

of a corporation to do business under Section 25A of the Federal Reserve Act (Edge Corporation) 12 U.S.C. 611 et seq. The factors to be considered in acting on the application are set forth in the Board's Regulation K (12 CFR 211.4).

The application may be inspected at the Federal Reserve Bank of Chicago or at the Board of Governors. Any comment on an application that requests a hearing must include a statement of why a written presentation would not suffice in lieu of a hearing, identify specifically any questions of fact that are in dispute, and summarize the evidence that would be presented at a hearing.

Comments regarding the application must be received by the Reserve Bank indicated or at the offices of the Board of Governors no later than June 18, 1999.

A. Federal Reserve Bank of Chicago (Philip Jackson, Applications Officer) 230 South LaSalle Street, Chicago, Illinois 60690-1413:

1. *European American Bank*, Uniondale, New York; to establish EAB International, Inc., Uniondale, New York, which will acquire EAB Interim Proprietary Investment Company, Chicago, Illinois, and establish EAB Proprietary Investment Company II, Chicago, Illinois, EAB Proprietary Investment Company III, Chicago, Illinois, DIMP I C.V., Chicago, Illinois, and DIMP II C.V., Chicago, Illinois, and thereby engage in managing and investing the investment portfolio of European American Bank, pursuant to section 25A of the Federal Reserve Act.

Board of Governors of the Federal Reserve System, May 20, 1999.

Robert deV. Frierson,

Associate Secretary of the Board.

[FR Doc. 99-13242 Filed 5-24-99; 8:45 am]

BILLING CODE 6210-01-F

FEDERAL RESERVE SYSTEM

Sunshine Act Meeting

AGENCY HOLDING THE MEETING: Board of Governors of the Federal Reserve System.

TIME AND DATE: 11:00 a.m., Tuesday, June 1, 1999.

PLACE: Marriner S. Eccles Federal Reserve Board Building, 20th and C Streets, NW., Washington, DC 20551.

STATUS: Closed.

MATTERS TO BE CONSIDERED:

1. Personnel actions (appointments, promotions, assignments, reassignments, and salary actions) involving individual Federal Reserve System employees.

2. Any items carried forward from a previously announced meeting.

CONTACT PERSON FOR MORE INFORMATION: Lynn S. Fox, Assistant to the Board; 202-452-3204.

SUPPLEMENTARY INFORMATION: You may call 202-452-3206 beginning at approximately 5 p.m. two business days before the meeting for a recorded announcement of bank and bank holding company applications scheduled for the meeting; or you may contact the Board's Web site at <http://www.federalreserve.gov> for an electronic announcement that not only lists applications, but also indicates procedural and other information about the meeting.

Dated: May 21, 1999.

Robert deV. Frierson,

Associate Secretary of the Board.

[FR Doc. 99-13430 Filed 5-21-99; 3:46 pm]

BILLING CODE 6210-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 99094]

Community Coalition Development Projects for African American Communities; Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1999 funds to support African American community coalitions to plan and develop linked networks of HIV, STD, TB, substance abuse and primary care services within their respective communities. This program addresses the "Healthy People 2000" priority area(s) of Educational and Community-Based Programs, HIV Infection, and Sexually Transmitted Diseases. The purpose of this program is to improve the health status of African American communities disproportionately affected by HIV, STDs, TB, and substance abuse. Specific goals of the program are to increase access to health services by: (1) Using community coalitions to develop linked networks of HIV, STD, TB, and substance abuse prevention, treatment, and care services for African American communities disproportionately affected by HIV/AIDS for which gaps in services and funding exist; and (2) strengthening existing linkages among local prevention, treatment, and care

providers to better serve these communities. (Please refer to Appendix A for background information relevant to this program announcement. Also, refer to Section J, Where to Obtain Additional Information, for dates and times of audio-conferences.)

B. Eligible Applicants

Eligible applicants (identified here as lead organizations) are non-profit organizations that develop coalitions to design plans for building and strengthening linkages among HIV, STD, TB, and substance abuse prevention, treatment, care services and other health and social service programs in specifically defined African American communities at high risk for these conditions. For the purposes of this announcement, the term "community" refers to a specific area within which the lead organization and its partners will focus their efforts. This area must be defined as one or more contiguous neighborhoods, school districts, zip codes, or census tracts.

Lead organizations must meet the following criteria:

1. Must be a local, nonprofit health, social service, or voluntary organization that has been granted tax-exempt status under section 501(c)(3) of the Internal Revenue Code, as evidenced by an Internal Revenue Service (IRS) determination letter. Examples of these organizations include, but are not limited to, neighborhood or community health centers, community-based organizations, reproductive health centers, and substance abuse treatment programs.

2. Must have or develop a board, governing body, or advisory group in which greater than 50% of the members are of the African American population(s) to be served. This body must also include, or demonstrate ability to obtain input and representation from, community members at high risk for HIV, STDs, TB, and substance abuse. (Examples of persons at high risk include, men who have sex with men, youth at risk, women at risk, transgender populations, injecting and other drug users).

3. Must have greater than 50% of key staff positions, including management, supervisory, administrative, and service positions, filled by African Americans.

4. Must have an established record of providing services to African Americans. An established record is defined as a minimum of three years serving the target community. Acceptable documentation includes letters of support, client satisfaction surveys, and memoranda of agreement.

5. Applications under this announcement will be categorized into two mutually exclusive groups: (a) Organizations that must be located and provide services in the following high AIDS prevalence metropolitan statistical areas (MSAs)¹ with more than 1000 estimated African Americans living with AIDS at the end of 1997² or (b) organizations that are located or provide services in the following areas, with high rates of syphilis in 1997.

a. Lead organizations in category (a) must be located and provide services in one of the following high AIDS prevalence MSAs: Atlanta, GA; Baltimore, MD; Boston-Worcester-Lawrence-Lowell-Brockton, MA-NH; Chicago, IL; Dallas, TX; Detroit, MI; Fort Lauderdale, FL; Houston, TX; Jacksonville, FL; Los Angeles-Long Beach, CA; Miami, FL; Newark, NJ; New Haven-Bridgeport-Stamford-Danbury-Waterbury, CT; New Orleans, LA; New York City, NY; Oakland, CA; Philadelphia, PA-NJ; San Francisco, CA; Washington, DC-MD-VA-WV; and West Palm Beach-Boca Raton, FL. (Please see Appendix B for a complete listing of counties included in each MSA.)

b. Lead organizations in category (b) must be located or provide services in the following high syphilis areas: Cumberland, NC; Cuyahoga, OH; Davidson, TN; Forsyth, NC; Franklin, OH; Fresno, CA; Guilford, NC; Hinds, MS; Jefferson, AL; Jefferson, KY; Maricopa, AZ; Marion, IN; Milwaukee, WI; Oklahoma, OK; Shelby, TN; and Tuscaloosa, AL. The independent city is St. Louis, MO.

Only organizations located in the aforementioned list of high HIV prevalence MSAs or located or providing services in the high syphilis areas are eligible to apply.

6. Local affiliates, chapters, or programs of national and regional organizations are eligible to apply. The local affiliate, chapter, or program applying must meet criteria one through five above.

7. Governmental or municipal agencies or their affiliate organizations (for example, health departments, school boards, public hospitals) are not eligible for funding as a lead organization. However, local health departments must be part of the coalition.

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.

C. Availability of Funds

The program will be conducted in two phases: During Phase 1 (years 1 and 2), approximately 20 lead organizations will be funded to develop, coordinate, and participate in coalitions to plan and design linked networks of services in their respective communities. During Phase 2 (years 3 through 5) three to five of the Phase 1 grantees may receive continuation awards to fully implement their plans.

1. Phase 1 (Years 1 and 2): Approximately \$3.6 million is available in FY 1999 to fund approximately 20 projects for Phase 1 activities. Phase 1 awards will be made for a 12-month budget period within a project period of two years and will begin on or about September 30, 1999.

a. Approximately \$2.8 million will be available to fund approximately 15 projects in the high prevalence MSAs listed above. It is estimated that the average award will be \$186,667, ranging from \$80,000 to \$300,000.

b. Approximately \$800,000 will be available in FY 1999 to fund approximately five projects in the high syphilis counties and city listed above. It is estimated that the average award will be \$160,000, ranging from \$50,000 to \$200,000.

For Phase 1, applications for more than \$400,000 (including indirect costs) in the high AIDS prevalence MSAs or more than \$200,000 (including indirect costs) in the high syphilis areas will be deemed ineligible and will not be accepted by CDC.

Continuation awards within an approved project period will be made on the basis of availability of funds and the applicant's satisfactory progress toward achieving objectives. Satisfactory progress toward achieving objectives will be determined by progress reports and site visits conducted by CDC representatives. Proof of continued eligibility is required with noncompeting continuation applications.

2. Phase 2 (Years 3 through 5): Approximately \$3.6 million is expected to be available to fund three to five of the Phase 1 grantees for Phase 2. Phase 2 awards will be made for a 12-month budget period within a project period of up to three years. Selection of Phase 2 grantees will be competitive and based on the extent and quality of progress in

the planning and development phase, including breadth of inclusion of the target population and the soundness of the plan and proposed mechanisms for implementation.

Funding estimates may change based on the availability of funds.

Note: Funds to support CBOs to provide HIV prevention services to African American communities are also available under three other CDC program announcements: Program Announcement 99091—Community-Based HIV Prevention Services and Capacity-Building Assistance to Organizations Serving Gay Men of Color at Risk for HIV Infection, Program Announcement 99092—Community-Based Human Immunodeficiency Virus (HIV) Prevention Projects for African Americans, and Program Announcement 99096—HIV Prevention Projects for African-American Faith-Based Organizations.

Use of Funds

Funds available under this announcement must support activities directly related to primary HIV prevention and prevention of other STDs, TB, and substance abuse. No funds will be provided for direct patient medical care (including substance abuse treatment, medical treatment, or medications or research).

These funds may not be used to supplant or duplicate existing funding. In the absence of an indirect rate agreement, a maximum of 5% will be awarded for the salary of the Executive Director. If the organization has an indirect rate that includes the Executive Director's salary, no additional funds will be provided. Funds will not be provided for the salary of an Executive Director that is also a member of the Organization's Board of Directors.

Note: If indirect costs are requested, you must provide a copy of your organization's current negotiated Federal indirect cost rate agreement.

Although applicants may contract with other organizations to conduct activities under these cooperative agreements, applicants must perform a substantial portion of the activities for which funds are requested. Applications requesting funds to support only administrative and managerial functions will not be accepted.

Funding Preferences

In making awards for Phase 1, priority will be given to assuring:

Geographic distribution across the eligible areas, consistent with AIDS morbidity in African Americans.

Interested persons are invited to comment on the proposed funding priority. All comments received within 30 days after publication in the **Federal Register** will be considered before the

¹ OMB Bulletin 98-06 available at <http://www.census.gov/population/www/estimates/metrodef.html>.

² HIV/AIDS Surveillance Supplemental Reports: Characteristics of Persons Living with AIDS at the End of 1997. Volume 5, Number 1 available at http://www.cdc.gov/nchstp/hiv_aids/stats/hassupp.htm.

final funding priority is established. If the funding priority changes because of comments received, a revised announcement will be published in the **Federal Register**, and revised applications will be accepted before the final selections are made. Address comments to the Grants Management Specialist identified in the "Where to Obtain Additional Information" section of this announcement.

D. Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities under 1. (Recipient Activities), and CDC will be responsible for activities listed under 2. (CDC Activities).

1. Recipient Activities:

a. During Phase 1, the recipient (the lead organization) must:

(1) Commit to this project a full-time position with the responsibility, authority, professional training, and experience needed to lead and coordinate program activities of the coalition;

(2) Develop a coalition including representatives from local service providers and affected community members to design and develop a plan for a linked network of services. The coalition must include at least four organizations and agencies and must include local health departments that serve the target community;

(3) Identify key community leaders and opinion leaders and engage them as part of the coalition process;

(4) Establish and clearly document linkages with local HIV prevention community planning groups, Ryan White CARE Act planning councils and the State and local health departments;

(5) Establish linkages with existing local and community-based organizations that provide services to prevent and treat HIV/AIDS, STDs, TB, and substance abuse. This must include close linkages with local health departments. The applicant should also consider including public hospitals, neighborhood health clinics, mental health clinics, managed care entities that provide services to Medicaid beneficiaries, WIC programs, maternal and child health programs, prenatal care providers, family planning clinics and social service agencies;

(6) Develop a community needs assessment for the target area. This should include (a) reviewing epidemiological and other data, (b) reviewing the relevant State and local HIV prevention comprehensive plans and other relevant planning documents, and (c) conducting an analysis of community assets and service gaps;

(7) Develop a detailed plan for creating and maintaining a linked network of services for the targeted community, based on the community needs assessment. This network should include, but not be limited to, HIV, STD, TB, and substance abuse prevention, treatment, and care services; mental health services; primary care services; social services; and family planning services. The plan must describe in detail all linkages that will exist within the network. These linkages should include development of formal memoranda of agreement, referral tracking mechanisms, and mechanisms to ensure appropriate routine sharing of data and programmatic information. The mechanisms must specify the role and resources that each coalition member will bring to the project, state the terms of the agreement, and state the duration of the agreement as confirmed by agreements signed by the applicant and each coalition member. The documents must be signed by individuals with the authority to represent the organization (for example, president, chief executive officer, or executive director). The strengthened linkages should result in increasing and assuring access to and quality of services for the targeted community; and

(8) Begin to implement the plan for the linked network of services.

b. During Phase 2, the recipient must:

(1) Coordinate and participate in full implementation of the plan;

(2) Serve as liaison among members of the coalition to provide management oversight, facilitate program implementation and operations, and maintain effective working relationships; and

(3) Conduct an evaluation of system outcomes using both quantitative and qualitative data, for example, an assessment of changes in access to care as a result of the coalition.

c. During both Phase 1 and Phase 2, the recipient must:

(1) Coordinate program activities with relevant national, regional, State, and local HIV prevention programs in the target community to prevent duplication of efforts;

(2) Participate in the HIV prevention community planning process. Participation may include involvement in workshops; attending meetings; if nominated and selected, serving as a member of the group; reporting on program activities; or reviewing and commenting on the comprehensive HIV prevention plan;

(3) Participate with CDC in monitoring and evaluating all activities supported with CDC HIV prevention funds under this cooperative agreement;

(4) Compile and facilitate the dissemination of lessons learned from the project to share with other organizations, communities, and CDC;

(5) Develop a plan for obtaining additional resources from non-Federal sources to supplement the project conducted through this cooperative agreement and to enhance the likelihood of its continuation after the end of the project period;

(6) Participate in at least one CDC sponsored meeting of funded agencies;

(7) Adhere to CDC policies for securing approval for CDC sponsorship of conferences; and

(8) Before using funds awarded through this cooperative agreement to develop HIV prevention materials, recipients must check with the CDC National Prevention Information Network (NPIN) to determine if suitable materials are already available. Also, materials developed by recipients must be made available for dissemination through the CDC NPIN.

NPIN maintains a collection of HIV, STD and TB resources for use by organizations and the public. Successful applicants may be contacted by NPIN to obtain information on program resources for use in referrals and resource directories. Also, grantees should send three copies of all educational materials and resources developed under this grant for inclusion in NPIN's databases.

NPIN also makes available information and technical assistance services for use in program planning and evaluation. For further information on NPIN services and resources, contact NPIN at 1-800-458-5231 (TTY users: 1-800-243-7012). NPIN's web site is www.cdcnpin.org; the fax number is 1-888-282-7681.

2. CDC Activities:

CDC will conduct the following activities:

(1) Coordinate a national capacity building and technology transfer network;

(2) Provide the recipients with consultation and technical assistance in planning, developing, operating and evaluating activities required by community coalitions to develop linked networks of services. CDC may provide consultation and technical assistance both directly from CDC and indirectly through prevention partners, such as health departments, national and regional minority partners (NRMOs), contractors, and other national or international organizations;

(3) Provide up-to-date scientific information on the risk factors for HIV infection, prevention measures, and

program strategies for prevention of HIV infection;

(4) Assist recipients in collaborating with State and local health departments, HIV prevention community planning groups, community based organizations (CBOs) that receive direct funding from CDC, and other federally-supported HIV/AIDS, STD, TB, and substance abuse prevention, treatment and care recipients;

(5) Assist recipients in design and implementation of program activities, including provision of evaluation forms, if appropriate;

(6) Monitor recipient performance of program activities, protection of client confidentiality, and compliance with other requirements;

(7) Facilitate the transfer of successful prevention interventions, program models, and "lessons learned" through convening meetings of grantees, workshops, conferences, newsletters, use of the Internet, and communications with project officers. Also facilitate exchange of program information and technical assistance among community organizations, health departments, and national and regional organizations; and

(8) Conduct an overall evaluation of the program to determine the effectiveness of the collaborations in developing linked service networks.

E. Application Content

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 in Section G, "Application Evaluation Criteria," so it is important to follow the format provided below in laying out your program proposal. The narrative should be no more than 40 pages single-spaced pages (excluding budget and attachments), printed on one side and no less than 12 point font. Applications that fail to completely address Abstract requirements 1 a-c as listed in the instructions below or applications exceeding 40 pages will not be reviewed.

Number each page clearly, and provide a complete index to the application and its appendices. Please begin each separate section of the application on a new page. The original and each copy of the application set must be submitted unstapled and unbound. All material must be typewritten, single spaced, with unreduced type on 8½" by 11" paper, with at least 1" margins, headings and footers, and printed on one side only. Materials which should be part of the basic application format will not be accepted if placed in the appendices.

In developing the application, follow the format and instructions below.

Format

1. Abstract.
2. Assessment of Need and Justification for Proposed Activities.
3. Long-term Goals.
4. Existing Collaboration Activities of the Organization.
5. Organizational History and Capacity.
6. Program Proposal.
 - a. Objectives.
 - b. Plan of Operation.
 - c. Timeline.
 - d. Evaluation Plan.
7. Program Management and Staffing Plan.
8. Communications/Dissemination Plan.
9. Evidence of Support from the Target Community.
10. Plan for Acquiring Additional Resources.
11. Budget Breakdown and Justification.
12. Training and Technical Assistance Plan.
13. Attachments.

Instructions

1. Abstract (not to exceed 3 pages).

Summarize your proposed program activities. Each item must be included as follows:

- a. Brief, clear, concise summary that establishes the eligibility of your organization as the "lead" organization by responding to each criterion in the Eligible Applicant section;
- b. A summary of the following:
 - (1) The proposed composition of the coalition;
 - (2) The applicant's capabilities;
 - (3) Characteristics of the target community and why the community was selected;
 - (4) The HIV, STD, TB and substance abuse problems and gaps in existing services;
 - (5) The preliminary goals and objectives of your project;
 - (6) Proposed roles and responsibilities of partner organizations; and
 - (7) Proposed total cost of the program during the first year. Include any other funding sources which will support this project.

c. Estimate the amount of time needed for the planning and designing phase and include a brief summary of proposed future years.

2. Assessment of Need and Justification for Proposed Activities (not to exceed 3 pages).

Describe the following:

- a. The target community to be served including geographic boundaries (for

example, contiguous neighborhoods, zip codes, school districts, census tracts, etc.) and the criteria and approach used in identifying geographic boundaries. The description should also include the social, economic, and demographic characteristics of the target community;

- b. Describe environmental, social, cultural, or linguistic characteristics of the community that you have targeted;
- c. Describe the impact of HIV, STD, TB and substance abuse in the community;

- d. Describe the HIV, STD, TB and substance abuse prevention, treatment, and care services currently available in your community; and

- e. Clearly identify how community members are being disproportionately affected, the gap between the identified needs and the resources available, and how needs will be addressed by your proposed program.

3. Long-term Goals (not to exceed 1 page). Describe the goals your proposed program plans to achieve over the 5-year project period.

4. Existing Collaboration Activities of the Organization (not to exceed 3 pages).

- a. Describe at least one existing coalition or collaborative activity, not limited to HIV, in which your agency has led or participated. Include a summary of the collaboration, its purpose, activities and accomplishments. Attach memoranda of agreement from current coalition members and/or collaborators that describe existing relationships and specifies the length of their involvement and contributions.

If there are no memoranda of agreement, list and describe the organizations and entities that have participated in the coalition and/or collaborative activities. Include a description of existing relationships, length of involvement and contributions.

- b. Describe your experience in collaborating with governmental and non-governmental organizations, including national agencies or organizations, State and local health departments, community planning groups, and State and local non-governmental organizations that provide HIV, TB, STD or substance abuse prevention, treatment and care services.

5. Organizational History and Capacity (not to exceed 3 pages).

- a. Organizational Structure: Describe your existing organizational structure, including constituent or affiliate organizations or networks, how the organizational structure will support the proposed program activities, and your ability to provide services for the targeted community.

b. Cultural Competence: Describe your capacity to provide culturally competent and appropriate services that respond effectively to the cultural, gender, environmental, social, and multilingual character of the target populations, including any history of providing such services.

6. Program Proposal (not to exceed 15 pages). Based on the "Recipient Activities" listed in Section D, "Program Requirements," describe the following:

a. Objectives: Describe Phase 1 objectives that are specific, measurable, time phased, realistic, and related to the proposed goals. The objectives should cover the length of time necessary to plan and design a linked network of services (up to 2 years). Describe how these objectives relate to the program's goals. Describe possible barriers to or facilitators for reaching these objectives. The Recipient Activities should be the basis for the objectives;

b. Plan of Operation: Describe in detail the methods (that is, strategies and activities) you will use to achieve the proposed goals and objectives and to meet the required recipient activities. Make certain that your proposal addresses all required recipient activities. If some activities will be done by subcontractors or collaborating institutions or organizations (governmental or non-governmental), describe the respective roles and responsibilities of your organization and those of each collaborating entity in performing the proposed activities. Describe how you will market and promote your program in the community. Include, as attachments, memoranda of understanding or agreement as evidence of these established or agreed-upon collaborative relationships. Describe the respective roles and responsibilities of each collaborating entity in developing and implementing the program. Specify any and all organizations and agencies with which you will establish linkages and coordinate activities, and describe the activities that will be coordinated with each listed organization. These may include, as appropriate, the following:

- (1) Community groups and organizations, including churches and religious groups;
- (2) HIV/AIDS service organizations;
- (3) Ryan White CARE Title I and Title II planning bodies;
- (4) Schools, boards of education, and other State or local education agencies;
- (5) State and local substance abuse agencies, community-based and other drug treatment or detoxification programs;

(6) Federally funded community projects, such as those funded by the Substance Abuse and Mental Health Services Administrations' (SAMSHA) Center for Substance Abuse Treatment (CSAT) and Center for Substance Abuse Prevention (CSAP), the Health and Human Services' Health Resource Services Administration (HRSA), Office of Minority Health (OMH), and other Federal entities;

(7) Providers of services to youth in high risk situations (e.g., youth in shelters);

(8) State or local departments of mental health;

(9) Juvenile and adult criminal justice, correctional, or parole systems and programs;

(10) Family planning and women's health agencies;

(11) STD and TB clinics and programs; and

(12) Medicaid managed care providers.

c. Timeline: Provide a time line that indicates the approximate dates by which activities will be accomplished.

d. Evaluation Plan: Provide an evaluation plan which describes how progress in meeting objectives will be monitored.

7. Program Management and Staffing Plan (not to exceed 5 pages).

a. Describe how the proposed program will be managed and staffed, including the location of the program within your organization. Describe in detail each existing or proposed position by job title, function, general duties, and activities. Include the level of effort and allocation of time for each project activity by staff position, job title, function, general duties and activities, and annual salary/rate of pay.

b. If the identity of any key personnel who will fill a position is known, provide their curriculum vitae (not to exceed two pages per person) as an attachment. Note experience and training related to the proposed project.

c. Provide an organizational chart that identifies lines of communication, accountability, reporting, and authority.

8. Communication and Dissemination Plan: (not to exceed 1 page).

Describe how you will share successful approaches and "lessons learned" with other organizations.

9. Evidence of Support from the Target Community (not to exceed 2 pages).

List and describe the organizations with which you propose to collaborate and provide any other evidence of support for the proposed coalition. Include as attachments, letters of support from community members and agencies, including the county, city, and

State health departments that serve the targeted community. Form letters will not be accepted as evidence of support.

10. Plan for Acquiring Additional Resources: (not to exceed 1 page). Describe your plan for obtaining additional resources from other (non-Federal) sources to supplement the program conducted through this cooperative agreement and to increase the likelihood of its continuation after the end of the project period.

11. Budget Breakdown and Justification: Provide a detailed budget with accompanying justification of all operating expenses that is consistent with the stated objectives and activities. Be precise about the program purpose of each budget item and itemize calculations where possible.

In the personnel section, specify the job title, annual salary/rate of pay, and percentage of time spent on this program.

For contracts, applicants should name the contractor, if known; describe the services to be performed which justifies the use of a contractor; provide a breakdown of and justification for the estimated costs of the contract; the period of performance; the method of selection; and method of monitoring the contract.

12. Training and Technical Assistance Plan: (not to exceed 2 pages). Describe areas in which you anticipate needing technical assistance in designing, implementing, and evaluating your program and how you will obtain this technical assistance. Describe anticipated staff training needs related to the proposed program and how these needs will be met. Describe areas in which you anticipate needing CDC's technical assistance in your program.

13. Attachments:

a. Proof of Eligibility.

Each applicant must provide documentation that they comply with all eligibility requirements specified under the "Eligible Applicants" section of this program announcement. Applicants should provide a separate section within this Attachments section that is entitled Proof of Eligibility to include the documents listed below. Failure to provide the required documentation will result in disqualification.

(1) A reference to your organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501 (c) (3) of the IRS Code, i.e., IRS determination letter.

(2) A list of the members of your organization's governing body along with their positions on the board, their expertise in working with or providing

services to the proposed target population, and their racial/ethnic backgrounds. (Submission of information regarding the HIV status or other confidential information regarding the board is optional, and must not be linked to a specific individual.)

(3) Documentation that your organization is located and provides services in one of the 20 eligible MSAs or is located or provides services in one of the eligible counties or independent city. This documentation could include letters of support, news articles, brochures or flyers, annual reports, memoranda of agreement, or client surveys.

(4) A Table of Organization of existing and proposed staff, including the board of directors, governing or advisory groups, volunteer staff, and their racial/ethnic backgrounds.

(5) Documentation that your organization has an established record of providing services to the target population for at least three years, and a description of the specific services that have been provided.

(6) Affiliates of national organizations must include with the application an original, signed letter from the chief executive officer of the national organization assuring their understanding of the intent of this program announcement and the responsibilities of recipients.

b. Other Attachments.

(1) Description of collaborating organizations or institutions and original, signed letters from the chief executive officers of each such organization or institution assuring their understanding of the intent of this program announcement, the proposed program, their role in the proposed program, and the responsibilities of recipients.

(2) A description of funds received from any source to conduct HIV/AIDS programs and other similar programs targeting the population proposed in the program plan. This summary must include: (a) The name of the sponsoring organization/source of income, amount of funding, a description of how the funds have been used, and the budget period; (b) a summary of the objectives and activities of the funded program(s); and (c) an assurance that the funds being requested will not duplicate or supplant funds received from any other Federal or non-Federal source. CDC awarded funds can be used to expand or enhance services supported with other Federal or non-Federal funds. In addition, identify proposed personnel devoted to this project who are supported by other funding sources and the activities they are supporting.

(3) Independent audit statements from a certified public accountant for the previous 2 years.

(4) A copy of your organization's current negotiated Federal indirect cost rate agreement, if applicable.

(5) Evidence of collaboration, or intent to collaborate, with State and local chapters, affiliates, organizations, or venues.

F. Submission and Deadline

Submit the original and two copies of PHS 5161-1 (OMB Number 0937-0189). Forms are available at the following Internet address: www.cdc.gov/. . . Forms, or in the application kit. On or before July 26, 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 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 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.

G. Application Evaluation Criteria

Each application will be evaluated individually against the following criteria by an independent review group appointed by CDC. Each organization may submit no more than one proposal under this announcement. If an organization submits more than one proposal, all proposals will be deemed ineligible and returned without comment.

Evaluation Criteria

1. Abstract not scored. If abstract is missing, the application will be deemed ineligible and returned without comment.

2. Assessment of Need and Justification for Proposed Activities (Total: 20 Points). The extent to which the applicant soundly and convincingly documents the needs of the target community including the rationale for the criteria and approach used for identifying the target community.

3. Long-term Goals (Total 5 points). The quality of the applicant's stated long-term goals and the extent to which the goals are consistent with the purpose of the cooperative agreement, as described in this program announcement.

4. Existing Collaborative Activities of the Organization (Total 15 points).

a. Applicant's leadership capability as evidenced by history of building and participating in coalitions or collaborations.

b. The extent that the agency has experience in collaborating with governmental and non-governmental organizations, such as State and local health departments, community planning groups, and State and local non-governmental organizations that provide HIV, TB, STD or substance abuse prevention, treatment and care services.

5. Organizational History and Capacity (Total 10 points).

a. Applicant's capacity to conduct the proposed activities based on organizational structure and support and ability to provide services to the targeted community.

b. Applicant's capacity to provide services that are culturally competent and that respond effectively to the cultural, gender, environmental, social and multilingual character of the target audiences, including documentation of any history of providing such services.

6. Program Proposal (Total 25 points).

a. Objectives. The extent to which the proposed objectives are specific, realistic, time-phased, measurable, and consistent with the program's long-term goals and proposed activities.

b. Plan of operation.

(1) Overall quality of the applicant's plan for conducting program activities and the likelihood that the proposed methods will be successful in achieving proposed goals and objectives;

(2) The extent to which the applicant's plans address all the activities listed under Required Recipient Activities.

c. Timeline. The extent to which the applicant's proposed timeline is specific and realistic.

d. Plan of evaluation. The quality of the applicant's evaluation plan for monitoring the implementation of the proposed activities and measuring the achievement of program goals and objectives.

7. Program Management and Staffing Plan (Total 10 points). The extent to which the program management and staffing plan is appropriate and will be able to support the proposed program activities.

8. Communication and Dissemination Plan (Total 5 points). The quality of the applicant's plan for sharing lessons learned with other organizations

9. Evidence of Support from the Target Community (Total 10 points). The extent and appropriateness of the community, agencies and organizations providing evidence of their support for the project.

10. Plan for Acquiring Additional Resources (Not Scored). The quality of the applicant plan for obtaining additional resources from other (non-Federal) sources to supplement the proposed program.

11. Budget Breakdown and Justification (Not Scored). The extent to which the budget is reasonable, itemized, clearly justified, and consistent with the intended use of funds.

12. Training and Technical Assistance Plan (Not Scored). The quality of the applicant's plan for obtaining needed technical assistance and staff training to support the proposed project.

Before final award decisions are made, CDC will either make predecisional site visits to CBOs whose applications are highly ranked or review the items below with the local or State health department and applicant's board of directors.

a. The organizational and financial capability of the applicant to implement the proposed program.

b. The special programmatic conditions and technical assistance requirements of the applicant.

A business management and fiscal recipient capability assessment may be required of some applicants prior to the award of funds.

H. Other Requirements

Technical Reporting Requirements

Provide CDC with original plus two copies of

1. Progress reports quarterly, no more than 30 days after the end of each quarter;

2. Financial status report, no more than 90 days after the end of the budget period; and

3. Final financial 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 in the application kit.

AR-4 HIV/AIDS Confidentiality Provisions

AR-5 HIV Program Review Panel Requirements

AR-7 Executive Order 12372 Review

AR-8 Public Health System Reporting Requirements

AR-9 Paperwork Reduction Act Requirements

AR-10 Smoke-Free Workplace Requirements

AR-11 Healthy People 2000

AR-12 Lobbying Restrictions

AR-14 Accounting System Requirements

I. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under section 317 (k)(2) of the Public Health Service Act (42 U.S.C. 247b(k)(2)), as amended. The Catalog of Federal Domestic Assistance number is 93.939, HIV Prevention Activities—Nongovernmental Organization Based.

J. Where To Obtain Additional Information

To receive additional written information and to request an application kit, call NPIN at 1-800-458-5231 (TTY users: 1-800-243-7012); visit their web site: www.cdcnpin.org/program; send requests by fax to 1-888-282-7681 or send requests by e-mail: You will be asked to leave your name and address and will be instructed to identify the Announcement number of interest (99094).

Pre-application Audio-conference Information.

May 27 (1:00—2:30 p.m. EDT)

June 1 (1:00—2:30 p.m. EDT)

The telephone number for all calls is: 800-713-1971 and the pass code (when asked by the automated voice) is 407763 and the name of the audio-conference (Coalition Development).

Prospective applicants are strongly encouraged to participate in one of the scheduled audio-conferences. These audio conferences will include information on the application and business management requirements, and how to access additional pre-application resources relevant to application development. Prospective applicants are strongly encouraged to read and become familiar with this program announcement before participating in the audio-conferences.

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from: Kevin Moore or Sheri Disler, Grants Management Specialist, Grants Management Branch, Procurement and

Grants Office, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Room 3000, Atlanta, GA 30341-4146, Telephone (770) 488-2720;

E-mail sjd9@cdc.gov

E-Mail kmg1@cdc.gov

See also the CDC home page on the Internet: <http://www.cdc.gov>

For program technical assistance, contact: Jessica Gardom, Dorothy Gunter, or Craig Studer, Community Assistance, Planning, and National Partnerships Branch, National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, M/S E-58, Atlanta, GA 30333, Telephone number (404) 639-5230.

Dated: May 19, 1999.

John L. Williams,

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

Appendix A—Background

The HIV/AIDS epidemic constitutes a significant threat to the public health of the United States. Through June 1998, 665,357 cases of AIDS have been reported to CDC. The most recent estimate of HIV prevalence indicates that between 650,000 and 900,000 Americans are living with HIV. African Americans accounted for 47% of persons diagnosed with AIDS in 1997, the highest proportion thus far in the epidemic. They also accounted for a large proportion of HIV infection cases. Through June 1998, African Americans accounted for 52% of the total number of HIV infection cases reported from 31 states with confidential HIV infection reporting. While there has been a decline in incidence of AIDS as well as AIDS deaths in general, HIV prevalence among racial and ethnic minorities has remained at a high level.

Data suggest that other sexually transmitted diseases (STDs), tuberculosis, and substance use are also disproportionately impacting minority populations. The interconnectedness of these epidemics with HIV is illustrated by the following:

1. In 1997, of the total 19,851 tuberculosis cases, 6,610 were reported among African Americans. It is estimated that 10 to 15 percent of all TB cases and nearly 30 percent of cases among people ages 25-44 are occurring in HIV-infected individuals.

2. Even though there has been a decline in gonorrhea across all racial/ethnic groups, reported rates among African Americans remain more than 30 times higher than rates among whites. The gonorrhea rate among African Americans is 807.9 per 100,000, and among Hispanics it is 69.4 per 100,000. The rate for whites is 26 per 100,000.

3. Primary and secondary syphilis rates are 44 times higher among African Americans than among whites.

4. While there has been an increase in herpes infection among all racial/ethnic groups, herpes disproportionately affects African Americans (more than 45% of cases).

5. Biological and epidemiological evidence suggests that persons with STDs are more likely to acquire HIV; additionally, if a person is HIV infected and has an STD, the likelihood of transmission of HIV increases.

6. Racial and ethnic minority populations in the United States bear the heaviest burden of HIV disease related to drug injection. In 1997, IDU-associated AIDS cases made up 38% of all cases among African Americans, compared with 22% of all cases among whites.

Several factors may be influencing the disproportionate morbidity among minority populations, including: (1) Insufficient access to services by the population at risk; (2) a lack of culturally appropriate prevention services; (3) a lack of access among providers to the population at risk; (4) inadequate linkages among the services; and (5) insufficient follow-up of referral services provided by various agencies. The community coalition approach to health promotion and risk reduction, with its increased awareness and access to acceptable health care, can be effective in empowering grassroots leadership and organizations to decrease or eliminate many health disparities within the target population.

CDC, through this announcement, is seeking to promote the utilization of community coalitions to foster strong linkages between HIV, STD, TB, and substance abuse prevention, treatment and care and other health and social services in minority communities. It is hypothesized that the linkages fostered by these coalitions will also empower the community to address health problems in the context of related socio-economic issues.

Appendix B—Listing of Counties in each Eligible MSA—DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention
Program Announcement No. 99094
Community Coalition Development Projects
for African American Communities

Atlanta, GA

Counties—Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, Walton.

Baltimore, MD

Counties and city—Anne Arundel, Baltimore, Carroll, Harford, Howard, Queen Anne's, Baltimore City.

Boston-Worcester-Lawrence-Lowell-Brockton, MA-NH

Massachusetts counties—Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk, Worcester.

New Hampshire counties—Rockingham, Hillsborough, Strafford.

Chicago, IL

Counties—Cook, DeKalb, DuPage, Grundy, Kane, Kendall, Lake, McHenry, Will.

Dallas, TX

Counties—Collin, Dallas, Denton, Ellis, Henderson, Hunt, Kaufman, Rockwall.

Detroit, MI

Counties—Lapeer, Macomb, Monroe, Oakland, St. Clair, Wayne.

Fort Lauderdale, FL

County—Broward.

Houston, TX

Counties—Chambers, Fort Bend, Harris, Liberty, Montgomery, Waller.

Jacksonville, FL

Counties—Clay, Duval, Nassau, St. John's.

Los Angeles-Long Beach, CA

Counties—Los Angeles.

Miami, FL

County—Dade.

Newark, NJ

Counties—Essex, Morris, Sussex, Union, Warren.

New Haven-Bridgeport-Stamford-Danbury-Waterbury, CT

Counties—Fairfield, New Haven.

New Orleans, LA

Parishes—Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles, St. James, St. John the Baptist, St. Tammany.

New York City, NY

Counties—Bronx, Kings, New York, Putnam, Queens, Richmond, Rockland, Westchester.

Oakland, CA

Counties—Alameda, Contra Costa.

Philadelphia, PA-NJ

New Jersey counties—Burlington, Camden, Gloucester, Salem. Pennsylvania counties—Bucks, Chester, Delaware, Montgomery, Philadelphia.

San Francisco, CA

Counties—Marin, San Francisco, San Mateo.

Washington, DC-MD-VA-WV

District of Columbia.

Maryland counties and cities—Calvert, Charles, Frederick, Montgomery, Prince George's.

Virginia counties and cities—Arlington, Clarke, Culpeper, Fairfax, Fauquier, King George, Loudoun, Prince William, Spotsylvania, Stafford, Warren, Alexandria city, Fairfax city, Falls Church city, Fredericksburg city, Manassas city, Manassas Park city.

West Virginia counties—Berkeley, Jefferson.

West Palm Beach-Boca Raton, FL

County—Palm Beach.

[FR Doc. 99-13139 Filed 5-24-99; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention (CDC)

[Announcement Number 99067]

Cooperative Agreement for an Evaluation Research Study in the Area of Aggression and Interpersonal Youth Violence; Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1999 funds for a cooperative agreement to identify organizations to participate in a multiple site violence prevention evaluation study. This program addresses the "Healthy People 2000" priority area of Violent and Abusive Behavior. The purpose of this prevention study is to determine the effectiveness of a middle school-based, social cognitive intervention to reduce violence, and to determine the impact of including a community-based intervention that complements the school-based activities. CDC is seeking applicants interested in collaborating with other recipients funded under this announcement in the development and implementation of the violence prevention evaluation study.

B. Eligible Applicants

Applications may be submitted by public and private nonprofit and for-profit organizations and by governments and their agencies; that is universities, colleges, research institutions, hospitals, other public and private nonprofit organizations, State, 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.

C. Availability of Funds

Approximately \$1,700,000 is available in FY 1999 to fund three awards. It is expected that the average award will be \$565,000, ranging from \$400,000 to \$600,000. It is expected that the awards will begin on or about September 30, 1999 and will be made for a 12-month budget period within a project period up to four years. Funding estimates may change.