Integrity, 5515 Security Lane, Suite 700, Rockville, MD 20852.

Lawrence J. Rhoades,

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# Agency for Toxic Substances and Disease Registry

#### [Announcement 604]

### **Environmental Health Education for Health Professionals and Communities**

### Introduction

The Agency for Toxic Substances and Disease Registry (ATSDR) announces the expected availability of fiscal year (FY) 1996 funds for a cooperative agreement program for the development and implementation of environmental health education for health professionals in support of ATSDR's site-specific health activities program.

ATSDR 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 quality of life. This announcement is related to the priority area of Environmental Health. (For ordering a copy of "Healthy People 2000," see the section "Where to Obtain Additional Information.")

## Authority

This program is authorized under Sections 104(i)(14) and (15) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA), as amended by the Superfund Amendments and Reauthorization Act of 1986 (SARA) [42 U.S.C. 9604 (i) (14) and (15)].

## Smoke-Free Workplace

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

### Eligible Applicants

Eligible applicants are national health professional organizations that provide environmental health education and training for their defined membership and constituency.

## Availability of Funds

The Government's obligation under this grant project is contingent upon the availability of appropriated funds from which payment for grant purposes can be made. No legal liability on the part of the government for any payment may arise until funds are made available to the grantee through the formal award of a cooperative agreement.

It is expected that approximately \$500,000 will be available in FY 1996 to fund 3 to 5 awards. The awards are expected to range from \$60,000 to \$200,000 and will begin on or about September 30, 1996, for a 12-month budget period, with a 3-year project period. Funding estimates may vary and are subject to change.

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

#### **Purpose**

The proposed cooperative agreement is intended to meet the demand for environmental health expertise and strengthen environmental public health activities by developing educational and training programs in health risk communication: to improve information access and transfer between and among local, State, tribal, and Federal agencies; to build the capacity of local health care professionals to respond to community concerns related to hazardous waste sites by providing training and guidance in addressing issues of community concern; to provide environmental health education for health professionals in communities; to support primary health care providers by providing environmental health education and access to clinical expertise for diagnosing and treating environmental health problems; and to serve as a referral service for primary health care providers.

This cooperative agreement comprises a core program and additional enhancement activities. All applicants must address the Core Program in their application. The provision of environmental health education services comprises the Core Program which includes the following as minimum components:

- Needs assessment for health education
- 2. Development and implementation of health education programs
- 3. Evaluation of the effectiveness of health education programs
- 4. Coordination of provision of health education services; service as a health education resource
- Communication of health and health education needs, concerns, and resources to constituency groups.

Applicants must describe the method(s) by which the health

education will be delivered (examples include short courses, annual meetings, video libraries, electronic seminars, newsletters, and regional training).

Applicants may further address Enhancement Activities as applied to their respective constituency. Examples of Enhancement Activities include:

- 1. Risk communication training
- 2. Technical referral
- 3. Environmental information training, including assessment of provider capability, and
- Medical and nursing education concerning the health impact of hazardous substances.

## Program Requirements

In conducting activities to achieve the purpose of the program, all awardees shall be responsible for conducting activities under Recipient Core Program Component Activities, listed in A. below, and awardees may select three to five activities from the Recipient Enhancement Program Activities, listed in B. below. ATSDR will be responsible for conducting activities under ATSDR Activities, listed in C. below.

## A. Recipient Core Program Component Activities

1. Develop and provide education and training for members and constituents of recipient organizations about (a) hazardous substances as defined by CERCLA, (b) health risks resulting from exposure to hazardous substances in the environment, and (c) the concerns of those impacted by issues associated with hazardous waste sites.

Note: Health education programs addressing health risks or health issues not related to CERCLA issues (e.g., occupational) are not acceptable under this program.

- 2. Develop and implement environmental health education for members and constituents of recipient organizations related to *site-specific* concerns and issues.
- 3. Develop standard environmental health education materials related to ATSDR's *site-specific* health activities programs.
- 4. Develop and implement an evaluation plan specifying the methods of measuring success in meeting each objective defined by the applicant and evaluating the change in knowledge, attitudes, awareness, skill, behaviors, or other attributes of the participants.

# B. Recipient Enhancement Program Activities

1. Provide environmental health education related to site-specific concerns and issues to primary health care providers regarding prevention and interventions.

- 2. Act as a clinical referral resource for health care providers and diagnose and treat health effects related to exposure to hazardous substances.
- 3. Develop, conduct, and evaluate environmental health symposia on scientific and medical issues and provide technical support and materials on the effects of hazardous exposure for environmental education activities at medical and nursing schools, national conferences, continuing education programs, and public learning institutes.
- 4. Develop culturally appropriate health education materials for use by health professionals. Include priority content, teaching methods, appropriate channels to best reach target audiences, promotion of activities and appropriate evaluation strategies based on the type of audience.
- 5. Conduct electronic educational teleconferences for constituents on topics of environmental health at least monthly.
- 6. Catalogue and disseminate environmental health curriculum modules, clinical case studies, publications, videotapes, and other resources through a clearinghouse/lending library whose use is not restricted solely to the applicant's membership.
- 7. Provide for the electronic dissemination of environmental health information developed by the applicant or other health agencies and provide an electronic forum for the discussion of environmental health issues to any interested party.

## C. ATSDR Activities

- 1. Provide required information and instructional resources about National Priority List (NPL) sites for course development and presentation.
- 2. Assist in identification of priority target audiences and their environmental education needs.
- 3. Provide technical assistance and collaboration for NPL site-specific education materials and activities.
- 4. Provide assistance in establishing a communication and environmental resource network between clinics, State and local health departments, and other environmental organizations.
- 5. Provide assistance in the planning, implementation, and evaluation of risk communication training programs.
- 6. Provide technical assistance for conducting needs assessments.
- 7. Assist in evaluating training activities.
- 8. Annually provide list of priority sites for environmental health education activities.

#### **Evaluation Criteria**

The application will be reviewed and evaluated according to the adequacy of the proposal relative to the following criteria:

#### A. Proposed Project and Appropriateness of Project Design— 50%

1. Applicant's understanding of the project's purpose.

2. Applicant's understanding and justification of the need or problem to be addressed.

- 3. Identification of target group and needs
- 4. Quality of project objectives in terms of specificity, measurability, and feasibility.
- 5. Specificity and feasibility of the proposed schedule for implementing project activities.
- 6. Appropriateness and thoroughness of the methods used to evaluate the project.

#### B. Proposed Project Management—30%

1. Ability of the applicant to provide appropriate program staff and support staff to the project.

2. Ability of the applicant to provide staff time, facilities, space, equipment, and financial resources required to accomplish responsibilities of the

project.

3. Extent to which the applicant has provided an administration plan, outlined strategic and operational plans for the 3-year project period, and designated a qualified administrator to manage the project.

#### C. Other—20%

Applicants will have environmental health activities within their organization and submit documentation of this activity.

## D. Proposed Project Budget—(not Scored)

The extent to which the proposed budgets are reasonable, clearly justified with budget narratives, and consistent with the intended use of cooperative agreement funds.

#### Executive Order 12372 Review

This program is not subject to the Executive Order 12372.

Public Health Reporting 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 93.161.

### Other Requirements

## A. Cost Recovery

The Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) of 1980, as amended by the Superfund Amendments and Reauthorization Act (SARA) of 1986, provides for the recovery of costs incurred for response actions at Superfund sites from potentially responsible parties. The awardee would agree to maintain an accounting system that will keep an accurate, complete, and current accounting of all financial transactions on a site-specific basis, i.e., individual time, travel, and associated costs, including indirect costs, as appropriate for the site. Awardee would also maintain documentation that describes the site-specific actions taken with respect to the site, e.g., contracts, work assignments, progress reports, and other documents, that describe the work performed related to a site. Awardee will retain the documents and records to support these financial transactions, for possible use in a cost recovery case, for a minimum of ten years after submission of a final Financial Status Report (FSR). However, if there is a litigation, claim, negotiation, audit, or other action involving the specific site, then the records will be maintained until resolution of all issues at the specific site.

## B. Materials Developed

- 1. Any materials developed by awardee with ATSDR funds are to carry the following statement: This material was developed under a cooperative agreement (Announcement No. 604) from the Agency for Toxic Substances and Disease Registry, Public Health Service, U.S. Department of Health and Human Services, with funding from the Comprehensive Environmental Response, Compensation and Liability Act (CERCLA) of 1980 as amended by the Superfund Amendments and Reauthorization Act (SARA) of 1986.
- 2. Material developed under funding by ATSDR will not be copyrighted and will remain in the public domain to encourage wide distribution. However, awardee is allowed to charge fees for conferences, workshops, computer programs, etc., at a level below or equal to other similar programs offered by awardee. These fees may be retained by awardee and used to offset the development and cost of the material. ATSDR will receive final copies of all material developed by awardee including course notebooks, brochures, computer programs (with appropriate operating software and instructions),

pamphlets, but not excluding other materials not mentioned here.

#### Application Submission and Deadline

Applicants must submit an original and two copies of application form PHS 5161–1 (OMB Number 0937–0189) to Ron S. Van Duyne, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road NE., Room 300, Atlanta, GA 30305, on or before June 3, 1996. (By formal agreement, the Centers for Disease Control and Prevention (CDC) Procurement and Grants Office will act on behalf of and for ATSDR on this matter.)

#### A. Deadline

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

- 1. Received on or before the deadline date; or
- 2. 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.)

## B. Late Applications

Applications which do not meet the criteria in A.1. or A.2. above are considered late applications. Late applications will not be considered in the current competition and will be returned to the applicant.

## Where To Obtain Additional Information

To receive additional written information call (404) 332–4561. You will be asked to leave your name, address and phone number and will need to refer to Announcement 604. You will receive a complete program description, information on application procedures and application forms. The announcement is also available through the CDC home page on the Internet. The address for the CDC home page is http://www.cdc.gov.

If you have questions after reviewing the contents of all the documents, business management assistance may be obtained from Maggie Slay, 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-13, Atlanta, GA 30305, telephone (404) 842-6797, or **INTERNET address** MCS9@ops.pgo1.em.cdc.gov. Programmatic technical assistance may be obtained from Maureen Lichtveld, Division of Health Education, ATSDR, 1600 Clifton Road, Mailstop E-33, Atlanta, GA 30333, telephone (404) 639-6206, or INTERNET address MYL1@atsod3.em.cdc.gov.

Please refer to Announcement 604 when requesting information and submitting an application.

A copy of "Healthy People 2000" (Full Report, Stock No. 017–001–00474–0) or "Healthy People 2000" (Summary Report, Stock No. 0117–001–00473–1) referenced in the "Introduction" may be obtained through the Superintendent of Documents, Government Printing Office, Washington, DC 20401–9325, telephone (202) 512–1800.

Dated: April 3, 1996.
Claire V. Broome,
Deputy Administrator, Agency for Toxic
Substances and Disease Registry.
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# Health Resources and Services Administration

## Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Health Resources and Services Administration (HRSA) will publish periodic summaries of proposed projects being developed for submission to OMB under the Paperwork Reduction Act of 1995. To request more

information on the proposed project or to obtain a copy of the data collection plans and instruments, call the HRSA Reports Clearance Officer on (301) 443– 1129.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

## Proposed Projects

1. Needs Assessment for the National **AIDS Education and Training Centers** (AETC) Program—New—The National AIDS Education and Training Centers (AETC) Program is a network of fifteen regional centers with more than 75 local performance sites that conduct targeted multidisciplinary HIV education and training programs for health care providers. The normal process for AETCs is to conduct an assessment of the health care providers' learning needs before designing the training programs they intend to offer. How AETCs conduct their needs assessments has not been specified in the past. The AETCs have used a number of different techniques, resulting in data that are not comparable and cannot be aggregated.

The AETC program has developed a national computerized learning needs assessment tool and protocol, which has been field tested and is now available for use by all fifteen AETCs. The survey instruments will be sent to a random sample of approximately 13,500 health care providers nationally each year. Results from the surveys will be used to identify topical areas in HIV/AIDS treatment in which training is most needed. This will allow the AETCs to develop training programs responsive to the identified needs. The estimated burden is as follows:

Type of respondent	Number of respondents	Responses per respondent	Hours per response	Annual burden hours
Physicians:				
Target group*	1,393	1	.25	348
Others	783	1	.12	91
Physician assistants:				
Target group	1,393	1	.25	348
Others	783	1	.12	91