

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Request for Applications for the Intergenerational Approaches to HIV/AIDS Prevention Education With Women Across the Lifespan Pilot Program

AGENCY: Department of Health and Human Services, Office of the Secretary, Office of Public Health and Science, Office on Women's Health.

ACTION: Notice.

Announcement Type: Cooperative Agreement—FY 2007 Initial announcement.

Funding Opportunity Number: Not applicable.

OMB Catalog of Federal Domestic Assistance: The OMB Catalog of Federal Domestic Assistance number is 93.295.

DATES: Applications must be received no later than 5 p.m. Eastern Standard Time on July 2, 2007. The application due date requirement in this announcement supersedes the instruction in the OPHS-1 form.

Other Essential Dates

Pre-site visits (if needed): July 23–27, 2007.

Award date: September 1, 2007.

ADDRESSES: To receive consideration applications must be received by the Office of Grants Management, Office of Public Health and Science (OPHS), Department of Health and Human Services (DHHS) c/o WilDon Solutions, Office of Grants Management Operations Center, 1515 Wilson Blvd., Third Floor, Suite 310, Arlington, VA 22209, Attention Office on Women's Health, Intergenerational.

SUMMARY: The Office on Women's Health (OWH) in the Department of Health and Human Services (DHHS) is the Department's focal point for women's health issues, and works to address disparities in research, health care services, and education that negatively effect the health of women. The OWH coordinates women's health efforts within DHHS to eliminate disparities in health status and supports culturally sensitive educational programs that encourage women to take personal responsibility for their own health and wellness. To that end, OWH has established public/private partnerships to address critical women's health issues nationwide. These partnerships are with non-profit community-based, faith-based, and women's service organizations (CBOs, FBOs, WSOs) innovating intergenerational approaches for HIV/AIDS prevention education targeting women disproportionately impacted by

HIV/AIDS across the lifespan. African American and Latino women constituted 25 percent of the U.S. female population in 2002, but 81.5 percent of the reported female AIDS cases (65 percent were among African Americans and 16.5 percent were among Hispanics). (1) The number of Asian/Pacific Islanders and American Indian/Alaskan Native women living with AIDS continues to rise, with an approximately 10 percent increase each year over the past 5 years. (2) Women disproportionately impacted by HIV/AIDS are vulnerable for the disease because they lack accurate information about the virus; have low to no condom negotiation skills; are faced with low socioeconomic circumstances; suffer from sexual abuse; struggle with violence and other traumas, and lack information and skills to share sexual health information with other female members in the family. To this end, the Intergenerational Approaches to HIV/AIDS Prevention Education with Women Across the Lifespan Pilot Program intends to: (1) Develop a cross-generational HIV/AIDS prevention education program to establish effective and/or increase communication about sexual health between African American, Native American/American Indian, Hispanic/Latino, and Asian/Pacific Islander women at risk for or living with HIV/AIDS with other female family and/or kinship network members 12+ years old; (2) provide opportunities for African American, Native American/American Indian, Hispanic/Latino, and Asian/Pacific Islander women and other female members of the family 12+ years old to know their serostatus; and 3) address the age-, gender-, cultural-, spiritual-, and language-specific needs of African American, Native American/American Indian, Hispanic/Latino, and Asian/Pacific Islander women and other female members of the family 12+ years old regarding their sexual health issues, particularly HIV/AIDS prevention so they may decrease their risks for disease.

This program builds on Minority AIDS Initiative- and Office on Women's Health-funded Women and HIV/AIDS Programs (e.g., Model Mentorship Program; HIV Prevention Education for Young Women Attending Minority Academic Institutions) by addressing HIV/AIDS issues using the strength of familial and kinship networks, as well as women-specific vulnerabilities to acquiring the virus.

DHHS Collaborative Partners

(1) The OWH is the lead for this program and will be responsible for project officer duties.

(2) The following DHHS agencies and offices have agreed to establish a collaborative partnership:

<bullet> Office on Women's Health (OWH), OPHS.

<bullet> Substance Abuse Mental Health Services Administration (SAMHSA).

<bullet> Office of HIV/AIDS Policy (OHAP), OPHS.

<bullet> Indian Health Service (IHS).

<bullet> Administration on Aging (AOA).

<bullet> Office of Population Affairs (OPA).

<bullet> Administration for Children and Families (ACF).

<bullet> Center for Faith-Based Community Initiatives (CFBCI).

Together these agencies agree to recruit technical review panelists to evaluate grant proposals; make presentations during the orientation meetings; provide advice and materials during the program year; provide advice during quarterly project monitoring teleconferences; and serve as site evaluation team members and/or assist in development of site evaluation form.

I. Funding Opportunity Description

Authority: This program is authorized by 42 U.S.C. 300u-2(a).

The purpose of the Intergenerational Approaches to HIV/AIDS Prevention Education with Women Across the Lifespan Pilot Program is to develop cross-generational HIV/AIDS prevention education approaches specific to women at risk for or living with HIV/AIDS and other female members of the family 12+ years old, particularly African American, Native American/American Indian, Hispanic/Latino, and Asian/Pacific Islander women from the Diaspora who are grandmothers, mothers, daughters, granddaughters, and aunts. The goals of the program are:

<bullet> To teach cross-generations of women and other female members of the family 12+ years old how to develop healthy communication patterns built on caring, trusting familial relationships; and

<bullet> Equip women to share accurate information about their sexual health issues with other female members of the family 12+ years old by incorporating gender-focused, age-specific, culturally competent, and linguistically-appropriate HIV/AIDS prevention information.

The objectives of the program are for African American, Native American/American Indian, Hispanic/Latino, and Asian/Pacific Islander women and other

female members of the family 12+ years old to:

- <bullet≤ Know their serostatus;
- <bullet≤ Increase their knowledge of HIV/AIDS prevention;
- <bullet≤ Gain competencies in cross-generational communications about health in general and sexual health specifically; and
- <bullet≤ Connect with a primary healthcare physician (and navigate other systems of care).

In order to achieve the objectives of the program, the grantee shall:

A. During months 1–5 (start-up phase):

1. Attend the OWH Grantee Orientation Meeting. It will be conducted by OWH and DHHS Collaborating Partners (OHAP, IHS, AOA, OPA, ACF, and CFBCI).

2. Clinical Staff and Specialized Training.

a. Licensed female behavioral health therapist (such as Social Worker, Psychologist, Counselor) with expertise in counseling women and other female members of the family 12+ years old most vulnerable for acquiring HIV/AIDS, *e.g.* counseling to address fear, stigma, abuse, and other areas of need that prevent participants from practicing healthy behaviors. Therapist legally required to uphold “duty to warn” state authorities for participants in instances presenting imminent harm or danger, such as statutory rape, intimate partner violence, suicide, etc.

b. Request local health department to conduct in-service training on how to establish a review process for conducting a local program evaluation to measure whether goals and objectives are met.

3. Complete program development, including but not limited to the following activities:

a. Complete development of training modules, assessment tools, and protocols necessary to present an intergenerational approach for HIV/AIDS prevention education to reach African American, Native American/American Indian, Hispanic/Latino, or Asian/Pacific Islander women at risk for or living with HIV/AIDS and other female members of the family 12+ years old that reflects: (Note: Grantee must reach only *one* racial/ethnic minority group)

<bullet≤ The cultural, spiritual, and/or ritual factors that bridge traditional and American mores and values for women at risk for or living with HIV/AIDS, especially African American; Native American/American Indian, Hispanic/Latino, and Asian/Pacific Islander; and,

<bullet≤ Evidence-based (domestic only) HIV/AIDS prevention education

curricula designed to reach women at risk for or living with HIV/AIDS and other female members of the family 12+ years old.

b. With adapted tools from local health department, develop the local program evaluation to measure whether the program goals and objectives are met.

4 Recruit a Team of Consumers to give feedback on what works best during all phases of program development and implementation.

5. Recruit community stakeholders with the following roles:

a. Provide HIV testing opportunities for focus group participants (and consumer advisory team)

b. Provide age-specific referral services via scheduled weekly appointments for women at risk for or living with HIV/AIDS and other female members of the family 12+ years old to receive counseling services from a licensed female behavioral health therapist with expertise in counseling women and other female members of the family 12+ years old most vulnerable for acquiring HIV/AIDS, *e.g.* counseling to address fear, stigma, abuse, and other areas of need that prevent participants from practicing healthy behaviors.

Note: Therapist legally required to uphold “duty to warn” participants in instances presenting imminent harm or danger, such as statutory rape, intimate partner violence, suicide, etc.

6. Recruit women at risk for or living with HIV/AIDS to participate in focus groups to:

<bullet≤ Identify gender-focused concerns of women most vulnerable for acquiring HIV/AIDS to be included in curriculum;

<bullet≤ Identify age- and culturally-specific barriers to effective cross-generational communication for each women and other female members of the family 12+ years old disproportionately impacted by HIV/AIDS, for instance, African American, Native American/American Indian, Hispanic/Latino, and Asian/Pacific Islander women from the Diaspora;

<bullet≤ Adult minority women participants to develop strategies for recruiting other female members of the family 12+ years old;

<bullet≤ Participate in small group piloting of the training;

<bullet≤ Provide entry to untapped venues to recruit additional participants;

<bullet≤ Recruit age-appropriate peer support group leaders;

<bullet≤ Recruit peers to get tested for HIV; and

<bullet≤ Recruit peers to participate in program.

7. Submit:

a. Four abstracts for workshop and/or poster presentations at one national HIV/AIDS conference targeting public health professionals; *and*

b. Four abstracts for one community conference attracting an audience of consumers.

8. Require all program staff, consultants, and volunteers to attend OWH site evaluation visit.

9. Identify twenty funding opportunities and submit four applications.

10. Before start-up phase ends, recruit African American, Native American/American Indian, Hispanic/Latino, and Asian/Pacific Islander women at risk for or living with HIV/AIDS in places where they naturally gather both as a family and individually, including but not limited to:

<bullet≤ Churches and other places of worship

<bullet≤ Alumni associations of academic institutions for higher learning

<bullet≤ Women’s professional organizations/social organizations

<bullet≤ PTA meetings

<bullet≤ Commercial fitness centers

<bullet≤ Beauty centers

<bullet≤ English as a Second

Language (ESL) courses

<bullet≤ Conferences

<bullet≤ Sporting events

<bullet≤ Supermarkets

11. Submit OWH initial progress report.

B. During months 6–8 (pilot-test phase 1):

1. Pilot-test program and make program adaptations.

a. Professional counseling services to be offered to participants by a licensed female behavioral health therapist (such as Social Worker, Psychologist, Counselor) with expertise in counseling women and other female members of the family 12+ years old most vulnerable for acquiring HIV/AIDS, *e.g.* counseling to address fear, stigma, abuse, and other areas of need that prevent participants from practicing healthy behaviors. Therapist legally required to uphold “duty to warn” state authorities for participants in instances presenting imminent harm or danger, such as statutory rape, intimate partner violence, suicide, etc.

b. Offer peer group support to program participants.

c. Review and measure success of meeting goals and objectives to-date.

2. Convene scheduled meetings for the:

a. Team of Consumers

b. Community stakeholders

3. Require program participants, Team of Consumers, and community

stakeholders to recruit new program participants.

4. Receive confirmation for (2) conference presentations.
5. Submit four applications to federal and non-federal funding sources.
6. Submit OWH mid-year progress report.

C. During months 9–12 (pilot phase 2)

1. Conduct program with adaptations finalized from pilot phase 1:
 - a. Professional counseling services to be offered to participants by a licensed female behavioral health therapist (such as Social Worker, Psychologist, Counselor) with expertise in counseling women and other female members of the family 12+ years old most vulnerable for acquiring HIV/AIDS, e.g. counseling to address fear, stigma, abuse, and other areas of need that prevent participants from practicing healthy behaviors. Therapist legally required to uphold “duty to warn” state authorities for participants in instances presenting imminent harm or danger, such as statutory rape, intimate partner violence, suicide, etc.
 - b. Offer peer group support to program participants.
2. Convene final meetings for the:
 - a. Team of Consumers
 - b. Community stakeholders.
3. Review the success of meeting program goals and objectives.
4. Conduct one presentation (workshops, panels, posters) on the program at a national HIV/AIDS prevention conference targeting public health professionals.
5. Conduct one presentation (workshops, panels, posters) on the program at one community conference targeting consumers.
6. Submit four applications to federal and non-federal funding sources.
7. Submit OWH final progress report.
8. Submit OWH annual report.

II. Award Information

Under this announcement, the Office on Women's Health (OWH) anticipates making four cooperative agreement awards. Approximately \$1,200,000 is available to make four awards of up to \$300,000 each. It is expected that the award will cover costs for the period of September 1, 2007 through August 31, 2008. Funding estimates may change.

The Federal Government (Project Officer) will:

A. Conduct an orientation meeting for the grantees (with other federal partners) within the first 8 weeks of the funding period.

B. Conduct at least one site evaluation visit (with DHHS Collaborative Partners) that may include observation of program during pilot or implementation phase.

C. Conduct quarterly project monitoring teleconferences (with DHHS Collaborative Partners).

D. Review all quarterly, final, and annual progress reports.

E. Review timeline and implementation plan.

III. Eligibility Information

1. Eligible Applicants

Eligible entities may include: non profit community-based organizations, faith-based organizations, national organizations, colleges and universities, clinics and hospitals, research institutions, State and local government agencies, tribal government agencies and tribal/urban Indian organizations.

2. Cost Sharing or Matching

Cost sharing and matching funds is not a requirement of this grant.

IV. Application and Submission Information

1. *Address to Request Application Package:* Application kits may be obtained by accessing Grants.gov at <http://grants.gov> or GrantSolution.gov. To obtain a hard copy of the application kit, contact WilDon Solutions, Office of Grants Management Operations Center, 1515 Wilson Boulevard, Third Floor, Suite 310, Arlington, VA 22209 at 1–888–203–6161. Applicants may fax a written request to WilDon Solutions at (703) 351–1148 or e-mail the request to OPHSgrantinfo@teamwildon.com. Applications must be prepared using Form OPHS–1, which can be obtained at the Web site noted above.

2. *Content and Format of Application and Submission:* At a minimum, each application for a cooperative agreement grant funded by this OWH announcement must:

<bullet≤ Describe the applicant's record of success in providing HIV/AIDS prevention education, support services, and/or other services (e.g., other minority women's health issues; socioeconomic empowerment services; educational services) to women at risk for or living with HIV/AIDS.

<bullet≤ Describe the applicant's current HIV/AIDS prevention education, support services, and/or other services for the women at risk for or living with HIV/AIDS served by the agency.

<bullet≤ Give details on the barriers to cross-generational communication between grandmothers, mothers, daughters, aunts, and other female members of the family 12+ years old citing the impact of age, culture, traditions, and spirituality, as well as any trends or shifts in these areas.

<bullet≤ Clearly define the women at risk for or living with HIV/AIDS to be reached by giving demographic and HIV/AIDS data covering the applicant's local service area and State (must cite all data from credible sources only).

<bullet≤ Describe the applicant's work utilizing Teams of Consumers for feedback, in such cases where consumer feedback assisted in the design of new programs or making program adaptations that better meet the needs of those to be served.

<bullet≤ Describe in detail any focus groups convened by the agency to reach women at risk for or living with HIV/AIDS, including demographic information, focus group leadership, number of participants, number of sessions, topics for each session, participant age range, and outcomes of the focus groups.

<bullet≤ Describe the applicant's knowledge and/or experience with evidence-based HIV/AIDS prevention education curricula for women at risk for or living with HIV/AIDS in America. Cite your sources.

<bullet≤ Provide a timeline for start-up, two piloting phases, and the proposed intergenerational approach for HIV/AIDS prevention education with a description of the demographics for women at risk for or living with HIV/AIDS and other female members of the family 12+ years old to be reached.

<bullet≤ Provide a draft Plan of Action that links the applicant's timeline with delineated tasks to be accomplished over the three phases of the program.

<bullet≤ Give a detailed description of the participation of applicant in existing community collaborative efforts. Include information on the purpose for collaboration; goals and objectives; names and complete contact information for partners; roles of each partner; timeline; challenges; corrective actions; and achievements.

<bullet≤ Describe the applicant's competency or needs to build skills in reviewing whether program goals and objectives are met during all phases of the funding period.

<bullet≤ Describe the process for determining whether program goals and objectives are met during all phases of the funding period.

Format and Limitations of Application: Applicants are required to submit an original ink-signed and dated application and 2 photocopies. All pages must be numbered clearly and sequentially beginning with the Project Summary. The application must be typed double-spaced on one side of plain 8½" x 11" white paper, using 12 point font, and containing 1" margins all around.

The Project Summary and Project Narrative must not exceed a total of 25 double-spaced pages. The appendices

must not exceed 15 double-spaced pages. The original and each copy must be stapled and/or otherwise securely bound. The application should be organized in accordance with the format presented in the Program Guidelines. An outline for the minimum information to be included in the "Project Narrative" section is presented below. The content requirements for the Project Narrative portion of the application are divided into five sections and described below within each Factor. Applicants must pay particular attention to structuring the narrative to respond clearly and fully to each review Factor and associated criteria.

Background (Understanding of the Problem)

A. Provide a preliminary assessment of the HIV/AIDS prevention and support service needs for women at risk for or living with HIV/AIDS to be reached in this program. The assessment must be an age-specific demographic and service need profile for African American, Native American/American Indian, Hispanic/Latino, or Asian/Pacific Islander women disproportionately impacted by HIV/AIDS and other female members of the family 12+ years old in your local service area and State (cite data from credible sources only).

B. Describe issues or challenges that impact African American, Native American/American Indian, Hispanic/Latino, or Asian/Pacific Islander women at risk for or living with HIV/AIDS to be able to have effective cross-generational communication about: (1) Their own sexual health issues; and (2) the health of female family or kinship network members 12+ years old about:

- <bullet≤ Understanding a woman's body and how to care for it over the lifespan;
- <bullet≤ Knowledge of ways to enhance health;
- <bullet≤ Building and/or maintaining healthy relationships that include an understanding of health threats;
- <bullet≤ Awareness of a primary healthcare system and how to access it;
- <bullet≤ Skills to express feelings and concerns about one's sexual health issues to other female family or kinship network members 12+ years old;
- <bullet≤ Awareness and ability to insure physical safety when threatened by sexual, physical, or emotional violence.

Implementation Plan (Approach)

A. State goals for achieving the intended purpose of the proposed Intergenerational Approaches to HIV/AIDS Prevention Education with Women Across the Lifespan Pilot

Program: to develop a cross-generational HIV/AIDS prevention education approach specific to women at risk for or living with HIV/AIDS and other female members of the family 12+ years old, particularly African American women, Native American/American Indian, Hispanic/Latino, and Asian/Pacific Islander women from the Diaspora who are grandmothers, mothers, daughters, granddaughters, and aunts.

B. State quantifiable objectives for the number of African American, Native American/American Indian, Hispanic/Latino, or Asian/Pacific Islander women at risk for or living with HIV/AIDS and other female members of the family 12+ years old to be reached for the proposed program.

C. Give a detailed Plan of Action and timeline covering:

- <bullet≤ Start-up phase activities;
- <bullet≤ First pilot phase activities;
- and
- <bullet≤ Second pilot phase activities.

Management Plan

A. Key project staff, volunteer, and student interns; their resumes; and a staffing chart for budgeted staff.

B. To-be-hired staff and their qualifications, including but not limited to a contractual services of a licensed female behavioral health therapist with expertise in counseling African American, Native American/American Indian, Hispanic/Latino, and Asian/Pacific Islander women at risk for or living with HIV/AIDS and other female members of the family 12+ years old.

C. Staff, consultant/sub-contractor, volunteer, and student intern responsibilities.

D. Management oversight of staff roles and job performance.

E. Address maintenance of confidentiality, ethics in performance, and any mandatory in-service staff training.

Evaluation Plan

A. Indicators that reflect goals/objectives are being met.

B. Indicators of any trends.

C. Indicators of any unanticipated outcomes.

Appendices

A. Required Forms (Assurance of Compliance Form, etc.).

B. Key Staff Resumes.

C. Charts/Tables (target population demographics, gaps in services, etc.).

D. Other attachments.

Use of Funds: A majority of the funds from the award must be used to support staff and efforts aimed at implementing the program. Funds may be used for supplies (including screening, education, and outreach supplies); local

travel to perform duties of the funded HIV/AIDS prevention program; and out-of-town travel (required attendance at the OWH Grantee Orientation meeting *and* participation in one national HIV/AIDS prevention conference). Funds may not be used for construction, building alterations, equipment, medical treatment, or renovations. All budget requests must be justified fully in terms of the proposed goals and objectives and include an itemized computational explanation/breakout of how costs were determined.

Meetings: The OWH will sponsor a mandatory orientation meeting for grantees. The meeting will be held in the Washington metropolitan area or in one of the ten (10) HHS regional office cities. The budget should include a request for funds to pay for the travel, lodging, and meals. The meeting is usually held within the first eight weeks after awards are made.

3. *Submission Date and Times:* To be considered for review, applications must be received by the Office of Public Health and Science, Office of Grants Management, c/o WilDon Solutions, by 5 p.m. Eastern Standard Time July 2, 2007. Applications will be considered as meeting the deadline if they are received on or before the deadline date. The application due date requirement in this announcement supersedes the instructions in the OPHS-1 form.

Submission Mechanisms

The OPHS provides multiple mechanisms for the submission of applications, as described in the following sections. Applicants will receive notification via mail from the OPHS Office of Grants Management confirming the receipt of applications submitted using any of these mechanisms. Applications submitted to the OPHS Office of Grants Management after the deadlines described below will not be accepted for review. Applications which do not conform to the requirements of the grant announcement will not be accepted for review and will be returned to the applicant.

While applications are accepted in hard copy, the use of the electronic application submission capabilities provided by the Grants.gov and GrantSolutions.gov systems is encouraged. Applications may only be submitted electronically via the electronic submission mechanisms specified below. Any applications submitted via any other means of electronic communication, including facsimile or electronic mail, will not be accepted for review.

In order to apply for new funding opportunities which are open to the

public for competition, you may access the Grants.gov Web site Portal. All OPHS funding opportunities and application kits are made available on Grants.gov. If your organization has/had a grantee business relationship with a grant program serviced by the OPHS Office of Grants Management, and you are applying as part of ongoing grantee related activities, please access GrantSolutions.gov.

Electronic grant application submissions must be submitted no later than 5 p.m. Eastern Time on the deadline date specified in the **DATES** section of the announcement using one of the electronic submission mechanisms specified below. All required hardcopy original signatures and mail-in items must be received by the WilDon Solutions, Office of Grants Management Operations Center, 1515 Wilson Boulevard, Third Floor Suite 310, Arlington, VA 22209, no later than 5 p.m. Eastern Time on the next business day after the deadline date specified in the **DATES** section of the announcement.

Applications will not be considered valid until all electronic application components, hardcopy original signatures, and mail-in items are received by the Office of Grants Management according to the deadlines specified above. Application submissions that do not adhere to the due date requirements will be considered late and will be deemed ineligible.

Applicants are encouraged to initiate electronic applications early in the application development process, and to submit early on the due date or before. This will aid in addressing any problems with submissions prior to the application deadline.

Electronic Submissions via the Grants.gov Web site Portal

The Grants.gov Web site Portal provides organizations with the ability to submit applications for OPHS grant opportunities. Organizations must successfully complete the necessary registration processes in order to submit an application. Information about this system is available on the Grants.gov Web site, <http://www.grants.gov>.

In addition to electronically submitted materials, applicants may be required to submit hard copy signatures for certain Program related forms, or original materials as required by the announcement. It is imperative that the applicant review both the grant announcement, as well as the application guidance provided within the Grants.gov application package, to determine such requirements. Any

required hard copy materials, or documents that require a signature, must be submitted separately via mail to the OPHS Office of Grants Management, c/o WilDon Solutions, and if required, must contain the original signature of an individual authorized to act for the applicant agency and the obligations imposed by the terms and conditions of the grant award. When submitting the required forms, do not send the entire application. Complete hard copy applications submitted after the electronic submission will not be considered for review.

Electronic applications submitted via the Grants.gov Web site Portal must contain all completed online forms required by the application kit, the Program Narrative, Budget Narrative and any appendices or exhibits. All required mail-in items must be received by the due date requirements specified above. Mail-In items may only include publications, resumes, or organizational documentation. When submitting the required forms, do not send the entire application. Complete hard copy applications submitted after the electronic submission will not be considered for review.

Upon completion of a successful electronic application submission via the Grants.gov Web site Portal, the applicant will be provided with a confirmation page from Grants.gov indicating the date and time (Eastern Time) of the electronic application submission, as well as the Grants.gov Receipt Number. It is critical that the applicant print and retain this confirmation for their records, as well as a copy of the entire application package.

All applications submitted via the Grants.gov Web site Portal will be validated by Grants.gov. Any applications deemed "Invalid" by the Grants.gov Web site Portal will not be transferred to the GrantSolutions system, and OPHS has no responsibility for any application that is not validated and transferred to OPHS from the Grants.gov Web site Portal. Grants.gov will notify the applicant regarding the application validation status. Once the application is successfully validated by the Grants.gov Web site Portal, applicants should immediately mail all required hard copy materials to the OPHS Office of Grants Management, c/o WilDon Solutions, to be received by the deadlines specified above. It is critical that the applicant clearly identify the organization name and Grants.gov Application Receipt Number on all hard copy materials.

Once the application is validated by Grants.gov, it will be electronically transferred to the GrantSolutions system

for processing. Upon receipt of both the electronic application from the Grants.gov Web site Portal, and the required hardcopy mail-in items, applicants will receive notification via mail from the OPHS Office of Grants Management confirming the receipt of the application submitted using the Grants.gov Web site Portal.

Applicants should contact Grants.gov regarding any questions or concerns regarding the electronic application process conducted through the Grants.gov Web site Portal.

Electronic Submissions via the GrantSolutions System

OPHS is a managing partner of the GrantSolutions.gov system. GrantSolutions is a full life-cycle grants management system managed by the Administration for Children and Families, DHHS, and is designated by the Office of Management and Budget (OMB) as one of the three Government-wide grants management systems under the Grants Management Line of Business initiative (GMLoB). OPHS uses GrantSolutions for the electronic processing of all grant applications, as well as the electronic management of its entire Grant portfolio.

When submitting applications via the GrantSolutions system, applicants are required to submit a hard copy of the application face page (Standard Form 424) with the original signature of an individual authorized to act for the applicant agency and assume the obligations imposed by the terms and conditions of the grant award. If required, applicants will also need to submit a hard copy of the Standard Form LLL and/or certain Program related forms (e.g., Program Certifications) with the original signature of an individual authorized to act for the applicant agency. When submitting the required forms, do not send the entire application. Complete hard copy applications submitted after the electronic submission will not be considered for review.

Electronic applications submitted via the GrantSolutions system must contain all completed online forms required by the application kit, the Program Narrative, Budget Narrative and any appendices or exhibits. The applicant may identify specific mail-in items to be sent to the Office of Grants Management separate from the electronic submission; however these mail-in items must be entered on the GrantSolutions Application Checklist at the time of electronic submission, and must be received by the due date requirements specified above. Mail-In items may only include publications, resumes, or

organizational documentation. When submitting the required forms, do not send the entire application. Complete hard copy applications submitted after the electronic submission will not be considered for review.

Upon completion of a successful electronic application submission, the GrantSolutions system will provide the applicant with a confirmation page indicating the date and time (Eastern Time) of the electronic application submission. This confirmation page will also provide a listing of all items that constitute the final application submission including all electronic application components, required hardcopy original signatures, and mail-in items, as well as the mailing address of the OPHS Office of Grants Management where all required hard copy materials must be submitted.

As items are received by the OPHS Office of Grants Management, the electronic application status will be updated to reflect the receipt of mail-in items. It is recommended that the applicant monitor the status of their application in the GrantSolutions system to ensure that all signatures and mail-in items are received.

Mailed or Hand-Delivered Hard Copy Applications

Applicants who submit applications in hard copy (via mail or hand-delivered) are required to submit an original and two copies of the application. The original application must be signed by an individual authorized to act for the applicant agency or organization and to assume responsibility for the organization the obligations imposed by the terms and conditions of the grant award.

Mailed or hand-delivered applications will be considered as meeting the deadline if they are received by the WilDon Solutions, Office of Grants Management Operations Center, 1515 Wilson Boulevard, Third Floor Suite 310, Arlington, VA 22209, on or before 5 p.m. Eastern Time on the deadline date specified in the **DATES** section of the announcement. The application deadline date requirement specified in this announcement supersedes the instructions in the OPHS-1. Applications that do not meet the deadline will be returned to the applicant unread.

4. Intergovernmental Review: This program is subject to the Public Health Systems Reporting Requirements. Under these requirements, a community-based non-governmental applicant must prepare and submit a Public Health System Impact Statement (PHSIS). Applicants shall submit a copy of the

application face page (SF-424) and a one page summary of the project, called the Public Health System Impact Statement. The PHSIS is intended to provide information to State and local health officials to keep them apprised on proposed health services grant applications submitted by community-based, non-governmental organizations within their jurisdictions.

Community-based, non-governmental applicants are required to submit, no later than the Federal due date for receipt of the application, the following information to the head of the appropriate state and local health agencies in the area(s) to be impacted:

(a) A copy of the face page of the application (SF 424), (b) a summary of the project (PHSIS), not to exceed one page, which provides: (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 planned with the appropriate state or local health agencies. Copies of the letters forwarding the PHSIS to these authorities must be contained in the application materials submitted to the OWH.

This program is also subject to the requirements of Executive Order 12372 that allows States the option of setting up a system for reviewing applications from within their States for assistance under certain Federal programs. The application kit to be made available under this notice will contain a listing of States that have chosen to set up a review system and will include a State Single Point of Contact (SPOC) in the State for review. Applicants (other than federally recognized Indian tribes) should contact their SPOCs 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 in each affected State. A complete list of SPOCs may be found at the following Web site: <http://www.whitehouse.gov/omb/grants/spoc.html>. The due date for State process recommendations is 60 days after the application deadline. The OWH does not guarantee that it will accommodate or explain its responses to State process recommendations received after that date. (See "Intergovernmental Review of Federal Programs," Executive Order 12372, and 45 CFR part 100 for a description of the review process and requirements.)

5. Funding Restrictions: Funds may not be used for construction, building alterations, equipment purchase, medical treatment, renovations, or to purchase food.

6. Other Submission Requirements: Beginning October 1, 2003, all applicants are required to obtain a Data Universal Numbering System (DUNS) number as preparation for doing business electronically with the Federal Government. The DUNS number must be obtained prior to applying for OWH funds. The DUNS number is a nine-character identification code provided by the commercial company Dun & Bradstreet, and serves as a unique identifier of business entities. There is no charge for requesting a DUNS number, and you may register and obtain a DUNS number by either of the following methods:

Telephone: 1-866-705-5711.

Web site: <https://www.dnb.com/product/eupdate/requestOptions.html>. Be sure to click on the link that reads, "DUNS Number Only" at the right hand, bottom corner of the screen to access the free registration page. Please note that registration via the Web site may take up to 30 business days to complete.

V. Application Review Information

Criteria: The technical review of applications will consider the following factors:

Factor 1: Background/Understanding of the Problem (30%)

This section must discuss:

1. Applicant's experience providing HIV/AIDS prevention education, support services, and/or other services (e.g., women's health issues; socioeconomic empowerment services; educational services) to women at risk for or living with HIV/AIDS, particularly African American, Native American/American Indian, Hispanic/Latino, and Asian/Pacific Islander women.

2. Applicant's description of the HIV/AIDS prevention and support service needs for the women at risk for or living with HIV/AIDS and other female members of the family 12+ years old to be reached in this program; must include a detailed assessment with age-specific demographic and service need profile for minority females (African American, Native American/American Indian, Hispanic/Latino, and Asian/Pacific Islander) in the applicant's local service area.

3. Applicant's full description of the issues or challenges that impact women at risk for or living with HIV/AIDS specific to one of the racial/ethnic minority groups to be reached (African American, Native American/American Indian, Hispanic/Latino, or Asian/Pacific Islander) relative to effective cross-generational communication

about: (1) Their own sexual health issues; and (2) the health of female family or kinship network members 12+ years old about:

- Understanding a woman's body and how to care for it over the lifespan.

- Knowledge of ways to enhance health.

- Building and/or maintaining healthy relationships that includes an understanding of health threats.

- Awareness of primary healthcare system and how to access it.

- Gaining skills to express feelings and concerns about one's sexual health issues to other female family or kinship network members 12+ years old.

- Increasing awareness and ability to secure a safe place to live first when threatened by sexual, physical, or emotional violence.

Factor 2: Implementation/Approach (25%)

This section must discuss:

1. Evidence provided of applicant's success in providing HIV/AIDS prevention education, support services, and/or other services (e.g., women's health issues; socioeconomic empowerment services; educational services) to women at risk for or living with HIV/AIDS who are African American, Native American/American Indian, Hispanic/Latino, or Asian/Pacific Islander.

2. Applicant's goals, objectives, plan of action and timeline that fully describes how proposed intergenerational approach to HIV/AIDS prevention education for women at risk for or living with HIV/AIDS who are African American, Native American/American Indian, Hispanic/Latino, or Asian/Pacific Islander addresses the barriers to cross-generational communication between grandmothers, mothers, daughters, granddaughters, and aunts and/or other adult female kinship members 12+ years old with the impact of age, culture, traditions, and spirituality, as well as any trends or shifts in these areas.

3. Evidence of applicant's work in establishing and/or convening African American, Native American/American Indian, Hispanic/Latino, or Asian/Pacific Islander consumers for feedback on HIV/AIDS prevention, support, care, and/or treatment programs.

4. Evidence of applicant's work in identifying and/or working with community stakeholders, specifically for HIV/AIDS prevention, support, care, and/or treatment.

Factor 3: Management Plan (25%)

The applicant's proposal should contain:

1. Applicant's proposed staff and/or requirements for new staff adequately described in resumes (see Appendix); must include contractual services of a licensed female behavioral health therapist with expertise in counseling African American, Native American/American Indian, Hispanic/Latino, or Asian/Pacific Islander women at risk for or living with HIV/AIDS and other female members of the family 12+ years old.

2. Proposed staff level of effort;

3. Detailed position descriptions (appears in Appendix); and

4. Addresses maintenance of confidentiality, ethics in performance, and any mandatory in-service staff training.

Factor 4: Evaluation Plan (20%)

The applicant's proposal contains:

1. Clear statement of program goal(s);

2. Quantifiable objectives;

3. Clear indicators to analyze trends; and

4. Clear indicators to recognize unanticipated outcomes.

Review and Selection Process:

Funding decisions will be made by the OWH, and will take into consideration the recommendations and ratings of the review panel, program needs, geographic location, stated preferences, and the recommendations of DHHS Regional Women's Health Coordinators (RWHC). Accepted applications will be reviewed for technical merit in accordance with DHHS policies. Applications will be evaluated by a technical review panel composed of experts in the fields of minority women's health issues, particularly HIV/AIDS prevention; community based, faith based, and women's service organizations delivery of HIV/AIDS prevention and support services; and federal and state government public health systems.

VI. Award Administration Information

1. *Award Notices:* Applicants will receive a Notice of Grant Award signed by the Grants Management Officer (GMO). This is the authorizing document and it will be sent electronically and followed up with a mailed copy.

2. *Administrative and National Policy Requirements:* The regulations set out at 45 CFR parts 74 and 92 are the Department of Health and Human Services (DHHS) rules and requirements that govern the administration of grants. Part 74 is applicable to all recipients except those covered by part 92, which governs awards to state and local governments. Applicants funded under this announcement must be aware of and comply with these regulations. The CFR volume that includes parts 74 and

92 may be downloaded from <http://www.access.gpo.gov/nara/cfr/waisidx—03/45cfrv1—03.html>.

The DHHS Appropriations Act requires that, when issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with Federal money, all grantees shall clearly state the percentage and dollar amount of the total costs of the program or project which will be financed with Federal money and the percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

3. *Reporting:* In addition to those listed above, the applicant will submit an initial progress report, a mid-year progress report, a final progress report, and a financial status report (in accordance with provisions of the general regulations which apply under "Monitoring and Reporting Program Performance," 45 CFR parts 74 and 92). OWH will provide Progress Report Forms and Annual Report Forms during the orientation meeting. The purpose of the progress reports is to provide accurate and timely program information to program managers and to respond to Congressional, Departmental, and public requests for information about the program.

An original and one copy of the four report(s) must be submitted as follows:

1. Initial Progress Report due date (provided at OWH orientation meeting).

2. Mid-Year Progress Report due date (provided at OWH orientation meeting).

3. Final Progress Report due date (provided at OWH orientation meeting).

A Financial Status Report (FSR) SF-269 is due 90 days after the close of each 12-month budget period.

VII. Agency Contacts

For application kits, submission of applications, and information on the budget and business aspects of the application, please contact: WilDon Solutions, Office of Grants Management Operations Center, 1515 Wilson Blvd., Third Floor, Suite 310, Arlington, VA 22209 at 1-888-203-2061, e-mail OPHSgrantinfo@teamwildon.com, or fax 703-351-1138.

4. Questions regarding programmatic information and/or requests for technical assistance in the preparation of the grant application should be directed in writing to:

Joanna Short, M.Div., Public Health Advisor, Office on Women's Health, OPHS, DHHS, Hubert H. Humphrey Building, Room 733E, 200 Independence Avenue, SW.,

Washington, DC 20201, Telephone: (202) 260-8420, E-mail: JShort@osophs.dhhs.gov.

VIII. Other Information

A. Protection of Human Subjects Regulations

The applicant must comply with the DHHS Protection of Human Subjects regulations (which require obtaining Institutional Review Board approval), set out as 45 CFR Part 46, if applicable. General information about Human Subjects regulations can be obtained through the Office of Human Research Protections (OHRP) at <http://www.hhs.gov/ohrp>, or ohrp@osophs.dhhs.gov, or toll free at (866) 447-4777.

B. Objectives of Healthy People 2010

Emphasis will be placed on aligning OWH activities and programs with Healthy People 2010: Goal 2 to eliminate health disparities. More information on the Healthy People 2010 objectives may be found on the Healthy People 2010 Web site: <http://www.health.gov/healthypeople>.

C. Definitions

Community-based organization: Public and private, non-profit organizations that are representative of communities or significant segments of communities.

Culturally competent: Information and services provided at the educational level and in the language and cultural context that are most appropriate for the individuals for whom the information and services are intended. Additional information on cultural competency is available at the following Web site: <http://www.aoa.dhhs.gov/May2001/factsheets/Cultural-Competency.html>.

Evidence-Based: DHHS recognizes HIV/AIDS prevention education approaches for reaching minority populations, namely education/training, outreach (street, media), and care services. Additional information on evidence-based HIV/AIDS prevention programs is available at the following Web site: <http://www.cdc.gov/hiv/pubs/hivcompendium/organize.htm>.

Gender-focused: An approach which, in considering the social and environmental contexts impacting women's lives therefore structures information, activities, program priorities, and service delivery systems that compliment those factors.

Healthy People 2010: A set of national health objectives that outlines the prevention agenda for the Nation. Healthy People 2010 identifies the most significant preventable threats to health

and establishes national goals for the next ten years. Individuals, groups, and organizations are encouraged to integrate Healthy People 2010 into current programs, special events, publications, and meetings. Businesses can use the framework, for example, to guide worksite health promotion activities as well as community-based initiatives. Schools, colleges, and civic and faith-based organizations can undertake activities to further the health of all members of their community. Health care providers can encourage their patients to pursue healthier lifestyles and to participate in community-based programs. By selecting from among the national objectives, individuals and organizations can build an agenda for community health improvement and can monitor results over time. More information on the Healthy People 2010 objectives may be found on the Healthy People 2010 Web site: <http://www.health.gov/healthypeople>.

Prevention education: Accurate information to increase knowledge of methods and behaviors to keep individuals from becoming infected with HIV.

References

- (1) Centers for Disease Control and Prevention. HIV/AIDS Surveillance Report. 2002; 14/Addendum: 5. Table A3.
- (2) Centers for Disease Control and Prevention. HIV/AIDS Surveillance Report 2002, Vol. 14.

Dated: April 19, 2007.

Wanda K. Jones,

Deputy Assistant Secretary for Health (Women's Health).

[FR Doc. E7-8228 Filed 4-30-07; 8:45 am]

BILLING CODE 4150-33-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Toxicology Program (NTP); Liaison and Scientific Review Office; Meeting of the Scientific Advisory Committee on Alternative Toxicological Methods (SACATM)

AGENCY: National Institute of Environmental Health Sciences (NIEHS), National Institutes of Health (NIH).

ACTION: Meeting announcement and request for comment.

SUMMARY: Pursuant to section 10(a) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of a meeting of SACATM on June 12, 2007, at the Marriott Bethesda North Hotel and Conference Center, 5701 Marinelli Road,

Bethesda, Maryland. The meeting is scheduled from 8:30 a.m. to adjournment (5 p.m.) and is open to the public with attendance limited only the space available. SACATM advises the Interagency Coordinating Committee on the Validation of Alternative Methods (ICCVAM), the NTP Interagency Center for the Evaluation of Alternative Toxicological Methods (NICEATM), and the Director of the NIEHS and NTP regarding statutorily mandated duties of ICCVAM and activities of NICEATM.

DATES: The SACATM meeting will be held on June 12, 2007. All individuals who plan to attend are encouraged to register online at the NTP Web site (<http://ntp.niehs.nih.gov/go/7441>) by June 8, 2007. In order to facilitate planning, persons wishing to make an oral presentation are asked to notify Dr. Mary S. Wolfe via online registration, phone, or email by June 4, 2007 (see **ADDRESSES** below). Written comments should also be received by June 4 to enable review by SACATM and NIEHS/NTP staff before the meeting.

ADDRESSES: The SACATM meeting will be held at the Marriott Bethesda North Hotel & Conference Center, 5701 Marinelli Road, Bethesda, Maryland 20852 [hotel: (301) 822-9200]. Public comments and other correspondence should be directed to Dr. Mary S. Wolfe (NIEHS, P.O. Box 12233, MD A3-01, Research Triangle Park, NC 27709; telephone: 919-541-7539 or e-mail: wolfe@niehs.nih.gov). Persons needing special assistance, such as sign language interpretation or other reasonable accommodation in order to attend, should contact 919-541-2475 voice, 919-541-4644 TTY (text telephone), through the Federal TTY Relay System at 800-877-8339, or send e-mail to niehsoeeo@niehs.nih.gov. Requests should be made at least 7 days in advance of the meeting.

SUPPLEMENTARY INFORMATION:

Preliminary Agenda and Availability of Meeting Materials

A preliminary agenda is provided below. Additional background materials will be posted on the NTP Web site (<http://ntp.niehs.nih.gov/go/7441>) or available upon request (see **ADDRESSES** above). One agenda topic is discussion of the draft NICEATM-ICCVAM 5-Year Plan, which will be available by May 7 and presented at a public Town Meeting at the William H. Natcher Center, NIH, 9000 Rockville Pike, Bethesda, Maryland on June 11 (<http://iccvam.niehs.nih.gov/meetings/5YPlanTM/townmtg.htm>). The Town Meeting will be announced in a separate