

Houston Authority ("Petitioner"). Petitioner requests the Federal Maritime Commission to institute a rulemaking proceeding for the purpose of promulgating a rule addressing the lawfulness of unilateral provisions which provide for the collection of attorney's fees in contracts or tariffs of marine terminal operators under the provisions of the Shipping Act of 1984 as amended. Specifically, Petitioner seeks a rule which confirms that it is not illegal under the Shipping Act for marine terminal operators to contract with their customers, by tariff or otherwise, to permit the collection of attorneys fees and litigation cost in the event the marine terminal operator is required to sue in court to collect fees for services that have been rendered. Petitioner has proposed a provision that it submits should be made the subject of a Commission rulemaking proceeding.

Interested persons are requested to reply to the petition no later than February 7, 2000. Replies shall be directed to the Secretary, Federal Maritime Commission, Washington, DC 20573-0001, shall consist of an original and 15 copies, and shall be served on counsel for petitioner, Amy Loeserman Klein, Esq., 7301 Burdette Court, Bethesda, Maryland 20817. In addition to the official paper filing, a party may also provide the Commission with a copy of its filing by diskette or by e-mail at Secretary@fmc.gov.

Copies of the petition are available for examination at the Office of the Secretary of the Commission, 800 N. Capitol Street, NW, Room 1046, Washington, DC.

Bryant L. VanBrakle,
Secretary.

[FR Doc. 00-777 Filed 1-12-00; 8:45 am]

BILLING CODE 6730-01-M

FEDERAL RESERVE SYSTEM

Change in Bank Control Notices; Acquisitions of Shares of Banks or Bank Holding Companies

The notificants listed below have applied under the Change in Bank Control Act (12 U.S.C. 1817(j)) and § 225.41 of the Board's Regulation Y (12 CFR 225.41) to acquire a bank or bank holding company. The factors that are considered in acting on the notices are set forth in paragraph 7 of the Act (12 U.S.C. 1817(j)(7)).

The notices are available for immediate inspection at the Federal Reserve Bank indicated. The notices also will be available for inspection at the offices of the Board of Governors. Interested persons may express their

views in writing to the Reserve Bank indicated for that notice or to the offices of the Board of Governors. Comments must be received not later than January 27, 2000.

A. Federal Reserve Bank of Dallas (W. Arthur Tribble, Vice President) 2200 North Pearl Street, Dallas, Texas 75201-2272:

1. Charles C. Burgess and C. Jane Burgess, Amarillo, Texas; to acquire voting shares of Herring Bancorp, Inc., Vernon, Texas, and thereby indirectly acquire The Herring National Bank, Vernon, Texas.

Board of Governors of the Federal Reserve System, January 7, 2000.

Robert deV. Frierson,

Associate Secretary of the Board.

[FR Doc. 00-769 Filed 1-12-00; 8:45 am]

BILLING CODE 6210-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 00023]

Human Immunodeficiency Virus (HIV) Prevention Projects for Community-Based Organizations; Notice of Availability of Funds for Fiscal Year 2000

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2000 funds to support community-based organizations (CBOs) to develop, implement, and evaluate state-of-the-art, model community-based HIV prevention programs for populations at risk for HIV infection, especially racial/ethnic minority populations at risk. This program addresses the "DRAFT Healthy People 2010" priority areas of Educational and Community-Based Programs, HIV Infection, and Sexually Transmitted Diseases (STDs).

The goals of this program are to:

1. Reduce the disproportionate impact of the HIV epidemic on racial/ethnic minority populations and other at-risk populations.

2. Improve and expand community-based HIV prevention services by supporting 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.

3. Enhance CBOs' incorporation of scientific theory and data, and validated program experience into the design, implementation, and evaluation of HIV prevention services.

4. Support collaboration and coordination of HIV prevention efforts among CBOs, community planning groups, other local organizations, local and State health departments, and managed care organizations serving populations at risk for HIV infection.

B. Eligible Applicants

Eligible applicants are CBOs that meet the following criteria (also see Proof of Eligibility, section E.8.d):

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

2. The applicant organization must meet the following criteria:

a. Have current, valid tax-exempt status under Section 501(c)(3), as evidenced by an Internal Revenue Service (IRS) determination letter.

b. Must be located in the community and have an established record of at least two years of service to the proposed target population.

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

a. Have more than 50 percent of positions on the executive board or governing body filled by persons of the racial/ethnic minority group(s) to be served.

b. Have more than 50 percent of key management, supervisory, and administrative positions (e.g., executive director, program director, fiscal director) and more than 50 percent of key service provision positions (e.g., outreach worker, prevention case manager, counselor, group facilitator) filled by persons of the racial/ethnic population(s) to be served.

4. In either category, a CBO may apply as a lead organization within a coalition (For this announcement, the term coalition means a group of organizations in which each member organization is responsible for specific, defined, integral activities within the proposed program, and all member organizations share responsibility for the overall planning, implementation, and evaluation of the program.); that is, a collaborative contractual partnership. The lead organization must meet the

criteria specified above (in #2 and #3). A CBO may submit only one application under this announcement; that is, it may apply as an individual organization or as part of a coalition, but not both.

5. CBOs currently 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 \$350,000. Funds awarded to currently-funded CBOs must be used to develop and implement new activities or to enhance or expand existing activities and not to supplant funds from other sources.

6. Governmental or municipal agencies, their affiliate organizations or agencies (e.g., health departments, school boards, public hospitals), and private or public universities and colleges are not eligible for funding as a lead organization under this announcement. However, applicants are encouraged to include private or public universities and colleges as collaborators or subcontractors when appropriate.

7. 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 six, above.

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 \$17,120,000 is expected to be available in FY 2000 to fund approximately 76 awards. It is expected that awards will begin on or about June 1, 2000, and will be made for a 12-month budget period within a project period of up to 4 years. The maximum award under this announcement will be \$225,000. Applications requesting more than \$225,000, including indirect costs, will not be considered and will be returned as ineligible.

Approximately \$11,470,400 will be awarded to minority CBOs that provide prevention services for racial/ethnic minority populations at high risk for HIV infection. Approximately \$5,649,600 will be awarded to other CBOs that provide prevention services to populations at risk for HIV infection, without regard to the populations' racial/ethnic identity. Funding estimates may change.

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 stated objectives. Satisfactory progress toward achieving objectives will be determined by progress reports submitted by the recipient and site visits conducted by CDC representatives. Proof of continued eligibility is required with noncompeting continuation applications.

1. Use of Funds

a. Funds provided under this announcement must support activities directly related to primary HIV prevention (that is, preventing the acquisition or transmission of HIV). However, intervention activities that involve preventing other STDs or substance abuse as a means of reducing or eliminating the risk of HIV transmission may also be supported.

b. No funds will be provided for direct patient medical care (including substance abuse treatment, medical treatment, or medications) or research.

c. These federal funds may not supplant or duplicate existing funding.

d. Applicants may contract with other organizations under these cooperative agreements; however, applicants must perform a substantial portion of the activities for which funds are requested, including program management and operations and delivery of prevention services.

e. Applications requesting funds to support only administrative and managerial functions will not be accepted.

f. 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. 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 their 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. Funding Preferences

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

a. Ensuring a balance of funded CBOs in terms of targeted racial/ethnic minority groups. The number of funded CBOs serving each racial/ethnic minority group may be adjusted based on the rate of HIV/AIDS in that group.

b. Ensuring a balance of funded CBOs in terms of targeted risk behaviors. The number of funded CBOs that target a specific risk behavior (for example, IV drug use) may be adjusted based on the rate of HIV/AIDS associated with that behavior.

c. Ensuring a geographic balance of funded CBOs. Consideration will be given to both high and lower prevalence areas. The number of funded CBOs may be adjusted based on the rate of HIV/AIDS in the jurisdiction.

D. Program Requirements

Each applicant must conduct one or more of the following priority HIV prevention interventions. However, because of the resources, expertise, and organizational capacities needed for success, applicants should carefully consider the feasibility of undertaking more than one of the priority interventions listed.

1. Client-centered HIV counseling, testing, and referral services
2. Individual level interventions
3. Group level interventions (e.g., small group interventions)
4. Community level interventions
5. Street and community outreach (may include Health Education/Risk Reduction activities and face-to-face distribution of condoms, bleach, etc.)

A brief description of these priority interventions is provided in Attachment 1. Also, please reference the materials included in the tool kit for additional information about these interventions. The tool kit will be sent with the application packet.

Although activities may overlap from one type of intervention to another (e.g., individual or group level interventions may be a part of a community-level intervention), each applicant must indicate which one of the interventions is the primary focus.

Applicants should develop program activities that are consistent with applicable State and local comprehensive HIV prevention plans or adequately justify addressing other priorities.

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

for activities under number 2. (CDC Activities) below.

1. Required Recipient Activities

a. Program Activities

(1) Involve the target population in planning, implementing, and evaluating activities and services throughout the project period. This may be accomplished in collaboration with existing HIV/AIDS prevention activities or groups, such as the community planning group in the applicant's jurisdiction.

(2) Conduct at least one of the following interventions:

(a) Provide HIV counseling, testing, and referral services for persons at high risk for HIV infection. For example: Improve access to or provide alternative testing sites (*e.g.*, sites that are staffed by trained individuals such as IDUs in treatment) that will be more accessible to target populations than currently available sites

1. Provide access to rapid-results testing technologies

2. Improve utilization of post-test counseling, referrals, and follow-up

(b) Conduct health education and risk-reduction interventions (HE/RR) for persons at high risk of becoming infected or transmitting HIV to others. These may include individual, group, or community-level interventions. For example:

1. 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.

2. 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.

(c) Conduct outreach activities in order to improve access to the target population and provide face-to-face interactions in which education and educational and other materials (for example, condoms, bleach, sexual responsibility kits) may be shared with high risk individuals in appropriate venues.

(3) For all interventions:

(a) Use social and behavioral science theory and validated programmatic experience to design and implement state-of-the-art, model HIV prevention programs and use epidemiologic, behavioral, and social science data and community experience to structure and guide intervention and service delivery.

(b) Assist HIV-positive persons in gaining access to appropriate primary HIV prevention, such as health

education and risk-reduction services, 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 and mental health services; TB prevention and treatment; 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. These activities may involve attempts to locate a medical home for uninsured clients.

(c) Incorporate cultural competency, sensitivity to issues of sexual and gender identity, and linguistic and developmental appropriateness into all program activities and prevention messages.

(d) Ensure adequate protection of client confidentiality.

b. Collaboration and Coordination

(1) Establish ongoing collaborations (For this announcement, the term collaborate means exchanging information, developing and altering activities, sharing resources, and enhancing the capacity of another organization for mutual benefit to achieve a common purpose.) with health departments, community planning groups, academic and research institutions, health care providers, and other local resources in designing, implementing, and evaluating interventions. (See Attachment 2 in the application package for a list of organizations with which collaboration may be appropriate.)

(2) In order to strengthen the breadth and comprehensiveness of local HIV/AIDS prevention services and eliminate duplication of efforts, coordinate (For this announcement, the term coordinate means exchanging information and altering activities for mutual benefit.) activities with health departments, such as sharing progress reports with state and local health departments; community planning groups; and other national, regional, and local organizations and agencies involved in HIV prevention activities, especially those serving the target population. (See Attachment 2 in the application package for a list of organizations with which collaboration may be appropriate.)

(3) 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; reviewing and commenting on plans; and becoming

familiar with and utilizing information from the community planning process, such as the epidemiologic profile, needs assessment data, and intervention strategies. Grantees should also present an overview of their project activities to the community planning group in their jurisdiction.

c. Program Monitoring and Evaluation

(1) Use approximately three to five percent of the funds awarded under this announcement for program evaluation and outcome monitoring of intervention activities.

(2) During the first year of funding, CDC will collaborate with CBOs to develop standardized evaluation formats and activities for grantees.

(3) Conduct periodic client satisfaction assessments via quantitative (*e.g.*, periodic surveys) and qualitative methods (*e.g.*, focus groups).

d. Quality Assurance

(1) Identify the training needs of your staff and develop and implement a plan to address these needs.

(2) Work with CDC and CDC-funded capacity-building assistance programs to identify and address the capacity building needs of your program.

(3) Explore and utilize local resources for organizational and program development, such as the health department, other CBOs, community development agencies, local colleges and universities, locally-based foundations, and the local business or industrial community.

e. Communication and Information Dissemination

(1) Market your prevention program and services to the target population and local community.

(2) Compile lessons learned from the project. 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, use of the Internet, communications with project officers, and other capacity-building and technology transfer mechanisms.

(3) Ensure Internet and e-mail communication for your organization during the first year of funding.

f. Resource Development

Develop and implement a plan for obtaining additional resources from non-CDC sources to supplement the program conducted through this cooperative agreement and to enhance the likelihood of its continuation after the end of the project period. Note that

local organizations and agencies, such as community development agencies, colleges, and universities are often repositories of information about funding and other types of organizational assistance.

g. Other Activities

Adhere to CDC policies for securing approval for CDC sponsorship of conferences.

2. CDC Activities

a. Coordinate a national capacity-building and technology transfer network that will be available to directly assist CBOs in organizational and programmatic development.

b. Provide consultation and technical assistance in administrative activities (for example, fiscal management and reporting) and programmatic areas (for example, planning, implementing, and evaluating prevention activities). CDC may provide consultation and technical assistance both directly and indirectly through prevention partners such as health departments, national and regional minority organizations (NRMOS), contractors, and other national and local organizations.

c. Provide up-to-date scientific information on risk factors for HIV infection, prevention measures, and program strategies for prevention of HIV infection.

d. Assist in the design and implementation of program evaluation activities, including formats for reporting and program assessment and improvement.

e. Assist recipients in collaborating with State and local health departments, community planning groups, and other federally-supported HIV/AIDS prevention funding recipients. CDC activities will focus on monitoring the collaboration among the health department, community planning group, and CBOs and work from all sides to promote collaboration.

f. Facilitate the transfer of successful prevention interventions, program models, and lessons learned by convening meetings of grantees, workshops, conferences, newsletters, use of the Internet, and communications between project officers and grantees.

g. Facilitate the exchange of program information and technical assistance among community organizations, health departments, and national and regional organizations.

h. Monitor the recipient's performance of program and fiscal activities, protection of client confidentiality, and compliance with other requirements.

i. Conduct an overall evaluation of this cooperative agreement program.

E. Application Content

Use the information in the Program Requirements, Application Content, and Evaluation Criteria sections of this announcement to develop your application.

Applications that do not follow the instructions and format below will be returned without being reviewed:

1. The narrative should be no more than 35 pages, which includes items 10 F–M. The narrative excludes the proof of eligibility section, items A–E, budget, and attachments. Applications exceeding 35 pages will not be reviewed.

2. Number each page sequentially, in the application and the appendices, and provide a complete Table of Contents to the application and its attachments.

3. Begin each separate section of the application on a new page.

4. The original and each copy of the application set must be submitted unstapled and unbound.

5. All material must be typewritten; single spaced, with a font of 10 pitch or 12 point, on 8½" by 11" paper, with at least 1" margins, headings, and footers; and printed on one side only.

6. Note that information which should be part of the basic plan (for example, activity timetables, staff responsibilities in program activities, or evaluation plans) will not be accepted if placed in the attachments rather than in the application.

7. In developing the application, you must use the following format and instructions. Your application will be evaluated according to the quality of the responses to the following questions, so it is important to follow the format provided below in writing out your program proposal.

8. Label each section below using the letter (and number) indicated for each question. A section includes a letter with all of its following numbers, as in section d, Proof of Eligibility, numbers 1–9.

9. If a question is not applicable, use the designation N/A by that letter and number.

10. Make certain that your application addresses all required activities (See Required Recipient Activities section).

a. Application Category

Indicate whether your organization is applying as a minority or other CBO.

b. Target Population

What population, as defined by locality, lifestyle, risk behaviors, social or economic circumstances, patterned

social interaction, collective identity, or other identification, will be the focus of the proposed project (for example, female sex workers in Harlem; African American men who have sex with men; Hispanic men and women who use crack cocaine and engage in unprotected sex; youth ages 12–18 in the community who sell sex for shelter, food, and/or drugs)?

c. Program Goals

What are the broad HIV prevention goals that your proposed intervention(s) aims to achieve by the end of the 4-year project period? These goals should address risk behaviors that your program will influence; for example, reduce the rate of unprotected sex by female sex workers in Harlem.

d. Proof of Eligibility

Applicants must answer the following questions and provide any documents requested. Failure to provide the required documentation will result in disqualification.

Please place the requested attachments at the end of this section, not in the Attachments at the end of your application.

(1) Does your organization have currently valid Internal Revenue Service (IRS) 501(c)(3) tax-exempt status?

Note: Attach to the end of this section a copy of the IRS determination letter of your organization's 501(c)(3) tax-exempt status.

(2) Does your organization have a documented 2-year record of providing service to the target population (as described in 8.b, Target Population, above)?

Note: Attach to the end of this section a list of all types of services your organization has provided to the proposed target population and when provision of each type of service was begun (e.g., HIV prevention case management, July 1996).

(3) If applying as a minority CBO, does your organization have an executive board or governing body with more than 50 percent of its members belonging to the racial/ethnic minority population(s) to be served?

Note: Attach to the end of this section a list of the members of your board or governing body, along with their positions on the board, their areas of expertise, their race/ethnicity, and their sex.

(4) If an organization applies as a minority CBO, but does not submit proof, their application will be considered as ineligible. They will not be considered in the other category. If applying as a minority CBO, are more than 50 percent of key management, supervisory, and administrative positions (e.g., executive director,

program director, fiscal director) and more than 50 percent of key service provision positions (e.g., outreach worker, prevention case manager, counselor, group facilitator) filled by persons belonging to the racial/ethnic population(s) to be served?

Note: Attach to the end of this section a list of all existing personnel in key positions in your organization, along with their position in the organization, their areas of expertise, their roles in the proposed project, their race/ethnicity, and their sex. Also attach a similar list of proposed personnel.

(5) Is your organization applying as a single CBO or as a lead organization in a coalition (i.e., a collaborative contractual partnership)?

(6) Is your organization applying as part of a coalition with another organization as the lead under this announcement?

(7) Is your organization currently funded under CDC Program Announcement 99091, 99092, or 99096? If so, what is the amount of your award under each?

(8) Is your organization a governmental or municipal agency, its affiliate organization or agency (e.g., health department, school board, public hospital), or a private or public university or college?

(9) Is your organization included in the category described in section 501(c)(4) of the Internal Revenue Code of 1986 that engages in lobbying activities?

e. Abstract

(Should not exceed one pages) (Not scored)

Please provide a brief summary of your proposed program activities, including:

(1) A description of the target population on which the proposed project will focus and a justification (using HIV/AIDS or other STD epidemiologic, risk behavior, needs assessment, or other local indicator data) for having selected this group as the target population.

(2) A description of the goals and anticipated outcomes of the proposed intervention activity in terms of the risk behaviors targeted in this application.

(3) A description of the proposed intervention(s) and services to be provided and an estimated time frame.

(4) A description of your organization's staff responsibilities in the proposed project and of the roles of collaborators and volunteers on the project.

(5) How you will develop collaborations with local and State health departments, community planning groups, and other

organizations, including other CBOs, in the development of your project.

f. Justification of Need

(Should not exceed five pages)(100 points; Scoring criteria: Effective use of epidemiologic, behavioral, socioeconomic, and other data to define the community, its risk for HIV, and its need for your proposed HIV/AIDS prevention intervention)

(1) How and to what extent has the proposed target population been affected by the HIV/AIDS epidemic (e.g., HIV incidence or prevalence, AIDS incidence or prevalence, AIDS mortality, socioeconomic effects)?

(2) What behavioral and other characteristics of the target population contribute to the risk of HIV transmission or present barriers to HIV prevention (for example, unsafe sexual behaviors as indicated by rates of STDs, teen pregnancy, or behavioral risk assessments; substance use rates; environmental, social, cultural, or linguistic characteristics)?

(3) Why does the target population need the proposed HIV prevention activities, and how were these needs identified (for example, community needs assessments, resource inventories, the community comprehensive HIV prevention plan)?

Note: Include a description of existing HIV prevention and risk-reduction efforts provided by other organizations to address the needs of the target population and an analysis of the gap between the identified need and the resources currently available to address the need.

(4) If the comprehensive HIV prevention plan does not prioritize the target population or intervention(s) that you have proposed, how do you justify departing from the plan?

Note: For example, your organization may target a population in which, although the current AIDS prevalence is low, there is wide-spread, high level of behavior associated with risk for HIV transmission. Your intervention, therefore, would provide prevention activities in order to prevent the development of higher rates of HIV/AIDS in this population.

(5) What are the barriers within your community or the target population that may reduce the effectiveness of your proposed interventions, and how will you overcome these barriers?

g. Program Activities

(Should not exceed 12 pages) (400 points; Scoring criteria: likelihood of achieving project goals; soundness of proposed activities; basis in science, or validated program experience; feasibility; innovativeness;

specificity, feasibility, time phasing, and measurability of stated objectives)

(1) Including persons from the target population in program planning:

(a) How will you involve the target population in planning, implementing, and evaluating your project's interventions and services during the project period?

Note: If you believe that your existing board structure or staff composition accomplishes this intent, please describe and explain in detail.

(b) In conducting activities to involve the target population, what are your process objectives for the first year of operation?

Note: Objectives should be specific, realistic, time-phased, and measurable. Process objectives should focus on the projected amount, frequency, and duration, within a specific time frame, of the activities and the number and characteristics of the target population to be served or the participants.

(2) Intervention activities:

Please describe each proposed intervention separately and provide the following information for each intervention. Applicants should not apply for more interventions than they can conduct effectively.

(a) What intervention or service will be provided (for example, Conduct individual level counseling)?

(b) What program goal does the intervention address (for example, Reduce the rate of unprotected sex by female sex workers in Harlem).

(c) What are the outcome objectives for the first year of the proposed intervention activities (for example, Increase condom use among program participants by 60 percent)?

Note: Objectives should be specific, realistic, time-phased, and measurable. Outcome objectives should focus on the specific behaviors that your intervention activities are designed to influence.

(d) What are your process objectives related to the intervention or service during your first year of operation (for example, Conduct individual level counseling with 100 clients within the first three months)?

(e) What are the specific activities to be conducted or services to be provided to accomplish the process objectives indicated above, and where and when will these activities or services take place (for example, Deploy outreach workers to the corner of K and North Streets on Thursday through Saturday nights from 8:00 p.m. to 2:00 a.m.)?

(f) How will you recruit or access clients for this intervention or service?

(g) What is the theoretical basis (in social or behavioral science or validated

program experience) that supports the potential effectiveness of this proposed intervention or service in addressing the project's goals and objectives, and how has this been incorporated into the intervention or service design?

Note: Applicant may refer to appropriate social and behavioral science theory and data, or to validated, effective HIV/AIDS intervention programs, in support of applicant's HIV prevention work within the target population.

(h) How will you use epidemiologic and social and behavioral science data and other information to structure and guide your proposed intervention or service?

Note: For example, social science data may indicate that sex workers are more effectively reached by other current or former sex workers; therefore, the program staff may recruit and train sex workers to assist in outreach activities.

(i) How will you assist HIV-positive persons and high-risk HIV-negative persons to access appropriate treatment and other needed services, as described in Required Recipient Activities?

(j) How will you ensure that this intervention or service will be culturally competent, sensitive to issues of sexual and gender identity, and linguistically and developmentally appropriate?

(k) What methods will you use to ensure that client confidentiality will be protected?

(3) Management and staffing of the program:

(a) How will the proposed project be managed and staffed, and what will be the roles and responsibilities of the applicant's program staff?

(b) What are the skills and experience of the applicant's program staff?

(c) If you are applying as the lead organization in an HIV prevention coalition, describe the role(s) of the other organization(s), the other organizations' staff responsibilities, and the skills and experience of the other organizations' program staff?

(d) What is the potential for volunteer involvement in your program? If volunteers will be involved, describe plans to recruit, train, place, and retain volunteers.

(e) In staffing your proposed project, what are your specific process objectives for the first year of operation?

(4) Time line:

Provide a time line that identifies major implementation steps in your proposed project and assigns approximate dates for inception and completion of each step.

h. Developing Local Collaborations and Coordinated Activities

(Should not exceed two pages)

(125 points; Scoring Criteria: completeness; specificity, feasibility, time phasing, and measurability of stated objectives)

(1) What steps will you take to develop working collaborations with health departments, community planning groups, academic and research institutions, health care providers, and other local resources? (See Attachment 2 in the application package for a list of organizations with which collaboration may be appropriate.)

(2) Which activities in your proposed project will be conducted by collaborating organizations that are not part of the HIV prevention coalition or by subcontractors?

(3) In developing collaborative relationships with other organizations or subcontractors, what are your specific process objectives for your first year of operation?

(4) What steps will you take to coordinate HIV prevention activities among your proposed program and other HIV prevention or service providers?

(5) In developing these relationships, what are your specific process objectives for the first year of your program?

(6) What specific steps will you take to participate in the HIV prevention community planning process?

(7) In participating in the community planning process, what are your specific process objectives for the first year?

i. Program Monitoring and Evaluation, and Quality Assurance

(Should not exceed five pages)

(175 points; Scoring Criteria: completeness; technical soundness; feasibility, specificity, time phasing, and measurability of stated objectives)

(1) Your evaluation plan should include a discussion of specific mechanisms and methods to collect the information below.

(a) Which risk behaviors are being targeted?

(b) What are the outcome objectives of the program with regard to changing risk behavior?

(c) What interventions are being conducted?

(d) With which clients? What populations are being served?

(e) With how many clients?

(f) What progress has been made toward reaching the outcome objectives indicated above?

(g) What staff resources are being utilized to conduct these interventions?

Your plan should also include a discussion of the following:

(1) Staff responsible for collecting the information indicated above;

(2) Timeline for collecting this information;

(3) How these activities will be integrated into the project as a whole;

(4) In implementing this program evaluation plan, state your specific process objectives for the first year of operation.

Please provide a very specific discussion regarding your quality assurance activities which include responses to the questions below:

(1) How will you identify and meet the training needs of your staff (including staff in your organization and in other member organizations in the coalition) with regard to knowledge of HIV and STD risks and effective HIV prevention interventions?

(2) How will you identify and address the capacity-building or technical assistance needs of your organization?

(3) In implementing these quality assurance plans, what are your specific process objectives for the first year of operation?

j. Communication and Information Dissemination

(Should not exceed one page) (50 points; Scoring criteria: completeness; appropriateness; feasibility; specificity, time phasing, and measurability of stated objectives)

(1) How will you market your project in your community?

(2) How will you disseminate information about successful intervention strategies or project activities and lessons learned?

(3) In implementing this communication and information dissemination plan, what are your specific process objectives for the first year of operation?

(4) How will you make Internet and email communication available to your organization and, if part of a coalition, to the other member organizations in the coalition?

k. Resource Development

(Should not exceed one page)

(50 points; Scoring criteria: completeness; appropriateness; feasibility; specificity, time phasing, and measurability of stated objectives)

(1) How will you obtain additional resources from non-CDC sources to supplement the program conducted through this cooperative agreement, expand services provided through the proposed project, and enhance the likelihood of its continuation after the end of the project period?

(2) In implementing this resource development plan, what are your specific process objectives for the first year of operation?

l. Organizational History and Experience

(Should not exceed three pages.)
(100 points; Scoring criteria: extent and relevance of applicant organization's experience)

(1) What types of health-related service to your community or target population have your organization provided (e.g., HIV/AIDS prevention, drug treatment, teen pregnancy counseling) and for how long?

(2) What experience does your organization have in HIV/AIDS, STD, or other prevention interventions (e.g., health education/risk reduction; prevention case management; counseling and testing)?

(3) What other experience does your organization have in providing services to the target population, and for how long?

(4) What experience does your organization have in establishing and participating in coalitions for the delivery of services to the target population?

(5) What experience does your organization have in developing and maintaining long-term relationships with CBOs, health departments, or other organizations that provide health or prevention services?

(6) What experience does your organization have in providing services that respond effectively to the cultural, gender, environmental, social, and linguistic characteristics of the target populations in this proposal?

Note: In answering this question, describe the types of services provided and list any culturally, linguistically, and developmentally appropriate activities and materials that your organization has developed.

(7) What experience does your organization have in documenting and tracking delivery of services or prevention activities?

(8) What experience does your organization have in evaluating its program activities?

(9) What experience does your organization have in marketing its activities or services?

(10) What experience does your organization have in resource development?

m. Budget and Staffing Breakdown and Justification

(Not scored)

(1) Applicants should submit a budget in accordance with Form 424 and also, provide a detailed budget for each proposed intervention (please reference the sample budget format in the tool kit). Justify all operating expenses in relation to the planned activities and

stated objectives. CDC may not approve or fund all proposed activities. Be precise about the program purpose of each budget item and itemize calculations wherever appropriate.

(2) For each contract contained within the application budget, describe the type(s) of organizations or parties to be selected and the method of selection; identify the specific contractor(s), if known, or describe the criteria for contractors who might apply for the contract; describe the services to be performed and justify the use of another party to perform these services; provide a breakdown of and justification for the estimated costs of the contracts; specify the period of performance; and describe the methods to be used for monitoring the contract.

(3) Provide a job description for each key position, specifying job title; function, general duties, and activities; salary range or rate of pay; and the level of effort and percentage of time spent on activities that would be funded through this cooperative agreement. If the identity of any key personnel who will fill a position is known, his/her name and resume should be attached. Experience and training related to the proposed project should be noted. If the identity of staff is not known, describe your recruitment plan. If volunteers are involved in the project, provide job descriptions.

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

F. Required Attachments

1. 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.

2. Memoranda of understanding or agreement as evidence of established or agreed-upon collaborative relationships. Memoranda of agreement should specifically describe the proposed collaborative activities. Evidence of continuing collaboration must be submitted each year to ensure that the relationships are still in place. Memoranda of agreement from health departments should include a statement that they have reviewed your application for these funds. (Please reference sample Memoranda of agreement in the tool kit)

3. A list of the community resources and health care providers to which referrals and other types of coordinated activities will be made. Provide letters

of agreement that arrangements have been made for the coordinated activities indicated in your application.

4. Protocols to guide and document training, activities, services, and referrals (e.g., applicants seeking funds for Street and Community Outreach Interventions must provide a description of the policies and procedures that will be followed to assure the safety of outreach staff).

5. 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: (1) 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; (2) a summary of the objectives and activities of the funded program(s); and (3) 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.

6. Independent audit statements from a certified public accountant for the previous 2 years.

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

Note: Materials submitted as attachments should be printed on one side of 8½" × 11" paper. Please do not attach bound materials such as booklets or pamphlets. Rather, submit copies of the materials printed on one side of 8½" × 11" paper. Bound materials may not be reviewed.

G. Submission and Deadline

Submit the original and two copies of PHS 5161 (OMB Number 0937-0189). Forms are available at the following Internet address: www.cdc.gov/* * * Forms, or in the application kit. On or before March 6, 2000, submit the application to the Grants Management Specialist identified in the Where to Obtain Additional Information section of this announcement.

Applicants should simultaneously submit a copy of the application to their State HIV/AIDS Directors.

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

1. Received on or before the deadline date; or

2. 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.

H. Evaluation Criteria

Each application will be evaluated individually against the criteria described in the Application Content section by an independent review group appointed by CDC.

Before final award decisions are made, CDC may conduct predecisional site visits and/or business management and fiscal recipient capability assessments with CBOs whose applications are highly ranked. CDC may also review programmatic conditions and technical assistance requirements with the local or State health department and applicant's board of directors.

I. Other Requirements

Technical Reporting Requirements

Provide CDC with the original plus two copies of:

1. progress reports quarterly, no more than 30 days after the end of each 3 month period.
2. financial status report, no more than 90 days after the end of each budget period; and
3. final financial report and performance report, 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 3 in this announcement.

- 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: "DRAFT Healthy People 2010"
- AR-12: Lobbying Restrictions
- AR-14: Accounting System Requirements

J. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under Sections 301(a) and 317 of the Public Health Service Act, 42 U.S.C. 241(a) and 247b as amended. The Catalog of Federal Domestic Assistance Number is 93.939, HIV Prevention Activities—Non-governmental Organization Based.

K. Where To Obtain Additional Information

To receive additional written information and to request an application and tool 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: application-cbo@cdcnpin.org. This information is also posted on the Division of HIV/AIDS Prevention (DHAP) Web site at http://www.cdc.gov/nchstp/hiv_aids/funding/toolkit/.

CDC maintains a Listserv (HIV-PREV) related to this program announcement. By subscribing to the HIV-PREV Listserv, members can submit questions and will receive information via e-mail with the latest news regarding the program announcement. Frequently asked questions on the Listserv will be posted to the Web site. You can subscribe to the Listserv on-line or via e-mail by sending a message to: listserv@listserv.cdc.gov and writing the following in the body of the message: subscribe hiv-prev first name last name.

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from: Maggie Warren, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office Program Announcement 00023, Centers for Disease Control and Prevention (CDC), Room 3000, 2920 Brandywine Road, Mailstop E-15, Atlanta, GA 30341-4146; Telephone (770) 488-2736. E-mail mcs9@cdc.gov

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

For program technical assistance, contact: Tomas Rodriguez, 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) 639-5240. E-mail address:

trr0@cdc.gov (0 is the number, not the letter o).

John L. Williams,

Director, Procurement and Grants Office.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Grants for Education Programs in Occupational Safety and Health, Program Announcement 99041.

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces the following meeting.

Name: Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Grants for Education Programs in Occupational Safety and Health, Program Announcement 99041, meeting.

Times and Dates: 3 p.m.-4 p.m., February 13, 2000 (Open). 4 p.m.-10 p.m., February 13, 2000 (Closed). 8 a.m.-6 p.m., February 14, 2000 (Closed). 8 a.m.-5 p.m., February 15, 2000 (Closed).

Place: Commonwealth Hilton, I-75 at Turfway Road, Florence, Kentucky 41042.

Status: Portions of the meeting will be closed to the public in accordance with provisions set forth in section 552b(c)(4) and (6), Title 5 U.S.C., and the Determination of the Associate Director for Management and Operations, CDC, pursuant to Public Law 92-463.

Matters To Be Discussed: The meeting will include the review, discussion, and evaluation of applications received in response to Program Announcement 99041.

Contact Person for More Information: Bernadine Kuchinski, Occupational Health Consultant, National Institute for Occupational Safety and Health, Office of Extramural Programs, CDC, 1600 Clifton Road, N.E., m/s D40 Atlanta, Georgia 30333. Telephone 404/639-3342, e-mail bbk1@cdc.gov.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: January 5, 2000.

Carolyn J. Russell,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention CDC.

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