

People 2010" priority focus area of Public Health Infrastructure. For a copy of "Healthy People 2010," visit the web site—<http://www.health.gov/healthypeople>.

The purpose of this cooperative agreement program is to improve the Nation's public health infrastructure and improve the performance of public health agencies by:

1. Developing and/or implementing strategies to encourage the development and use of standards for public health organizations, the public health workforce, and public health information systems;

2. Developing and/or implementing strategies to inform the public health community about effective approaches to improving public health organizations, the public health workforce, and public health information systems; and

3. Conducting activities to encourage the public health community to implement the most effective approaches to improving public health organizations, the public health workforce, and public health information systems.

B. Eligible Applicant

Assistance will be provided only to the National Association of Local Boards of Health (NALBOH). No other applications are solicited. NALBOH is uniquely qualified to be the recipient organization for the following reasons:

1. Local boards of health are at the core of the public health system. In some cases, they are responsible for developing public health policy for their jurisdictions and for governing the operations of local public health agencies. In other cases, they provide advice to elected officials or the public health agency regarding the development of local public health policy. NALBOH is the only organization that represents their interests and is committed to improving their ability to develop and implement effective public health policy (or facilitate its development and implementation).

2. NALBOH collaborated with CDC in the conduct of the first-ever national survey of local boards of health and in the subsequent publication and dissemination of the "National Profile of Local Boards of Health."

3. NALBOH maintains and updates the only comprehensive listing of local boards of health in the United States and communicates regularly with those boards of health via its "NALBOH NewsBrief" and periodic special issue mailings.

4. NALBOH provides current public health information and opportunities for improving governance skills to key local board of health members at its annual educational conference and on a continuing basis via its web site.

5. NALBOH has collaborated with CDC and other public health organizations to develop local public health system performance standards (including governance standards for local boards of health).

6. NALBOH has a proven track record of collaborating with CDC and other public health organizations to successfully conduct projects to improve the development and implementation of public health policy in the areas of environmental and occupational health and tobacco control throughout the nation.

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 \$258,450 is available in FY 2001 to fund this award. It is expected that the award will begin on or about June 1, 2001, and will be made for a 12-month budget period within a project period of up to five years. Funding estimates may change.

Continuation awards within an approved project period will be made on the basis of satisfactory progress as evidenced by required reports and the availability of funds.

During the first year, funds are expected to be available to support the projects/activities listed in Part D.1. below as follows:

1. Core Activities \$50,000
2. Special Projects 1, 4, 6, and 7 \$95,950
3. Special Project 10 (environmental health) \$10,000
4. Special Project 12 (tobacco prevention and control) \$95,000
5. Special Project 13 (injury prevention and control) \$7,500

Use of Funds

Funds may be spent for reasonable program purposes, including personnel, travel, supplies, and services. Equipment may be purchased, with appropriate justification, including cost comparison of purchase with lease. Although contracts with other organizations are allowable, NALBOH must perform a substantial portion of activities for which funds are requested. NALBOH may provide funds to its affiliated organizations to accomplish the purposes of the cooperative

agreement, if justified. Cooperative agreement funds may not supplant existing funds from any other public or private source. Funds may not be expended for construction, renovation of existing facilities, or relocation of headquarters, affiliates, or personnel.

D. Where To Obtain Additional Information

To obtain additional business management information, contact: Juanita D. Crowder, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention, 2920 Brandywine Road, Room 3000, Atlanta, GA 30341-4146, Telephone number: 770-488-2734, E-Mail Address: jcrowder@cdc.gov.

To obtain additional programmatic information, contact: Anthony J. Santarsiero, Division of Public Health Systems Development and Research, Public Health Practice Program Office, Centers for Disease Control and Prevention, 4770 Buford Highway, N.E. (MailStop K-37), Atlanta, GA 30341-3717, Telephone: 770-488-2444, E-Mail: asantarsiero@cdc.gov.

Dated: March 29, 2001.

John L. Williams,

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

[FR Doc. 01-8226 Filed 4-3-01; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 01091]

Notice of Availability of Funds for National, Non-Profit Public Health Professional Organizations With a Large and Broad-Based Membership To Improve the Nation's Public Health Capacity

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2001 funds for a cooperative agreement program entitled "Improving the Nation's Public Health Capacity." This program addresses the "Healthy People 2010" priority focus area of Public Health Infrastructure. For a copy of "Healthy People 2010," visit the web site—<http://www.health.gov/healthypeople>.

The purpose of this cooperative agreement program is to improve the

Nation's public health infrastructure and improve the performance of public health agencies by:

1. Developing and/or implementing strategies to encourage the development and use of standards for public health organizations, the public health workforce, and public health information systems;

2. Developing and/or implementing strategies to inform the public health community about effective approaches to improving public health organizations, the public health workforce, and public health information systems; and

3. Conducting activities to encourage the public health community to implement the most effective approaches to improving public health organizations, the public health workforce, and public health information systems.

B. Eligible Applicants

Eligible applicants are national, non-profit public health professional organizations with a large and broad-based (representing multiple segments of the public health practice and academic communities and all categories of healthcare occupations, from both the public and private healthcare sectors) membership.

Eligible applicants are explicitly committed through their established mission to improving the development of public health policy and/or the practice of public health throughout the United States, by focusing their efforts on helping strengthen and build capacity and infrastructure of public health agencies and public health systems.

Eligible applicants must have a broad and objective knowledge of the diverse range of public health issues and programs in order to maintain an unbiased approach to the study of health policy changes and the impact of those changes on the practice of public health.

An organization that receives funds under another cooperative agreement with CDC to improve the Nation's Public Health Infrastructure is not eligible to receive funds under this cooperative agreement.

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 \$187,547 is available in FY 2001 to fund one or more awards.

It is expected that the award(s) will begin on or about August 15, 2001, and will be made for a 12-month budget period within a project period of up to five years. Funding estimates may change.

Continuation awards within an approved project period will be made on the basis of satisfactory progress as evidenced by required reports and the availability of funds.

During the first year, funds are expected to be available to support the projects/activities listed in Part D.1. below as follows:

1. Core Activities—\$50,000
2. Special Projects 1, 4, and 5—\$87,547
3. Special Project 6 (comprehensive cancer control and prevention)—\$50,000

Use of Funds

Funds may be spent for reasonable program purposes, including personnel, travel, supplies, and services. Equipment may be purchased, with appropriate justification, including cost comparison of purchase with lease. Although contracts with other organizations are allowable, the recipient(s) must perform a substantial portion of activities for which funds are requested. Cooperative agreement funds may not supplant existing funds from any other public or private source. Funds may not be expended for construction, renovation of existing facilities, or relocation of headquarters, affiliates, or personnel.

D. Program Requirements

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

1. Recipient Activities

Recipients may undertake the following types of activities:

A. Core Activities

(1) Collaborate with CDC to develop and maintain a directory of member profiles from the public health workforce that describes and classifies the workforce by all pertinent individual workforce characteristics and demographic keys, including up-to-date information on location, services, leadership, and contact information.

(2) Develop and maintain an effective governance structure within the organization that provides for effective leadership by members and effective day-to-day fiscal and operational management by competent full-time

management staff, ensuring that members constitute the majority of committees and/or workgroups assembled for the purpose of completing special projects under this agreement.

(3) Conduct regular and ongoing assessments of the organization and its progress toward meeting its strategic and operational goals and regularly communicate with members regarding progress toward meeting those goals and objectives.

(4) Establish and maintain an effective information and communication system within its headquarters, which:

(a) Is accessible to its constituents and staff through a continuous, high-speed Internet connection;

(b) Facilitates electronic exchange of computer-generated documents among organization staff, its constituents, and local, tribal, state, and federal public health officials and non-traditional public health partners;

(c) Facilitates confidential twenty-four/seven email exchange among local, tribal, state, and federal public health officials, non-traditional public health partners; and

(d) Provides twenty-four/seven public access to a web site that contains current and relevant public health information.

(5) Ensure the implementation and periodic assessment of an organization-wide communication plan which supports the ongoing efforts of the organization to communicate with its constituents.

(6) Ensure the highest organizational standards of professional competency, advocacy, recognition and visibility, knowledge source, and inclusive membership are maintained.

B. Special Projects

(1) Collaborate with CDC and other public health partners, including non-traditional public health partners from academic communities and the private healthcare industry, to encourage the use and emphasize the importance of public health system Performance Standards, including marketing to a broad public health constituency, and then to translate and link these Performance Standards into public health workforce competencies and provide training and/or technical assistance for the public health workforce to meet these Performance Standards and competencies.

(2) Collaborate with CDC and other public health and non-traditional partners to improve the competency of the public health workforce, including (but not limited to) elements outlined in a global and national implementation plan for public health workforce

development. These elements include: monitoring workforce composition, identifying competencies and developing related curricula, designing an integrated learning delivery system, identifying incentives to assure competency, and conducting evaluation and research in workforce issues.

(3) Convene key public health officials to review/modify priorities for improving the performance of public health organizations, the public health workforce, and/or public health information and communication systems.

(4) Collaborate with CDC and other public health and non-traditional partners to improve the Nation's community public health assessment and planning systems, including (but not limited to) encouraging and providing assistance in the use of available community public health improvement tools and disseminating these tools to a broad constituency.

(5) Collaborate with CDC and other public health and non-traditional partners to conduct and/or publish research to strengthen the science base of public health practice, including (but not limited to) the following:

(a) Identifying the most effective organizational components of public health systems;

(b) Determining the extent to which public health practitioners have access to current information about Performance Standards programs and determine the most effective means of improving access to that information;

(c) Ensuring the reliability and validity of the Performance Standards monitoring tool;

(d) Analyzing the results of Performance Standards monitoring; and

(e) Evaluating the impact of project activities on the performance of public health organizations, the public health workforce, and/or public health information and communication systems.

(6) Collaborate with CDC and other public health and non-traditional partners to improve the practice of chronic disease prevention and control, including (but not limited to) the following:

(a) Collaborate with CDC to identify, translate, and disseminate information on policies, programs, and best practices that are effective in addressing chronic diseases (including the elimination of health disparities);

(b) Collaborate with CDC to increase the capacity of public health systems to develop, implement, and manage comprehensive chronic disease prevention programs;

(c) Collaborate with CDC and other public health and non-traditional partners to assess the effectiveness of policy and environmental and occupational interventions to prevent chronic diseases and to promote healthy lifestyles; and

(d) Collaborate with CDC, the Prevention Research Centers Program (PRC), and other public health and non-traditional partners to strengthen the quality of community-based research, case studies, and evaluation on chronic disease prevention and health promotion programs, policies, and information and communication systems.

(7) Collaborate with CDC to improve the understanding and use of law by public health systems as a tool for effective public health practice, including (but not limited to) the following:

(a) Developing and/or conducting public health law training;

(b) Conducting applied research in public health law; and;

(c) Developing and/or disseminating information about public health laws relevant to local public health agencies and systems.

2. CDC Activities

A. Core Activities

(1) Collaborate with funded organization(s) to develop and maintain a directory of member profiles from the public health workforce that describes and classifies the workforce by all pertinent individual workforce characteristics and demographic keys.

(2) Collaborate with funded organization(s), as appropriate, in assessing progress toward meeting strategic and operational goals and objectives.

(3) Collaborate with funded organization(s), as appropriate, in the development and maintenance of information and communication systems.

B. Special Projects

(1) Collaborate with funded organization(s) to encourage the use and emphasize the importance of public health system Performance Standards, including marketing to a broad public health constituency, and then to translate and link these Performance Standards into public health workforce competencies and provide training and/or technical assistance for the public health workforce to meet these Performance Standards and competencies.

(2) Collaborate with funded organization(s) to improve the

competency of the public health workforce.

(3) Collaborate with funded organization(s) to identify key public health officials to review/modify priorities for improving the performance of public health organizations, the public health workforce, and/or public health information and communication systems.

(4) Collaborate with funded organization(s) to improve the Nation's community public health assessment and planning systems.

(5) Collaborate with funded organization(s) to conduct and/or publish research to strengthen the science base of public health practice.

(6) Collaborate with funded organization(s) to improve the practice of chronic disease prevention and control.

(7) Collaborate with funded organization(s) to improve the understanding and use of law by public health systems as a tool for effective public health practice.

E. Application Content

The application must be developed in accordance with PHS 5161-1 (Revised 7/92, OMB Number 0937-0189) and must contain a narrative description of each proposed project, which must include:

1. A statement of the problem(s) to be addressed and how each of the proposed projects will impact on the problem(s), including how they will help "Improve the Nation's Public Health Infrastructure and Improve the Performance of Public Health Agencies."

2. A clear and concise description of project objectives and the approach(es) to be used in achieving project objectives, to be provided in one application but separately for each core and special project, along with evidence of the applicant's ability to provide the staff, knowledge, and other resources to achieve those objectives, including descriptions of the names and qualifications of professional staff to be assigned to each project and the facilities, space, and equipment available for each project.

3. A separate description of the activities to be undertaken in carrying out each project, a proposed schedule for accomplishing those activities, a description of the responsibilities of proposed staff in accomplishing those activities (including an estimate of time allocations for project staff), and a detailed budget which specifies anticipated costs for conducting each of the project activities.

4. Budget information should be submitted for each separate project. The SF 424A used for this budget information should include separate columns for each project. Multiple SF 424A forms are encouraged.

The narrative should be no more than 30 single-spaced pages (not including appendices for items such as curricula vitae, letters of support, and other similar supporting information). The narrative should be printed on one side, with one-inch margins, and a font size of no less than 12 point, on white 8.5 x 11 paper. All pages should be clearly numbered, and a complete Table of Contents for the application and its appendices must be included. The required original application and two full copies must be submitted unstapled and unbound (including materials in the appendices), in order to allow the entire application to run through an automatic document feed copier.

F. Submission and Deadline

Applicants must submit an original and two copies of PHS 5161-1 (OMB Number 0937-0189). Forms are available at the following Internet address: <http://www.cdc.gov/od/pgo/funding/funding.htm>, or in the application kit.

On or before July 2, 2001, 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:

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 the 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 1. or 2. above are considered late applications, will not be considered, and will be returned to the applicant.

G. Evaluation Criteria

The application will be reviewed and evaluated by a CDC-convened objective review panel, based on the adequacy of the proposal relative to the following criteria:

Purpose of Project (20 Points)

Applicant's understanding of each project's purpose/problem to be

addressed and relationship to purpose of cooperative agreement.

Project Objectives, Activities, and Implementation Plan (30 Points)

Specificity, measurability, and feasibility of objectives and proposed activities, including a schedule for implementing proposed activities, a description of the responsibilities and time allocations of proposed staff in accomplishing those activities, and a plan for collaborating with CDC and other relevant public health and/or healthcare organizations in conducting each project.

Evaluation (10 Points)

Appropriateness of the methods to be used to monitor the implementation of proposed activities, measure the achievement of project objectives, and evaluate the impact of each project.

Organizational Qualifications and Experience (20 Points)

Evidence of applicant's ability to provide staff, facilities, space, equipment, and financial/other resources required to accomplish the goals and objectives of each project, including descriptions of the names and qualifications of professional staff to be assigned to each project and the facilities, space, and equipment available for each project.

Size of Organizational Membership (10 Points)

Minimum requirements to qualify for large membership as a national, non-profit public health professional organization is at least 10,000 members. (Organizations that do not meet these minimum requirements may still apply for this cooperative agreement, but will not be awarded points for this evaluation criterion.)

Breadth of Organizational Membership (10 Points)

Minimum requirements to qualify for broad-based membership as a national, non-profit public health professional organization is at least representation of multiple segments of the public health practice and academic communities and all categories of healthcare occupations, from both the public and private healthcare sectors. (Organizations that do not meet these minimum requirements may still apply for this cooperative agreement, but will not be awarded points for this evaluation criterion.)

Budget Justification (not scored)

Extent to which the budget is reasonable, clearly justified, and

consistent with the intended use of cooperative agreement funds.

H. Other Requirements

Technical Reporting Requirements

Applicant must provide CDC with an original plus two copies of:

1. Semi-annual progress reports, at the end of the second and fourth quarters of each budget period, no later than 30 days after the end of each of those quarters (a cumulative progress report for the first three quarters of each budget period will be prepared as part of the annual application for continuation funding during the project period).

2. Annual Financial Status Reports, no later than 90 days after the end of each budget period.

3. Final financial status and progress reports, no later than 90 days after the end of the project period.

The following additional requirements are applicable to this program. For a complete description of each, see Attachment 1 in the application kit.

AR-9 Paperwork Reduction Act Requirements

AR-10 Smoke-Free Workplace Requirements

AR-11 Healthy People 2010

AR-12 Lobbying Restrictions

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 93.283.

J. Where To Obtain Additional Information

This and other CDC announcements can be found on the CDC web site at <http://www.cdc.gov>. On CDC's homepage below the "Spotlights", click on "Funding Opportunities", then on "Grants and Cooperative Agreements".

To obtain additional business management information, contact:

Juanita D. Crowder, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention, 2920 Brandywine Road, Room 3000, Atlanta, GA 30341-4146. Telephone number: 770-488-2734. E-Mail Address: jcrowder@cdc.gov.

To obtain additional programmatic information, contact: Susan J. Shaw, Division of Public Health Systems Development and Research, Public Health Practice Program Office, Centers for Disease Control and Prevention, 4770 Buford Highway, N.E. (MailStop

K-37), Atlanta, GA 30341-3717.
Telephone: 770-488-2482. E-Mail:
sshaw@cdc.gov.

Dated: March 29, 2001.

John L. Williams,

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

[FR Doc. 01-8225 Filed 4-3-01; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects

Title: Information collection from applicants who will respond to Request for Applications for funding of seven OCS competitive grants.

OMB No.: 0970-0062.

Description: The Office of Community Services (OCS) is requesting approval to continue the use of its program announcements to collect information which will enable the agency to determine which projects to fund and the amount of the grant awards. The programs covered include: Community Food and Nutrition; Community Economic Development Discretionary Grants Program; Low Income Home Energy Assistance Program Residential Energy Assistance Challenge Option Program (REACH); LIHEAP Clearinghouse T&TA; Job Opportunities for Low-Income Individuals; CSBG Training and Technical Assistance and Capacity Building; and Family Violence Prevention and Services Program.

Information collected from the requirements contained in these program announcements will be the sole source of information available to OCS in reviewing applications leading to

awards of discretionary grants to eligible applicants.

The application forms that will be used contain information for competitive review in accordance with the program announcements' guidelines. The data provided is necessary to compute the amount of the grant in relation to proposed project activities by the ACF Grant Officers.

OMB recommended that ACF submit one information collection package covering all OCS discretionary program announcements, since the same application form is used in each announcement. This information collection was last approved in 1998; it is due to expire October 31, 2001. Since the last approval, we have added the Residential Energy Assistance Challenge Option Program (REACH) as an additional Low Income Home Energy Assistance Program.

Respondents: State and local governments, Indian tribes, not-for-profit organizations.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Comm. Economic Development, An	250	1	28	7,000
Comm. Food and Nutrition, An	250	1	10	2,500
LIHEAP Clearing-house RFP (T&TA)	5	1	10	50
LIHEAP REACH, Ann	45	1	10	450
JOLI, Ann	170	1	30	5,100
T&TA (CSBG), Ann	70	1	10	700
Family Violence	150	1	30	4,500
Estimated Total Annual Burden Hours				20,300

In compliance with the requirements of section 3506 (c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Information Services, 370 L'Enfant Promenade, S.W., Washington, D.C. 20447, Attn: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection.

The Department specifically requests comments on: (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c)

the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Dated: March 29, 2001.

Bob Sargis,

Reports Clearance Officer.

[FR Doc. 01-8236 Filed 4-3-01; 8:45 am]

BILLING CODE 4184-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Office of Planning, Research and Evaluation; Grant to the National Fatherhood Initiative

AGENCY: Office of Planning, Research and Evaluation, ACF, DHHS.

ACTION: Award announcement.

SUMMARY: Notice is hereby given that a noncompetitive grant award is being made to the National Fatherhood Initiative to finance a targeted public education campaign throughout the year 2001. Funds will be utilized to write, produce, distribute, and market two new television public service announcements and to facilitate marketing, distribution, tracking, and follow-up activities conducted by the Ad Council and a prominent ad agency