

A.12.—ESTIMATES OF ANNUALIZED BURDEN HOUR

Type of respondents	No. of respondents	No. of responses/re-spondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Weekly Morbidity Report				
States	50	52	1	2600
Territories	5	52	1 @ 1	156
			4 @ 0.5*	
Cities	2	52	1	104
CDC 43.5 Weekly Mortality Report				
City Health Officers or Vital Statistics Registrars	122	52	0.2	1269
Annual Summary				
States	50	1	14	700
Territories	5	1	1	70
			4	
Cities	2	1	14	28

*Reports from respondents replying via FAX are more consolidated than those replying via NETSS. Attachment F is an example of a table routinely produced by a territorial health department. Since this table provides information needed for the weekly notifiable diseases report, a copy is sent by FAX to CDC.

3. *Surveillance of Hazardous Substances Emergency Event—(0923-0008)—Extension—the Agency for Toxic Substances and Disease Registry (ATSDR)* is mandated pursuant to the 1980 Comprehensive Environmental Response Compensation and Liability Act (CERCLA), and its 1986 Amendments, The Superfund Amendments and Reauthorization Act (SARA), to prevent or mitigate adverse human health effects and diminished quality of life resulting from the exposure to hazardous substances into the environment. The primary purpose of this activity, which ATSDR has supported since 1992, is to develop, implement, and maintain a state-based surveillance system for hazardous

substances emergency events which can be used to (1) describe the distribution of the hazardous substance releases; (2) describe the public health consequences (morbidity, mortality, and evacuations) associated with the events; (3) identify risk factors associated with the public health consequences; and (4) propose strategies to reduce future public health consequences. The study population will consist of all hazardous substance nonpermitted acute releases within the 13 states (Alabama, Colorado, Iowa, Minnesota, Mississippi, Missouri, New York, North Carolina, Oregon, Rhode Island, Texas, Washington, Wisconsin) participating in the surveillance system. Until this system was developed and implemented, there was no national public health-based surveillance system

to coordinate the collation, analysis, and distribution of health data to public health practitioners. It was necessary to establish this national surveillance system which describes the impact of hazardous substances emergencies on the health of the population of the United States. The data collection form will be completed by the state health department HSEES coordinator using information provided by a variety of sources including environmental protection agencies, police, firefighters, emergency response personnel; or researched by the HSEES coordinator including census data, material safety data sheets, and chemical handbooks. The total annual burden hours are 4,316.

Respondents	No. of respondents	No. of responses/re-spondent	Avg burden/response (in hrs.)	Total burden (in hrs.)
First	13	332	1	4,316
Second	13	332	1	4,316
Third	13	332	1	4,316

Dated: June 2, 1998.
Charles W. Gollmar,
Acting Associate Director for Policy Planning and Evaluation, Centers for Disease Control and Prevention (CDC).
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry
Notice of Availability of Funds Program Announcement 99006; Public Health Conference Support Grant Program

A. Purpose

The Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) announces the availability of fiscal year (FY) 1999 funds for the Public Health Conference Support Grant Program. This program addresses the "Healthy People 2000" priority area(s)

for CDC and ATSDR, (1) Physical Activity and Fitness; (2) Nutrition; (3) Educational and Community-Based Programs; (4) Unintentional Injuries; (5) Violent and Abusive Behavior; (6) Occupational Safety and Health; (7) Environmental Health; (8) Oral Health; (9) Maternal and Infant Health; (10) Heart Disease and Stroke; (11) Cancer; (12) Diabetes and Chronic Disabling Conditions; (13) Sexually Transmitted Diseases; (14) Immunization and Infectious Disease; (15) Clinical Preventive Services; (16) Prevention Research in Program and Policy Development in Managed Care; (17) Surveillance and Data Systems;

Smoking and Health; Chronic Disease Prevention; Efforts that would strengthen the Public Health System; and Laboratory Practices.

ATSDR priority areas are: (1) health effects of hazardous substances in the environment; (2) disease and toxic substance exposure registries; (3) hazardous substance removal and remediation; (4) emergency response to toxic and environmental disasters; (5) risk communication; (6) environmental disease surveillance; and (7) investigation and research on hazardous substances in the environment.

CDC supports local, State, academic, national and international health efforts to prevent unnecessary disease, disability, and premature death, and to improve the quality of life. This support often takes the form of education, and the transfer of high quality research findings and public health strategies and practices through symposia, seminars and workshops. Through the support of conferences and meetings in the areas of public health research, education, and prevention application, CDC is meeting its overall goal of dissemination and implementation of new cost-effective intervention strategies.

ATSDR's systematic approaches are needed for linking applicable resources in public health with individuals and organizations involved in the practice of applying such research. Mechanisms are also needed to shorten the time frame between the development of disease prevention and health promotion techniques and their practical application. ATSDR believes that conferences and similar meetings that permit individuals engaged in hazardous substances and environmental health research, education, and application (related to actual and/or potential human exposure to toxic substances) to interact, are critical for the development and implementation of effective programs to prevent adverse health effects from hazardous substances.

The purpose of this program is to provide partial support for specific non-Federal conferences in the areas of health promotion, disease prevention, information, and education programs. Because conference support by CDC and ATSDR creates the appearance of CDC and ATSDR co-sponsorship, there will be active participation by CDC and ATSDR in the development and approval of those portions of the agenda supported by CDC and ATSDR funds. In addition, CDC and ATSDR will reserve the right to approve or reject the content of the full agenda, speaker selection, and site selection.

B. Eligible Applicants

Applications may be submitted to CDC by public and private non-profit and for-profit organizations and by governments and their agencies; that is, universities, colleges, research institutions, hospitals, other public and private nonprofit and for-profit organizations, State and local governments or their bona fide agents, and federally-recognized Indian tribal governments, Indian tribes, or Indian tribal organizations.

Note: Pub. L. 104-65 states that an organization described in section 501(c)(4) of the Internal Revenue Code of 1986 that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant, cooperative agreement, contract, loan, or any other form.

ATSDR eligible applicants are the official public health agencies of the States, or their bona fide agents. 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 Island, the Republic of Palau, and federally-recognized Indian tribal governments. State organizations, including State universities, State colleges, and State research institutions, must establish that they meet their respective State's legislature definition of a State entity or political subdivision to be considered an eligible applicant. Also eligible are nationally recognized associations of health professionals and other chartered organizations generally recognized as demonstrating a need for information to protect the public from the health effects of exposure to hazardous substances.

C. Availability of Funds

Approximately \$500,000 is available from CDC in FY 1999 to fund approximately 25 to 30 awards. It is expected that the average award will be \$15,000, ranging from \$1,000 to \$30,000. It is expected that the awards will begin on or about thirty days before the date of the conference and will be made for a 12-month budget period within a 12-month project period. Funding estimates may change.

Approximately \$50,000 is available from ATSDR in FY 1999 to fund approximately six awards. It is expected that the average award will be \$8,000, ranging from \$5,000 to \$10,000. It is expected that the awards will begin on or about thirty days before the date of the conference and will be made for a 12-month budget period within a 12-

month project period. Funding estimates may change.

Use of Funds

- CDC and ATSDR funds may be used for direct costs: salaries; speaker fees; rental of necessary equipment; registration fees; and transportation costs (not to exceed economy class fare) for non-Federal individuals.

- CDC and ATSDR funds may be used for only those parts of the conference specifically supported by CDC or ATSDR as documented in the grant award.

- CDC and ATSDR funds may NOT be used for the purchase of equipment; payments of honoraria; alterations or renovations; organizational dues; entertainment or personal expenses; cost of travel and payment of a Federal employee; per diem or expenses other than local mileage for local participants.

- CDC and ATSDR funds may NOT be used for reimbursement of indirect costs.

- Although the practice of handing out novelty items at meetings is often employed in the private sector to provide participants with souvenirs, Federal funds CANNOT be used for this purpose.

- CDC and ATSDR will NOT fund 100% of any conference proposed under this announcement.

- CDC and ATSDR will NOT fund a conference after it has taken place.

D. Program Requirements

CDC and ATSDR grantees must meet the following requirements:

1. Manage all activities related to program content (e.g., objectives, topics, attendees, session design, workshops, special exhibits, speakers' fees, agenda composition, and printing). Many of these items may be developed in concert with assigned CDC or ATSDR project personnel.

2. Provide draft copies of the agenda and proposed ancillary activities to CDC or ATSDR for approval. Contingency awards will be made allowing usage of only 10 percent of the total amount to be awarded until a final full agenda is approved by CDC and ATSDR. The remainder of funds will be released only upon approval of the final full agenda. CDC and ATSDR reserves the right to terminate co-sponsorship at any time.

3. Determine and manage all promotional activities (e.g., title, logo, announcements, mailers, press, etc.). CDC or ATSDR must review and approve any materials with reference to CDC or ATSDR involvement or support.

4. Manage all registration processes with participants, invitees, and registrants (e.g., travel, reservations,

correspondence, conference materials and hand outs, badges, registration procedures, etc.).

5. Plan, negotiate, and manage conference site arrangements, including all audiovisual needs.

6. Analyze data from conference activities that pertain to the impact on prevention. Adequately assess increased knowledge, attitudes, and behaviors of the target attendees.

7. ATSDR grantees must collaborate with ATSDR staff in reporting and disseminating results and relevant prevention education and training information to appropriate Federal, State, and local agencies, and the general public.

E. Application Content

Letters of Intent

Potential applicants must submit an original and two copies of a one-page typewritten Letter of Intent (LOI) that briefly describes the title, location, purpose, and date of the proposed conference and the intended audience (number and profession). The LOI must also include the estimated total cost of the conference and the percentage of the total cost (which must be less than 100 percent) being requested from CDC or ATSDR. Requests for 100 percent funding will be considered non-responsive to this program announcement and returned to the applicant without review. Current recipients of CDC and ATSDR funding must provide the award number and title of their funded programs. No attachments, booklets, or other documents accompanying the LOI will be considered. LOI's will be reviewed by program staff for consistency with the following:

- CDC's mission to promote health and quality of life by preventing and controlling disease, injury and disability for healthy people in a healthy world, through prevention.
- ATSDR's mission to prevent exposure and adverse human health effects and diminished quality of life associated with exposure to hazardous substances from waste sites, unplanned releases, and other sources of pollution present in the environment.

Applications

Following submission of a LOI, ONLY those applicants who will be invited to submit an application will receive notification from the Grants Management Officer. Applications may be accepted by CDC and ATSDR only after the LOI has been reviewed by CDC and ATSDR and a written invitation from CDC and ATSDR has been received

by the prospective applicant. An invitation to submit an application will be made on the basis of the proposed conference's relationship to the CDC and ATSDR funding priorities and the availability of funds.

An invitation to submit an application does not constitute a commitment on the part of CDC and ATSDR to fund the application. Applicants invited to apply must use application Form PHS 5161-1, and the following must be included:

1. TWO-PAGE OVERVIEW—The overview must include the following:
 - a. Title of conference—include the term "conference," "symposium," "workshop," or similar designation to assist in the identification of the request;
 - b. Location of conference—city, state, and facility, if known;
 - c. Expected registration—target audience and number of persons expected to attend;
 - d. Date(s) of conference; and
 - e. Summary of conference objectives, format, and projected agenda, including a list of principal areas or topics to be addressed.

2. BRIEF BACKGROUND OF APPLICANT ORGANIZATION—Include the organizational history and purpose, and previous experience related to the proposed conference topic.

3. NARRATIVE—The narrative should cover the following:

- a. A clear statement of the need for and purpose of the conference. This statement should also describe any problems the conference will address or seek to solve, and the action items or resolutions it may stimulate.
- b. An elaboration on the conference objectives and target population. A proposed agenda must be included. A list should be included of the principal areas or topics to be addressed, including speakers/facilitator. In addition, information should be provided about all other national, regional, and local conferences held on the same or similar subject during the last three years (if known).

c. A clear description of the evaluation plan and how it will assess the accomplishments of the conference objectives.

d. An operational plan or step-by-step schedule of major conference planning activities necessary to attain specified objectives. This schedule will include target dates by which the activities will be accomplished.

e. A description of any support (e.g., monetary, staff) or co-sponsorship related to this conference. (It is necessary that organizations seeking these grant funds be able to show additional support in the form of

finances, services, etc., because this program provides PARTIAL funding only.) For each organization contributing funding, a letter must be included documenting that support.

f. Any other information that will support this request for funds.

Note: Essential information requested in the Narrative should NOT be included as appendices to the application.

4. BIOGRAPHICAL SKETCHES—Biographical sketches are needed for the individuals responsible for planning and implementing the conference. Experience and training related to conference planning and implementation as it relates to the proposed topic should be noted.

5. LETTERS OF ENDORSEMENT OR RECOMMENDATIONS—Letters of endorsement or recommendations supporting the organization and its capability to perform the proposed conference activity.

6. BUDGET INFORMATION—A total conference budget that includes the share requested from CDC as well as those funds from other sources (including income from the conference), and a clearly justified budget narrative, consistent with the purpose, objectives, and operational plan of the conference.

F. Submission and Deadline

Letter of Intent (LOI)

ONE ORIGINAL AND TWO COPIES of the LOI must be postmarked by the following deadline dates in order to be considered in either of this announcements' two cycles. (FACSIMILES ARE NOT ACCEPTABLE.)

Letter Of Intent Due Dates:

Cycle A: October 5, 1998.

Cycle B: April 5, 1999.

Submit to: Karen E. Reeves, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement Number 99006, Centers for Disease Control and Prevention (CDC), Room 300, 255 East Paces Ferry Road, NE., Mailstop E-09, Atlanta, Georgia 30305-2209

Application

Submit the original and two copies of PHS 5161-1 (OMB Number 0937-0189) form which is in the application kit on or before:

Application Due Dates: Earliest

Possible Award Date:

CYCLE A: January 18, 1999, March 16, 1999.

CYCLE B: June 14, 1999, August 2, 1999.

Submit the application to: Karen E. Reeves, Grants Management Specialist, Grants Management Branch,

Procurement and Grants Office, Announcement Number 99006, Centers for Disease Control and Prevention (CDC), Room 300, 255 East Paces Ferry Road, NE., Mailstop E-09, Atlanta, Georgia 30305-2209.

Letters of Intent and Applications shall be considered as meeting the deadline if they are either:

1. Received on or before the deadline date, or
2. Postmarked on or before the deadline date and received in time for submission to the independent 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.)
3. Late applications that do not meet the criteria in F.1 and F.2. above are considered late applications and will be returned to the applicant without review.

G. Evaluation Criteria

CDC and ATSDR Public Health Conference Support Grant Program applications are each objectively reviewed utilizing the following evaluation criteria:

- Section 1.a., is ATSDR specific;
- Section 1.b., is CDC specific.

All other sections in these criteria are applicable to both CDC and ATSDR.

1. Proposed Program and Technical Approach (25 points).
 - a. The public health significance of the proposed conference including the degree to which the conference can be expected to influence the prevention of exposure and adverse human health effects and diminished quality of life associated with exposure to hazardous substances from waste sites, unplanned releases and other sources of pollution present in the environment. (Applicable to ATSDR applications only.)
 - b. The applicant's description of the proposed conference as it relates to specific non-Federal conferences in the areas of health promotion and disease prevention information/education programs (except HIV infection, mental health, and substance abuse), including the public health need of the proposed conference and the degree to which the conference can be expected to influence public health practices. Evaluation will be based also on the extent of the applicant's collaboration with other agencies serving the intended audience, including local health and education agencies concerned with health promotion and disease prevention.

(Applicable to all CDC applications except ATSDR.)

c. The applicant's description of conference objectives in terms of quality and specificity and the feasibility of the conference based on the operational plan.

2. Applicant's Capability (10 points) Adequacy of applicants' resources (additional sources of funding, organization's strengths, staff time, proposed facilities, etc.) available for conducting conference activities.

3. The Qualification of Program Personnel (20 points) Evaluation will be based on the extent to which the application has described:

- a. The qualifications, experience, and commitment of the principal staff person, and his/her ability to devote adequate time and effort to provide effective leadership.
- b. The competence of associate staff persons, discussion leaders, speakers, and presenters to accomplish conference objectives.
- c. The degree to which the applicant demonstrates the knowledge of nationwide and educational efforts currently underway which may affect, and be affected by, the proposed conference.

4. Conference Objectives (25 points).

1. The overall quality, reasonableness, feasibility, and logic of the designed conference objectives, including the overall work plan and timetable for accomplishment.

2. The likelihood of accomplishing conference objectives as they relate to disease prevention and health promotion goals, and the feasibility of the project in terms of the operational plan.

5. Evaluation Methods (20 points).

Evaluation mechanisms for the conference should adequately assess increased knowledge, attitudes, and behaviors of the target attendees.

6. Budget Justification and Adequacy of Facilities (not scored).

The proposed budget will be evaluated on the basis of its reasonableness; concise and clear justification; and consistency with the intended use of grant funds. The application will also be reviewed as to the adequacy of existing and proposed facilities and resources for conducting conference activities.

H. Other Requirements

Technical Reporting Requirements Provide the Grants Management Office with original plus two copies of:

1. A Performance report, or in lieu of a performance report, proceedings of the

conference, no more than 90 days after the end of the budget/project period.

2. A financial status report, no more than 90 days after the end of the budget/project period.

Send all reports to: Karen E. Reeves, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), Room 300, 255 East Paces Ferry Road, NE., Mailstop E-09, Atlanta, GA 30305-2209.

The following additional requirements are applicable to this program. For a complete description of each, see Attachment I.

I. Authority and Catalog of Federal Domestic Assistance Number

The CDC program is authorized under Section 301(a) of the Public Health Service Act [42 U.S.C. 241(a), as amended]. The Catalog of Federal Domestic Assistance number is 93.283. The ATSDR program is authorized under Sections 104(i) (14) and (15) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA), as amended by the Superfund Amendments and Reauthorization Act of 1986 (SARA), [42 U.S.C. 9604 (i) (14) and (15)]. The Catalog of Federal Domestic Assistance number is 93.161.

J. Where To Obtain Additional Information

To receive additional written information, call 1-888-GRANTS4 (1-888-472-6874). You will be asked to leave your name, address and phone number and refer to Announcement Number 99006. You will receive a complete program description. CDC/ATSDR will not send by facsimile or express mail. See also the CDC home page on the Internet: <http://www.cdc.gov/od/pgo/forminfo.htm>

For program technical assistance, contact: Bruce R. Granoff, Director, Extramural Services Activity, Public Health Practice Program Office (PHPPPO), Centers for Disease Control and Prevention (CDC), 4770 Buford Highway, NE., Mailstop K-38, Atlanta, Georgia 30341-3714, Telephone (770) 488-2508, Email address brg1@cdc.gov.

Dated: June 3, 1998.

John L. Williams,

Director, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC).

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