and Compressed Work Schedules Act, the schedule or proposed schedule which is the subject of the agency's determination and the finding on which the determination is based.

Need and Use of the Information: The information to be collected by the Request for Assistance is required for the Panel to be able to process and decide collective bargaining impasses arising under the Federal Service Labor-Management Relations Statute, 5 U.S.C. 7119. The information collected on the form is to be used to enable Panel staff employees to contact affected parties in impasse proceedings, and to enable staff employees to take the necessary steps to begin the processing of the Request for Assistance. The form will be provided to members of the public to initiate an impasse proceeding before the Panel. The petition form is filed with the Panel's office. Use of the form is not required to obtain Panel assistance, however, so long as the written request by a party for assistance contains the information requested on the form.

Description of Respondents: Federal employees representing federal agencies in their capacity as employer and federal employees and employees of labor organizations that are representing those labor organizations, are the members of the public who may file the Request for Assistance form.

Number of Respondents: Approximately 160 per year.

Frequency of Response: On occasion, as collective bargaining impasses arise.

Total Burden Hours: Approximately one-half hour per petition (80 hours per year).

Authority: Section 3507 of the Paperwork Reduction Act of 1995, 44 U.S.C. Chap. 35, as amended.

Dated: June 11, 1998.

H. Joseph Schimansky,

Executive Director, Federal Service Impasses Panel.

[FR Doc. 98–16045 Filed 6–16–98; 8:45 am]

BILLING CODE 6727–01–P

GENERAL SERVICES ADMINISTRATION

[OMB Control No. 3090–0080]

Submission for OMB Review; Comment Request Entitled Contract Financing

AGENCY: Office of Acquisition Policy, GSA.

ACTION: Notice of request for an extension to an existing OMB clearance (3090–0080).

SUMMARY: Under the provisions of the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35), the Office of Acquisition Policy has submitted to the Office of Management and Budget (OMB) a request to review and approve an extension of a previously approved information collection requirement concerning Contract Financing.

DATES: *Comment Due Date:* August 17, 1998.

ADDRESSES: Comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, should be submitted to: Edward Springer, GSA Desk Officer, Room 3235, NEOB, Washington, DC 20503, and to Marjorie Ashby, General Services Administration (MVP), 1800 F Street NW, Washington, DC 20405.

FOR FURTHER INFORMATION CONTACT: Al Matera, Office of GSA Acquisition Policy (202) 501–1224.

SUPPLEMENTARY INFORMATION:

A. Purpose

The GSA is requesting the Office of Management and Budget (OMB) to review and approve information collection, 3090–0080, concerning Contract Financing. Offerors are required to identify whether items are foreign source end products and the dollar amount of import duty for each product.

B. Annual Reporting Burden

Respondents: 2,000; annual responses: 2,000; average hours per response: .1; burden hours: 200.

Copy of Proposal

A copy of this proposal may be obtained from the GSA Acquisition Policy Division (MVP), Room 4011, GSA Building, 1800 F Street NW, Washington, DC 20405, or by telephoning (202) 501–3822, or by faxing your request to (202) 501–3341.

Dated: June 9, 1998.

Ida M. Ustad,

Deputy Associate Administrator, Office of Acquisition Policy.

[FR Doc. 98–16077 Filed 06–16–98; 8:45 am]

BILLING CODE 6820–61–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Announcement Number 98084]

Notice of Availability of Funds for 1998; State Cardiovascular Health Programs

Introduction

The Centers for Disease Control and Prevention (CDC), announces the availability of fiscal year (FY) 1998 funds for a cooperative agreement program for State-based cardiovascular health programs. This announcement is the first of its kind and contains cardiovascular health program design components considered essential to increasing the leadership of State health departments in cardiovascular disease prevention and control. The essential components are characterized by definition of the cardiovascular disease problem within the State; development of partnerships and coordination among concerned nongovernmental and governmental partners; development of effective strategies to reduce the burden of cardiovascular diseases and related risk factors with an overarching emphasis on heart healthy policies and physical and social environmental changes at all levels as interventions; and monitoring of all the critical aspects of cardiovascular diseases.

To improve the cardiovascular health of all Americans, every State health department should have the capacity, commitment, and resources to carry out comprehensive cardiovascular disease prevention and control programs. Applicants may apply for one, but not both, of the following levels of support:

1. A Core Capacity Program to develop basic cardiovascular disease program functions and activities at the State level such as partnerships and program coordination, scientific capacity, inventory of policy and environmental strategies, State plan for cardiovascular diseases, training and technical assistance, strategies for addressing Priority Populations, and intervention strategies.

2. A Comprehensive Program to implement and disseminate intervention activities throughout the State using health care settings, work sites, schools, media, the government, and community-based organizations as primary modes of intervention for cardiovascular diseases.

One optional enhanced school health program. Additional funding may be available for either a Core Capacity

Program or a Comprehensive Program to collaborate with the State education agency and other relevant governmental and nongovernmental agencies to implement cardiovascular disease prevention strategies that address students, their families, school staff, and communities.

While defining the problem of cardiovascular diseases and related risk factors within the State, the applicant may determine the Priority Populations to be addressed. Factors that may be considered when identifying Priority Populations include rates of cardiovascular diseases and related risk factors, lack of access to services, socioeconomic levels, and populations with documentation of high risk of cardiovascular diseases. The applicant may direct specific program interventions to reduce risk factors in key Priority Populations to levels at or below the general population.

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 the priority area of Heart Disease and Stroke. (For ordering a copy of Healthy People 2000, see the section ''Where to Obtain Additional Information.'')

Authority

This program is authorized under section 317(a) of the Public Health Service (PHS) Act [42 U.S.C.247b(a)], as amended. Applicable program regulations are found in 42 CFR Part 51b-Project Grants for Preventive Health Services.

Smoke-Free Workplace

CDC strongly encourages all grant recipients to provide a smoke-free workplace and to promote the nonuse 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

Assistance will be provided only to the health departments of certain States or their bona fide agents. Eligible States are limited to those in which mortality rates from ischemic heart disease or stroke exceed the national rates by ten percent or more. The eligible States (based on National Vital Records) are Alabama, Arkansas, Georgia, Indiana, Kentucky, Louisiana, Mississippi, Missouri, New York, North Carolina, Ohio, Oklahoma, South Carolina, Tennessee, Virginia, West Virginia; and the District of Columbia.

Other States or territories including American Samoa, the Commonwealth of Puerto Rico, the Virgin Islands, the Federated States of Micronesia, Guam, the Northern Mariana Islands, the Republic of the Marshall Islands, and the Republic of Palau may apply; but, they must provide evidence that their mortality rate from ischemic heart disease exceeds 189.7/100,000 or the mortality rate from stroke exceeds 44.4/100,000. Mortality statistics provided by the applicant must use ICD–9 codes of 410–414 (Ischemic heart disease) and 430–438 (Stroke), age-adjusted to the 1970 U.S. population, resident population only, for the 35–74 year-old population of the State, for 1991–1995 based on National Vital Records available on CDC WONDER. This documentation must be provided in the Executive Summary of the Application Content section.

State health departments are uniquely qualified to define the cardiovascular health problem throughout the State, to plan and develop statewide strategies to reduce the burden of cardiovascular diseases, to provide overall State coordination of cardiovascular health activities among partners, to lead and direct communities, to direct and oversee interventions within overarching State policies, and to monitor critical aspects of cardiovascular diseases. Therefore, because of these unique qualifications, competition is limited to State health departments.

Eligible applicants may choose to address either the Core Capacity Program or the Comprehensive Program. However, applicants choosing to address the Comprehensive Program must meet the matching requirement for State funds (see Recipient Financial Participation).

Availability of Funds

Approximately $4,750,000 is available in FY 1998 to fund approximately 8 States.

A. Approximately $1,800,000 is available for approximately 6 Core Capacity Program awards. It is expected that the average award will be $300,000, ranging from $250,000 to $500,000.

B. Approximately $2,500,000 is available for approximately 2 comprehensive awards. It is expected that the average award will be $1,250,000 ranging from $1,000,000 to $1,500,000.

C. Approximately $450,000 is available for one optional enhanced school health program that may be additional funding to either a Core Capacity Program or a Comprehensive Program.

It is expected that the awards will begin on or about September 28, 1998, and will be made for a 12-month budget period within a project period of up to 5 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.

If requested, federal personnel, equipment, or supplies may be provided in lieu of a portion of the financial assistance.

States which compete for funds but do not receive an award and whose application is not disapproved, will maintain an ''approved but unfunded'' status for one year. If additional funds become available during the year, additional States may be considered for funding.

CDC anticipates that additional funds may become available for addressing Priority Populations for recipients under this program announcement. If funds become available, recipients may be solicited to submit competitive supplemental applications for these funds.

Recipient Financial Participation

Matching funds are required from State sources in an amount not less than $1 for each $4 of Federal funds awarded under the Comprehensive Program of this announcement. Applicants for the Comprehensive Program must provide evidence of State appropriated resources targeting cardiovascular health of at least 20 percent of the total approved budget. The Preventive Health and Health Services (PHHS) Block Grant may not be included as State resources.

Applicants may not use these funds to supplant funds from State sources or the Preventive Health and Health Services Block Grant dedicated to cardiovascular health. Applicants must maintain current levels of support dedicated to cardiovascular health from State sources or the Preventive Health and Health Services Block Grant.

Use of Funds

Funds provided under this program announcement are not intended to be used to conduct community-based pilot or demonstration projects.

Restrictions on Lobbying

Applicants should be aware of restrictions on the use 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 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 1998 Department of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act (Public Law 105–78) states in Sec. 503(a)and (b) no part of any appropriation contained in this Act shall be used, other than for normal and recognized executive-legislative relations, 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 or any State legislature, except in presentation to the Congress or any State legislative body itself. 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

Among men and women, and across all racial and ethnic groups, cardiovascular disease is our nation's leading killer and a leading cause of disability. More than 950,000 Americans die of cardiovascular disease each year, accounting for more than 40 percent of all deaths. Over half of these deaths occur among women.

In 1998, cardiovascular diseases are estimated to cost our nation $274 billion. This amount includes health expenditures and lost productivity resulting from illness and death. The use of expensive treatment, although effective in delaying death from cardiovascular diseases, is likely to continue to increase the financial impact.

Cardiovascular diseases are common and their risk factors are widespread in American society. Although most of the major risk factors for heart disease and stroke are modifiable or entirely preventable, over 80 percent of Americans report having at least one major risk factor. These include tobacco use, physical inactivity, poor diet, high blood pressure, high blood cholesterol, obesity, and diabetes.

Major disparities exist among population groups, with a disproportionate burden of death and disability from cardiovascular diseases in minority and low-income populations. For example, the rate of premature deaths caused by cardiovascular diseases is greater among African-Americans than among white Americans. Disparities also exist in the prevalence of risk factors for cardiovascular diseases. For example, physical inactivity is higher for Mexican-American women (46 percent) and African-American, non-Hispanic women (40 percent) than for white, non-Hispanic women (23 percent).

Purpose

The purpose of this program is not only to provide financial and programmatic assistance that will aid States in developing, implementing, and evaluating cardiovascular disease prevention and control programs; but also, to assist States in developing their Core Capacity Programs into a Comprehensive Program.

State Core Capacity Programs: The purpose of these programs is to develop and fill gaps in capacity and leadership in State health departments in areas critical to the implementation and management of a successful statewide comprehensive cardiovascular disease prevention program. Core Capacity Programs are the foundation upon which comprehensive cardiovascular health programs are built.

State Comprehensive Programs: The purpose of these programs is to build upon core capacities of the State. They implement widespread interventions throughout the State, adopting population-based approaches for cardiovascular disease prevention and control that extends to all population groups, and a focused approach for priority populations. In addition to the components of the Core Capacity Programs, the Comprehensive Programs extend resources to local health agencies, communities, and organizations for implementation of the cardiovascular health strategies.

Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for conducting the activities under A. (State Core Capacity Programs), below, or under B. (Comprehensive Programs), below, and CDC will be responsible for the conducting activities listed under C., below.

A. Recipient Activities for State Core Capacity Programs

1. Develop and Coordinate Partnerships

Identify, consult with, and appropriately involve the State cardiovascular health partners to identify areas critical to the development of a statewide cardiovascular disease prevention and control program, coordinate activities, avoid duplication of effort, and enhance the overall leadership of the State with its partners. Within a State health department, coordinate and collaborate with partners in nutrition and physical activity and other areas such as tobacco, diabetes, cancer, health education, Preventive Health and Health Services Block Grant, laboratory, as well as with data systems such as vital statistics and behavioral risk factor surveillance. Within State government, collaboration and partnership with other departments such as education, transportation, parks and recreation, and with youth risk behavioral surveillance, should be developed. These partnerships and collaborative efforts should develop into memorandums of agreement (MOA) or similar formalized arrangements. The State health department should develop a statewide coalition with representation from other agencies, professional and voluntary groups, academia, community organizations, the media, and the public.

2. Develop Scientific Capacity to Define the Cardiovascular Disease Problem

Enhance epidemiology, statistics, and data analysis from existing data systems such as vital statistics, hospital discharges, and behavioral risk factor surveillance to determine:

a. Trends in cardiovascular diseases.

b. Geographic distribution of the diseases.

c. The racial and ethnic identities of populations at highest risk for cardiovascular diseases.

d. Ways to integrate systems to provide comprehensive data needed for assessing and monitoring the cardiovascular health of populations and program outcomes.

Monitoring and program evaluation are considered essential components of building scientific capacity. Scientific capacity may also extend to developing access to outside databases such as medical care, and to laboratory development consistent with the overall direction of the program. State public health laboratories, or laboratories contracted by States to perform lipid

and lipoprotein testing, should be standardized by the CDC Lipid Standardization Program.

3. Develop an inventory of Policy and Environmental Strategies

Develop an inventory of policy and environmental issues in systems and settings, (State, communities, health care sites, work sites, schools) affecting the cardiovascular health of the general population and Priority Populations, to include such issues as food service policies; availability of opportunities such as sidewalks, recreation centers, parks, walking trails; restrictions on tobacco; and standards of care. Health care-related policy and environmental issues should be assessed in collaboration with purchasers of medical care, managed care organizations, and consumers. Attention should be paid to the needs of Priority Populations and the policy and environmental issues most vital to their cardiovascular health.

4. Develop or Update State Plan

Develop or update a State plan for cardiovascular diseases to include specific objectives for future reductions in cardiovascular diseases and related risk factors. Develop a complete description of the cardiovascular disease problem geographically and demographically and include population-specific strategies for achieving the objectives. The strategies should emphasize population-based policy and environmental approaches as well as the needs of Priority Populations. The strategies may also include planning for program development at the community level, particularly for Priority Populations.

5. Provide Training and Technical Assistance

Increase the skills of State health department and external personnel in areas such as data systems; use of data in program planning; assessing community assets and needs; cardiovascular diseases and related risk factors with emphasis on nutrition and physical activity; approaches to interventions with emphasis on policy and environmental issues; social marketing and communications; epidemiology; health promotion; partnering; cultural competency; community engagement; and program evaluation. Training may address State health department personnel as well as those at the local level, designated partners, and may include development of technical assistance to communities, work sites, health sites, schools, organizations of faith, and community-based organizations. This component may also extend to laboratory improvement for lipid measurement.

6. Develop Population-Based Strategies

Develop population-based intervention strategies to reduce the burden of cardiovascular diseases in the State, with a strong emphasis on policy and environmental approaches for the general population. Primary strategies must address the cardiovascular risk factors of nutrition and physical activity. The strategies should be included in the updated State plan and may use health sites, work sites, schools, media, organizations of faith, community-based organizations, and governments, as effective means to reach people. Although Core Capacity awards do not include funds for implementation of strategies, the projected cost of implementing the strategies should be developed and included in progress reports.

7. Develop Culturally-Competent Strategies for Priority Populations

Develop, and include in the State plan, strategies for enhanced program efforts to address Priority Populations with more intensive intervention than population-based approaches and specify how interventions would be designed appropriately for the priority populations to be addressed. Strategies should include policy and environmental approaches specific for the population to be addressed but may also include strategies for direct interventions such as community events, screenings, special classes, and campaigns designed to improve awareness of cardiovascular risk factors in the populations and to reduce risk factors in the populations to levels at or below the general population. Initiatives may be used to demonstrate the effectiveness of selected strategies or as a means to generate community support. Although Core Capacity awards do not include funds for implementation of strategies, the projected cost of implementing the strategies for Priority Populations should be developed and included in progress reports.

8. (Optional) Enhanced School Health Program

Develop enhanced program efforts designed to reach youth during their formative years. Collaborate with the State education agency to sustain efforts with local education agencies and other relevant governmental and nongovernmental agencies to implement cardiovascular disease prevention strategies that address students, their families, school staff, and communities. Implement policy mandates, environmental change, school food service, classroom instruction, and involve families and community agencies in such efforts. Establish, strengthen, or expand education intended to prevent or reduce sedentary lifestyle, dietary patterns, and tobacco use, that result in disease; and integrate education into comprehensive school health education. Coordinate fully with State education and health programs and strengthen school health programs. Establish qualified staffing in the State departments of education as well as in the State health department.

B. Recipient Activities for Comprehensive Programs

1. Implement Population-Based Intervention Strategies Consistent with the State Plan.

Strategies should include policy and environmental approaches, and other approaches disseminated through various settings including health care settings, work sites, schools, organizations of faith, governments, and the media. Interventions should be population-based, with objectives established that specify the population-wide changes sought. Approaches should extend to a relatively large proportion of the population to be addressed, rather than a few selected communities. Interventions should be coordinated such that health messages, policies, and environmental measures are consistent, the most cost-effective methods are used for reaching the populations, and duplication of effort is avoided. Primary interventions must address physical activity and nutrition. Lipid and hypertension management are consistent with physical activity and good nutrition and may also be included. Efforts to address tobacco use should be coordinated with the State tobacco program; tobacco-related activities should not be duplicated. Implementation may extend to grants and contracts with local health agencies, communities, and nonprofit organizations.

2. Implement Strategies Addressing Priority Populations

These strategies may include services directed to specific communities and segments of the population, and may include all appropriate modes of intervention needed to reach the populations to be addressed. These strategies may include more intensive, directed services by organizations including community-based organizations, organizations of faith, and State and national organizations

concerned with improving the health and quality of life of Priority Populations.

3. Specify and Evaluate Intervention Components

Design and implement a program evaluation system. Evaluation should be limited in scope to address strategy implementation, changes in personal behavioral risk factors, and changes in policies and the physical and social environment affecting cardiovascular health. Evaluation should not include comparison communities or quasi-experimental designs. Evaluation should cover both population-based strategies as well as targeted strategies. Evaluation should rely primarily upon existing data systems such as vital statistics, hospital discharges, behavioral risk factor surveillance, and youth risk behavioral surveys. The program should address measures considered critical to determine the success of the program.

4. Implement Professional Education Activities

Provide professional education to health providers to assure appropriate prevention and counseling are offered routinely and that appropriate standards of care are provided to all.

5. Monitor Secondary Prevention Strategies

Secondary prevention strategies may include such issues as aspirin and drug therapy, physical activity regimens, hormone replacement therapy, dietary changes, and hypertension and lipid management. Activities in secondary prevention should be limited primarily to monitoring the delivery of secondary prevention practices. Development of monitoring systems for secondary prevention practices should be coordinated with managed care providers, Medicaid, major employers, insurers, other organized health care providers, and purchasers of health care. Secondary prevention strategies may be integrated with professional education initiatives. Secondary prevention should not provide for drugs, patient rehabilitation, or other costs associated with the treatment of cardiovascular diseases.

6. (Optional) Enhanced School Health

Develop enhanced program efforts designed to reach youth during their formative years. Collaborate with the State education agency to sustain efforts with local education agencies and other relevant governmental and nongovernmental agencies to implement cardiovascular disease prevention strategies which address students, their families, school staff, and communities. Implement policy mandates, environmental change, school lunch programs, classroom instruction, and involve families and community agencies in the efforts. Establish, strengthen, or expand education intended to prevent or reduce sedentary lifestyle, dietary patterns, and tobacco use that result in disease; and integrate education into comprehensive school health education. Coordinate fully with State education and health programs and strengthen school health programs. Establish qualified staffing in State department of education as well as the State health department.

C. CDC Activities

1. Provide technical assistance in the coordination of surveillance and other data systems to measure and characterize the burden of cardiovascular diseases. Provide technical assistance in the design of surveillance instruments and sampling strategies, and provide assistance in the processing of data for States. Provide data on populations at highest risk. Provide data for national-level comparisons.
2. Develop and disseminate programmatic guidance and other resources for specific interventions, media campaigns, and coordination of activities.
3. Collaborate with the States and other appropriate partners to develop and disseminate recommendations for policy and environmental interventions including the measurement of progress in the implementation of such interventions.
4. Collaborate with appropriate private, nonprofit organizations to coordinate a cohesive national program.
5. Provide technical assistance to State public health laboratory or contract laboratory to standardize cholesterol, high density lipoproteins, and triglyceride measurements.
6. Provide training and technical assistance regarding the coordination of nutrition and physical interventions.
7. If requested, provide Federal personnel, equipment, or supplies in lieu of a portion of the financial assistance.

Technical Reporting Requirements

An original and two copies of semiannual progress reports are required 30 days after each semiannual reporting period. A financial status report is required no later than 90 days after the end of each budget period. Final financial and performance reports are required no later than 90 days after the end of the project period. All reports are to be submitted to the Grants Management Branch, CDC. Progress reports should include the following:

1. A comparison of actual accomplishments with the objectives established in the work plan for the period.
2. Core Capacity programs should report the projected cost of implementing the strategies developed.
3. Other pertinent information that includes, but is not limited to, the reasons for slippage if established goals were not met, analysis and explanation of unexpected delays or high costs of performance, and a listing of presentations and publications produced by, supported by, or related to, program activities.

Application Content

Applicants must develop their applications in accordance with PHS Form 5161–1 (Revised 5/96), or new CDC Form 0.1246(E), information contained in this Program Announcement, and the format and page limitations outlined below. Applicants may apply for funding of either Core Capacity activities or Comprehensive activities, but not both, and must designate in the Executive Summary of their application the component (Core Capacity Program or Comprehensive Program) for which they are applying.

Applications for the Core Capacity Program should not exceed 60 double-spaced pages, single sided, in 12 point type, excluding the optional enhanced school health program, budget and justification, and appendixes. Applications for the Comprehensive Program should not exceed 120 double-spaced pages, single sided, in 12 point type, excluding the optional enhanced school health program, budget and justification, and appendixes. Applications for the Optional Enhanced School Health Program should not exceed 25 double-spaced pages, single sided, in 12 point type, excluding the optional enhanced school health program, budget and justification, and appendixes. Applicants should also submit appendixes including resumes, job descriptions, organizational chart, facilities, and any other supporting documentation as appropriate. All materials must be suitable for photocopying (i.e., no audiovisual materials, posters, tapes, etc.).

I. Executive Summary

All applicants must provide a summary of the program applied for and whether the optional program is included (two pages maximum). States

and territories, other than the 17 eligible applicants, must include documentation of the required mortality statistics data.

II. Core Capacity Program

(Narrative portions of the application may not exceed 60 double-spaced pages.)

A. Staffing (Not Included in 60 Page Limitation)

Describe program staffing and qualifications including contacts for physical activity, nutrition, and epidemiology. Provide organizational chart, resumes, job descriptions, and experience for all budgeted positions. Describe lines of communication between various related chronic disease programs.

B. Facilities (Not Included in 60 Page Limitation)

Describe facilities and resources available to the program, including equipment available, communications systems, computer capabilities and access, and laboratory facilities if appropriate.

C. Background and Need

Thoroughly describe the need for funding and the current resources available for Core Capacity activities, to include:

1. The overall State cardiovascular disease problem.
2. The geographic patterns, trends, age, gender, racial and ethnic patterns, and other measures or assessments.
3. The barriers the State currently faces in developing and implementing a statewide program for the prevention of cardiovascular diseases.
4. The advisory groups, partnerships, or coalitions currently involved with the State health department for cardiovascular disease prevention and control.
5. The current chronic disease programs within the State health department.
6. The gaps in resources, staffing, capabilities, and programs that, if addressed, might further the progress of cardiovascular disease prevention; and how the funds will be used to fill the gaps in the core capabilities of the State cardiovascular disease prevention and control efforts.

D. Core Capacity Work Plan

Provide a work plan that addresses each of the required Core Capacity elements cited in the Recipient Activities section above, to include the following information:

1. Program objectives for each of the elements. Objectives should describe what is to happen, by when, and to what degree.
2. The proposed methods for achieving each of the objectives.
3. The proposed plan for evaluating progress toward attainment of the objectives.
4. A milestone and completion chart for all objectives for the project period.
5. If human subjects research will be conducted, describe how human subjects will be protected.

E. (Optional) Enhanced School Health Program (Not Included in 60 Page Limit; Has Its Own 25 Page Limit)

Enhanced program efforts designed to reach youth during their formative years may be included as a program component of a Core Capacity Program. Describe planned activities for collaboration with the State education agency to develop a sustained effort with local education agencies and other relevant governmental and nongovernmental agencies to implement cardiovascular disease prevention strategies that address students, their families, school staff, and communities. Effective strategies might include activities such as policy mandates, environmental change, classroom instruction, school lunch programs, and involvement of families and community agencies. Strategies should establish, strengthen, or expand education intended to increase regular physical activity and healthy dietary patterns and to prevent or reduce tobacco use; and should integrate such education into a coordinated school health program. Planned activities and strategies are expected to be fully coordinated between State education and health programs and to strengthen school health programs. Applicants may establish qualified staffing in the State department of education as well as the State health departments.

Note: There is no penalty for not undertaking optional activities.

F. Core Capacity Program Budget

Provide a line-item budget with justifications consistent with the purpose and proposed objectives, using the format in Form 5161–1 or CDC Form 0.1246(CDC). Applicants are encouraged to include budget items for travel for three trips to Atlanta, GA for three individuals to attend 3-day training and technical assistance workshops.

The budget for the optional enhanced school health program should be distinguished from the general budget.

Supporting material such as organizational charts, tables, position descriptions, relevant publications, letters of support, memorandums of agreement, etc., should be included in the appendixes and be reproducible.

III. Comprehensive Program

(Narrative portions of the Comprehensive Program application may not exceed 120 double spaced, 12 point typed pages.)

A. Background and Need

Provide a thorough description of the need for support, to include a detailed analysis of the cardiovascular disease problem in the State, the geographic and demographic distribution, age, sex, racial and ethnic groups, educational, and economic patterns of the diseases as well as the trends over time. Describe the barriers to successful implementation of a statewide program for prevention of cardiovascular diseases within the State; partnerships and collaboration with related agencies, and the status of policies and environmental approaches in place that influence risk factors and public awareness. Describe how the funding will be used to fill the gaps in cardiovascular disease prevention activities. Provide a description of the populations to be addressed, including Priority Populations, and their constituencies and leadership potential to develop and conduct program activities.

B. Staffing (Not Included in 120 Page Limitation)

Describe project staffing and qualifications including contacts for physical activity, nutrition, and epidemiology. Provide organizational chart, curriculum vitae, job descriptions, and experience needed for all budgeted positions. Describe lines of communication between various related chronic disease programs.

C. State Plan

Provide the current State plan (dated January 1997 or later) that includes population-based policy and environmental strategies as well as strategies for implementing community programs which utilize health care settings, work sites, the media, schools, community-based organizations, the community at-large; and which includes strategies addressing specific Priority Populations and communities.

D. Evaluation

Provide description of surveillance and monitoring activities that include mortality, changes in environmental and policy indicators, and behavioral risk factors including statistically valid estimates for populations to be addressed. Describe the capability for

special one-time surveys. Describe how each of the program elements will be evaluated and which measures are considered critical to monitor for evaluating the success of the program. Describe the various existing data systems to be employed, how the systems might be adapted, and the specific program elements to be evaluated by those systems. Describe the schedules for data collection and when analyses of the data will become available. Describe how human subjects will be protected, if human subjects research is conducted.

E. Comprehensive Program Work Plan

The work plan should address each of the required Core Capacity elements cited in the Recipient Activities section above in sufficient detail to describe the results expected and how the State will achieve the results. Objectives and strategies should specify priority populations to be addressed, communities, or geographic areas of concern; complete listings of the policy and environmental changes sought to create a heart-healthy environment for the population; other intervention strategies; coordination among State partners; risk factor changes, and strategies for closing the gap in cardiovascular disease disparity. Interventions should be expressed in terms of changes sought for the general population as well as changes in Priority Populations to be addressed. Population-based approaches should extend to a relatively large proportion of the State population rather than a few selected communities. Targeted strategies should clearly define the Priority Populations to be addressed. Objectives should describe what is to happen, by when, and to what degree. A milestone and activities completion chart should be provided for all objectives for the project period.

F. Collaboration

Provide letters of support describing the nature and extent of involvement by outside partners and coordination among State health department programs, other State agencies, and nongovernmental health and nonhealth organizations. Describe how the overall delivery of interventions for priority populations will be enhanced by these collaborative activities. Describe current data systems and how coordination will be ensured with managed care providers, Medicaid, major employers, insurers, and other organized health care providers, as well as purchasers of health care.

G. Training Capability

Provide a description of training sessions for health professionals provided within the past three years. Include agendas, dates, professional status or occupation, and number of attendees. Provide other evidence of training capabilities deemed appropriate to the program.

H. Budget Justification

Provide a line-item budget consistent with Form 5161–1 or CDC Form 1246(E) along with appropriate justifications. Applicants are encouraged to include budget items for travel for three trips to Atlanta, GA for three individuals to attend 3-day training and technical assistance workshops.

The budget for Priority Populations and the optional comprehensive school health program should be distinguished from the general budget. Please use the separate columns provided in the Budget Information Form 424A Section B.

I. (Optional) Enhanced Comprehensive School Health Program Should Not Exceed 25 Double-Spaced Pages

Enhanced program efforts designed to reach youth during their formative years may be included as a program component of a comprehensive capacity program. Describe planned activities for collaboration with the State education agency to develop a sustained effort with local education agencies and other relevant governmental and nongovernmental agencies to implement cardiovascular disease prevention strategies that address students, their families, school staff, and their communities. Effective strategies include policy and environmental changes, school food service, classroom instruction, and involvement of families and community agencies. Strategies should establish, strengthen, or expand education intended to increase regular physical activity and healthy dietary patterns and to prevent or reduce tobacco use; and should integrate such education into a coordinated school health program. Planned activities and strategies are expected to be fully coordinated between State education and health programs and to enhance school health programs. Applicants may establish qualified staffing in the State department of education as well as the State health department.

Supporting material such as organizational charts, tables, resumes, position descriptions, relevant publications, letters of support, memorandums of agreement, etc., may be appended to the narrative portion of the application and are not included in the page limitation.

Special Guidelines for Technical Assistance Workshop

Technical assistance will be available for potential applicants in Atlanta, Georgia, beginning at 1:00 EDT on June 29 and ending at noon EDT on June 30. The purpose of the workshop is to help potential applicants to:

1. Understand the scope and intent of the Program Announcement for the State Cardiovascular Health Programs;
2. Plan coordinated approaches to assist the nation's health agencies in efforts to prevent cardiovascular diseases and related risk factors;
3. Understand the role of policy and environmental changes in improving cardiovascular health;
4. Be familiar with the Public Health Services funding policies and application and review procedures.

Attendance at this workshop is not mandatory. Attendees must pay their travel, per diem, and all other expenses related to attending the workshop. The workshop will be held only if 10 or more persons sign-up to attend.

Each potential applicant may send not more than two representatives to this workshop. Please provide the names of the attendees to Nancy B. Watkins, Division of Adult and Community Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, telephone (770) 488–5425; fax (770) 488–5964 within ten days after the publication date of the program announcement.

Evaluation Criteria

Applications will be reviewed and evaluated according to the following criteria:

I. Core Capacity Program (Total 100 Points)

A. Staffing (10 Points)

The degree to which the proposed staff have the relevant background, qualifications, and experience; and the degree to which the organizational structure supports staffs' ability to conduct proposed activities. The degree of coordination between relevant programs within the State health department.

B. Facilities (5 Points)

The adequacy of the applicant's facilities and resources.

C. Background and Need (15 Points)

The extent to which the applicant identifies specific needs and resources available for Core Capacity activities.

The extent to which the funds will successfully fill the gaps in State capabilities. The extent to which the applicant demonstrates a review of journals and other publications particularly for policy and environmental strategies.

D. Core Capacity Work Plan (60 Points)

1. (20 Points) The extent to which the plan for achieving the proposed activities appears realistic and feasible and relates to the stated program requirements and purposes of this cooperative agreement.

2. (20 Points) The extent to which the proposed methods for achieving the activities appear realistic and feasible and relate to the stated program requirements and purposes of the cooperative agreement.

3. (10 Points) The extent to which the proposed plan for evaluating progress toward meeting objectives and assessing impact appears reasonable and feasible.

4. (10 Points) The degree to which partnerships are demonstrated through collaborative activities or letters of support.

E. Objectives (10 Points)

The degree to which objectives are specific, time-phased, measurable, realistic, and related to identified needs, program requirements, and purpose of the program.

F. Budget (Not Scored)

The extent to which the budget appears reasonable and consistent with the proposed activities and intent of the program.

G. Human Subjects Research (Not Scored):

If the 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.

H. (Optional) Enhanced School Health Program (100 Points—Scored Separately)

1. Work Plan (60 Points)

The extent to which the plan for achieving the proposed activities appears realistic and feasible and relates to the stated purposes of the optional Enhanced School Health Program. The extent to which objectives and plans increase the State's overall capability to address cardiovascular disease prevention and control; will reach youth during their formative years; promote collaboration and coordination between the State health department and the education agency; and propose to integrate appropriate cardiovascular-related health education into a coordinated school health program.

2. Objectives (10 Points)

The degree to which objectives are specific, time-phased, measurable, realistic, and related to identified needs and purpose of the program.

3. Evaluation (15 Points)

The extent to which the proposed plan for evaluating progress toward meeting objectives and assessing impact appears reasonable and feasible.

4. Partnerships (15 Points)

The degree to which partnerships are demonstrated through collaborative activities or letters of support.

Content of Noncompeting Continuation Applications submitted within the project period need only include:

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

B. Any new or significantly revised items or information (objectives, scope of activities, operational methods, evaluation, key personnel, work plans, etc.) not included in year 01 or subsequent continuation applications.

C. An annual budget and justification. Existing budget items that are unchanged from the previous budget period do not need rejustification. Simply list the items in the budget and indicate that they are continuation items.

However, States receiving Core Capacity Program funding may submit a competitive application for Comprehensive Program funding at the end of any budget period within the 5-year project period, provided new funds are available to fund additional Comprehensive Programs. These applications must successfully address the application Evaluation Criteria for the Comprehensive Program; and, if successful, they will move from Core Capacity funding to Comprehensive funding. If unsuccessful, they will continue with Core Capacity funding.

II. Comprehensive Program (Total 100 points):

A. Background and Need (10 Points)

The extent to which the funds will fill the gaps in the State's cardiovascular disease prevention activities. The extent to which the applicant identifies specific needs in relation to geographic and demographic distribution of cardiovascular diseases with particular emphasis on Priority Populations; identifies trends in mortality and risk factors; identifies barriers to successful program implementation; and describes existing policy and environmental influences in terms of their affect on public awareness and the risk factors for cardiovascular diseases.

B. Staffing (10 points)

The degree to which the proposed staff have the relevant background, qualifications, and experience; the degree to which the organizational structure supports staffs' ability to conduct proposed activities; the degree of staff coordination between relevant program within the State health department.

C. Comprehensive Work Plan (50 Points)

1. (20 Points) The extent to which the plan for achieving the proposed activities appears realistic and feasible and relates to the stated program requirements and purposes of this cooperative agreement. The extent to which the plan addresses the needs of the State, the feasibility of the plan and the appropriateness of the planned interventions to the cardiovascular disease problem, and the adequacy of the plan to identify and address the needs of Priority Populations. If applicable, the degree to which the applicant has met the CDC policy requirements regarding the inclusion of women, ethnic, and racial groups in proposed research. This includes: (a) the proposed plan for the inclusion of both sexes and racial and ethnic minority populations for appropriate representation; (b) the proposed justification when representation is limited or absent; (c) a statement as to whether the design of the study is adequate to measure differences when warranted; and (d) documentation of plans for recruitment and outreach for study participants that includes the process of establishing partnerships with community(ies) and recognition of mutual benefits.

2. (20 points) The extent to which the State Cardiovascular Diseases Plan addresses the problem through policy and environmental strategies and other appropriate population-based approaches and the extent of program activities that use work sites, the media, schools, community-based organizations, organizations of faith, the community at large.

3. (10 Points) The extent to which collaboration of State nutrition, physical activity, health promotion, and other chronic disease programs with external partners is used to deliver the program; the extent to which coordination with other State chronic disease programs and other State agencies enhances the cardiovascular disease program; and the

extent of involvement of community-based organizations in the implementation of the program.

D. Evaluation (15 Points)

The extent to which the evaluation plan appears capable of monitoring progress toward meeting specific project objectives, assessing the impact of the program on the general population, assessing changes in the Priority Populations, monitoring utilization of secondary prevention strategies, and assessing the implementation of policy and environmental strategies.

E. Professional Education (5 Points)

The extent of experience and history of the applicant in conducting professional education, to include the involvement of or delivery of education by health professions organizations, medical societies, organized health care providers, medical universities, and purchasers of health care. The adequacy of the staff and plan to coordinate, affect, or deliver professional education related to the overall State Cardiovascular Disease Plan.

F. Objectives (10 Points)

The degree to which the objectives are specific, time-phased, measurable, realistic, and relate to identified needs and purposes of the program, for both the general population as well as the targeted populations.

G. Budget (Not Scored)

The extent to which the budget appears reasonable and consistent with the proposed activities and intent of the program.

H. Human Subjects Research (Not Scored)

If the 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.

I. (Optional) Enhanced School Health Program: (Total 100 Points—Scored Separately)

1. Work Plan (60 Points)

The extent to which the plan for achieving the proposed activities appears realistic and feasible and relates to the stated purposes of the optional Enhanced School Health Program. The extent to which objectives and plans increase the State's overall capability to address cardiovascular disease prevention and control; will reach youth during their formative years; promote collaboration and coordination between the State health department and the education agency; and propose to integrate appropriate cardiovascular-related health education into a coordinated school health program.

2. Objectives (10 Points)

The degree to which objectives are specific, time-phased, measurable, realistic, and related to identified needs and purpose of the program.

3. Evaluation (15 Points)

The extent to which the proposed plan for evaluating progress toward meeting objectives and assessing impact appears reasonable and feasible.

4. Partnerships (15 Points)

The degree to which partnerships are demonstrated through collaborative activities or letters of support.

Content of Noncompeting Continuation Applications submitted within the project period need only include:

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

B. Any new or significantly revised items or information (objectives, scope of activities, operational methods, evaluation, key personnel, work plans, etc.) not included in year 01 or subsequent continuation applications.

C. An annual budget and justification. Existing budget items that are unchanged from the previous budget period do not need rejustification. Simply list the items in the budget and indicate that they are continuation items.

Executive Order 12372 Review

Applications are subject to Intergovernmental Review of Federal Programs as governed by Executive Order (E.O.) 12372, which 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. If SPOCs have any State process recommendations on applications submitted to CDC, they should send them to Sharron P. Orum, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention, 255 East Paces Ferry Road, NE., Room 300, Mailstop E–18, Atlanta, GA 30305, no later than 30 days after the application deadline date. The Program Announcement Number and Program Title should be referenced on the document. The granting agency does not guarantee to ''accommodate or explain'' State process recommendations it receives after that date.

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 93.988.

Other Requirements

Paperwork Reduction Act

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

Human Subjects

If the proposed project involves research on human subjects, the applicant must comply with the Department of Health and Human Services Regulations, 45 CFR Part 46, regarding the protection of human subjects. Assurance must be provided to demonstrate that the project will be subject to initial and continuing review by an appropriate institutional review committee. The applicant will be responsible for providing assurance in accordance with the appropriate guidelines and form provided in the application kit. Should human subjects review be required, the proposed work plan should incorporate time lines for such development and review activities.

Women, Racial and Ethnic Minorities

It is the policy of the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) to ensure that individuals of both sexes and the various racial and ethnic groups will be included in CDC/ATSDR-supported research projects involving human subjects, whenever feasible and appropriate. Racial and ethnic groups are those defined in OMB Directive No. 15 and include American Indian or Alaskan Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or other Pacific Islander.

Applicants shall ensure that women, racial and ethnic minority populations are appropriately represented in applications for research involving human subjects. Where clear and compelling rationale exist that inclusion is inappropriate or not feasible, this situation must be explained as part of the application. This policy does not apply to research studies when the investigator cannot control the race, ethnicity and/or sex of subjects. Further guidance to this policy is contained in the **Federal Register**, Vol. 60, No. 179, pages 47947–47951, dated Friday, September 15, 1995.

Application Submission and Deadline

The original and two copies of the application PHS Form 5161–1 (Revised 5/96) or CDC Form 0.1246(E) must be submitted to Sharron P. Orum, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention, 255 East Paces Ferry Road, NE., Room 300, Mailstop E–18, Atlanta, GA 30305, on or before August 5, 1998.

1. Deadline. Applications shall be considered as meeting the deadline if they are either: a. Received on or before the deadline date. 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 that 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

A complete program description, information on application procedures, an application package, and business management technical assistance may be obtained from G. Locke Thompson, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E–18, Atlanta, GA 30305; telephone 404–842–6595, fax (404) 842–6513, or the Internet or CDC WONDER electronic mail at <lxt1@cdc.gov>. Programmatic technical assistance may be obtained from Nancy B. Watkins, Division of Adult and Community Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, telephone (770) 488–5425; fax (770) 488–5964, or the Internet or CDC WONDER electronic mail at <naw1@cdc.gov>.

You may obtain this and other CDC announcements 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).

Please refer to Program Announcement Number 98084 when requesting information and submitting an application on the Request for Assistance.

Potential applicants may obtain a copy of Healthy People 2000 (Full Report, Stock No. 017–001–00474–0) or Healthy People 2000 (Summary Report, Stock No. 017–001–00473–1) referenced in the ''Introduction'' through the Superintendent of Documents, Government Printing Office, Washington, DC 20402–9325, telephone (202) 512–1800.

Dated: June 11, 1998.

John L. Williams,

Director, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 98–16046 Filed 6–16–98; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Availability of the HRSA Competitive Grants Preview

AGENCY: Health Resources and Services Administration, HHS.

ACTION: General notice.

SUMMARY: HRSA announces the availability of the HRSA Competitive Grants Preview publication for Summer 1998. This edition of the Preview is a review of HRSA's programs which anticipate awarding grants on or before December 31, 1998. The next Preview scheduled to be published in November, will be a comprehensive issue of HRSA's Fiscal Year (FY) 1999 discretionary grant programs.

The purpose of the Preview is to provide the general public with a single source of program and application information related to the Agency's annual grant planning review. The Preview is designed to replace multiple **Federal Register** notices which traditionally advertised the availability of HRSA's discretionary funds for its various programs. In this edition of the Preview, the HRSA's program which provides funding for loan repayments has been included in the section ''Additional HRSA Programs.'' It should be noted that other program initiatives responsive to new or emerging issues in the health care area and unanticipated at the time of publication of the Preview, may be announced through the **Federal Register** from time-to-time.

The Preview includes instructions on how to access the Agency for information and receive application kits for all programs announced. Specifically, the following information is included in the Preview: (1) Program Title; (2) Legislative Authority; (3) Purpose; (4) Eligibility; (5) Estimated Amount of Competition; (6) Estimated Number of Awards; (7) Funding Priorities and/or Preferences; (8) Application Deadline; (9) Projected Award Date; (10) Estimated Project Period; (11) Application Kit Availability; (12) Catalog of Federal Domestic Assistance (CFDA) program identification number; and (13) Programmatic Contact.

This Summer 1998 issue of the Preview relates to funding under HRSA discretionary authorities and programs as follows:

Health Professions Programs

- Center for Health Workforce Distribution Studies: A Federal-State Partnership.
- Geriatric Education Centers.
- Public Health Traineeships.
- Residencies and Advanced Education in the Practice of General Dentistry.
- Nursing Special Projects.
- Nursing Education Opportunities for Individuals from Disadvantaged Backgrounds.
- Nurse Practitioner/Nurse Midwifery.
- Professional Nurse Traineeships.
- Advanced Nurse Education.
- Nurse Anesthetists: (1) Program Grants (2) Traineeships; and (3) Fellowships.
- Graduate Training in Family Medicine.
- Faculty Development in Family Medicine.
- Predoctoral Training in Family Medicine.
- Departments of Family Medicine.
- Residency Training in General Internal Medicine and General Pediatrics.
- Faculty Development in General Internal Medicine and General Pediatrics.