

Sunday, March 31, 2002. Please send to:  
 Ruby Palmer, Designated Federal  
 Official, CTS, ATSDR (E-54), 1600  
 Clifton Road, NE., Atlanta, GA 30033.  
 Phone: Toll-free 1-888-422-8737.  
 Fax: (404) 498-1744.

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Employment and employer(s) for last five  
 years: \_\_\_\_\_

Please check the corresponding box  
 for your response to the following  
 questions; please keep any written  
 responses brief.

- (1) Do you live in a community or on a reservation that contains a site contaminated with toxic substances or are you a member of an organization that works on environmental health/toxic substance issues with such affected communities/tribes? Check all that apply.  
 yes, live in such a community/reservation  
 yes, member of such an organization  
 no  
 If you checked no, please skip to question #9.
- (2) What type of site is it?  
 National Priorities List (Superfund NPL)  
 Department of Energy  
 Department of Defense  
 State  
 Not sure/don't know  
 Other
- (3) What is the status of site cleanup?  
 Cleanup underway  
 Cleanup completed  
 No work done  
 Not sure/don't know
- (4) How would you characterize your community/tribe?  
 Rural  
 Suburban  
 Urban  
 Tribal Lands  
 Not sure/don't know
- (5) How would you characterize the racial/ethnic makeup of your community/tribe?  
 White  
 African-American  
 Hispanic  
 Asian  
 Native American  
 Mixed/ no group predominate  
 Not sure/don't know
- (6) How would you characterize the economic status of your community/tribe?

- Lower income  
 Middle income  
 Upper income  
 Not sure/don't know
- (7) Do you believe your personal/family health has been harmed due to exposure to toxic substances in the environment?  
 Yes  Possibly  No  
 (7a) If you are a tribal member, is contamination of traditional food supply thought to be a problem?  
 Yes  Possibly  No
- (8) Are you a member of a community/tribal organization focused on the site?  
 Yes  No  
 (8a) If yes, please describe  
 \_\_\_\_\_
- (9) Are you familiar with the Agency for Toxic Substances and Disease Registry (ATSDR)?  
 Yes  No
- (10) Have you either sought assistance from, or previously been involved with ATSDR?  
 Yes  No
- (11) Has ATSDR sponsored a health assessment or health study in your community?  
 Yes  No  Not sure/don't know
- (12) Have you attended other national or regional ATSDR meetings in the last 5 years?  
 Yes  No
- (13) Are you a member of an organization—other than the one you may have noted in question 8—focused on toxic substances/environmental health?  
 Yes  No  
 (13a) If yes, what is the scope of the organization?  
 Local  Regional  National  
 (13b) Please describe the organization  
 \_\_\_\_\_
- (14) How many years have you been involved in toxic substance/environmental health issues?  
 \_\_\_\_\_ Years
- (15) How many hours per month on average can you make available for telephone calls, periodic meetings, an review of materials?  
 \_\_\_\_\_ Hour per month
- (16) Have you in the past or are you now participating in an advisory group similar in structure to the Community and Tribal Subcommittee?  
 Yes  No  
 (16a) If yes, please describe the group and your role  
 \_\_\_\_\_

(17) QUALIFICATIONS/  
 BACKGROUND: Please briefly note your knowledge of/ experience with toxic substance/environmental health issues. List relevant self-education/ research, workshops attended, and/or formal training.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(18) CURRENT ISSUES: What are your views on ATSDR's current approach to working with communities/tribes?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(19) EXPECTATIONS: What type of input, recommendations, and advice do you envision the Subcommittee providing, and what type of outreach would you do in order to formulate your recommendations to the Board of Scientific Counselors?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 31, 2002.

**Alvin Hall,**

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

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Agency for Toxic Substances and Disease Registry**

**Community and Tribal Subcommittee of the Board of Scientific Counselors, Agency for Toxic Substances and Disease Registry: Meeting**

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Agency for Toxic Substances and Disease Registry (ATSDR) announces the following subcommittee and committee meetings.

Name: Community and Tribal Subcommittee (CTS).

Time and Date: 8:30 a.m.–4:30 p.m., February 27, 2002.

Place: Sheraton Buckhead Hotel, 3405 Lenox Road NE, Atlanta, Georgia 30326.

Status: Open to the public, limited by the available space. The meeting room accommodates approximately 50 people.

Purpose: This subcommittee brings to the Board advice, citizen input, and recommendations on community and tribal programs, practices, and policies of the Agency.

Matters to be Discussed: Agenda items include a presentation on ATSDR's Disease Registry activities; a presentation on ATSDR's Strategic Plan; an overview on the Public Health Assessment Guidance Manual; a report on the meeting at the Pentagon addressing health issues at federal facility sites; and a report on the progress with the external review of the CTS.

Written comments are welcomed and should be received by the contact person listed below prior to the opening of the meeting.

Agenda items are subject to change as priorities dictate.

Contact Person For More Information:

Ruby L. Palmer, Designated Federal Official, CTS/ATSDR contact, ATSDR, M/S E-54, 1600 Clifton Road, NE, Atlanta, Georgia 30333, telephone 404/498-1749.

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 31, 2002.

**Alvin Hall,**

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

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[Program Announcement 02029]

#### Cooperative Agreement for the Support of a National Folic Acid Promotion Program Notice of Availability of Funds

##### A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of Fiscal Year (FY) 2002 funds for a cooperative agreement program for the support of a National Folic Acid Promotion Program. This program addresses the "Healthy People 2010" focus area of Maternal, Infant, and Child Health.

The purpose of this program is to support the development and implementation of a national program to promote the use of vitamin folic acid for the prevention of spina bifida and other neural tube defects. This program will improve the knowledge and awareness of health care providers, public and private health organizations, and women of reproductive age about reducing birth defects by promoting the use of folic acid.

##### 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, and federally recognized Indian tribal governments, Indian tribes, or Indian tribal organizations.

To be eligible, applicants must demonstrate involvement in a national organization which is actively participating in the promotion of folic acid to prevent birth defects. This should be demonstrated in the form of a letter from the identified National Organization's/Council's Executive Officer and should be placed immediately following the face page of the application.

Applications that do not include the above information will be determined as non-responsive and returned without review.

##### C. Availability of Funds

Approximately \$200,000 will be available to fund one award. It is expected that this award will begin on or about June 1, 2002, and will be made for a 12-month budget period within a project period of up to five years. The funding estimate 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.

##### D. Program Requirements

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

###### 1. Recipient Activities

a. Provide at least one full-time manager and other staff support needed to carry out a national agenda.

b. Develop a national program to reach women of reproductive age and healthcare providers who serve them.

c. Provide a mechanism which allows the public to access the latest developments in research and practice related to the use of folic acid to prevent birth defects.

d. Provide a customized service whereby state and local programs, agencies, and professionals may receive packets, newsletters, bibliographies, policy papers, and fact sheets.

e. Convene meetings of council partners to share information about materials, strategies, and model programs to promote the use of folic acid to prevent birth defects.

f. Participate in national, state, or local meetings and conferences on behalf of the council.

g. Establish and implement methods for evaluating the impact of the programs and activities to increase consumption of folic acid.

##### 2. CDC Activities

a. Provide scientific collaboration for appropriate aspects of the activities, including new scientific data on benefits of folic acid, information on rates of neural tube birth defects, and prevention strategies.

b. Assist in development and review of relevant information made available to federal, state, and local health agencies, health care providers, and volunteer organizations.

c. In conjunction with the recipient, evaluate the impact of the programs and activities to increase consumption of folic acid.

d. Participate in all meetings convened by the recipient.

##### E. Application Content

Use the information in the Program Requirements, Other Requirements, and Evaluation Criteria sections to develop the application content. Applications will be evaluated on the criteria listed, so it is important to follow them in laying out the program plan. The application should be no more than 20 double-spaced pages, printed on one side, with one-inch margins, and 12 point font, not including attachments.

###### 1. Organization Profile

a. Provide a narrative, including background information and information on the applicant organization, evidence of relevant experience in coordinating activities among constituents, and a clear understanding of the purpose of the project.

b. Include details of past experiences working with the target populations.