

Development Branch, Division of Reproductive Health, 4770 Buford Highway, NE, Mail Stop K-22, Atlanta, GA 30341-3717, Tel: (770) 488-5221, E-mail: mil2@cdc.gov.

Dated: May 12, 1999.

**John L. Williams,**

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

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[Program Announcement 99139]

**Grants for Minority Health Statistics Dissertation Research Notice of Availability of Funds**

**A. Purpose**

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 99 funds for a dissertation research grants program for the Minority Health Statistics Grants Program of the National Center for Health Statistics (NCHS), CDC. This program addresses the Healthy People 2000" priority area, Surveillance and Data Systems.

The purpose of the Minority Health Statistics Grants Program is to make awards for (1) the conduct of special surveys or studies on the health of racial and ethnic populations or subpopulations; (2) analysis of data on ethnic and racial populations and subpopulations; and (3) research on improving methods for developing statistics on ethnic and racial populations and subpopulations.

**B. Eligible Applicants**

Eligible applicants may be public or private nonprofit institutions that will administer the grant on behalf of the proposed Principal Investigator (doctoral candidate). Examples of public and private nonprofit organizations include universities, colleges, research institutions, hospitals, and other public and private nonprofit organizations, State and local governments or their bona fide agents, and federally recognized Indian tribal governments, Indian tribes, or Indian tribal organizations.

The proposed Principal Investigator must be a registered doctoral candidate in resident or nonresident status. All requirements for the doctoral degree other than the dissertation must be

completed by the time of the award. Students seeking a doctorate in any relevant research discipline are eligible.

An applicant institution may be either the degree-granting institution or another non-profit institution with which the proposed Principal Investigator is professionally affiliated.

**Note:** Public Law 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.

**C. Availability of Funds**

Approximately \$150,000 is available in FY 1999 to fund approximately 5 awards. It is expected that the average award will be \$20,000 ranging from \$15,000 to \$30,000. It is expected that the awards will begin on or about September 30, 1999. The awards will be made for a 12-month budget period within a project period of up to 2 years. Funding estimates are subject to change.

**D. Use of Funds**

The total costs must not exceed \$30,000 for the entire project period. An application that exceeds this amount will be returned to the applicant. No supplemental funds will be awarded.

Funding support may only be requested for the amount of time necessary to complete the dissertation within the authorized project period.

Allowable costs include: the investigator's salary and direct project expenses such as travel, data processing, and supplies. Fees for maintaining matriculation or other fees imposed on those preparing dissertations are allowable costs, provided the fees are required of all students of similar standing, regardless of the source of funding. Applicants are expected to work full time on the project. Any level of effort that is less than full time must be fully justified.

Indirect costs under this grant program are limited to eight percent of direct costs, excluding tuition and related fees and expenditures for equipment. Indirect costs will be awarded at the actual indirect cost rate for the institution, if the rate is less than eight percent.

**E. Funding Preference**

Three factors influence the final funding decisions on applications for support of dissertations: (1) result of the initial review; (2) the potential of the applicant to contribute to the field; and (3) the availability of funds.

**F. Program Requirements**

Responsibility for the planning, direction, and execution of the proposed project will be solely that of the proposed Principal Investigator (the doctoral candidate).

1. The dissertation must examine and/or develop some aspect of statistical research on racial and ethnic populations or subpopulations. It should focus on one or more of the following research program areas: community-based research, methods and theory development, health promotion and data standards development, and data analysis and dissemination.

2. The dissertation must be officially accepted by the faculty committee or university official responsible for the candidate's dissertation and must be signed by the responsible officials.

3. Prior to submission of the application, the dissertation proposal must be approved by the dissertation faculty committee and certified by the faculty advisor. This information must be verified in a letter of certification from the chairperson and submitted with the grant application.

4. Applications from doctoral students who are women, members of minority groups, persons with disability, students of Historically Black Colleges and Universities, Hispanic Serving Institutions, and other predominately minority and minority serving institutions are encouraged.

5. The proposed investigator who receives support for dissertation research under a grant may not at the same time receive support under a predoctoral training grant or fellowship awarded by any other agency, or component, of the U.S. Department of Health and Human Services.

**G. Application Content**

*Letter of Intent (LOI)*

The LOI should identify program announcement number 99139, and the name of the principal investigator. The LOI does not influence review or funding decisions, but it will enable CDC to plan the review more efficiently. The LOI should be submitted on or before June 15, 1999, to the Grants Management Specialist identified in the "Where to Obtain Additional Information" section of this announcement.

*Application*

Use the information in the Program Requirements, Other Requirements, and Evaluation Criteria sections to develop the application content. Your application will be evaluated on the

criteria listed, so it is important to follow them in laying out your program plan. The narrative should be double-spaced, printed on one side, with one inch margins, and unreduced font. Applications will be eligible for support only during the review cycle for which they are submitted. No application can be submitted more than once even in revised form.

Applicants must follow the instructions in the research grant application PHS Form 398 in preparing the application with the following information/changes:

1. The Doctoral candidate should be identified as the Principal Investigator.
2. A questionnaire may be included as an appendix if it is essential to evaluate the proposal. A list of literature cited is required and may be included in the appendix. No other material should be provided in an appendix.
3. A letter from the faculty committee or the university official directly responsible for supervising the dissertation research must be submitted with the grant application. The letter must certify that (a) the committee has approved the formal proposal for the dissertation, (b) the grant application represents the dissertation proposal, and (c) the applicant will complete all requirements for the doctoral degree except the dissertation by the anticipated date of the grant award.
4. The application must identify all members of the faculty committee by listing the names on Form BB. A brief biographical sketch for each should be provided as explained in form 398, page FF.
5. Applicants should give human subjects protection and gender and minority representation by addressing the applicability and method of confidentiality and compliance.
6. The project description in the application must describe the scientific significance of the work, including its relationship to other current research, and the design of the project in sufficient detail to permit evaluation. It should also present and interpret progress to date if the research is already underway.
7. A detailed budget must be provided identifying the items for which funds are requested and their estimated costs. A budget justification explaining the necessity of these expenses for the research should also be included.
8. Statements of "Current and Pending Support" for both the student and the dissertation advisor must be identified on form GG.

## H. Submission and Deadline

### *Letter of Intent (LOI)*

On or before June 15, 1999, submit the LOI to the Grants Management Specialist identified in the "Where to Obtain Additional Information" section of this announcement.

### *Application*

Submit the original and five copies of PHS-398 (OMB Number 0925-0001) (adhere to the instructions on the Errata Instruction Sheet for PHS 398). Forms are available at the following Internet address: [www.cdc.gov/...Forms](http://www.cdc.gov/...Forms), or in the application kit. On or before July 15, 1999, submit the application to the Grants Management Specialist identified in the "Where to Obtain Additional Information" section of this announcement.

**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 orderly processing. (Applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.)

**Late Applications:** Applications which do not meet the criteria in (a) or (b) above are considered late applications, will not be considered, and will be returned to the applicant.

## I. Evaluation Criteria

Proposals are judged on the basis of their scientific merit, the theoretical importance of the research question and the appropriateness of the proposed data and methodology to be used in addressing the question.

Each application will be evaluated individually against the following criteria by an objective review panel appointed by CDC.

1. Significance and originality of the research.
2. Knowledge of research relevant to the topic.
3. Appropriateness of methods and data, including a description and justification of the analytic techniques that will be employed and a discussion of the methodological problems that might be encountered.
4. Availability and adequacy of data.
5. Organization of the project.
6. Adequacy of facilities and resources.
7. Human subjects involvement and protection (when appropriate).
8. Representation of women and minorities (when appropriate).

9. Appropriateness of the budget.

In evaluating applications and making recommendations reviewers assess the applicant's potential for making significant contributions to the field of minority health statistics research.

## J. Other Requirements

### *Technical Reporting Requirements*

The dissertation constitutes the final report of the grant. Three copies of the dissertation shall be submitted to the CDC.

Provide CDC with original plus two copies of—

1. The annual progress reports, no more than 30 days after the end of the budget period;
2. The financial status report, no more than 90 days after the end of the budget period; and
3. The final financial status and performance reports, no more than 90 days after the end of the project period.

Send all reports to the Grants Management Specialist identified in the "Where to Obtain Additional Information" section of this announcement.

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

- AR-1 Human Subjects Requirements
- AR-2 Requirements for Inclusion of Women and Racial and Ethnic Minorities in Research
- AR-4 HIV/AIDS Confidentiality Provisions
- AR-9 Paperwork Reduction Act Requirements
- AR-10 Smoke-Free Workplace Requirements
- AR-11 Healthy People 2000
- AR-12 Lobbying Restrictions

## K. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under section 306(m) of the Public Health Service Act [42 U.S.C. section 242k(m)], as amended. The Catalog of Federal Domestic Assistance number is 93.283.

## L. Where To Obtain Additional Information

You can download a copy of this program announcement and the PHS Form 398 from the CDC home page Internet site: <http://www.cdc.gov> double click on "funding".

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 will need to refer to Program Announcement 99131. You

will receive a complete program description, information on application procedures, and application forms. CDC will not send application kits by facsimile or express mail.

Please Refer To Announcement number 99139 When Requesting Information and Submitting an Application.

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained by contacting: Victoria Sepe, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement 99139, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Room 3000, Atlanta, GA 30341, telephone (770) 488-2721, Email address: vxw1@cdc.gov

For program technical assistance, contact: Audrey L. Burwell, M.S., Minority Health Statistics Grants, Program Director, National Center for Health Statistics, CDC, 6525 Belcrest Road, Room 1100, Hyattsville, MD 20782, Telephone: (301) 436-7062, extension 127, Email: azb2@CDC.GOV, Program Website: [www.cdc.gov/nchswww/about/grants/grants.htm](http://www.cdc.gov/nchswww/about/grants/grants.htm)

Dated: May 12, 1999.

**John L. Williams,**

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

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[Program Announcement 99064]

**Racial and Ethnic Approaches to Community Health 2010; (REACH 2010) Demonstration Projects; Notice of Availability of Funds**

The President has committed the nation to an ambitious goal by the year 2010 to eliminate disparities in health status experienced by racial and ethnic minority populations in key areas while continuing the progress we have achieved in improving the overall health of the American people. In support of this effort, the Department of Health and Human Services identified six priority areas in which racial and ethnic minorities experience serious health disparities: Infant Mortality, Deficits in Breast and Cervical Cancer Screening and Management, Cardiovascular Diseases, Diabetes,

Human Immunodeficiency Virus(HIV)Infections/Acquired Immunodeficiency Syndrome(AIDS), and Deficits in Child and/or Adult Immunizations. On behalf of the DHHS-wide collaborative effort, the Centers for Disease Control and Prevention (CDC) will coordinate and manage a major component of activities to support this initiative; this component is composed of community based demonstration projects to address the six identified priority areas of health disparities.

CDC is committed to achieving the health promotion and disease prevention objectives of the Department of Health and Human Services' Initiative to Eliminate Racial and Ethnic Health Disparities, Healthy People 2000, a nationwide strategy to reduce morbidity and mortality and improve the quality of life. This announcement relates to the Healthy People 2000 focus areas of Maternal and Infant Health, Diabetes and Chronic Disabling Conditions, Heart Disease and Stroke, HIV Infection, Cancer, and Immunization and Infectious Diseases.

**A. Purpose**

CDC announces the availability of fiscal year (FY) 1999 funds for a cooperative agreement program for organizations serving racial and ethnic minority populations at increased risk for infant mortality, diabetes, cardiovascular diseases, HIV infection/AIDS, deficits in breast and cervical cancer screening and management, or deficits in child and/or adult immunization rates.

**Note:** There will be a video-conference Pre-Application Workshop on Friday, May 28, 1999. For more information, contact Letitia Presley-Cantrell at (770) 488-5426 or E-mail [ccinfo@cdc.gov](mailto:ccinfo@cdc.gov)

The Racial and Ethnic Approaches to Community Health 2010 (REACH 2010) Demonstration Projects are two-phase projects whose purpose is for communities to mobilize and organize their resources in support of effective and sustainable programs which will eliminate the health disparities of racial and ethnic minorities. These demonstrations require but are not limited to collaboration of experts in developing and managing health promotion programs and experts in conducting health-related research. Such collaboration is needed in order to identify and/or develop successful community-based disease prevention and health promotion models that can be replicated for the ultimate goal of eliminating health disparities among racial and ethnic minorities.

The REACH 2010 Demonstration Projects will examine science-based

community level interventions which could be effective in eliminating health disparities, with the goal of replicating their successes in other communities.

Phase I is a 12-month planning Phase to organize and prepare infrastructure for Phase II. Cooperative agreements in Phase I will support the planning and development of demonstration programs using a collaborative multi-agency and community participation model. Phase I may also include the development of baseline measures for assessing the outcomes of the projects. Upon completion of Phase I, grantees will have utilized appropriate data and developed a Community Action Plan (CAP) designed to reduce the level of disparity within the selected communities in one or more of the six priority areas of infant mortality, diabetes, cardiovascular diseases, HIV infection/AIDS, deficits in breast and cervical cancer screening and management, or deficits in child and/or adult immunization rates. Please note that applications addressing related priority areas (e.g. diabetes and cardiovascular diseases, HIV infection/AIDS and infant mortality) will be considered.

Phase II is the implementation of a demonstration project of specified interventions for specified priority area(s), for a well defined minority population. Phase II also involves appropriate evaluations of interventions and outcomes of the project.

**B. Eligible Applicants**

Applications may be submitted by public and private nonprofit organizations and by governments and their agencies; that is, universities, colleges, research institutions, hospitals, other public and private nonprofit organizations, State and local governments or their bona fide agents, federally recognized Indian tribal governments as well as non-federally recognized tribes and other organizations that qualify under the Indian Civil Rights Act, State Charter Tribes, Urban Indian Health Programs, Indian Health Boards, and Inter-Tribal Councils.

*Minimal Requirements*

1. Proposal

The Applicant must target one or more specific racial or ethnic minority communities that is African American, American Indian or Alaska Native, Hispanic American, Asian American, or Pacific Islander. Communities or groups which cannot be specified under these categories will not be considered.