritten, double-spaced, with type no smaller than 10 characters per inch (CPI), or 12 point type, on 8.5" x 11" paper, with at least 1" margins, headings, and footers, unbound and printed on one side only. Number each page clearly, and provide a complete index to the application and appendices. Do not include any spiral or bound materials or pamphlets. The applicant should provide a detailed description of first year activities and briefly describe future-year objectives and activities.

A. Executive Summary: Provide a one-page summary of the proposed program plan outlining the goals and objectives, the target population(s), the applicant's working partners, the proposed primary prevention activities, the evaluation design, and the desired program outcomes.

B. Background and Need:

1. A description of knowledge about the dynamics of intimate partner violence in general as well as within the target population(s), including both risk and protective factors.

2. A description of the incidence of intimate partner violence and associated injury and death among the applicant's respective target population(s).

3. A description of the applicant's respective target population(s), including demographics by age, sex, socioeconomic status, geographic location, etc., including both quantitative and qualitative data.

4. A description of the present availability and accessibility of intimate partner violence prevention programs for the applicant's target population(s) programs as well as existing gaps and barriers in program delivery.

5. Identify other providers and/or researchers engaged in intimate partner violence prevention projects for the

respective target population(s) in the community.

C. Access to the Target Population(s) and Collaboration with Working Partner Organizations Within the Community:

1. Provide evidence that the applicant has access to the target population(s) for implementing the proposed primary prevention activities.

2. Provide evidence of the applicant's understanding of the community and the target population(s).

3. Provide evidence that a local intimate partner violence service program that provides prevention and/or intervention services will be a part of the program planning and implementation.

4. Provide evidence that organizations and pertinent sectors of the community are willing and able working partners in a coordinated response to develop intimate partner violence primary prevention programs for the target population(s).

5. Provide evidence that a university, school of higher education, or organization specializing in program evaluation will assist in evaluation activities.

6. A description of the applicant's previous or current experience in managing and delivering intimate partner violence or similar programs to the respective target population in the community.

7. Summarize, if applicable, current or past funding received for the same or similar projects and the outcome of these efforts.

8. Provide letters of commitment and organizational charts from the working partner organizations stating the precise nature of the resources and expertise they will provide.

9. A description of how this funding will enable the working partner organizations in the community to implement and evaluate coordinated primary prevention activities in intimate partner violence for the target population(s).

10. Provide an organizational chart of how the proposed primary prevention project will be integrated into the applicant's organization.

D. Program Design and Plan of Operation for Primary Prevention Activities:

1. A description of specific program goals that remain consistent during the project, as well as short-term (year 1) objectives and long-term (years 2—3) objectives related to the project. All objectives must be time-phased, specific, measurable, and achievable.

2. A description of theoretical frameworks for the proposed primary

activities that are supported by previous experience and/or research.

3. A description of how the structure of the working partnerships, as well as the specific primary prevention activities, will help achieve each of the program objectives.

4. Provide a program planning timeline indicating when each primary prevention activity will occur. For each activity, describe who will do what to implement the activity.

5. A description of how the proposed primary prevention activities represent an enhancement of existing intimate partner violence primary prevention programs or the development of new intimate partner violence primary prevention activities for achieving each of the project objectives. This should include:

a. A description of the mechanisms for developing, implementing and evaluating the proposed primary prevention activities;

b. A description of the mechanisms for linking the primary prevention activities to direct services for referral purposes, where appropriate;

c. Assurances of the target population(s) access to all proposed primary prevention activities;

d. A description of the proposed data collection instruments for the proposed primary prevention activities;

e. Empirical, theoretical or anecdotal evidence that the primary prevention activities can be effective; and

f. Provide evidence of the use of culturally and linguistically appropriate strategies for the proposed primary prevention activities.

6. For proposals where comparison groups are included:

(1) describe the comparison groups; and (2) provide evidence of access to comparison groups (letters of intent to participate).

Comparison groups are not a requirement; however, their use is strongly encouraged, wherever possible. For proposals where comparison groups are not included, demonstrate that the alternative evaluation design provides quantitative estimates for changes in knowledge, attitudes or behaviors related to intimate partner violence deriving from the primary prevention activities.

E. Project Management and Staffing:

1. A description of the proposed staffing for the project, noting existing staff as well as additional staffing needs. Applicants must provide—at a minimum—a full-time Program Manager and a full-time Project Evaluator. These positions must be full-time and cannot be filled by part-time personnel to equal one FTE. Position descriptions and

curriculum vitae for each proposed staff position should be included in the application.

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

3. A description of the availability of staff and facilities to carry out the project.

4. Provide curriculum vitae for each key staff member and commitment of time to program activities.

5. Provide an organizational chart of the applicant's organization, including how the proposed primary prevention project will be integrated into the applicant's organization.

6. Provide evidence of key personnel involved in the project who reflect the racial and ethnic composition of the target population(s) to be served.

F. Evaluation Plan:

1. Process Evaluation

a. A description of the process of developing and implementing the proposed primary prevention activities evaluation.

b. A description of the process to develop and implement the working partner activities evaluation.

c. Identify existing gaps in programs as well as other needs in the community.

2. Outcome Evaluation

a. A description of the extent to which intended short-term outcomes have been achieved.

b. A description of the change in short-term outcomes resulting from the respective primary prevention activities from baseline to project completion.

3. The Evaluation Plan must also contain the following:

a. A description of the evaluation design, which includes a comparison group, if possible.

b. A description of methods for collecting process and outcome data, and for ensuring reliability and validity of all data collected.

c. A description of how data will be maintained (i.e., databases).

d. A description of the applicant's or proposed community working partners' capacity (facilities, computers) for collecting and managing data.

e. A description of the statistical techniques to be used for analyzing the data.

f. A description of how client confidentiality and safety will be addressed and maintained.

g. The format in which the data will be transmitted to CDC.

ASCII, Epi-Info, or SAS data sets are preferred. Protocols and core measurement instruments will be developed through collaboration among Centers for Disease Control and Prevention staff and other funded projects, where relevant.

4. Women, Racial and Ethnic Minorities. A description of the proposed plan for the inclusion of both sexes and racial and ethnic minority populations for appropriate representation.

G. Proposed Budget:

This section must include a detailed first-year budget and narrative justification with future annual projections. Budgets should include costs for travel for two project staff to attend at least two two-day meetings in Atlanta with CDC staff. For contracts contained within the application budget, applicants should name the contractor, if known; describe the services to be performed; justify the use of a third party; and provide a breakdown of and justification for the estimated costs of the contracts; the kinds of organizations or parties to be selected; the period of performance; and the method of selection.

H. Human Subjects:

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.

I. Attachments

Provide the following as attachments:

a. Proof of minority status (if applying for Part I, only)

b. Proof of 501(c)(3) nonprofit status.

c. A list of the members of its governing body along with their expertise in working with or providing services to the proposed target population and, for minority CBO applicants, their racial/ethnic backgrounds.

d. An organization chart of existing and proposed staff, including volunteer staff (minority CBOs should include racial/ethnic backgrounds).

e. Affiliates of national organizations must provide proof of their national organization's eligibility and include with the application an original, signed letter from their chief executive officer assuring their understanding of the intent of this program announcement and the responsibilities of recipients.

f. Evidence of collaboration/letters of support or commitment. Such collaboration may include representatives from the local community such as: health care providers, the education community,

the religious community, the justice system, domestic violence program advocates, human service entities such as State child service divisions, business and civic leaders, and other pertinent sectors.

g. Independent Audit Statements from a certified public accountant must be provided for the preceding two years.

Evaluation Criteria

Applications will be reviewed by CDC staff for completeness and affirmative responsiveness as outlined under the previous heading, Application Requirements.

Incomplete applications and applications that are not responsive in accordance with the "Application Requirements" Section will be returned to the applicant without further consideration. A Special Emphasis Panel (SEP) review of responsive applications, will be conducted according to the following criteria (maximum 100 total points):

A. Background and Need: (10 Points)

The extent to which the applicant documents that the target population(s) within the community has victims of or is at risk for intimate partner violence and associated injuries and deaths; provides statistical summaries of the target population(s); documents the availability and/or lack of existing intimate partner violence primary prevention programs for the target population(s), as well as gaps in their delivery.

B. Access to the Target Population(s) and Collaboration With Working Partner Organizations in the Community: (20 Points)

The extent to which the applicant: demonstrates an understanding of and access to the target population(s); describes how funding under this program announcement will enhance and strengthen existing community intimate partner violence primary prevention efforts; includes pertinent sectors of the community (such as health care providers, the education community, the religious community, the justice system, domestic violence program advocates, human service entities such as State child service division, business and civic leaders, and other pertinent sectors) in the working partnership and have specific program responsibilities; includes letters of support from proposed community working partners regarding their specific responsibilities and commitment of time and resources; and provides assurance and establishment of culturally relevant and linguistically

appropriate linkages within the target population(s) and community working partners.

C. Program Design and Plan of Operation for Primary Prevention Activities: (25 Points)

The extent to which a theoretical framework is provided outlining the rationale for the development, implementation and evaluation of proposed primary prevention activities; included appropriate comparison groups for specific proposed primary prevention activities, where feasible; goals are clearly articulated and objectives are time-phased, specific, measurable, achievable, and will achieve the desired program results; intended outcomes are theoretically or empirically justified to result from program activities; proposed data collection instruments are appropriate for collecting information relevant to the project; program planning time line is realistic and provides sufficient detail about *who* will do *what* and *when*.

The degree to which the applicant has met the CDC Policy requirements regarding the inclusion of women, ethnic, and racial groups in the proposed project. This includes:

(a) The proposed plan for the inclusion of both sexes and racial and ethnic minority populations for appropriate representation; (b) The proposed justification when representation is limited or absent; (c) A statement as to whether the design of the study is adequate to measure differences when warranted; and (d) A statement as to whether the plans for recruitment and outreach for study participants include the process of establishing partnerships with community(ies) and recognition of mutual benefits will be documented.

D. Project Management and Staffing: (20 Points)

The extent to which the applicant has experience in the management and delivery of intimate partner violence primary prevention programs at the community level; management staff and their working partners are clearly described, appropriately assigned, and have appropriate skills, experiences, and facilities, to develop, implement, and evaluate the project; and, provides evidence that a full-time Program Manager and a full-time Program Evaluator are or will be available for the entire project.

E. Evaluation Plan: (25 Points)

The degree to which the applicant includes adequate plans for a process evaluation of the attainment of proposed

objectives based on the theoretical framework described in the Program Design and Plan of Operation for Primary Prevention Activities section.

F. Proposed Budget: (Not Scored)

The extent to which the budget request is clearly explained, adequately justified, reasonable, sufficient for the proposed project activities, and consistent with the intended use of the cooperative agreement funds.

G. Human Subjects: (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 Preferences

In making awards, priority consideration will be given to: (1) ensuring a racial/ethnic balance, and (2) ensuring rural, urban, and national geographic distribution among the grantees.

Executive Order 12372 Review

Applications are subject to the Intergovernmental Review of Federal Programs as governed by Executive Order (E.O.) 12372. E.O. 12372 sets up a system for State and local government review of proposed Federal assistance applications. Applicants should contact their State Single Point of Contact (SPOC) as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC of each affected State. A current list of SPOCs is included in the application kit. If SPOCs have any State process recommendations on applications they should reference Announcement 727 and forward them to 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, no later than 60 days after the application deadline date. 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 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 target population(s) to be served;
2. A summary of primary prevention activities to be implemented and evaluated;
3. A description of the coordination plans with the community working partners for developing, implementing, and evaluating the primary prevention activities.

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.

Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance number for this project is 93.262.

Other Requirements

A. Paperwork Reduction Act

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

B. Accounting System

The services of a certified public accountant licensed by the State Board of Accountancy or equivalent must be retained throughout the project period as a part of the recipient's staff or as a consultant to the recipient's accounting personnel. These services may include the design, implementation, and maintenance of an accounting system that will record receipts and expenditures of Federal funds in accordance with accounting principles, Federal regulations, and terms of the cooperative agreement.

C. Audits

Funds claimed for reimbursement under this cooperative agreement must be audited annually by an independent

certified public accountant (separate and independent of the consultant referenced above or recipient's staff certified public accountant). This audit must be performed within 60 days after the end of the budget period; or at the close of an organization's fiscal year. The audit must be performed in accordance with generally accepted auditing standards (established by the American Institute of Certified Public Accountants (AICPA)), governmental auditing standards (established by the General Accounting Office (GAO)), and Office of Management and Budget (OMB) Circular A-133.

D. State and Local Requirements

Recipients must comply with prevailing State and local regulations and laws regarding the delivery of social and health services to the public and mandatory reporting of sexual or physical abuse.

E. Human Subjects

If the proposed project involves 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 with the appropriate guidelines and form provided in the application kit.

F. Confidentiality

All personal identifying information obtained in connection with the delivery of services provided to any person in any program carried out under this cooperative agreement cannot be disclosed unless required by a law of a State or political subdivision or unless such a person provides written, voluntary informed consent.

1. Nonpersonally identifying, unlinked information, which preserves the individual's anonymity, derived from any such program may be disclosed without consent:

- a. In summary, statistical, or other similar form, or
- b. For clinical or research purposes.

2. Personal identifying information: Recipients of CDC funds who must obtain and retain personally identifying information as part of their CDC-approved work plan must:

- a. Maintain the physical security of such records and information at all times;
- b. Have procedures in place and staff trained to prevent unauthorized

disclosure of client-identifying information;

c. Obtain informed client consent by explaining the risks of disclosure and the recipient's policies and procedures for preventing unauthorized disclosure;

d. Provide written assurance to this effect including copies of relevant policies; and

e. Obtain assurances of confidentiality by agencies to which referrals are made.

Assurance of compliance with these and other processes to protect the confidentiality of information will be required of all recipients. A Department of Health and Human Services (DHHS) certificate of confidentiality may be required for some projects.

G. Women, Racial and Ethnic Minorities

It is the policy of the Centers for Disease Control and Prevention (CDC) to ensure that individuals of both sexes and the various 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 No. 15 and include American Indian, Alaskan 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 a clear and compelling rationale exists that inclusion is inappropriate or not feasible, this situation must be explained as part of the application. 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, pages 47949-47951, dated Friday, September 15, 1995.

H. Capability Assessment

Some applicants may be required to participate in a fiscal Recipient Capability Assessment prior to the award of funds.

Application Submission and Deadline

The original and two copies of the application PHS Form 5161-1 (Revised 7/92, OMB Number 0937-0189) must be submitted to Joanne Wojcik, Grants Management Specialist, 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 May 20, 1997.

1. Deadline: Applications shall be considered as meeting the deadline if they are either;

a. Received on or before the deadline date; or

b. Sent on or before the deadline date and received in time for submission to the special emphasis panel review committee. For proof of timely mailing, 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 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 to leave your name, address, and telephone number and will need to reference Announcement 727. You will receive a complete program description, information on application procedures, and application forms.

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from Joanne Wojcik, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Mailstop E-13, Atlanta, GA 30305, telephone (404) 842-6535 or internet address <jcw6@cdc.gov>.

Programmatic technical assistance may be obtained from Chester L. Pogostin, D.V.M., M.P.A., Centers for Disease Control and Prevention (CDC), National Center for Injury Prevention and Control, Division of Violence Prevention, Mailstop K-60, Atlanta, Georgia 30333, telephone (770) 488-4279; Internet: clp3@cdc.gov.

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

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

Please refer to Announcement Number 727 when requesting information and submitting an application.

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) referenced in the "Introduction" through the Superintendent of

Documents, Government Printing Office, Washington D.C., 20402-9325, telephone (202) 512-1800.

Dated: March 10, 1997.

Joseph R. Carter,

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

[FR Doc. 97-6497 Filed 3-13-97; 8:45 am]

BILLING CODE 4163-18-P

[Announcement Number 731]

Research Projects for Health Promotion for Persons With Disabilities and Prevention of Secondary Conditions; 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 competitive grant and cooperative agreement funds. Part 1 of this Announcement will support research grants to: (a) Measure the magnitude of secondary conditions in specified populations of persons who have a disability; (b) determine the risk and protective factors that contribute to or avert the occurrence of secondary conditions; (c) conduct and measure the effectiveness of health promotion interventions designed to prevent secondary conditions; and/or (d) understand the prevention effectiveness and cost-effectiveness of interventions. Part 2 of this Announcement will support one cooperative agreement project to prevent the occurrence of pressure sores and other selected secondary conditions among persons with spinal cord injury.

CDC is committed to achieving the health promotion and disease prevention objectives described in "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 of 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