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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 792]

Cooperative Agreement for American Indian/Alaska Native Infectious Disease Programs

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1997 funds for a cooperative agreement to establish Infectious Disease Programs (IDPs) to assist Native American Federally Recognized Tribes (NAFRTs), tribal groups, and Alaska Native Corporations (ANCs) in enhancing their capacity to address emerging and reemerging infectious diseases within their communities. Specifically, this program will assist them in the areas of disease prevention, health promotion, research, and education and training.

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 improve the quality of life. This announcement is related to the priority area of Immunization and Infectious Diseases. (For ordering a copy of ''Healthy People 2000,'' see the section **Where to Obtain Additional Information.**)

Authority

This program is authorized under Sections 301, 317(k)(1) and 317(k)(2) of the Public Health Service Act, as amended (42 U.S.C. 241, 247b(k)(1) and 247b(k)(2).

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 Public Law 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

The only organizations eligible to apply are all recognized NAFRTs, tribal groups, and ANCs, in accordance with the 1976 Indian Health Care Improvement Act, Pub. L. 94–43. No other applications will be accepted.

Note: Effective January 1, 1996, Public Law 104–65 states that an organization described in section 501(c)(4) of the Internal Revenue Code of 1986 which engages in lobbying activities will not be eligible for the receipt of Federal funds constituting an award, grant, cooperative agreement, contract, loan, or any other form.

Availability of Funds

Approximately $150,000 is available in FY 1997 to fund up to two awards. Approximately 50 percent of the funds is allocated for one award to an eligible applicant representing American Indians in the contiguous 48 United States and approximately 50 percent of the funds is allocated for one award to an eligible applicant representing Alaska Natives. It is expected that the average annual award (direct plus indirect) will be approximately $75,000, ranging from $50,000 to 100,000. It is expected that the awards will begin on or about September 29, 1997, and will be made for a 12-month budget period within a project period of up to five 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 Department of Health and Human Services (HHS) funds for lobbying of Federal or State legislative bodies. Under the provisions of 31 U.S.C. Section 1352 (which has been in effect since December 23, 1989), recipients (and their subtier contractors) 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 Departments of Labor, HHS, and Education, and Related Agencies 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. Section 503 of this new law, as enacted by the Omnibus Consolidated Appropriations Act, 1997, Division A, Title I, Section 101(e), Pub. L. No. 104–208 (September 30, 1996), provides as follows:

Sec. 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.

Sec. 503(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.

Background

Infectious diseases remain the leading cause of illness and death worldwide. In the United States, infectious diseases increasingly threaten public health and contribute significantly to morbidity, mortality and the cost of health care. Because of multiple sociocultural characteristics, access to adequate health care, and other factors, infectious diseases are particularly important causes of morbidity and mortality among minority group members in the United States. Incidence of tuberculosis, HIV infection, hepatitis A and B, and *Hemophilus influenzae* type b and pneumococcal invasive diseases are much higher among members of minority groups than in the White population. American Indians and Alaska Natives (AI/AN), the smallest and most linguistically and culturally diverse U.S. ethnic groups, have some of the highest rates of certain infectious diseases, notably respiratory syncytial virus infection, tuberculosis, pneumococcal and *Hemophilus influenzae* type b invasive disease.

Emerging infectious diseases, including those which are new or previously unrecognized, whose incidence in humans has increased within the past two decades or threatens to increase in the near future, and those which are reemerging pose a particular threat to native populations. In 1993, an outbreak of severe respiratory illness

was first described in the southwestern United States leading to the discovery of Hantavirus pulmonary syndrome, which was caused by a previously unrecognized hantavirus. Conditions in many sparsely populated areas, including relative isolation, overcrowded dwellings, and resource-poor environments, tend to promote infectious disease emergence and transmission.

The Department of Health and Human Services (DHHS), primarily through the Indian Health Service (IHS), was responsible for providing Federal health services to American Indians and Alaska Natives. The Indian Health Program became a primary responsibility of DHHS under Pub. L. 83–568, the Transfer Act, in 1954. The 1975 Indian Self-Determination Act, Pub. L. 94–638, built upon IHS policy by giving tribes the option of staffing and managing IHS programs in their communities and provided for funding for improvement of tribal capability to contract under the Act. The 1976 Indian Health Care Improvement Act, Pub. L. 94–43, was intended to elevate the health status of AIs/ANs to a level equal to that of the general population through a program of authorizing higher resource levels in the IHS budget. It appropriated resources which were used to expand health services, build and renovate medical facilities, and construct facilities for water treatment and sanitary disposal. It also established programs designed to increase the number of AI/AN health professionals and to improve health care access for AIs/ANs living in urban areas. In recent years, the operation of health care systems has been assumed by AIs/ANs themselves. Significant progress in the areas of advancing tribal sovereignty, self-governance and self-determination, and improved health status have been documented.

However, much remains to be done before the goal of improving the health status among AIs/ANs to a level comparable to that of the White population is achieved. Based on the results published in the Report of the Secretary's Task Force on Black and Minority Health, CDC established a goal to reduce the excess burden of disability and death experienced by minority populations in the United States. In response to the problem of emerging infections, CDC, in partnership with other Federal agencies, State and local health departments, academic institutions and others, developed a plan for revitalizing the nation's ability to identify, control and prevent illness from emerging infectious diseases. The plan, Addressing Emerging Infectious Disease Threats: A Prevention Strategy for the United States proposes three major surveillance activities, as well as objectives in areas of applied research, prevention and control and infrastructure. It particularly recognizes the special vulnerability of minority and underserved populations to emerging and reemerging infections, and prioritizes these activities in minority populations.

In 1995, CDC began to address the objective of establishing population-based programs to ensure adequate capacity to conduct epidemiologic and laboratory surveillance and response through cooperative agreements with State health departments. This program announcement describes cooperative agreements which would establish infectious disease infrastructure-enhancing programs (IDPs) with NAFRTs and ANCs. These programs (AI/AN IDPs) will help ensure that as AI/AN communities assume responsibility for health care services to Native peoples, they will also have the opportunity to assume responsibility for infectious disease prevention, research, and training activities. IDPs will also assist NAFRTs and ANCs to identify emerging infectious disease prevention research priorities in their communities. Priority setting accomplished through a participatory process, the main goal of this program announcement, will result in prevention research programs that are responsive to high priority, community-validated needs within defined populations. Additionally, it will facilitate tribal consultation and tribal input in CDC activities that impact these communities, as recommended in the Annual Report of the Administration Working Group on American Indians and Alaska Natives: Two Years After the President's Meeting with Tribal Leaders.

Purpose

The purpose of this cooperative agreement is to assist NAFRTs and ANCs to establish AI/AN IDPs. This program will be designed to enhance the capabilities of these entities to: (1) Identify infectious disease prevention research priorities in AI/AN communities; (2) develop, propose, and evaluate a prevention or intervention project, and; (3) within this process, provide infectious disease prevention training, education, and professional work experience opportunities designed to increase the numbers of AI/AN public health professionals. Activities of the AI/AN IDPs will be focused in the areas of vaccine preventable or potentially vaccine-preventable diseases, drug-resistant infections, foodborne and waterborne diseases, or other emerging or reemerging infectious disease problems that are identified as important in the population. The AI/AN IDPs will be located to serve a variety of geographical areas, diverse groups, and difficult to reach populations. They will enlist the participation of community-based organizations, individuals who have recognition in the communities, academic institutions, local health departments and other public (including Federal and State government) and private organizations, and will seek support from other sources in addition to CDC to operate the program.

Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for addressing activities in A., below, and CDC will be responsible for conducting activities under B., below:

A. Recipient Activities

1. Develop a AI/AN IDP which will:

a. Identify infectious disease prevention priorities in one or more AI/AN communities. Specific activities should include survey(s), interviews, focus groups, and other activities to identify the community's concerns and priorities related to infectious disease(s), such as otitis media, meningitis, or diarrhea, or chronic diseases with an infectious etiology, such as hepatic or cervical cancer or peptic ulcer disease, and emerging or reemerging infectious diseases.

b. Conduct *either* (1) *or* (2) below:

Plan, implement and evaluate:

1. A prevention or intervention program to address an infectious disease prevention priority identified in section ''a.'' above, or focused in another area of vaccine preventable or potentially preventable disease, drug resistant infections, or food or waterborne diseases of importance in the AI/AN community.

or

2. A collaborative project in applied epidemiology or applied laboratory research on an emerging infectious disease priority identified in section ''a.'' above, or another area of importance in AI/AN communities.

2. Collaborate with other appropriate organizations.

a. Develop collaborative relationships with appropriate community-based organizations and/or other entities to accomplish activities under this program.

b. Work to obtain technical and/or financial assistance from other parties to supplement support from CDC.

3. Monitor and evaluate scientific and/or operational accomplishments and progress in achieving the purpose of this program.

4. Provide infectious disease prevention training, education, and professional work experience opportunities designed to increase the number of AIs/ANs in public health, epidemiology, and laboratory professions. Identification and recruitment of AI/AN candidates for training, education and professional work experiences.

5. Disseminate findings, etc.

B. CDC Activities

1 Provide consultation and scientific and technical assistance in general operation of the AI/AN IDP and in designing and conducting individual AI/AN IDP projects.

2. Participate in analysis and interpretation of data from AI/AN IDP projects, facilitate timely dissemination of findings and information stemming from AI/AN IDP projects.

3. Assist in monitoring and evaluating scientific and operational accomplishments of the AI/AN IDP and progress in achieving the purpose and overall goals of this program.

4. As needed, perform laboratory evaluation of specimens and isolates (e.g., molecular epidemiologic studies, evaluation of diagnostic tools) and integrate results with other data from AI/AN IDP(s) projects.

5. Assist in recruitment and support of AI/AN candidates for training, education, and professional work experiences.

CDC collaboration for recipients in Alaska will be provided by the Arctic Investigations Program, National Center for Infectious Diseases (NCID) based in Anchorage, Alaska. CDC collaboration for recipients in other states will be provided by the appropriate NCID division or program that is responsible for the area on which the recipient has focused.

Technical Reporting Requirements

Semiannual progress reports are required and must be submitted no later than 30 days after each semiannual reporting period. The semiannual progress reports must include the following for each program, function, or activity involved: (1) status of the core activity (community-based identification of research priorities); (2) progress toward development and implementation of a prevention or intervention or an applied research project; and, (3) progress toward overall objectives as represented in the Purpose and Recipient Activities sections of this announcement. The final progress report is required no later than 90 days after the end of the project period. All abstracts, presentations, or publications as a result of the work supported in part or whole by the cooperative agreement will be submitted with the progress reports.

An annual financial status report (FSR) must be submitted no later than 90 days after the end of the budget period. The final financial status report is due no later than 90 days after the end of the project period.

An original and two copies of all reports should be submitted to the Grants Management Officer, Procurement and Grants Office, Grants Management Branch, CDC.

Required Format for Applications

All applicants must develop their application in accordance with the PHS Form 5161–1 (revised 7/92), information contained in this cooperative agreement announcement, and the instructions outlined below. In order to ensure an objective, impartial, and prompt review, applications which do not conform to these instructions may be disqualified.

1. All pages must be clearly numbered.

2. A complete index to the application and its appendices must be included.

3. To facilitate photocopying, the original and both copies of the application must be submitted unstapled and unbound. Bound materials will NOT be accepted in the narrative or appendices. Do not include page separators between sections.

4. All materials must be typewritten, single spaced, and in font size of 12 or greater, on 8½″ by 11″ white paper, with at least 1″ margins.

5. All pages must be printed on one side only.

Application Content

The application narrative must not exceed 12 pages (excluding budget, appendices, and the protocols for the core and potential additional projects in the Operational Plan below.) Applications in which the narrative exceeds 12 pages will NOT be accepted. All information requested below, aside from what is requested as appendices, must appear in the narrative. Material or information that should be part of the narrative will not be accepted if placed in the appendices.

The application narrative must contain the following sections in the order presented below:

1. Background:

In this section, demonstrate a clear understanding of the objectives of the IDP. Use this section to explain the background and objectives of this cooperative agreement program, the problem of emerging infectious diseases, and the requirements, responsibilities, problems, constraints and complexities that may be encountered in establishing and operating the IDP, such as widely dispersed populations, language difficulties, difficulties related to travel, etc.

2. Description of Population in Which IDP Will Operate

In this section, clearly define the geographic area and population base in which the IDP will operate, including as much detail as is available and relevant, such as number of persons by age-group, language(s) spoken in the area, major occupations, major tribal affiliation(s). Describe various special populations in the IDP area as they relate to the proposed activities of the IDP, such as elders, women, underserved infants and children.

3. Description of Existing Public Health Infectious Disease Epidemiologic and/or Laboratory Research Capacity:

a. In this section, describe past experience in conducting or collaborating in surveys or behavioral research, applied epidemiologic and applied laboratory research, or prevention research in general. Describe any past experience in conducting or assisting in research, including studies of infections caused by antimicrobial-resistant organisms; foodborne, waterborne, potentially or currently vaccine-preventable diseases; cervical cancer; hepatitis, etc. Include participation in other CDC-sponsored or other surveillance and research programs and participation in investigations of outbreaks of emerging infectious diseases. To demonstrate applicant's ability to develop and maintain strong cooperative relationships with both public and private local and regional medical, public health, laboratory, academic and community-based organizations, describe previous or current collaborative relationships with such parties. Demonstrate applicant's ability to solicit and secure financial and technical support and programmatic collaboration from other public and private organizations for conducting public health research projects.

b. Provide in an appendix (Appendix 1) letters of support from non-applicant participating agencies, institutions, organizations, laboratories, individuals, consultants, community-based organizations, etc. which are indicated in the applicant's operational plan.

Letters of support should clearly indicate their willingness to be participants in, or collaborators with, the IDP, or its activities. Do not include letters of support from CDC personnel. Award of a cooperative agreement implies participation by CDC staff members as indicated in ''CDC activities.''

4. Operational Plan:

a. Present a plan for establishing and operating the population-based IDP which simply and clearly describes the proposed organizational and operating structure/procedures and clearly identifies the roles and responsibilities of all participating agencies, organization, institutions and individuals. Whether or not exempt from DHHS regulations, in any proposed project(s) involving human subjects, describe for each such project in an appendix (Appendix 2) adequate procedures for the protection of human subjects. Also, ensure that women, racial and ethnic minority populations are appropriately represented in applications for research involving human subjects by including a description of the composition of the proposed study population (for example, addressing the inclusion of women and members of minority groups and their sub-populations in the section that will describe the research design). Where clear and compelling rationale exist that inclusion is inappropriate or not feasible, this situation must be explained as part of the application. See the **Other Requirements** section for additional information.

b. Describe applicant's partnerships with necessary and appropriate organizations establishing and operating the proposed IDP and for conducting individual IDP projects. Describe plans or willingness to accommodate training opportunities for researchers-and providers-in-training (e.g., AI/AN college, graduate and medical students, infectious disease fellows).

c. Describe collaboration plans:

1. To collaborate with community-based organizations.

2. Describe plans to solicit and secure financial and technical assistance from other public and private organizations (e.g., schools of public health, centers of excellence, university medical schools, public health laboratories, community-based organizations, other Federal and State government agencies, including the Indian Health Service, research organizations, foundations, etc.) to supplement the core funding from CDC.

d. For the planned prevention activities beyond the initial planning of the IDP, intervention or applied research program, submit in an appendix (Appendix 3), a brief proposal (no more than three pages) and an estimated budget describing how they will be accomplished. The protocols should demonstrate that the applicant understands the concept of active surveillance, epidemiologic studies or pilot prevention or applied research program, and can propose collaborative efforts to conduct these.

5. Personnel Qualification and Management Plan

a. Identify and provide in an appendix (Appendix 4) curriculum vitae for applicant's key professional personnel to be assigned to the IDP and IDP projects. Clearly identify their respective roles in the management and operation of the IDP. Describe their experience in conducting work similar to that proposed in this announcement.

b. Identify and provide in an appendix (Appendix 5) curriculum vitae for key professional personnel from other participating or collaborating institutions, agencies, organizations outside of the applicant's agency that will be working on IDP activities if more than 10 percent effort is anticipated in the first year of the grant. Clearly identify their respective roles.

c. Fully describe all support staff and services to be assigned to the IDP.

d. Describe approach to maintaining sufficiently flexible IDP staffing to accommodate the likelihood that the requirements of IDP projects will change from time to time due to changes in the need for information or the emergence of new diseases.

6. Evaluation Plan

Provide an evaluation plan (which can be less than one page) for monitoring process and outcome-based criteria which evaluates:

a. The timeliness and completeness of the accomplishments of the IDP and its recipient activity. This would specifically include criteria by which the Research Priorities Identification activity and the subsequent activity will be evaluated.

b. Progress in achieving the research, prevention and training goals of the IDP.

7. Appendix

Provide in an appendix (Appendix 6) a detailed line-item budget and accompanying justification consistent with the purposes and objectives of this program. For each line item or object class category, show both Federal and non-Federal (e.g., recipient, State, private) shares of total cost for the IDP. If requesting funds for any contracts, provide the following information for each proposed contract: (1) Name of proposed contractor, (2) breakdown and justification for estimated costs, (3) description and scope of activities to be performed by contractor, (4) period of performance, and (5) method of contractor selection (e.g., sole-source or competitive solicitation).

Evaluation Criteria

The applications will be reviewed and evaluated according to the following Criteria: (Total 100 points).

1. The extent to which the applicant demonstrates in the Background section a clear understanding of this cooperative agreement program, in which the main goal is priority setting, accomplished through a participatory process to identify high priority research and prevention issues and needs within defined AI/AN populations. The extent to which applicant demonstrates a clear understanding of the requirements, responsibilities, problems, constraints and complexities that may be encountered in establishing and operating the IDP by citing these requirements in the Background section and anticipating some of the problems and complexities. (13 points)

2. a. The extent to which the applicant clearly defines the geographic area and population base in which the IDP will operate. The extent to which the applicant defines a population base for the IDP that is large enough and appropriate for the accomplishment of proposed IDP activities. The extent to which the applicant clearly describes various special populations in the IDP area, such as the rural or urban poor, underserved women, infants and children, elders, or subsistence hunters, that could be the focus of one or more IDP projects. (15 points)

b. The degree to which the applicant has met the CDC Policy requirements regarding the inclusion of women, ethnic, and racial groups in the proposed research. This includes: (1) The proposed plan for the inclusion of both sexes and racial and ethnic minority populations for appropriate representation. (2) The proposed justification when representation is limited or absent. (3) A statement as to whether the design of the study is adequate to measure differences when warranted. (4) A statement as to whether the plans for recruitment and outreach for study participants include the process of establishing partnerships with community(ies) and recognition of mutual benefits. (2 points)

3. The extent to which the applicant demonstrates its capacity and ability to collaborate in surveys, behavioral

studies, applied epidemiologic and applied laboratory research, and/or prevention research in emerging infectious diseases. The extent to which applicant demonstrates its ability to solicit and secure financial and technical support and programmatic collaboration from other public and private organizations for conducting public health research projects. The extent to which applicant provides letters of support from non-applicant participating agencies, institutions, organizations, individuals, consultants, etc., indicating their willingness to participate, as represented in applicant's operational plan, in establishing and operating the center. (25 points)

4. a. The extent to which the applicant's proposed plan for collaborating in the establishment and operation of the IDP is detailed and clearly describes the proposed organizational and operating structure/procedures and clearly identifies the roles and responsibilities of all participating agencies, organizations, institutions, and individuals. The extent to which the applicant describes plans for collaboration with CDC in the establishment and ongoing operation of the IDP and its projects. The extent to which the applicant's plan addresses all Recipient Activities listed in this announcement and appears feasible and capable of accomplishing the purpose of the program. If any proposed project involves human subjects, whether or not exempt from the DHHS regulations, the extent to which adequate procedures are described for the protection of human subjects. Note: Objective Review Group (ORG) 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/or 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 risk are inadequate as to make the entire application unacceptable. (10 points)

b. The extent to which the applicant's plan clearly describes partnerships with appropriate organizations for establishing and operating the proposed IDP and for conducting individual projects. Partner organizations must include community-based organizations (7 points) and may also be academic institutions and other public and private organizations with an interest in addressing public health issues relating to emerging infectious diseases (e.g., other Federal and State government agencies, research organizations, medical institutions, etc.). (3 points—for 10 points total)

c. The extent to which the applicant describes activities beyond the initial planning of the IDP project(s) that are consistent with the Purpose and Recipient Activities stated in this announcement.

The extent to which proposed projects/activities are consistent with expressed community needs and appear feasible. The extent to which proposed projects/activities include appropriate methodology and documentation of plans for recruitment and outreach for study participants. (10 points)

5. The extent to which the applicant identifies its own professional and support staff, and professional and support staff from other agencies, institutions, and organizations, that have the experience, authority and willingness to carry out recipient activities as evidenced by job descriptions, curriculum vitae, organizational charts, etc. The extent to which the applicant describes an approach to maintain a sufficiently flexible staffing pattern. (10 points)

6. The extent to which applicant provides an adequate evaluation plan, which includes time-based and outcome-based criteria. The quality of the proposed plan for monitoring accomplishments of the IDP and of individual IDP project(s). The quality of the proposed evaluation plan for monitoring progress in achieving the purpose and overall goals of this program. (5 points)

7. The extent to which the proposed budget is reasonable, clearly justifiable, and consistent with the intended use of cooperative agreement funds. The extent to which both Federal and non-Federal (e.g., State funding) contributions are presented. (not scored)

Executive Order 12372

Applications are subject to Intergovernmental Review of Federal Programs as governed by Executive Order 12372. E.O. 12372 sets up a system for State and local government review of proposed Federal assistance applications. Applicants (other than federally recognized Indian tribal governments) 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 for each affected State. A current list of SPOCs is included in the application kit. Indian tribes are strongly encouraged to request tribal government review of the proposed application. If SPOCs or tribal governments have any 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., Mailstop E–18, Room 305, Atlanta, Georgia 30305. The due date for State process recommendations is no later than 30 days after the application deadline date. The granting agency does not guarantee to ''accommodate or explain'' for State process recommendations it receives after that date.

Public Health System Reporting Requirements

This program is not subject to the Public Health System Reporting Requirements.

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 ten or more individuals and are funded by the cooperative agreement will be subject to review by the Office of Management and the 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. 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. The applicant will be responsible for providing evidence of this assurance in accordance with the appropriate guidelines and form provided in the application kit.

Women, Racial and Ethnic Minorities

It is the policy of the Centers for Disease Control and Prevention (CDC) and 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 exists that inclusion is inappropriate or not feasible, this situation must be explained as part of the application. This policy does not apply to research studies when the investigator cannot control the race, ethnicity and/or sex 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 Form PHS–5161–1 (Revised 7/92) 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, Georgia 30305, on or before August 15, 1997. No applications or additional materials will be accepted after the deadline.

1. *Deadline:* Applications will 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:* Applications 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 Number 792. 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, the business management technical assistance may be obtained from Gladys T. Gissentanna, Grants Management Specialist, 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, telephone (404) 842–6801, facsimile (404) 842–6513.

Programmatic technical assistance may be obtained from Earl Long, Ph.D., National Center for Infectious Diseases, Centers for Disease Control and Prevention (CDC), Mailstop C–12, 1600 Clifton Road, NE., Atlanta, GA, 30333, telephone 404–639–2456. You may obtain this announcement from one of two Internet sites on the actual publication date: CDC's homepage at http://www.cdc.gov or at the Government Printing Office homepage (including free on-line access to the **Federal Register** at http://www.access.gpo.gov). Other CDC Announcements are also listed on the Internet on the CDC homepage.

Please refer to Announcement Number 792 when requesting information regarding this program.

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.

Potential applicants may obtain a copy of ''Addressing Emerging Infectious Disease Threats: A Prevention Strategy for the United States'' via the CDC homepage (http://www.cdc.gov/ncidod/publications/eid—plan/home.htm) or through the Centers for Disease Control and Prevention (CDC), National Center for Infectious Diseases, Office of Planning and Health Communication—EP, Mailstop C–14, 1600 Clifton Road, Atlanta, GA 30333. Requests may also be sent by facsimile to (404) 639–3039.

Dated: June 25, 1997.

Joseph R. Carter,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 774]

Young Women at Risk: Prevention of Unplanned Pregnancies, HIV, and Other Sexually Transmitted Diseases

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1997 funds for cooperative agreements for the prevention of unplanned pregnancies, human immunodeficiency virus (HIV), and other sexually transmitted diseases (STDs) among young women aged 15–25 years, in the United States (U.S.). Applied research programs that design, implement, and evaluate interventions to reduce unprotected sexual intercourse among young women and their male partners will be supported under this cooperative agreement. Applications are sought that focus on the dynamics of heterosexual relationships and the factors that may contribute to successful risk reduction. Research should assess factors that affect sexual decision-making, disease and pregnancy prevention behavior, such as the nature and the effect of implicit or explicit communication between heterosexual partners about sex and protective behavior; the importance of gender roles, relationship stage, concordance of couples' reproductive desires, the balance of power in the relationship; and the influence of other network, family, and sociocultural factors.

The 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 improve the quality of life. This announcement is related to priority areas of Family Planning, HIV Infection, and Sexually Transmitted Diseases. (To order a copy of Healthy People 2000, see the section ''Where To Obtain Additional Information.'')

Authority

This program is authorized under the Public Health Services Act, Section