

### 3. Administration and Management (15 Points)

a. The extent to which the applicant provides job descriptions for existing and proposed professional positions and describes how the proposed professional staff will contribute to the overall school asthma education and management program and shows on an organizational chart how the current or proposed placement of each staff will assure program implementation. (5 points)

b. The extent to which the applicant demonstrates that existing or proposed staff have or will have the necessary background and qualifications for the proposed responsibilities and includes a curriculum vitae of each staff. (5 points)

c. The extent to which the applicant provides an organizational chart that identifies lines of communication, accountability, reporting, authority, and describes management and control systems within the organization and discusses how the proposed placement of the project in the organization will increase its likelihood of success. (5 points)

### 4. Collaboration (20 Points)

a. The extent to which the applicant describes current collaboration with state and/or local health and education departments, the organization's collaboration with other federal agencies, national non-profit organizations, foundations, community-based groups, and others who have an interest in or whose mission includes asthma education or management programs, and discusses how the current collaborative relationships can compliment the proposed project. The extent to which the applicant indicates proposed collaborative relationships that will support the proposed operational plan and includes letters of participation and support documenting these anticipated collaborations especially with proposed activities. (15 points)

b. The extent to which the applicant describes collaborative activities or anticipated relationships with other national organizations who support school-based health education programs including asthma education and management, and provides letters of participation and support documenting these anticipated collaborations. The extent to which the applicant describes how the organization can compliment the activities of existing organizations and how their expertise can support this proposed project. (5 points)

### 5. Evaluation Plan (10 Points)

The extent to which the applicant describes their plan to evaluate progress in meeting objectives and conducting activities during the budget period including their ability to describe: (1) what data will be obtained; (2) how the data will be obtained; (3) from whom the data will be obtained; (4) what analysis will be conducted; (5) how evaluation information will be disseminated; (6) how the evaluation data will be used to improve the program; and (7) who will implement the evaluation plan and by when.

### 6. Budget and Justification (Not Scored)

The extent to which the budget is reasonable and consistent with the purposes and activities of the program.

### Other Requirements

#### Technical Reporting Requirements

Provide CDC with the original plus two copies of:

1. Annual progress reports.
2. Financial status report, no more than 90 days after the end of the budget period.

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 I of the application kit.

- AR-7—Executive Order 12372 Review
- AR-8—Public Health System Reporting Requirement
- AR-9—Paperwork Reduction Act Requirements
- AR-10—Smoke-Free Workplace Requirements
- AR-11—Healthy People 2010
- AR-12—Lobbying Restrictions
- AR-14—Accounting System Requirements
- AR-15—Proof of Non-Profit Status

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

This program is authorized under sections 301(a), 311(b) and (c), and 317 (k)(2) [42 U.S.C. 241(a), 243(b) and (c), and 247b(K)(2)] of the Public Health Service Act, as amended. The Catalog of Federal Domestic Assistance number is 93.938.

### J. Where To Obtain Additional Information

This and other CDC announcements can be found on the CDC home page

Internet address—<http://www.cdc.gov>  
Click on "Funding" then "Grants and Cooperative Agreements."

If you have questions after reviewing the contents of all documents, business management technical assistance may be obtained from: Cynthia Collins, Grants Management Specialist, Grants Management Branch, Centers for Disease Control and Prevention (CDC), Program Announcement 01122, 2920 Brandywine Rd, Room 3000, M/S E18, Atlanta, Georgia 30341-4146, Telephone number: (770) 488-2757, E-mail: [coc9@cdc.gov](mailto:coc9@cdc.gov)

For program technical assistance, contact: Mary Vernon-Smiley, Chief, Special Populations Program Section, Program Development and Services Branch, Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, 4770 Buford Highway, NE M/S K31, Atlanta, GA 30341, Telephone number: (770) 488-6199, E-Mail: [mev0@cdc.gov](mailto:mev0@cdc.gov)

Dated: May 11, 2001.

**John L. Williams,**

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

[FR Doc. 01-12424 Filed 5-16-01; 8:45 am]

**BILLING CODE 4163-18-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[Program Announcement 01096]

### Development of Prototypes for The Paul Coverdell National Acute Stroke Registry; Notice of Availability of Funds

#### A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2001 funds for a cooperative agreement for the development of prototypes for The Paul Coverdell National Acute Stroke Registry. This project addresses the "Healthy People 2010" focus area(s) related to Heart Disease and Stroke and Access to Quality Health Services.

The purpose of this program is to design and pilot test real-time data and analysis prototypes in statewide samples that will measure the delivery of care to patients with acute stroke.

The focus is on acute care which includes the process from onset of signs and symptoms through the emergency medical system or other transport to a

hospital emergency department; diagnostic evaluation; use of thrombolytic therapy when indicated by diagnosis and timeliness; other aspects of acute care; and referral to rehabilitation services for surviving cases.

### B. Eligible Applicants

Applications may be submitted by public and private nonprofit organizations and by governments and their agencies; that is, universities, colleges, research institutions, hospitals, other public and private nonprofit organizations, State and local governments or their bona fide agents, including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau, federally recognized Indian tribal governments, Indian tribes, or Indian tribal organizations.

**Note:** Title 2 of the United States Code, Chapter 26, Section 1611 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 \$3,600,000 is available in FY 2001, to fund approximately 4 to 5 awards. It is expected that the average award will be \$800,000, ranging from \$500,000 to \$1,000,000. It is expected that the awards will begin on or about August 31, 2001, and will be made for a 12-month budget period within a project period of one year. Funding estimates may change.

#### *Funding Priority*

1. Preference may be given to applications targeting states with the highest death rates for stroke.
2. Preference may be given to applications such that different geographic areas are represented.

### D. Program Requirements

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

#### *1. Recipient Activities*

a. Plan, implement, and support the operation of hospital-based, statewide stroke registries in order to collect data concerning: each patient presenting to

the hospital Emergency Departments with an admitting diagnosis of stroke.

b. Establish or enhance, and regularly convene an advisory committee to assist in building a consensus, cooperation, and planning for the statewide stroke registry. Representatives may include State Health Departments, key organizations and individuals such as hospital emergency department personnel, neurologists, nurses, clinicians, and others deemed appropriate.

c. Develop a sampling plan for the selection of hospitals to participate in the statewide stroke registry prototype such that the sample is representative of the state's facilities that provide care to patients with acute stroke.

d. Establish selected hospitals to participate in the stroke registry prototype.

e. With other grantees, participate in the final selection of a standard list of data items to be used by all recipients.

f. Develop a data collection mechanism and train hospital personnel in the data collection process.

g. Develop and maintain a data system, including quality assurance mechanisms for data collection and management, to provide timely, complete and quality data.

h. Plan and implement a methodology for assessments of hospital reporting compliance, validity of diagnosis, reliability and completeness of all reporting parameters, and hospital costs required for data collection.

i. Develop and maintain the capability to securely export data.

j. Ensure secure electronic storage, to the extent possible, of all collected data including text and codes.

k. Collaborate with an independent outside audit of data completeness and quality.

l. Develop plan and use stroke registry data to improve the delivery of care to patients with acute stroke.

#### *2. CDC Activities*

a. Provide technical assistance in the development and final selection of standard data items to be used by all recipients.

b. Provide ongoing consultation and technical assistance for effective program planning and management.

c. Collaborate in establishing or endorsing program requirements for completeness, timeliness and accuracy of data.

d. Support the independent quality control audits of registry data completeness and accuracy.

### E. Application Content

Use the information in the Program Requirements, Other Requirements, and

Evaluation Criteria sections to develop the application content. Your application will be evaluated on the criteria listed, so it is important to follow them in laying out your program plan. The narrative should be no more than 75 double-spaced pages, printed on one side, with one inch margins, and un-reduced font.

### F. Submission and Deadline

#### *Letter of Intent*

The letter of intent will be used to determine the number of potential respondents and to assist CDC in coordinating the objective review process. Your letter of intent should include the following information:

1. Name
2. Organization
3. State that will be targeted for data collection

The letter of intent should be submitted on or before May 25, 2001, to the Grants Management Specialist identified in the "Where to Obtain Additional Information" section of this announcement.

#### *Application*

Submit the original and two copies of PHS 5161-1 (OMB Number 0937-0189). Forms are available in the application kit or at the following Internet address: <http://forms.psc.gov/>

On or before June 29, 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 U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.)

#### *Late*

Applications which do not meet the criteria in 1. or 2. above will be returned to the applicant.

### G. Evaluation Criteria

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

Applications will be reviewed and evaluated according to the following criteria: (Maximum 100 Points).

**1. Background and Experience: (15 Points)**

The extent to which the applicant describes: (a) The epidemiology of stroke in the state and rationale for consideration as a high preference state; (b) past and current registry related activities, including strengths and limitations, of health services data collection and outcomes evaluation.

**2. Collaboration: (10 Points)**

The extent to which the applicant: (a) Describes a current or proposed Stroke Advisory Committee; (b) describes past, current, and proposed stroke prevention activities and collaborations with relevant organizations and agencies within the state and with other states or national organizations interested in stroke prevention and stroke management; (c) provides letters of support from the State Health Department and relevant organizations.

**3. Existing Resources and Sampling Plan: (20 Points)**

The extent to which the applicant provides: (a) A description of all existing and in-state hospital sources that provide care to acute stroke patients; (b) a description of existing stroke registries in the state; (c) a sampling plan for the selection of hospitals such that the sample is adequate in number and representative of the state's hospitals that provide care to patients with acute stroke; (d) letters supporting willingness to participate from the selected hospitals.

**4. Implementation Plan and Schedule: (30 Points)**

The extent to which the major steps required for project design and implementation adequately address all recipient activities in the program requirements, are realistically described, and the project timetable displays appropriate dates for the accomplishment of specific project activities.

**5. Data Utilization: (10 Points)**

The extent to which the applicant provides a relevant and realistic plan to use stroke registry data to improve the delivery of care to patients with acute stroke.

**6. Project Management and Staffing Plan: (15 Points)**

The extent to which proposed staffing, organizational structure, staff experience and background, identified

training needs or plan, and job descriptions and curricula vitae for both proposed and current staff indicate ability to carry out the purposes of the program.

**7. Budget: (Not Scored)**

The extent to which the applicant provides a detailed budget and justification consistent with the stated objectives and program activities.

**H. Other Requirements**

**Technical Reporting Requirements**

Provide CDC with original plus two copies of:

1. Semiannual progress reports;
2. Financial status report, no more than 90 days after the end of the budget period; and
3. Final financial and performance reports, no more than 90 days after the end of the project period.

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

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

- AR-7—Executive Order 12372 Review
- AR-8—Public Health System Reporting Requirements
- AR-9—Paperwork Reduction Act Requirements
- AR-10—Smoke-Free Workplace Requirements
- AR-11—Healthy People 2010
- AR-12—Lobbying Restrictions
- AR-14—Accounting System Requirements
- AR-15—Proof of Non-Profit Status

**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. section 241], — 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 home page Internet address: <http://www.cdc.gov>. Click on "Funding" then "Grants and Cooperative Agreements."

Should you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from: Van King, 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) 488-2751, Email address: [vbk5@cdc.gov](mailto:vbk5@cdc.gov).

For program technical assistance, contact: Wendy A. Wattigney, Cardiovascular Health Branch, Division of Adult and Community Health, NCCDPHP, 4770 Buford Highway, NE, Mailstop K47, Atlanta, Georgia 30341-3717, Telephone number: (770) 488-8149, Email address: [wdw0@cdc.gov](mailto:wdw0@cdc.gov).

Dated: May 11, 2001.

**John L. Williams,**

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

[FR Doc. 01-12418 Filed 5-16-01; 8:45 am]

**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Care Financing Administration**

**[Document Identifier: HCFA-265]**

**Agency Information Collection Activities: Submission For OMB Review; Comment Request**

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Health Care Financing Administration (HCFA), Department of Health and Human Services, has submitted to the Office of Management and Budget (OMB) the following proposal for the collection of information. Interested persons are invited to send comments regarding the burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

*Type of Information Collection Request:* Extension of a currently approved collection.

*Title of Information Collection:* Independent Renal Dialysis Facility Cost Report and Supporting Regulations 42 CFR 413.20 and 42 CFR 413.24.

*Form No.:* HCFA-265 (OMB# 0938-0236).

*Use:* The Independent Renal Dialysis Facility Cost Report provides for the determination and allocation of costs to the components of the facility in order