

Dated: September 24, 1999.

Jennifer J. Johnson,

Secretary of the Board.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Directly-Funded Community-Based Organization Program Summary Document; HIV Prevention

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice and request for comments.

SUMMARY: In Fiscal year (FY) 2000, CDC will provide approximately \$17,612,000 million dollars to support community-based organizations (CBOs) to develop, implement, and evaluate effective community-based HIV prevention programs for populations at risk for HIV infection, especially racial and ethnic minority populations at risk.

The purpose of this announcement is to request comments on this proposed program. After consideration of comments submitted, CDC will publish a program announcement to solicit applications. A more complete description of the goals of this program, the target applicants, availability of funds, program requirements, and evaluation criteria follows.

DATES: The public is invited to submit comments by October 29, 1999.

ADDRESSES: Submit comments to: Technical Information and Communications Branch, National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE, Mail Stop E49, Atlanta, GA 30333.

FOR FURTHER INFORMATION CONTACT: Technical Information and Communications Branch, National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE, Mail Stop E49, Atlanta, GA 30333, Fax (404) 639-2007, E-mail address: HIVMAIL@CDC.GOV, Telephone (404)639-2072.

SUPPLEMENTARY INFORMATION:

Purpose

The purpose of this program is to support community-based organizations (CBOs) to develop, implement, and evaluate effective community-based HIV

prevention programs for populations at risk for HIV infection, especially racial and ethnic minority populations at risk.

1. Goals

A. Reduce the disproportionate impact of the HIV epidemic on racial and ethnic minority populations and other at risk populations in high and lower prevalence areas;

B. Support community-based HIV prevention programs that address priorities described in applicable State and local comprehensive HIV prevention plans (that is, the plans developed by the official HIV Prevention Community Planning Groups for the jurisdiction in which the CBO is located) or that adequately justify addressing other priorities, in order to improve and expand community-based HIV prevention services;

C. Enhance the use by CBOs of scientific theory and data and proven knowledge generated through program experience and evaluation as a foundation for designing, implementing and evaluating HIV prevention services;

D. Support collaboration and coordination of HIV prevention efforts among CBOs, community planning groups, and local and state health departments.

2. Eligible Applicants

A. CBOs may apply as either (1) minority CBOs intending to serve predominantly racial or ethnic minority populations at high risk of acquiring or transmitting HIV infection, or (2) other CBOs serving high-risk populations without regard to their racial or ethnic identity. A CBO may submit an application in only one of these categories.

B. To apply as a minority CBO, the applicant organization must meet the following criteria:

(1) Must have been granted tax-exempt status under Section 501(c)(3), as evidenced by an Internal Revenue Service (IRS) determination letter;

(2) Must have greater than 50% of positions on the board or governing body filled by persons of the racial or ethnic minority group(s) to be served;

(3) Must have greater than 50% of positions that work with the proposed program, including management, administrative, supervisory, and service provision positions (for example, executive director, program director, fiscal director, outreach worker, prevention case manager, counselor, group facilitator, or trainer) filled by persons who reflect the racial and ethnic demographics, and the

characteristics of the population to be served; and

(4) Must have an established record of at least two years of service to the proposed target population.

C. To apply as an other CBO serving high-risk populations without regard to their racial or ethnic identity, the applicant organization must meet the following criteria:

(1) Must have been granted tax-exempt status under Section 501(c)(3), as evidenced by an Internal Revenue Service (IRS) determination letter; and

(2) Must have an established record of at least two years of service to the proposed target population.

D. In either category, two or more CBOs may apply as a collaborative partnership. In a collaborative contractual partnership, one CBO must be the legal applicant and will function as the lead organization. The lead organization must meet the criteria specified above, and a CBO can submit only one application under this announcement; that is, it may apply as an individual organization or as part of a collaboration, but not both.

E. CBOs funded under CDC Program Announcements 99091, 99092, and 99096 are eligible to apply if they meet the criteria specified above; however, the total combined award under any combination of these announcements will not exceed \$300,000.

3. Available Funds

Funds are expected to be available for three (3) types of activities under this program announcement. All applicants must apply for Activity A. Activities B and C are optional. A CBO must be funded for Activity A in order to receive an award for Activities B or C.

Activity A

Approximately \$17,120,000 is expected to be available to fund approximately 90 CBOs to develop, implement, and evaluate effective community-based HIV prevention programs. Of this total, approximately \$11,299,200 (60 awards) will be awarded to minority CBOs and approximately \$5,820,800 (30 awards) will be awarded to other CBOs. The average award will be approximately \$190,000.

Activity B

Approximately \$342,000 is expected to be available to fund up to four (4) CBOs to design and implement model peer-to-peer capacity-building assistance activities for neighboring CBOs.

Activity C

Approximately \$150,000 is expected to be available to fund up to three (3) CBOs to work closely with academic researchers/experts and CDC to replicate or adapt innovative interventions and to develop methods for conducting enhanced evaluation, including outcome evaluation, of their prevention service delivery activities.

Funding Priorities

In making awards, priority for funding will be given to:

(1) Ensuring a geographic balance of funded CBOs (the number of funded CBOs may be adjusted in each eligible area based on the level of HIV/AIDS disease burden in that area);

(2) Ensuring a balance of funded CBOs in terms of targeted racial/ethnic minority group (the number of funded CBOs serving each racial/ethnic minority group may be adjusted based on the level of HIV/AIDS disease burden in that group); and

(3) Ensuring a balance of funded CBOs in terms of targeted risk behaviors (the number of funded CBOs serving each risk behavior group may be adjusted based on the level of HIV/AIDS disease burden in that group).

4. Program Requirements

Activity A

(1) Use epidemiologic data, needs assessments, prioritization of groups and interventions, behavioral and social science theory and data, and proven programmatic experiential knowledge to design program activities. Grantees are strongly encouraged to establish ongoing collaborations with health departments and academic and research institutions for this purpose;

(2) Develop program activities which are consistent with applicable State and local comprehensive HIV prevention plans or adequately justify addressing other priorities;

(3) Provide—or assist high risk clients in gaining access to—HIV counseling, testing, and referral for other needed services (e.g., improve access to or provide alternative testing sites, managed and staffed by trained high-risk individuals such as IDUs in treatment, which will be more accessible to target populations than currently available sites; provide access to rapid-results testing technologies; and demonstrably improve utilization of post-test counseling, referrals, and follow-up);

(4) Conduct health education and risk reduction interventions for persons at high risk of becoming infected or transmitting HIV to others, especially

small group and community-level interventions (e.g., demonstrably reduce unsafe sex and drug practices among individuals newly released from correctional facilities and among injection and other drug users who are in the judicial system; demonstrably reduce behaviors that put young people at risk for HIV infection, focusing on youth who are not being served by existing HIV prevention programs and who are at risk for HIV infection);

(5) Assist HIV-positive persons in gaining access to appropriate HIV treatment and other early medical care, substance abuse prevention services, STD screening and treatment, reproductive and perinatal health services, partner counseling and referral services, psychosocial support, mental health services, TB prevention and treatment, primary HIV prevention such as health education and risk reduction services, and other supportive services. High-risk clients who test negative should be referred to appropriate health education and risk reduction services and other appropriate prevention and treatment services;

(6) Coordinate and collaborate with health departments, community planning groups, and other organizations and agencies involved in HIV prevention activities, especially those serving the target population;

(7) 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 plans;

(8) Coordinate program activities with relevant national, regional, State, and local HIV prevention programs to prevent duplication of efforts;

(9) Monitor and conduct process evaluation of major program and intervention activities and services supported with CDC HIV prevention funds under this cooperative agreement. This should include assessing client satisfaction periodically via quantitative (e.g., periodic surveys) and qualitative methods (e.g., focus groups);

(10) Compile "lessons learned" from the project and facilitate the dissemination of "lessons learned" and successful prevention interventions and program models to other organizations and CDC through peer-to-peer interactions, meetings, workshops, conferences, Internet, communications with project officers, and other capacity-building and technology transfer mechanisms; and

(11) Work with CDC-funded capacity-building assistance programs to meet

your and other organizations' capacity-building needs.

Activity B

(1) Conduct all activities listed under Activity A;

(2) Develop a collaborative relationship with academic researchers, technical assistance providers, or other experts in capacity-building;

(3) In collaboration with the expert(s) above, design, implement, and evaluate model peer-to-peer capacity-building assistance activities for neighboring CBOs; and

(4) Facilitate the dissemination of successful peer-to-peer capacity building models to other organizations and CDC through peer-to-peer interactions, publications, meetings, workshops, conferences, Internet, communications with project officers, and other capacity-building and technology transfer mechanisms.

Activity C

(1) Conduct all activities listed under Activity A;

(2) Develop a collaborative relationship with academic researchers, professional evaluators, or other experts in program evaluation; and

(3) Work closely with academic researchers/experts and CDC to identify innovative interventions appropriate for replication in or adaptation to the CBO's target population and to develop methods for conducting enhanced evaluation, including outcome evaluation, of these interventions.

5. Evaluation Criteria

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

1. Applicant organization's experience and capacity;
2. Justification of need;
3. Program plan;
4. Program evaluation plan;
5. Communication and dissemination plan; and
6. Plan for acquiring additional resources.

Dated: September 23, 1999.

Thena M. Durham,

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

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