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Sandra R. Manning,

Director, Procurement and Grants Office,

Centers for Disease Control and Prevention.

[FR Doc. 02–23151 Filed 9–11–02; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 03006]

Immunization and Vaccines for Children Grants; Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2003 funds for a grant program for Preventive Health Services, Immunization and the Vaccines for Children (VFC) program. Both programs address the “Healthy People 2010” priority area under Immunization and Infectious Diseases.

The purpose of this grant program is to support efforts to plan, develop, and maintain a public health infrastructure, which assures an effective national immunization system. As a part of this system, the purpose of the VFC program is to increase access to vaccines for eligible children by supplying Federal government-purchased pediatric vaccines to public and private health care providers registered with the program. Eligible children include newborns through those 18 years of age who are Medicaid-eligible, not insured, American Indian/Alaska Natives, and children not insured with respect to the vaccine who are served by a Federally-Qualified Health Center or a Rural Health Clinic.

Measurable outcomes of the program will be in alignment with one or more of the following performance goals for the National Immunization Program:

1. Reduce the number of indigenous cases of vaccine-preventable diseases.
2. Ensure that two year-olds are appropriately vaccinated.
3. Improve vaccine safety surveillance.
4. Increase routine vaccination coverage levels for adolescents.
5. Increase the proportion of adults who are vaccinated annually against influenza and who have ever been vaccinated against pneumococcal diseases.

B. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under section 317 of the Public Health Service Act, [42 U.S.C. 247b], as amended. The Catalog of Federal Domestic Assistance number is 93.268. The VFC Program is authorized under section 1902(a)(62), of the Social Security Act, 42 U.S.C. section 1396a(a)(62). The VFC Program was established under the authority of Section 1928(a) of the Social Security Act, 42 U.S.C. 1396s(a).

C. Eligible Applicants

Limited Competition

Assistance will be provided only to the health departments of States 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. In consultation with States, assistance may be provided to political subdivisions of States. The Federated States of Micronesia, the Republic of Palau and the Republic of the Marshall Islands are not eligible for funding through the VFC Program. Competition is limited to these entities because they have the primary responsibility for carrying out the public health assurance functions required to achieve the desired outcomes and performance goals established by CDC.

Note: Title 2 of the United States Code section 1611 states that an organization described in section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant, or loan.

D. Funds

Availability of Funds

Section 317

Approximately $180,000,000 in Section 317 funds is available in FY 2003 to fund 64 awards for program operations. It is expected that the average Section 317 award for program operations will be $2.8 million, ranging from $62,000 to $16,000,000.

In addition, approximately $208,000,000 in Section 317 funds is available in FY 2003 to fund 64 Section 317 awards for vaccine purchases. It is expected that the average Section 317 award for vaccine purchase will be $3,250,000, ranging from $6,000 to $25,000,000.

VFC

Approximately $65,000,000 in VFC funds is available in FY 2003 to fund 61 awards for program operations. It is expected that the average VFC award for program operations will be $1,000,000, ranging from $99,000 to $7,000,000.

In addition, approximately $704,000,000 in VFC funds is available in FY 2003 to fund 61 VFC awards for vaccine purchase. It is expected that the average VFC award for vaccine purchase will be $11,555,000, ranging from $298,000 to $1,210,000.

All applicants eligible for VFC funding are expected to apply for both Section 317 and VFC funds. It is expected that the awards will begin on or about January 1, 2003 and will be made for a 12-month budget period within a project period of up to five years. Funding estimates may change. All awards are subject to availability of funds.

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.

Direct Assistance

You may request Federal personnel and vaccines for which CDC has established purchase contracts as Direct Assistance (DA) in lieu of a portion of financial assistance. Grantees may also access Federal contracts for equipment, supplies, and services needed for immunization registry development by requesting these costs as DA.

Use of Funds

Funding requests not directly related to immunization activities are outside the scope of these grant programs and will not be funded.

Immunization grant funds are intended to supplement and may not be used to supplant state and local resources.

Grant funds awarded for vaccine may be used only for purchasing vaccines. Vaccines obtained through the VFC Program may be administered only to VFC-eligible persons in risk groups recommended by the Advisory Committee on Immunization Practices (ACIP). Vaccines and related products acquired with 317 funds [with the exception of Td/DT toxoids and hepatitis B immune globulin (HBIG)] are not to be administered to persons eligible for the VFC Program. Additional information about limitations on the use of VFC funds for program operations is provided in the CDC document entitled “VFC Operations Guide” which is available from CDC upon request. (See section J. Where to Obtain Additional Information)

Based on the availability of appropriated 317 funds, Section 317...
grant funds may also be used to
implement programs to ensure
vaccination of adolescents and adults.
Also based upon the availability of grant
funds, vaccines may be purchased for
adults not covered by Medicare,
including hepatitis B vaccine for
persons at high risk, influenza vaccine
for persons 50 years of age and older,
and any other vaccines recommended
by the ACIP for adults.

The amount of grant funds used for
vaccine purchases to providers should be
within the per-dose cost standards
established by CDC through on-going
cost studies.

Grant funds may not be used to
purchase or lease vehicles or for
administrative overhead such as rent
and utilities. Costs associated with
purchasing or leasing vehicles will be
denied except in cases where the
application provides strong evidence of
exceptional need directly related to the
implementation of the program.

Requests for funds to support
administrative overhead covered by the
indirect cost agreement will also be
denied. Applications that include
requests for funding to support
administrative overhead should include
a copy of the grantee’s indirect cost rate
agreement.

Recipient Financial Participation

Documentation of recipient financial
participation is required for this
program in accordance with this
Program Announcement. Although CDC
does not require grantees to match
funding for immunization activities,
CDC wishes to fully document grantee
financial participation in immunization
programs as recommended by the
Institute of Medicine (“Calling The
Shots, Immunization Finance Policies
and Practices”, National Academy of
Sciences, 2000). Therefore, grantees
should fully and comprehensively
document all support by grantee and
sub-grantee agencies, including in-kind
support, for immunization program
activities and vaccine purchases.

Funding Priority

As funding levels permit, funds will
be awarded for the program activities
listed in the “2002 VFC Operations
Guide” and the “Immunization Program
Operations Manual” (available from
CDC upon request: See section J. Where
to Obtain Additional Information);
including screening and referral of
children enrolled in the Special
Supplemental Nutrition Program for
Women, Infants and Children (WIC) in
areas where prevalence suggests that WIC
enrollees are significantly under-
immunized.

Priority will be given to funding
activities proven to be effective in
raising immunization coverage. These
activities are described in the
“Community Guide to Preventive
Health Services” published by CDC and
available through the following Web
site: www.thecommunityguide.org.

Priority will also be given to funding
activities that: (1) Identify areas where
immunization coverage is low relative to
the over-all population; (2) identify
the under-immunized individuals in
these areas; and (3) implement proven
strategies to ensure that these
individuals are fully vaccinated.

Funding Preferences

Funding preference will be given to
current recipients.

E. Program Requirements

In conducting activities to achieve the
purposes of these programs, the
recipient will be responsible for the
following activities:

1. Program Management
   a. Identify areas where immunization
      coverage is low and implement
      strategies to ensure that under-
      immunized individuals in these
      areas are identified and receive
      ACIP-recommended vaccines.
   b. Build and participate in
      community-based and program-wide
      coalitions to promote specific activities
      or projects intended to assure
      immunization of all age groups.
   c. Coordinate educational and other
      activities with state and local WIC
      programs, to assure that children
      participating in WIC are screened and
      referred for immunizations using a
      documented immunization history in
      accordance with policy of the United
      States Department of Agriculture.
   d. Coordinate program planning and
      implementation with the Indian Health
      Service, Tribal/638 health clinics and
      other entities that provide medical
      services to Native populations to assure
      consistent and immediate access to all
      VFC vaccines by American Indian and
      Alaska Native populations.

2. Vaccine Management
   a. Establish a cost-effective system for
distributing federally-purchased vaccine
to private and public health care
providers.
   b. Estimate 317 and VFC vaccine
      needs, based on ACIP
      recommendations, populations to be
      served, anticipated vaccine uptake and
      wastage rates, state/local vaccine supply
      policies and existing vaccine
      inventories.
   c. Follow a CDC-approved purchasing
      plan for VFC vaccine to ensure that total
      annual VFC vaccine purchases do not
      exceed the amount needed for VFC
      eligible children and are consistent with
      the number of VFC-eligible children
      reported to and certified by CDC.
   d. Provide vaccines to VFC enrolled
      providers in sufficient quantities to
      immunize VFC-eligible children in
      accordance with ACIP resolutions.
   e. Update (annually) and maintain
      VFC program records on all
      participating providers.
   f. Establish a system to document
      wasted and unaccounted for vaccines
      purchased with 317 and VFC funds.
   g. Implement a program with
      immunization providers and vaccine
      depots to minimize and report vaccine
      wastage.
   h. Submit claims for rebate of excise
tax for vaccines that cannot be
      administered because of shelf-life
      expiration or improper storage and
      handling.
   i. Maintain a system for detecting,
      responding to, and reporting suspected
cases of fraud and abuse involving
      Federally-purchased vaccine.

3. Immunization Registries

   Develop, update, and/or implement a
   plan to reach the Healthy People 2010
goal of enrolling at least 95 percent of
   children under six years of age in a fully
   operational registry.

4. Provider Quality Assurance
   a. Work with health insurance
      companies, managed care organizations
      (MCOs) and the State Medicaid agency
to ensure that local health departments
      are appropriately reimbursed for
      vaccines and vaccine administration
costs that are covered benefits.
   b. Work with private health care
      providers to reduce referrals to public
      clinics and remove the barriers to
      immunization that drain limited 317
      vaccine resources in public clinics.
   c. Provide educational opportunities
      for public and private providers
      concerning the standards for pediatric
      and adult immunization practices,
      reporting of suspected vaccine
      preventable diseases (VPDs), and
      provider responsibilities under the
      National Childhood Vaccine Injury Act
      (sections 2125 and 2126 of the Public
      Health Service Act, 42 U.S.C. sections
      300aa–25 and 300aa–26); including
      recordkeeping, reporting and use of
      Vaccine Information Statements.
   d. Conduct site visits to VFC provider
      offices to evaluate vaccine management,
      ensure compliance with VFC program
      requirements, assess immunization
practices and make recommendations for improvement.

5. Service Delivery
   a. Coordinate with local public health agencies and clinics to make
      immunization services and ACIP-recommended vaccines available for
      underserved populations of all age groups in every county and major
city.
   b. Enroll health care providers who serve children into the VFC program in
      accordance with Section 1902(a)(62), of the Social Security Act and Section
      1928 [42 U.S.C. 1396s] (a) of the Social Security Act.
   c. Assess completeness of prenatal hepatitis B surface antigen (HbsAg)
      screening and appropriate vaccination of infants at high risk of perinatally-
      acquired hepatitis B infection.
   d. Conduct and coordinate case management of infants at high risk of
      perinatally-acquired hepatitis B infection to ensure completion of the
      hepatitis B vaccination series.
   e. Work with child care facilities, schools, state, and local agencies, to
      identify and provide appropriate vaccinations to under-immunized
      infants and children entering day care and school.

6. Consumer Information
   a. Undertake appropriate efforts to inform, influence, and motivate the
      public about the importance and safety of immunizations.
   b. Distribute Vaccine Information Statements (VIS) and CDC’s instructions
      for their use to ensure proper use of VIS in accordance with the National
   c. Work with child care facilities, schools, state, and local agencies, to
      identify and provide appropriate vaccinations to under-immunized
      infants and children entering day care and school.

7. Surveillance
   a. Investigate and document suspected VPD cases in accordance with
      CDC’s “Manual for Surveillance of Vaccine Preventable Diseases”.
   b. Submit timely case reports to CDC on cases of VPD designated as
      reportable by the Council of State and Territorial Epidemiologists.
   c. Coordinate and monitor the Vaccine Adverse Events Surveillance
      System mandated by the National
   d. Follow up on all reports of serious adverse events (e.g., death, life-
      threatening illness, hospitalization and permanent disability) following
      immunization.

8. Population Assessment
   a. Identify and monitor pockets of under-immunized children and adults
      by using immunization coverage

estimates (e.g., cluster surveys, immunization registries, Medicare billing data, retrospective analysis of
school immunization surveys, provider coverage assessments and Behavioral Risk Factor Sample Survey).
   b. Estimate immunization coverage and exemption rates among children in
day care and kindergarten.
   c. Use existing coverage data to monitor and analyze uptake of new and
      recently introduced vaccines.

F. Content
Applications
   The Program Announcement title and number must appear in the application. 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 the program
   plan. The narrative should be no more than 80 pages, double-spaced, printed on one side, with one-inch margins, and
   12 point Courier font.

   The application should consist of, at minimum, a description of Program Need, Objectives, Methods, Evaluation,
   Budget, Budget Justification, Applicant Resources, and Management Plan. All applications must clearly differentiate
   317 and VFC funding streams to enable CDC and grantee financial offices to track these funds separately. CDC will
   provide instructions and a budget template for this purpose in a Grant Guidance document. Requests for VFC
   funds must be justified based on the number and proportion of the population eligible for VFC vaccines.

Direct Assistance
To request new direct-assistance assignees, include:
   a. Number of assignees requested.
   b. Description of the position and proposed duties.
   c. Ability or inability to hire locally with financial assistance.
   d. Justification for request.
   e. Organizational chart and name of intended supervisor.
   f. Opportunities for training, education, and work experiences for assignees.
   g. Description of assignee’s access to computer equipment for communication with CDC (e.g., personal computer
      at home, personal computer at workstation, shared computer at workstation on site, shared computer at
      a central office).

G. Submission and Deadline
Submit the original and two copies of

PHS 5161–1 (OMB Number 0920–0428).

Forms are available at the following internet address: www.cdc.gov/od/pgo/forminfo.htm.

If you do not have access to the internet, or if you have difficulty accessing the forms on-line, you may
contact the CDC Procurement and Grants Office Technical Information Management Section at:
770–488–2700. Application forms can be mailed to you.

The application must be received by 5 p.m. Eastern Time October 28, 2002.
Submit the application to: Technical Information Management–PA03006,
 Procurement and Grants Office, Center
for Disease Control and Prevention, 2920 Brandywine Rd, Room 3000,
Atlanta, GA 30341–4146. Forms may
not be submitted electronically.

Deadline: Applications shall be considered as meeting the deadline if they are received before 5 P.M. Eastern
Time on the deadline date. Applicants sending applications by the United
States Postal Service or commercial
delivery services must ensure that the
carrier will be able to guarantee delivery
of the application by the closing date
and time. If an application is received after close due to (1) carrier error, when
the carrier accepted the package with a


criteria by an independent review group appointed by CDC:

1. Methods (30 points)
   Are the proposed activities and interventions potentially effective in directly impacting immunization coverage and disease reduction, (especially in under-immunized geographical areas and sub-populations)? Is the management plan likely to ensure that grant-funded activities will be implemented in a timely fashion?

2. Program Plan (25 points)
   Does the application propose effort for required activities in all program components outlined in section “D. Program Requirements” and for populations of all ages (infants, children, adolescents and adults)?

3. Objectives (25 points)
   Does the program objectives focus on specific activities that potentially impact program need?

4. Evaluation (20 points)
   Are quantified performance measures that will demonstrate program effectiveness as indicated by achievement of program objectives and intended outcomes clearly stated?

5. Budget (not scored)
   Are the budget and budget justification thorough in explaining the purpose for which each line item is requested, and how the amounts were derived? Are the budget items apportioned across the program components? Are the 317 and VFC funds clearly differentiated?

I. Other Requirements

Technical Reporting Requirements

Provide CDC with original plus two copies of:

1. Semiannual progress reports. The progress report will include a data element that demonstrates measures of effectiveness. The first report will cover the period January 1 to June 30, and the second report (which serves as the continuation application) will cover the period July 1 to December 30. A copy of the progress report due on July 30 must be submitted via computer-based systems and formats developed by CDC that specify required data elements related to measures of effectiveness (the original and two copies are to be mailed).

2. Ad hoc reports, i.e., VPD case reports and ongoing purchase and inventory reports for all vaccines purchased with public funds, via forms, templates, and computer-based systems developed by CDC should be submitted as information is collected or as requested by CDC.

3. Financial Status Report, with an attachment that delineates separate VFC and 317 expenditures and obligations by object class category, no more than 90 days after the end of the budget period.

4. Final financial and performance report, with an attachment that delineates separate VFC and 317 expenditures and obligations by object class category, 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–1 Human Subjects Requirements
AR–7 Executive Order 12372 Review
AR–8 Public Health System Reporting Requirements
AR–10 Smoke-Free Workplace Requirements
AR–11 Healthy People 2010
AR–12 Lobbying Restrictions
AR–14 Accounting System Requirements

J. Where To Obtain Additional Information

This and other CDC announcements, the necessary applications and associated forms can be found on the CDC home page: http://www.cdc.gov. Click on “Funding” then “Grants and Cooperative Agreements.”

For general questions about this announcement, contact: Technical Information Management, CDC Procurement and Grants Office, 2920 Brandywine Rd, Room 3000, Atlanta, GA 30341–4146, Telephone: 770–488–2700.

For business management and budget assistance, contact: Peaches Brown, Grants Management Specialist, Procurement and Grants Office, Centers for Disease Control and Prevention, 2920 Brandywine Road, Room 3000, Atlanta, GA 30341–4146, Telephone number: (770) 488–2738, E-mail address: prb0@cdc.gov.

For program technical assistance, contact: Glen Koops, Acting Chief, Program Operations Branch, ISD, National Immunization Program, Mailstop E–52, 1600 Clifton Rd., Atlanta, GA 30333, Telephone number: (404) 639–8215, E-mail address: gak3@cdc.gov.

Dated: September 6, 2002.

Sandra R. Manning,
Director, Procurement and Grants Office,
Centers for Disease Control and Prevention.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Alcohol Syndrome and Fetal Alcohol Effect National Task Force Meeting; Correction

AGENCY: Centers for Disease Control and Prevention, HHS.

ACTION: Notice; correction.

Name: National Task Force on Fetal Alcohol Syndrome and Fetal Alcohol Effect (NTFFAS/FAE): Correction.

Times and Dates: 8:30 a.m.–4:30 p.m., September 20, 2002, 8:30 a.m.–12 noon, September 21, 2002.

SUMMARY: The National Task Force on Fetal Alcohol Syndrome and Fetal Alcohol Effect published a notice in the Federal Register of August 8, 2002, announcing a meeting place.

Correction

In the Federal Register of August 8, 2002, Volume 67, Number 153, Notice, Page 51584, “Place” should read:

Place: Marriott Atlanta Marquis, 265 Peachtree Center Avenue, Atlanta, Georgia 30303, telephone 404/521–0000; fax 404/586–6299.

FOR FURTHER INFORMATION CONTACT:
Louise Floyd, 770/488–7372.

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.


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