

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Disease Control and Prevention****[Program Announcement 775]****Primary Prevention Skin Cancer Strategies for Children, Parents, and Caregivers****Introduction**

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1997 funds for cooperative agreement projects for primary prevention of skin cancer, and to build a national primary prevention effort that targets children (aged 0–13), parents, and caregivers. Caregivers are defined as those individuals who spend a significant number of consecutive hours with a child or children on a daily basis, i.e., grandparents, day-care workers, teachers, foster parents, etc. Project activities will be developed to complement previous and ongoing efforts of the National Skin Cancer Prevention Education Program (NSCPEP) and focus on two program options. Applicants may choose one or both of the options. The strategies or activities proposed for each option chosen must be clearly identified and stand alone, and applications must include separate narratives and budgets for each option selected.

Applicants not adhering to this requirement will be disqualified.

Option One: Develop and conduct a skin cancer primary prevention intervention.

Option Two: Develop partnerships, coalitions, or interest groups with the lay, professional, and scientific community that supplement and support the primary prevention efforts of the NSCPEP.

CDC is committed to achieving the health promotion and disease prevention objectives of "Healthy People 2000," a national activity to reduce morbidity and mortality and to improve the quality of life. This announcement is related to the priority area of Cancer. (For ordering a copy of "Healthy People 2000", see the section "Where To Obtain Additional Information.")

Authority

This program is authorized under section 317(k)(2) of the Public Health Service Act, as amended (42 U.S.C. 247b(k)(2)). Applicable program regulations are found in 42 CFR part 51b—Project Grants for Preventive Health Services.

Smoke-Free Workplace

CDC strongly encourages all grant recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products, and Pub. L. 103–227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, and early childhood development services are provided to children.

Eligible Applicants

Eligible applicants are public and private not-for-profit organizations, governments, and their agencies. Thus, universities, colleges, research institutions, other not-for-profit public and private organizations, State and local governments or their bona fide agents, federally recognized Indian tribal governments, Indian tribes or Indian tribal organizations, and small, minority-and/or women-owned not-for-profit businesses are eligible to apply.

Note: Organizations described in section 501(c)(4) of the Internal Revenue Code of 1966 that engage in lobbying are not eligible to receive Federal grant and cooperative agreement funds.

Availability of Funds

Approximately \$800,000 is available in FY 1997 to fund approximately four awards. A minimum of one award will be made for each of the Options. The average award will be \$200,000, with awards ranging from approximately \$150,000 to \$250,000. It is expected that the awards will begin on or about September 30, 1997, and will be for a 12-month budget period within a project period of up to 3 years. Funding estimates may vary and are subject to change.

Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.

Use of Funds**Restrictions on Lobbying**

Applicants should be aware of restrictions on the use of HHS funds for lobbying of Federal or State legislative bodies. Under the provisions of 31 U.S.C. 1352 (which has been in effect since December 23, 1989), recipients (and their subcontractors) are prohibited from using appropriated Federal funds (other than profits from a Federal contract) for lobbying Congress or any Federal agency in connection with the award of a particular contract, grant, cooperative agreement, or loan. This includes grants/cooperative agreements that, in whole or in part, involve conferences for which Federal

funds cannot be used directly or indirectly to encourage participants to lobby or to instruct participants on how to lobby.

In addition, the FY 1997 HHS Appropriations Act, which became effective October 1, 1996, expressly prohibits the use of 1997 appropriated funds for indirect or "grass roots" lobbying efforts that are designed to support or defeat legislation pending before State legislatures. This new law, Section 503 of Public Law 104–208, provides as follows:

Section 503(a) No part of any appropriation contained in this Act shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress, * * * except in presentation to the Congress or any State legislative body itself.

(b) No part of any appropriation contained in this Act shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State legislature.

Department of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 1997, as enacted by the Omnibus Consolidated Appropriations Act, 1997, Division A, Title I, section 101(e), Public Law 104–208 (September 30, 1996).

Background

Skin cancer is the most common form of cancer in the United States, which accounts for more than one million new cases annually or roughly one third of all new cancer cases. Basal and squamous cell skin cancers are the most common types of skin cancer and tend to have a low mortality but high morbidity that may result in disfigurement and disability. Melanoma has a lower incidence, but a higher mortality rate among the skin cancers. The American Cancer Society estimates that in 1997, 40,300 persons will be diagnosed with melanoma of the skin and 7,300 will die from the disease. There will be a projected total of 9,490 deaths, 2,100 resulting from basal cell, squamous cell, and a small proportion of more rare skin cancers. From 1973–1992, the overall percentage increase in the rate of death of melanoma (34.1%) was the third highest of all cancers. Incidence rates are over 10 times higher among whites than among blacks (11.7 per 100,000 v. 0.8 per 100,000 for the period 1985–1989). Mortality from cutaneous melanoma has increased,

although less rapidly than the incidence. Survival has improved partly because of an increase in the proportion of cases diagnosed at the localized stage.

Unprotected exposure to ultraviolet radiation, from the sun or nonsolar sources such as tanning beds, is strongly associated with skin cancer. Melanoma appears to have a strong association with early life sun exposure and sunburns. Because of the apparent link between severe sunburns during childhood and increased risk of melanoma later in life, special efforts should be made to protect children from the sun. Basal cell cancer and melanoma appear to be occurring at earlier ages, which implies the early initiation of activities that significantly increase sun exposure among children.

There are some predisposing risk factors that appear to heighten the propensity for the development of skin cancer such as the presence or family history of skin cancer; large mole count; fair or light colored complexion, hair and eyes; and skin that readily burns from sun exposure.

Currently, it is recommended that people of all ages, and especially those with light complexions, limit sun exposure. Parents and caregivers should limit sun exposure for infants and children. Childhood education is considered a priority target for prevention because children receive an estimated 70–80 percent of lifetime sun exposure before the age of 18; excessive sun exposure early in life appears to increase the risk of the subsequent development of skin cancer later in life, and beneficial behavior patterns established during early childhood often persist throughout life. Children are particularly at risk for sun exposure and have the greatest lifetime potential to benefit from positive sun protection habits. Strategies should identify discrete actions children, parents, and caregivers can take to assure adequate protection from the sun.

Since 1994, CDC has been developing and implementing the NSCPEP program. Related projects funded by CDC include: development and evaluation of skin cancer primary prevention education strategies; media campaigns with resultant widespread media dissemination; national skin cancer prevention education agenda-setting meetings; development of partnerships; development of educational brochures with other agencies and organizations, and development of guidelines for skin cancer prevention in the school and community. In the fall of 1996, CDC co-sponsored and participated in a workshop related to basal cell and

squamous cell skin cancers, spear-headed by the National Institute of Arthritis, Musculoskeletal, and Skin Diseases, National Institutes of Health. Workshop deliberations affirmed the need to develop strategies aimed at the protection of children from over exposure to the sun and the recommendations reflected this. The previously mentioned activities have provided guidance and focus to CDC's advances in skin cancer prevention. As a result, CDC will continue to focus efforts on primary prevention strategies that support the initiation, growth, and maintenance of the NSCPEP, partnerships with national professional organizations, agencies, institutions, and the media.

Purpose

This program will assist in developing and building upon efforts that are consistent with the NSCPEP. The primary goal of this program is to develop, conduct, and evaluate strategies that effectively reach children, parents, and caregivers, and are aimed at reducing skin cancer through the adoption of preventive behaviors and the institution of sun protection measures. These measures may include environmental interventions, such as physical/structural modifications or incentives. Such strategies could include providing physical structures and accompanying incentives to seek shade, and requiring the use of hats, protective clothing, etc., when outside or altered times for outdoor activities.

Program Requirements

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

A. Recipient Activities

Option One: Develop and conduct a skin cancer primary prevention intervention.

1. Seek input from persons in the targeted population, representative interest groups, and persons who can complement activities and provide expertise such as medical, behavioral, and public health perspectives.

2. Inventory resources needed to develop, conduct, and evaluate the intervention, such as hardware, software, skills, capabilities, and material and logistic resources, e.g. training materials, transportation, etc.

3. Develop the intervention.

4. Develop procedures and tools for collecting pre-intervention data,

intervention process data, and post intervention data.

5. Create a marketing plan. Include testing of the plan to ensure that adequate numbers of the targeted population are informed and have the opportunity to participate.

6. Pilot test the intervention among a representative sample of the targeted population.

7. Conduct the intervention in a defined targeted population, taking into account modifications and adjustments identified during the pilot test.

8. Analyze and evaluate the results of the intervention using appropriate qualitative or quantitative methods. Include an assessment of the fidelity of the methodology and protocol, and a description of results with respect to awareness, knowledge, and to the degree possible, behavioral change attributed to the intervention in the targeted population.

9. Participate in conferences, workshops, and meetings convened by CDC.

Option Two: Develop partnerships, coalitions, or interest groups with the lay, professional, and scientific community that supplement and support the primary prevention efforts of the NSCPEP.

1. Define and provide justification for the scope of the proposed partnerships, coalition(s), or interest group(s). The scope can be a diverse group of interested agencies and organizations, including public health; public and private education agencies; voluntary organizations; advocacy groups; not-for-profit and for profit organizations, etc., or a more narrowly defined group of interested agencies and organizations that has as their constituent base the populations for which this program is intended, for example, children and youth organizations; schools; media and private sector partners; parks and recreation organizations; U.S. sport and athletic organizations, parent organizations, etc. The magnitude of reach should describe the level at which the activities will occur (local, State, regional, or national).

2. Develop the purpose, mission, objectives, and expected outcomes of the partnerships, coalition(s), or interest group(s).

3. Develop criteria for selecting members based on #2, include length of the term and ways to optimize member involvement and buy in.

4. Define the level of involvement and expected contributions of members. Address issues related to organizational structure and function; composition of subcommittees and ad hoc committees; decision making processes, etc.

5. Identify ways to enhance process efforts, such as building infrastructure, facilitating group process and communication, and planning and attending to meeting logistics.

6. Establish an initial agenda for action and facilitate group process to develop a purpose, short-and long-term goals, and activities.

7. Develop a strategy to sustain partnerships, coalition(s), or interest group(s).

8. Describe plans for integrating efforts and activities into ongoing national efforts.

9. Develop a mechanism for monitoring and reporting coalition activities and accomplishments. This may include, but is not limited to, meeting minutes, attendance logs, operational and procedural manuals, etc.

10. Participate in conferences, workshops, and meetings convened by CDC.

B. CDC Activities

1. Provide scientific and programmatic technical assistance.

2. Participate with and assist recipient in identifying appropriate agencies and organizations that will enhance project activities.

3. Collaborate with recipients to develop, implement, evaluate, and disseminate project activities designed to improve and change the knowledge, attitude, and impact on behaviors of the targeted groups.

4. Monitor the recipient's performance of project activities, attainment of project objectives, and compliance with other CDC requirements.

5. Provide periodic updates about skin cancer prevention public knowledge, attitudes, and practices, and scientific data when available.

6. Assist with the design and conduct of the evaluation plan, including project outcomes and process measures, and modifications, as deemed necessary.

7. Coordinate dissemination of recipients' experiences and results through grantee meetings, workshops, and conferences with other CDC recipients, other NSCPEP projects, and CDC.

8. Assist recipients with dissemination of project results in the public domain, through venues such as professional publications, presentations at conferences, etc.

Technical Reporting Requirements

Semi-annual progress reports are required and must be submitted no later than 30 days after each semi-annual reporting period. The semi-annual

progress reports must summarize the following: (1) A comparison of actual accomplishments to the goals and objectives established for the reporting period; (2) the reasons for slippage if established goals were not met; and (3) other pertinent information, including, when appropriate, analysis and explanation of unexpectedly high costs for performance.

An annual financial status report must be submitted no later than 90 days after the end of each budget period. Final financial and performance reports are required no later than 90 days after the end of the project period. All reports must be submitted to the Grants Management Branch, Procurement and Grants Office, CDC.

Application Content

All applicants must develop their applications in accordance with PHS Form 5161-1 (Revised 7/92, OMB Number 0937-0189), information contained in this program announcement, and the instructions outlined below. Applicants are required to submit an original and two copies of the application. Pages must be clearly numbered, and a complete index to the application and its appendixes must be included. Begin each separate section on a new page. The original and each copy of the application must be submitted unstapled and unbound. All materials must be typewritten, single-spaced, with unredacted type on 8½ by 11" paper, with at least 1" margins, headers and footers, and printed on one side only.

Appendixes should be of a reasonable length; only include documents necessary to support the application, such as Letters of Support and examples of relevant work, as requested.

Applicants should discuss technical, programmatic, and public health expertise they can offer in the development of national skin cancer prevention efforts and in participation in national meetings and on committees and task forces. An evaluation plan should be included with the application.

Applicants may elect to submit proposals that address one or both of the options. Each option must be treated as a separate submission or application and the application(s) should not exceed 30 pages, excluding appendixes.

Option One: Develop and conduct a skin cancer primary prevention intervention.

Option Two: Develop partnerships, coalitions, or interest groups with the lay, professional, and scientific community that supplement and

support the primary prevention efforts of the NSCPEP.

A. Executive Summary

Provide a clear, concise, one-page summary of: (1) The capabilities and experience in conducting activities related to the Option selected. Include any activities conducted in skin cancer prevention; (2) the major objectives of the proposed project; (3) roles and responsibilities of proposed project personnel, including collaborators; and (4) the estimated total cost of the project, including the total funds requested.

B. Demonstrated Capabilities

Provide evidence, based on previous projects, of the ability to:

Option One: Develop and conduct a skin cancer primary prevention intervention.

1. Describe examples of previous primary prevention intervention work, including those in skin cancer prevention or in other health areas. Discuss organization capability, scope, magnitude of reach (local, State, regional, national), targeted population, process and evaluation methodology, and description of the outcomes and efficacy.

2. Include evidence of adequate resources to develop, conduct and evaluate interventions, such as staff expertise, facilities, hardware, and software. Describe the capabilities available to obtain additional resources when appropriate.

3. Include evidence of direct work with children, parents, and caregivers, and/or evidence of collaborative efforts on projects with interest groups and organizations, representing children, parents, and caregivers, that have conducted primary prevention interventions, including those in skin cancer prevention or in other health areas.

Option Two: Develop partnerships, coalitions, or interest groups with the lay, professional, and scientific community that supplement and support the current efforts of the primary prevention educational activities of the NSCPEP.

1. Describe previous experiences and provide examples of development or substantive participation and sustain ability of previous partnerships, coalition(s), or interest group(s). Include names or types of members, scope, magnitude of reach (local, State, regional, national), process and evaluation methodology, and a description of outcomes and efficacy.

2. Describe the organizational role and processes employed to ensure adequate

resources to develop, implement, evaluate, and sustain partnerships, coalition(s), or interest group(s).

3. Describe and include evidence of past or current experience and participation in partnerships, coalition(s), or interest group(s) that have children, parents, or caregivers as constituents, and that have conducted prevention activities.

4. Include final reports, proceedings, materials developed, or a list of accomplishments resulting from group activities in the appendix.

C. Project Objectives

Submit overall project objectives that are specific, measurable, realistic, and time-phased. Activities during year 01 through year 03 should be related and build on previous work. This should be reflected in the overall project objectives. The objectives and activities related to year 01 should be described in detail. Year 02 and 03 objectives and activities should be briefly described. End-of-year and end-of-project expected outcomes should be included.

D. Operational Plan

Describe the operational plan for achieving each of the objectives established in section C. Provide a concise description of each major activity, and how it will be carried out. Include proposed collaborative efforts. Include relevance to the National Skin Cancer Prevention Education Program efforts. The plan must have a timeline for completion of each major activity. The year 01 timeline must include *specific* process steps and include CDC review and approval.

Letters of support that specify the precise nature of proposed collaboration, and the products, services, capabilities, or other activities that will be provided through the collaboration should be included in the appendix.

Specifically for the Option selected, the Operational Plan should include the following:

Option One: Develop and conduct a skin cancer primary prevention intervention.

1. Describe and provide a rationale for the proposed intervention. Include specific process steps that will be undertaken to accomplish the proposed project. These steps should include, but are not limited to:

(a) The extent of problem; targeted population selection and rationale; baseline data on knowledge, attitudes, and practices; literature review; incorporation of existing primary prevention or skin cancer prevention efforts; theoretical framework; goals and

objectives; development of intervention and marketing plan, including testing of the intervention, to ensure that adequate numbers of the targeted population are informed and have the opportunity to participate, and development of data collection tools. Include the availability of resources to be used on this project, such as skills, capabilities, materials, and facilities.

(b) Plans for the implementation of the intervention, following the pilot or pretesting of the intervention in a sample population. Include sampling, mechanisms for modification and retesting, and conduct of the intervention in the population.

(c) The formative, outcome, and process measures proposed, and the methodology used to evaluate these measures.

(d) The expected impact on the efforts of the NSCPEP.

2. Include specific plans to collaborate with key agencies and organizations representing targeted populations, CDC, other grantee recipients, and current NSCPEP efforts. Include letters of support (in the appendixes) from agencies and organizations with a substantive role in the proposed activities.

3. Include a detailed timeline for all proposed activities.

4. Include evaluation methodology of the intervention by using appropriate qualitative or quantitative methods. Include an assessment of the fidelity of the selected methodology and protocol, and a description of proposed results with respect to awareness, knowledge, and to the degree possible, behavioral change attributed to the intervention in the targeted population.

Option Two: Develop partnerships, coalitions, or interest groups with the lay, professional, and scientific community that supplement and support the primary prevention efforts of the NSCPEP.

1. Include the scope of partnerships, coalition(s), or interest group(s). This should include the proposed composition (diverse versus narrow) and the proposed magnitude of reach (local, State, regional, or national).

2. Include the proposed purpose, objectives, and expected outcomes of the partnerships, coalition(s), or interest group(s).

3. Include criteria used for selecting members, ways to use and optimize member involvement, plans to sustain membership and proposed members or types of members. Include in the appendix, Letters of Support from persons interested and willing to participate.

4. Include process steps used to conduct the meetings; facilitate group process; build group infrastructure; communicate with the group before, during, after, and between meetings; and manage and plan for meeting activity logistics, including travel, meeting space, etc.

5. Include an initial plan for action and methods for facilitating the group to develop the purpose; short- and long-term goals; and activities of the group.

6. Include a detailed timeline for all proposed activities.

7. Include plans to coordinate with other grantees, and other NSCPEP skin cancer prevention coalitions currently in progress, and CDC.

E. Project Management

Describe the capabilities, function, time dedication, and qualifications required for each position. Include collaborators, their qualifications, and reason for their selection.

Specifically for Option selected, Project Management should include the following:

Option One: Provide evidence that a well-balanced team of experts has been assembled to assure that the intervention selected will be designed and developed by using necessary sciences. Include behavioral scientists, evaluation scientists, dermatologists, public health personnel, and the targeted audience in all steps of the process.

Option Two: Provide evidence that a staff person or a consultant has been retained who has expertise in group process and facilitation, as well as substantive experience in coalition development, management, and evaluation. Include evidence of strong management, organizational, and human relations skills.

F. Budget

Provide a detailed budget request (using Standard Form 424A "Budget Information") and line-item justification of all proposed operating expenses consistent with the option selected and the proposed activities. Use the sample budget included in the application kit as a guide to budget development. Include the following:

1. Travel plans in year 01: Budget two trips to CDC in Atlanta, Georgia, for conferences, workshops, or a reverse site visit. Plan to travel one or two persons, for one to three days.

2. All proposed contracts must indicate the following: (1) Name of contractor, (2) Method of selection, (3) Period of performance, (4) Scope of work, (5) Method of accountability, and

(6) Detailed budget with a justification for costs.

Evaluation Criteria (Total of 100 Points)

The application will be reviewed and evaluated according to the following criteria:

A. Demonstrated Capabilities (20 Points Each)

The extent to which all items in the application content are addressed for Option selected including:

1. Provides examples of previous work similar to the nature of Option selected. Includes targeted populations, scope, magnitude of reach (local, State, regional, national), evaluation methodology, and outcomes and efficacy.

2. Provides evidence of adequate resources to develop, conduct, and evaluate activities, such as staff expertise, working knowledge of Option selected, facilities, logistical support, and hardware and software.

3. Provides evidence of direct work with children, parents and caregivers, or evidence of collaborative efforts on projects with interest groups and organizations representative of these that have conducted prevention activities.

B. Project Objectives (20 Points)

The extent to which all items in the application content are addressed for Option selected including:

The appropriateness of proposed objectives that are specific, measurable, time-phased, and realistic for year 01 activities, and a brief description of proposed objectives for years 02 and 03, and the extent to which end-of-year, and end-of-project expected outcomes are described and effect the effort of the National Skin Cancer Prevention Education Program. Epidemiologic data should be included to support and prioritize the need for a targeted primary prevention activity in the Option selected.

C. Operational Plan (Option One: 40 Points Total, 25 Points for the General Operational Plan and 15 Points for the Evaluation Plan; Option Two: 35 Points Total, 25 Points for the General Operational Plan and 10 Points for the Evaluation Plan)

The extent to which all items in the application content are addressed for Option selected including:

1. Provides evidence of a planning process that includes data and needs assessment, literature review, activity selection, and selection of the targeted population (Option One), partnerships,

coalition(s), or interest group(s) (Option Two).

2. Provides a cogent, logical, complete description and process steps of activities.

3. Provides goals, project objectives, and expected outcomes.

4. Provides a timeline that includes CDC review and approval at critical decision-making and work-related steps.

5. Provides evidence of resources necessary to successfully address the activities, such as skills, capabilities and staff, logistical support, and hard and software necessary to carry out Option selected.

6. Provides a plan to market and disseminate activities.

7. Provides an Evaluation Plan that includes the methodology for monitoring formative process, and outcome measures. Includes a description of data collection tools; CDC collaboration, review and approval; Human Subjects, Minorities and Women Research review and other agency review.

D. Project Management (Option One: 20 Points Each; Option Two: 25 Points)

The extent to which all items in the application content are addressed for Option selected including:

Provides a description of the capabilities, function, and qualifications of the proposed staff, staff functions, and other resources needed to effectively perform requested activities in selected Option.

E. Budget (Not Weighted)

The extent to which the applicant provides a detailed budget and justification consistent with the stated objectives and proposed project activities for Option selected included in the application content and with this program announcement.

F. Human Subject (Not Weighted)

Whether or not exempt from the Department of Health and Human Services (DHHS) regulations, are procedures adequate for the protection of human subjects? Recommendations on the adequacy of protections include: (1) Protections appear adequate and there are no comments to make or concerns to raise; (2) protections appear adequate, but there are comments regarding the protocol, (3) protections appear inadequate and the Objective Review Group (ORG) has concerns related to human subjects; or (4) disapproval of the application is recommended because the research risks are sufficiently serious and protection against the risks are inadequate as to make the entire application unacceptable.

Noncompeting Continuation Application Content

In compliance with 45 CFR 74.121(d) and 92.10(b)(4), as applicable, noncompeting continuation applications submitted within the project period need only include:

A. A brief progress report that describes the accomplishments of the previous budget period.

B. Any new or significantly revised items or information (objectives, scope of activities, operational methods, evaluation, etc.) not included in the Year 01 application.

C. An annual budget and justification. Existing budget items that are unchanged from the previous budget period do not need re-justification. Simply list the items in the budget and indicate that they are continuation items. Supporting justification should be provided where appropriate.

Executive Order 12372 Review

Applications are subject to Intergovernmental Review of Federal Programs as governed by Executive Order (E.O.) 12372. E.O. 12372 sets up a system for State and local government review of proposed Federal assistance applications. Applicants should contact their State Single Point of Contact (SPOC) as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC of each affected State. A current list of SPOCs is included in the application kit. If SPOCs have any State process recommendations on applications submitted to CDC, they should send them to Sharron P. Orum, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 314, Mailstop E-18, Atlanta, GA 30305, no later than 60 days after the application deadline date. The Program Announcement Number and Program Title should be referenced on the document. The granting agency does not guarantee to "accommodate or explain" State process recommendations it receives after that date.

Indian tribes are strongly encouraged to request tribal government review of the proposed application. If tribal governments have any tribal process recommendations on applications submitted to CDC, they should forward them to Sharron P. Orum, Grants Management Officer, Grants Management Branch, Procurement and

Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 314, Mailstop E-18, Atlanta, GA 30305.

This should be done no later than 60 days after the application deadline date. The granting agency does not guarantee to "accommodate or explain" for tribal process recommendations it receives after that date.

Public Health System Reporting Requirements

This program is subject to the Public Health System Reporting Requirements. Under these requirements, all community-based nongovernmental applicants must prepare and submit the items identified below to the head of the appropriate State and/or local health agency(s) in the program area(s) that may be impacted by the proposed project no later than the receipt date of the Federal application. The appropriate State and/or local health agency is determined by the applicant. The following information must be provided:

a. A copy of the face page of the application (SF 424).

b. A summary of the project that should be titled "Public Health System Impact Statement" (PHSIS), not exceed one page, and include the following:

(1) A description of the population to be served;

(2) A summary of the services to be provided; and,

(3) A description of the coordination plans with the appropriate State and/or local health agencies.

If the State and/or local health official should desire a copy of the entire application, it may be obtained from the state Single Point of Contact (SPOC) or directly from the applicant.

Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance Number is 93.283.

Other Requirements

Paperwork Reduction Act

Projects that involve the collection of information from 10 or more individuals and funded by the cooperative agreement will be subject to review by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

Human Subjects

If the proposed project involves research on human subjects, the applicant must comply with the Department of Health and Human Services Regulations, 45 CFR part 46, regarding the protection of human

subjects. Assurance must be provided to demonstrate that the project will be subject to initial and continuing review by an appropriate institutional review committee. The applicant will be responsible for providing assurance in accordance with the appropriate guidelines and form provided in the application kit.

In addition to other applicable committees, Indian Health Service (IHS) institutional review committees also must review the project if any component of IHS will be involved or will support the research. If any American Indian community is involved, its tribal government must also approve that portion of the project applicable to it.

Women, Racial, and Ethnic Minorities

It is the policy of the CDC and the Agency for Toxic Substances and Disease Registry (ATSDR) to ensure that individuals of both sexes and the various racial and ethnic groups will be included in CDC/ATSDR-supported research projects involving human subjects, whenever feasible and appropriate. Racial and ethnic groups are those defined in OMB Directive No. 15 and include American Indian, Alaskan Native, Asian, Pacific Islander, Black and Hispanic. Applicants shall ensure that women, racial and ethnic minority populations are appropriately represented in applications for research involving human subjects. Where clear and compelling rationale exist that inclusion is inappropriate or not feasible, this situation must be explained as part of the application. In conducting review for scientific merit, review groups will evaluate proposed plans for inclusion of minorities and both sexes as part of the scientific assessment of scoring.

This policy does not apply to research studies when the investigator cannot control the race, ethnicity and/or sex of subjects. Further guidance to this policy is contained in the **Federal Register**, Vol. 60, No. 179, pages 47947-47951, dated Friday, September 15, 1995.

Application Submission and Deadline

The original and two copies of the application PHS Form 5161-1 (Revised 7/92, OMB Number 0937-0189), must be submitted to Sharron P. Orum, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 314, Mailstop E-18, Atlanta, GA 30305, on or before July 29, 1997.

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

(a) Received on or before the deadline date; or

(b) Sent on or before the deadline date and received in time for submission to the objective 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.)

2. Late Applications: Application which do not meet the criteria in 1.(a) or 1.(b) above are considered late applications. Late applications will not be considered in the current competition and will be returned to the applicant.

Where To Obtain Additional Information

To receive additional written information, call (404) 332-4561. You will be asked to leave your name, address, and telephone number. Please refer to Announcement 775. You will receive a complete program description, information on application procedures and application forms. If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from Glynnis D. Taylor, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention, 255 East Paces Ferry Road, NE., Room 314, Mailstop E-18, Atlanta, GA 30305, telephone (404) 842-6593, or Internet or CDC WONDER electronic mail at gld1@cdc.gov.

Programmatic technical assistance may be obtained from Barbara A. Bewerse, M.N., M.P.H., Division of Cancer Prevention and Control, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC), 4770 Buford Highway, NE., Mailstop K-57, Atlanta, GA 30341-3724, telephone (404) 488-4347, or Internet or CDC WONDER electronic mail at byb0@cdc.gov.

Please refer to Announcement 775 when requesting information and submitting an application.

You may obtain this and other announcements from one of two sites on the actual publication date: CDC's homepage at <http://www.cdc.gov> or the Government Printing Office homepage (including free on-line access to the **Federal Register** at <http://www.access.gpo.gov>).

Potential applicants may obtain a copy of "Healthy People 2000" Full

Report, Stock No. 017-001-00474-0) or "Healthy People 2000" Summary Report, Stock No. 017-001-00473-1) referenced in the "Introduction" through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325, telephone (202) 512-1800.

Dated: June 4, 1997.

Joseph R. Carter,

Acting Associate Director for Management and Operations Centers for Disease Control and Prevention (CDC).

[FR Doc. 97-15062 Filed 6-9-97; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Committee on Immunization Practices: Meeting

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 committee meeting.

Name: Advisory Committee on Immunization Practices (ACIP).

Times and Dates: 8:30 a.m.-6 p.m., June 25, 1997; 8:30 a.m.-4:15 p.m., June 26, 1997.

Place: CDC, Auditorium B, Building 2, 1600 Clifton Road, NE, Atlanta, Georgia 30333.

Status: Open to the public, limited only by the space available.

Purpose: The Committee is charged with advising the Director, CDC, on the appropriate uses of immunizing agents. In addition, under 42 U.S.C. 1396s, the Committee is mandated to establish and periodically review and, as appropriate, revise the list of vaccines for administration to vaccine-eligible children through the Vaccines for Children (VFC) program, along with schedules regarding the Page 2 appropriate periodicity, dosage, and contraindications applicable to the vaccines.

Matters to be Discussed: Under the authority of 42 U.S.C. 1396s, the Committee will consider adoption of resolutions to clarify cohorts covered by the VFC program for particular vaccines, including varicella for infants and adolescents, MMR second dose, and tetanus/diphtheria booster dose at age 11-12 years.

Other topics to be discussed include: update on the National Vaccine Program; update on the Vaccine Injury Compensation Program; progress of the Procedures and Practices Work Group; ACIP guidelines and approaches to combination vaccines; progress in development of immunization registries; computer algorithms for immunization registries; Lyme disease; public health considerations; varicella vaccine update; rabies postexposure prophylaxis—rabies immunoglobulin (RIG) administration;

data from Sweden II study on combined DtaP-Hib for infants; recommendations on the use of Rotashield® (Rotavirus vaccine) as part of the routine childhood immunization schedule; vaccination of health care workers; vaccination of bone marrow transplant recipients; respiratory syncytial virus (RSV) IVIG; and influenza in children. Other matters of relevance among the Committee's objectives may be discussed.

Agenda items are subject to change as priorities dictate.

Contact Person For More Information: Gloria A. Kovach, Committee Management Specialist, CDC, 1600 Clifton Road, NE, M/S D50, Atlanta, Georgia 30333, telephone 404/639-7250.

Dated: June 4, 1997.

Carolyn J. Russell,

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

[FR Doc. 97-15065 Filed 6-9-97; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Regional Offices; Statement of Organization, Functions, and Delegations of Authority

This Notice amends Part K of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (DHHS), Administration for Children and Families (ACF) as follows: Chapter KD, The Regional Offices of the Administration for Children and Families (62 FR 15897), as last amended, April 3, 1997. This Notice reflects the organizational changes for Region 8 and the reorganization of Region 9. This Chapter is amended as follows:

a. KD.10 Organization. Delete in its entirety and replace with the following:

KD.10 Organization. Region 8 is organized as follows:

Office of the Regional Administrator (KD8A)

Office of Financial Operations (KD8B)

Office of Family Security (KD8C)

Office of Family Supportive Services (KD8D)

b. After the end of KD7.20 Functions (61 FR 3937, 02/02/96), Paragraph D and before KDX.10 Organization (61 FR 68045, 12/26/96), insert the following:

KD9.10 Organization. The Administration for Children and Families, Region 9, is organized as follows:

Office of the Regional Hub Director (KD9A)

Program Support Unit (KD9B)

Self-Sufficiency Unit (KD9C)

Children and Youth Development Unit (KD9D)

KD9.20 Functions. A. The Office of the Regional Hub Director is headed by a Director, who reports to the Assistant Secretary for Children and Families through the Director, Office of Regional Operations. The Office is responsible for the Administration for Children and Families' (ACF) key national goals and priorities. It represents ACF's regional interests, concerns, and relationships within the Department of Health and Human Services (DHHS) and among other Federal agencies, and focuses on State agency culture change, effective partnerships which focus on outcomes/results, and quality customer service. It provides executive leadership and direction to state, county, city, territorial and tribal governments, as well as to other public and private local grantees to ensure effective and efficient program and financial management. The Office ensures that these entities conform to federal laws, regulations, policies and procedures governing the programs, and exercises all delegated authorities and responsibilities for oversight of the programs.

The Office is responsible for approval of state plans and submission of recommendations to the Assistant Secretary for Children and Families for state plan disapproval. The Office contributes to the development of national policy based on regional perspectives on all ACF programs. It oversees ACF regional operations and the management of regional staff; coordinates activities across regional programs; and assures that goals and objectives are met and departmental and agency initiatives are carried out. The Office alerts the Assistant Secretary for Children and Families to problems and issues that may have significant regional or national impact. The Office represents ACF at the regional level in executive communications within ACF, with the DHHS Regional Director, other DHHS operating divisions, other federal agencies, and public or private organizations representing children and families.

B. The Program Support Unit is headed by a manager who reports to the Regional Hub Director. It supports the Office of the Regional Hub Director and the Self-Sufficiency and Children and Youth Development Units and their grantees in the areas of quality concepts and performance measurement, including the reengineering of work processes and the development of computer applications, customer