

SUPPLEMENTARY INFORMATION: In 1996, the Agency for Toxic Substances and Disease Registry (ATSDR), an operating division of the U.S. Department of Health and Human Services, launched a Child Health Initiative. A Child Health Workgroup was appointed by ATSDR's external Board of Scientific Counselors. Members of the workgroup were selected for their knowledge of children's environmental health. The workgroup assessed ATSDR's activities as they pertain to individuals during prenatal life, infancy, children, and adolescence. The workgroup reviewed the four divisions of ATSDR separately. This effort included the review of published goals and objectives for each division, recent annual reports, and many other publications from each division. For each division, a meeting was held between members of the workgroup and the leadership of the division.

The workgroup members determined that, although key information gaps could be identified, the most important activity was to offer a critique of current processes and suggestions for change that would improve the quality of the data, the pediatric impact of prevention, and the future benefit of the ATSDR's activities for the children being served. The report documenting this effort, *Healthy Children-Toxic Environments*, and its availability for public comment are being announced through this **Federal Register** notice.

Dated: June 11, 1997.

Georgi Jones,

Director, Office of Policy and External Affairs, Agency for Toxic Substances and Disease Registry.

[FR Doc. 97-15808 Filed 6-16-97; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement Number 742]

National Institute for Occupational Safety and Health: Implementing Hazardous Substance Training for Emergency Responders; Notice of Availability of Funds for Fiscal Year 1997; Amendment

A notice announcing the availability of Fiscal Year 1997 funds for a cooperative agreement for Implementing Hazardous Substance Training for Emergency Responders was published in the **Federal Register** on May 9, 1997 [62 FR 25629].

On page 25632, first column, under the heading "Application Submission and Deadlines," in paragraph one, line eleven, the application due date has been changed to July 31, 1997.

All other information and requirements of the May 9, 1997, **Federal Register** notice remain the same.

Dated: June 10, 1997.

Diane D. Porter,

Acting Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC).

[FR Doc. 97-15765 Filed 6-16-97; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement Number 765]

National Programs to Prevent HIV Infection and Other Priority Health Problems Among Large Populations of Youths in High-Risk Situations

Introduction

The Centers for Disease Control and Prevention (CDC), announces the availability of fiscal year (FY) 1997 funds for cooperative agreements to strengthen the capacity of national non-governmental organizations to assist national, State, and local efforts to prevent HIV infection and other priority health problems among large populations of youths in high-risk situations.

CDC is committed to achieving the health promotion and disease prevention objectives of *Healthy People 2000*, a national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority area of Immunization and Infectious Diseases. (For ordering a copy of *Healthy People 2000*, see the section WHERE TO OBTAIN ADDITIONAL INFORMATION)

Authority

This program is authorized under sections 317(k)(2) (42 U.S.C. 247b(k)(2)) of the Public Health Service Act, as amended. Regulations are set forth in 42 CFR part 51b.

Eligible Applicants

Eligible applicants must meet all five criteria listed below, and provide evidence of eligibility in a cover letter to the CDC Grants Management Officer. Supportive documentation should be attached to the cover letter.

- Eligible applicant(s) must be a national organization that is private, non-profit, professional or voluntary, and whose focus is education, health, or social service in nature. (Documentation of the applicant organization's mission, focus, and private/non-profit status could be provided in the form of an annual report or other relevant documents.)

- The grantee, as the direct and primary recipient of grant/cooperative funds, must perform a substantive role in carrying out project activities and not merely serve as a conduit for an award to another party or to provide funds to an ineligible party.

- Eligible applicants must have affiliate offices, organizations, or constituencies in a minimum of 10 States and territories.

- The organization must have a documented history of serving youths in high-risk situations and experience in developing and implementing effective HIV prevention strategies for this population for at least 24 months prior to submission of the application to CDC.

- Eligible applicants must demonstrate access to large populations (1,000 or more) of youths in high-risk situations. To demonstrate such access, applicants should provide documentation of the numbers of youth in high-risk situations served by the organization's affiliate or constituent agencies, and the total number of such youth this represents nationwide.

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.

Availability of Funds

Approximately \$1.4 million will be available in FY 1997 to fund approximately 6 awards. It is expected that the average award will be \$230,000, ranging from \$200,000 to \$300,000. It is expected that awards will begin on or about September 30, 1997, 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 for new budget periods will be based on satisfactory performance and the availability of funds.

Use of Funds

Funds must be used for activities to prevent HIV infection among youths, and can be used to integrate such activities into a more comprehensive program to improve the health and quality of life of youths in high-risk situations. These funds may not be used to conduct research.

Lobbying

Restrictions on Lobbying

Applicants should be aware of restrictions on the use of HHS funds for lobbying of Federal or State legislative bodies. Under the provisions of 31 U.S.C. 1352 (which has been in effect since December 23, 1989), recipients (and their sub-tier contractors) are prohibited from using appropriated Federal funds (other than profits from a Federal contract) for lobbying Congress or any Federal agency in connection with the award of a particular contract, grant, cooperative agreement, or loan. This includes grants/cooperative agreements that, in whole or in part, involve conferences for which Federal funds cannot be used directly or indirectly to encourage participants to lobby or to instruct participants on how to lobby.

In addition, the FY 1997 HHS Appropriations Act, which became effective October 1, 1996, expressly prohibits the use of 1997 appropriated funds for indirect or "grass roots" lobbying efforts that are designed to support or defeat legislation pending before State legislatures. This new law, Section 503 of Pub. L. No. 104-208, provides as follows:

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

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

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

Background

HIV constitutes a significant and growing threat to the health of all people in the United States. Through December 1996, 581,429 cases of AIDS as defined by the CDC surveillance case definition had been reported to CDC. From April 1987 through December 1996, the cumulative number of AIDS cases in the United States increased from 139 to 2,754 among persons aged 13 to 19 years of age and from 7,029 to 102,904 among persons aged 20 to 29 years of age. Because the median incubation period between infection with HIV and onset of AIDS is nearly 10 years, many persons aged 20-29 years with AIDS could have been infected during adolescence. AIDS is ranked the 6th leading cause of death among persons aged 15-24. Blacks and Hispanics are disproportionately represented among young people with AIDS. Of the AIDS cases reported among 13- to 19-year-olds in 1995, 54 percent were among Blacks (vs. 15 percent of the U.S. population in 1994) and 17 percent were among Hispanics (vs. 12 percent of the U.S. population in 1994).

Several national reports have included specific recommendations for increasing and improving efforts to prevent HIV infection among youths in high-risk situations, including: (1) The DHHS-OIG's Report on HIV Infection Among Street Youth; (2) the National Commission on AIDS Report on Preventing HIV/AIDS in Adolescents; (3) the External Review of CDC's HIV Prevention Strategies by the CDC Advisory Committee on the Prevention of HIV Infection; (4) The National Youth Summit on HIV Prevention and Education: Summary Report and Recommendations; and (5) the Office of National AIDS Policy report on Youth and HIV/AIDS: An American Agenda. Implementing efforts to address these recommendations will contribute to achieving Healthy People 2000: The National Health Promotion and Disease Prevention Objectives 18.3, to "Reduce the proportion of adolescents who have engaged in sexual intercourse to no more than 15 percent by age 15 and no more than 40 percent by age 17"; and Objective 18.4, to "Increase to at least 50 percent the proportion of sexually active, unmarried people who used a condom at last sexual intercourse." (To order copies of the reports cited above, see the section WHERE TO OBTAIN ADDITIONAL INFORMATION)

Data from serosurveillance studies indicate that HIV prevalence varies among different sub-populations of youth in high-risk situations. Relatively

speaking, seroprevalence is low among adolescent applicants to the military (.03 percent), and moderate among youth attending adolescent medicine clinics (median clinic-specific prevalence of 0.2 percent, ranging from 0 percent-1.4 percent), STD clinics (median clinic-specific prevalence of 0.5 percent, ranging from 0 percent-3.5 percent), juvenile detention center clinics (median clinic-specific prevalence of 0.3 percent, ranging from 0 percent-6-8 percent), and socially and economically disadvantaged youth entering the Job Corps (0.3 percent). Seroprevalence is substantial among homeless and runaway youth attending homeless youth clinics (median clinic-specific prevalence of 1 percent, ranging from 1 percent-12 percent), and alarmingly high among young men who have sex with men (median sample prevalence of 7 percent, ranging from 5 percent-9 percent).

Substantial morbidity and social problems also result from the approximately 1 million pregnancies that occur among adolescents, and of approximately 12 million persons who acquire sexually transmitted diseases (STD) annually, two-thirds are less than 25 years of age. Sexually active adolescents have high rates of chlamydia infection, and rates of gonorrhea in 10 to 19 year old adolescents increased between 1993 and 1994, representing the first increase in gonorrhea among adolescents since 1985-1986. Rates of teenage pregnancy and STD are a marker of risky sexual behaviors, such as unprotected intercourse, among adolescents. Furthermore, genital ulcer diseases may facilitate acquisition and transmission of HIV infection.

Youth in high-risk situations are more likely to engage in behaviors that cause HIV infection and related priority health problems. In the 1992 National Health Interview Survey (NHIS), out-of-school adolescents were significantly more likely than in-school adolescents to have reported ever having had sexual intercourse (70.1 percent versus 45.4 percent) and to have had four or more sexual partners (36.4 percent versus 14.0 percent). Out-of-school adolescents were also significantly more likely than in-school adolescents to have ever smoked cigarettes or used alcohol, marijuana, or cocaine.

The following is the CDC definition of youth in high-risk situations. (From CDC, Report of the Fourth Meeting of the CDC Advisory Committee on the Prevention of HIV Infection, November 7-8, 1990.) Young people between the ages of 10 and 24 who fit at least one of the following categories are

considered at high risk for HIV infection:

- Homeless youth.
- Runaway youth.
- Youth not in school and unemployed.
- Youth requiring drug or alcohol rehabilitation.
- Youth who interface with the juvenile corrections system.
- Medically indigent youth.
- Youth requiring mental health services.
- Youth in foster homes.
- Migrant farmworker youth.
- Gay or lesbian youth.
- Youth with STDs, especially genital ulcer disease.
- Sexually abused youth.
- Sexually active youth.
- Pregnant youth.
- Youth seeking counseling and testing for HIV infection.
- Youth with signs and symptoms of HIV infection or AIDS without alternative diagnosis.
- Youth who barter or sell sex.
- Youth who use illegal injected drugs (including crack cocaine).

Some characteristics of youth who fit the definition of youth at high risk for HIV infection pose barriers to effective intervention. Those characteristics include:

- Feeling invulnerable to disease;
- Having little adult supervision, whether at home having run away from home, or having been asked to leave home;
- A history of emotional, sexual, and/or physical abuse;
- Distrust of adults;
- Serious emotional and personal problems;
- Disenfranchised from institutions that normally provide structure and support; and
- Difficulty filling basic human needs for food, shelter, money, and safety—consequently placing prevention of HIV infection a low priority.

Establishing effective programs to prevent HIV infection and other priority health problems among youth in high-risk situations is difficult because they are often inaccessible to and disenfranchised from traditional education and health systems. However, there are other systems which may be in a position to serve large populations of youth in high-risk situations, including social service agencies, community-based organizations, juvenile justice systems, job training programs, the military, and other agencies and systems with access to these populations of young people. While these systems may not have health as their priority focus, they do provide access and an

opportunity to integrate health promotion and disease prevention activities, including HIV prevention, into their delivery systems.

The effectiveness of HIV prevention efforts targeting youth in high-risk situations is likely to be influenced by the extent to which programs are integrated into existing, complementary services provided by agencies that address the needs of these youth. Also, at the local level, HIV prevention community planning groups develop an HIV prevention plan for their respective communities. It is important to coordinate HIV prevention activities with these planning groups. CDC is seeking to fund national organizations which have the potential to exercise considerable leverage through their affiliates and constituents which have access to large numbers of youth in high-risk situations. With limited resources, such national organizations are in a position to identify the most promising prevention interventions and influence dissemination and implementation of such strategies at the local level by providing materials, training (including training of trainer approaches), and technical assistance to local affiliate and constituent agencies. CDC is especially interested in funding national organizations which can work effectively and collaboratively with other relevant systems of the Federal government to gain access to hard to reach large populations of youth in high-risk situations.

Purpose

These awards are intended to strengthen the capacity of national non-governmental organizations to assist national, State, and local efforts to prevent HIV infection and other priority health problems among large populations of youths in high-risk situations.

Program Requirements

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

A. Recipient Activities

1. Collaborate with affiliates or constituents, other national, State, and local organizations that serve youths in high-risk situations, Community Planning Groups, CDC, and when possible other agencies of the Federal government to achieve the purpose of this program announcement.

2. Implement the operational plan that includes reaching large numbers of youth in high-risk situations with appropriate, sustainable, and effectively targeted prevention activities through effective collaboration with affiliates, constituents, and other organizations (including other Federal agencies).

3. Monitor and evaluate the program to provide useful information on an ongoing basis for program decision making, changes, and improvements.

4. Disseminate programmatic information to other interested recipients through appropriate methods that include: (a) Identifying and submitting pertinent programmatic information for incorporation into computerized databases of health information and health promotion resources, such as the Combined Health Information Database (CHID) and the Chronic Disease Prevention (CDP) file, and (b) sharing information through electronic bulletin boards, such as the Comprehensive Health Education Network (CHEN).

5. Participate with other appropriate agencies as well as CDC in planning and convening meetings that support the purpose of this program announcement.

B. CDC Activities

1. Provide and periodically update information related to the purposes or activities of this program announcement.

2. Collaborate with national, State, and local organizations and other relevant Federal agencies in planning and conducting national strategies designed to strengthen programs for preventing HIV infection and other serious health problems among youths in high-risk situations.

3. Provide programmatic consultation and guidance related to program planning, implementing, and evaluating; assessment of program objectives; and dissemination of successful strategies, experiences, and evaluation reports.

4. Assist in planning meetings of national, State, and local organizations and other relevant Federal agencies to address issues and program activities related to preventing HIV infection and other serious health problems among youths in high-risk situations.

5. Assist in the evaluation of program activities.

Technical Reporting Requirements

An original and two copies of an annual progress report and Financial Status Report (FSR) are required no later than 90 days after the end of each budget period. Final FSR and performance reports are required no

later than 90 days after the end of the project period. All reports are submitted to the Grants Management Officer, Procurement and Grants Office, CDC.

Progress reports must include the following for each program, function, or activity involved: (1) A comparison of actual accomplishments to the objectives established for the period; (2) the reasons for slippage if established objectives were not met; and (3) other pertinent information including, when appropriate, analysis and explanation of unexpectedly high costs for performance. The progress report must also reflect the program review panel's report indicating all materials have been reviewed and approved.

Application

1. Pre-application Letter of Intent

Applicants must provide evidence of eligibility in a cover letter to the CDC Grants Management Officer (see Eligible Applicants section), and should attach to this cover letter copies of any supportive documentation.

Although not a prerequisite of application, a non-binding letter-of-intent to apply is requested from potential applicants. The letter should be submitted to the Grants Management Branch, Procurement and Grants Office, CDC. (See Application Submission and Deadline Section for the address.) It should be postmarked no later than July 15, 1997. The letter should identify the announcement number, name of principal investigator, and specify the priority area to be addressed by the proposed project. The letter-of-intent does not influence review or funding decisions, but it will enable CDC to plan the review more efficiently.

2. Application Content

Applicants are required to submit an original and two copies of the application, including an executive summary of not more than two pages. The executive summary should be placed at the beginning of the application.

All application pages must be clearly numbered, and a complete table of contents for the application and its appendixes must be included. Begin each separate section on a new page. The original and each copy of the application must be submitted unstapled and unbound. All application materials must be typewritten, single-spaced, with unreduced type (12 point font) on 8½"×11" paper, with at least a 1" margin including headers and footers, and printed on one side only.

All applications must be developed in accordance with Form PHS-5161-1

(Revised 7/92), information contained in this program announcement, and the instructions outlined in the following section headings:

A. Background and Need (not more than 5 pages): Describe the need for the proposed activities, to include: (1) the specific targeted group(s) of youths in high-risk situations to be reached and their special needs, to include evidence of health risk behaviors, and (2) the need for the particular strategies and activities planned.

B. Capacity (not more than 5 pages): 1. Describe the applicant's capacity and ability to address the identified needs and implement the proposed activities, including current and past experience in addressing the needs of youths in high-risk situations, and current and past experience in developing and implementing effective HIV prevention strategies for this population.

2. Describe the applicant's capacity and experience in developing and implementing large scale projects which have a national impact on large populations of youths in high-risk situations.

3. Describe the applicant's existing organizational structure (include an organizational chart, which may be placed in an appendix) and how that structure will support the proposed program activities.

4. Describe the applicant's affiliates or constituents, including: (a) type of affiliates or constituents, and (b) number of affiliates or constituents.

5. Demonstrate how applicant will perform a substantive role in carrying out project activities and not merely serve as a conduit for an award to another party or to provide funds to an ineligible party.

C. Goals, Objectives, and Operational Plan (not more than 12 pages). *Goals:* List realistic goals that indicate where the program will be at the end of the projected five-year project period. Goals should reflect the overall scale of the project and include quantifiable measures of the numbers of youths in high-risk situations expected to be reached by the project.

Objectives: List objectives that are specific, measurable, and feasible to be accomplished during the first 12-month budget period.

The objectives should relate directly to the project goals.

Operational Plan: 1. Describe how the applicant's affiliates or constituents across the nation will be involved to achieve the purpose of this program announcement. Describe specific activities that are proposed to achieve each of the applicant's objectives during the first budget period. The plan should

clearly describe how the project will reach large numbers of youth in high-risk situations, including the specific linkages to and activities conducted in collaboration with its affiliates, constituents, and other organizations. If the applicant proposes to test and implement a model or concept in a limited number of sites during the first project year, the applicant must submit a plan that describes their capacity and intention to replicate these activities nationwide in subsequently funded years.

Where meaningful and relevant, youths should be involved in program planning and implementation. Interventions directly impacting youths should be based on current health behavior change theory and research. In addition, the recipient must have a clear plan of action for reaching these youths through the recipient's affiliates, constituents, and other organizations. Linkages and collaborative activities between the recipient and intermediate affiliates, constituents, and other organizations must be fully described and consistent with an effective diffusion strategy; the recipient should also describe how it will encourage local affiliate and constituent agencies to coordinate with their respective HIV prevention community planning group. A coherent theory of action should make known the expected outcomes at each level and stage of the project, and result in direct HIV prevention interventions that reach large populations of youths in high-risk situations.

2. Provide a chart that includes a time line for completing the proposed activities.

3. Identify staff responsible for completing each activity.

4. Provide a brief description of the activities anticipated beyond the first year of funding (e.g. years 2-5 of the project).

D. Project Management and Staffing Plan (not more than 3 pages): 1. Describe how the proposed program will be managed and staffed, including the location of the program within the organization and the proposed staffing for the project. Provide job descriptions for existing and proposed positions. Staffing should include the commitment of at least one full-time staff member to manage the project and provide direction for proposed activities. Demonstrate that staff have the professional background and experience needed to fulfill the proposed responsibilities by including the curriculum vitae for each named staff member and a job description for staff not yet identified. Curriculum vitae

should be limited to two pages per person and can be placed in the appendix.

2. For collaborating organizations participating substantially in proposed activities, provide the name(s) of the organization(s), and the applicant's staff person who will coordinate or supervise the activity. For each organization listed, provide a current letter of support indicating their intention to participate and their specific activities and responsibilities in the program.

E. Sharing experiences (not more than 1 page): Indicate how materials that are developed or activities that are successful will be shared with others. Examples of such activities could include, but are not limited to:

1. Sharing materials through electronic databases such as the Comprehensive School Health Database of the Combined Health Information Database (CHID), and the Chronic Disease Prevention (CDP) file.

2. Sharing news through electronic bulletin boards such as Comprehensive Health Education Network (CHEN).

3. Disseminating materials to affiliates, constituents, other national, state, and local organizations, and CDC.

F. Collaborating (not more than 2 pages): Describe how the applicant will collaborate with its affiliates or constituents, other key organizations, and CDC to accomplish the proposed program activities. Such collaboration should include an intention to work closely with CDC staff, especially at major decision points and program milestones. Describe also how the applicant intends to encourage collaboration between local youth-serving agencies and their respective HIV prevention community planning groups.

G. Evaluation (not more than 3 pages): Describe how the applicant will monitor progress in meeting program objectives and collect additional evaluative data to inform program decisions and improvement. Identify key evaluation questions and how the data will be collected, analyzed, and used to improve the program.

H. Budget and Accompanying Justification (no page limitation): Provide a detailed budget and line-item justification for all operating expenses that are consistent with the stated objectives and planned activities of the project. (Sample budget enclosed with application package.)

The budget request should include the cost of a five-day trip to Atlanta for two individuals to attend a CDC annual conference and a two-day trip to Atlanta for two individuals to attend one additional meeting.

Content of Non-Competing Continuation Application

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

A. A brief progress report describing the accomplishments of the previous budget period.

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

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

Note: If indirect costs are requested on a new or continuation application, a copy of the organization's current negotiated Federal indirect cost rate agreement or cost allocation plan must be provided.

Special Guidelines for Technical Assistance Workshop

A one-day technical assistance workshop will be held in Washington, DC, approximately two weeks after this Program Announcement publication date in the **Federal Register**. The purpose of this meeting will be to help potential applicants to understand the scope and intent of Announcement 765 and the Public Health Service grants policies, applications, and review procedures.

Attendance at this workshop is not mandatory. Applicants who are currently funded by CDC may not use project funds to attend this workshop. Each potential applicant may send no more than two representatives to this meeting. Please provide the names of the persons that are planning to attend this meeting to Mary Vernon, Acting Chief, Special Populations Section, Division of Adolescent and School Health; National Center for Chronic Disease and Health Promotion, 4770 Buford Highway, NE., Atlanta, GA 30341-3724 telephone (770) 488-5362; no later than June 25, 1997.

Evaluation Criteria

Each application will be allocated a total of 100 points, and will be reviewed and evaluated according to the following criteria:

A. Background and Need (15 points): The extent to which the applicant justifies the need for the proposed activities, including identifying the needs of the specific targeted group(s) to be reached (including evidence of risk

behaviors among youths), and describes the need for the particular strategies and activities planned.

B. Capacity (20 points): 1. The extent to which the applicant demonstrates the capacity and ability to address the identified needs of the targeted group(s) and implement the proposed activities, including current and past experience in addressing the needs of youths in high-risk situations, and current and past experience in developing and implementing effective HIV prevention strategies for this population.

2. The extent to which the applicant demonstrates capacity and experience in developing and implementing large scale projects which have a national impact on large populations of youths in high-risk situations.

3. The extent to which the applicant describes its existing organizational structure and how that structure will support the proposed program activities.

4. The extent to which the applicant describes its affiliates or constituents, including: (a) Type of affiliates or constituencies, and (b) number of affiliates or constituents.

5. The extent to which the applicant demonstrates that it will perform a substantive role in carrying out project activities, and not merely serve as a conduit for an award to another party or to provide funds to an ineligible party.

C. Goals, Objectives, and Operational Plan (25 points). *Goals:* The extent to which the applicant has submitted realistic goals for the projected five-year project period which include quantifiable measures of an intention to reach large numbers of youths in high-risk situations with effective HIV prevention activities.

Objectives: The extent to which 12-month objectives are specific, measurable, and feasible and directly relate to the applicant's goals.

Operational Plan: 1. The extent to which proposed activities involve the applicant's affiliates or constituents nationwide, and are likely to impact large numbers of youths in high-risk situations with effective and well-targeted HIV prevention interventions.

2. The extent to which the proposed activities are linked to and designed to achieve the stated objectives within the first budget period, and are likely to reduce HIV infection and other priority health problems among large numbers of youths in high-risk situations.

3. The extent to which the applicant includes a reasonable timeline for conducting proposed activities, and identifies staff responsible for completing each activity.

4. The extent to which the applicant provides a description of the activities

anticipated beyond the first year of funding (e.g. years 2–5 of the project).

D. Project Management and Staffing (20 points): 1. The extent to which the applicant describes how the program will be managed and staffed, including the location of the program within the organization and the proposed staffing for the project, including job descriptions for existing and proposed positions.

2. The commitment of at least one full-time staff member to manage the project and provide direction for proposed activities.

3. The extent to which the applicant demonstrates that staff have the professional background and experience needed to fulfill the proposed responsibilities by including the curriculum vitae for each named staff member and a job description for staff not yet identified.

4. The extent to which the applicant provides the name(s) of the organization(s) participating substantially in proposed activities, a staff person to coordinate or supervise activities, and letters of support for each organization that indicates their intention to participate in specific ways.

E. Sharing Experiences and Resources (5 points): The extent to which the applicant indicates how it will share effective materials and activities.

F. Collaborating (5 points): The extent to which the applicant describes how it will collaborate with its affiliates or constituents, other key organizations, and CDC; and the extent to which the applicant describes how it will encourage local youth-serving agencies to coordinate activities with their respective HIV prevention community planning groups.

G. Evaluation (10 points): The extent to which the applicant describes procedures to monitor progress in meeting program objectives, and identifies additional evaluative data to be collected and how that data will be collected and used.

H. Budget and Accompanying Justification: (Not Scored) The extent to which the applicant provides a detailed and clear budget narrative consistent with the stated objectives and planned activities of the project.

Executive Order 12372 Review

This program is not subject to the Executive Order 12372 review.

Public Health Systems Reporting Requirements

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

Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance Number is 93.938.

Other Requirements

HIV/AIDS Requirements

Recipients must comply with the document entitled: "Interim Revision of Requirements of the Content of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions in Centers for Disease Control and Prevention Assistance Programs" (June 15, 1992), a copy of which is included in the application kit. The names and affiliations of the review panel members must be listed on the Assurance of Compliance form CDC 0.1113, which is also included in the application kit. The recipient must submit the program review panel's report that indicates all materials have been reviewed and approved. (See TECHNICAL REPORTING REQUIREMENTS section.)

Paperwork Reduction Act

Projects that involve the collection of information from 10 or more individuals and funded by cooperative agreement will be subject to review and approval 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 DHHS Regulations, 45 CFR part 46, regarding the protection of human subjects. Assurance must be provided to demonstrate 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.

Application Submission and Deadline

The original and two copies of the application Form PHS-5161-1 (Revised 7/92) (OMB Number 0937-0189) must be submitted to Sharron P. Orum, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 314, Mailstop E-18, Atlanta, GA 30305, on or before Friday, August 1, 1997. (Facsimile copies will not be accepted.)

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

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

(b) Sent on or before the deadline date and received in time for submission to the independent 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 accepted as proof of timely mailing.

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

Where To Obtain Additional Information

To receive additional written information call (404) 332-4561. You will be asked to leave your name, address, and telephone number and will need to refer to Announcement 765. You will receive a complete program description, information on application procedures, and application forms.

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from Oppie M. Byrd, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 314, Mailstop E-18, Atlanta, Georgia 30305, telephone: (404) 842-6546, facsimile: (404) 842-6513, E-mail: oxb3@cdc.gov.

Programmatic technical assistance may be obtained from Mary Vernon, Acting Chief, Special Populations Program Section, Program Development and Services Branch, Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC), 4770 Buford Highway, NE., Mailstop K31, Atlanta, GA 30341-3724; telephone (770) 488-5356, facsimile (770) 488-5972, or via Internet <eamo@cdc.gov>.

Please refer to Announcement 765 when requesting information or submitting an application.

Potential applicants may obtain copies of the following publications:

1. 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.

2. HIV Infection Among Street Youth (Document No. OEI-01-90-00500) from the Office of the Inspector General, Public Affairs, Room 5246, Cohen Building, 330 Independence Ave. SW, Washington, DC 20201; telephone (202) 619-1142.

3. Preventing HIV/AIDS in Adolescents, and Youth and HIV/AIDS: An American Agenda from the National AIDS Information Clearinghouse, P.O. Box 6003, Rockville, MD, 20850; telephone (800) 458-5231, select option 2.

4. The External Review of CDC's HIV Prevention Strategies from the Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, (name of Center pending), Division of HIV/AIDS Prevention, 1600 Clifton Road., NE., Mailstop D-21, Atlanta, GA 30333; telephone (404) 639-0900.

5. The National Youth Summit on HIV Prevention and Education: Summary Report and Recommendations from the National Association of State Boards of Education, 1012 Cameron Street, Alexandria, VA, 22314; telephone (800) 220-5183 (\$10 each + \$2 shipping and handling).

6. Additional information about HIV Prevention Community Planning Groups by contacting Mary Willingham, Centers for Disease Control and Prevention, National Center for HIV, STD and TB Prevention, Division of HIV/AIDS Prevention, 1600 Clifton Rd., Mailstop D-21, Atlanta, GA 30333; telephone (404) 639-0965.

7. The Second Annual National School Health Conference Proceedings, from the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health, 4770 Buford Highway, NE., Mailstop K-31, Atlanta, GA 30041-3724; telephone (770) 488-5324.

Dated: June 10, 1997.

Jack Jackson,

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

[FR Doc. 97-15806 Filed 6-16-97; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Health Statistics; ICD-9-CM E Code Revisions

AGENCY: National Center for Health Statistics, Centers for Disease Control and Prevention (CDC), DHHS.

ACTION: Notice.

SUMMARY: The National Center for Health Statistics has approved the following expansion to the External Cause Codes in the International Classification of Diseases, Ninth-Revision, Clinical Modification (ICD-9-CM). These ICD-9-CM E code revisions will become effective October 1, 1997. The official government version of the ICD-9-CM that will include all of the ICD-9-CM code revisions effective October 1, 1997, can be found on the ICD-9-CM CD-ROM available through the Government Printing Office.

E922.4 Accident caused by air gun
E955.6 Suicide and self-inflicted injury by air gun
E968.6 Assault by air gun
E985.6 Injury of undetermined intent by air gun

FOR FURTHER INFORMATION CONTACT: Donna Pickett, R.R.A., Co-chair, ICD-9-CM Coordination and Maintenance Committee, National Center for Health Statistics, CDC, telephone (301) 436-7050.

Dated: June 10, 1997.

Jack Jackson,

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

[FR Doc. 97-15809 Filed 6-16-97; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[ID-933-1430-01; IDI-05283 01]

Public Land Order No. 7267; Partial Revocation of Public Land Order No. 2377; Idaho

AGENCY: Bureau of Land Management, Interior.

ACTION: Public Land Order.

SUMMARY: This order partially revokes a public land order insofar as it affects 560.39 acres of National Forest System lands withdrawn by the Forest Service for the Bluff Creek Timber Access Road. The lands are no longer needed for the purpose for which they were

withdrawn, and the revocation is needed to transfer the lands by exchange. This action will open the lands to surface entry and mining. All of the lands have been and will remain open to mineral leasing.

EFFECTIVE DATE: July 17, 1997.

FOR FURTHER INFORMATION CONTACT:

Larry R. Lievsay, BLM Idaho State Office, 1387 S. Vinnell Way, Boise, Idaho 93709, 208-373-3864.

By virtue of the authority vested in the Secretary of the Interior by Section 204 of the Federal Land Policy and Management Act of 1976, 43 U.S.C. 1714 (1994), it is ordered as follows:

1. Public Land Order No. 2377, which withdrew National Forest System lands for a variety of administrative, resource, and recreational purposes, is hereby revoked insofar as it affects the following described lands.

Boise Meridian

T. 43 N., R. 7 E.,

Sec. 2, lot 4.

T. 44 N., R. 7 E.,

Sec. 24, E $\frac{1}{2}$ NE $\frac{1}{4}$, S $\frac{1}{2}$ SW $\frac{1}{4}$, W $\frac{1}{2}$ SE $\frac{1}{4}$ and NE $\frac{1}{4}$ SE $\frac{1}{4}$;

Sec. 26, E $\frac{1}{2}$ NE $\frac{1}{4}$, W $\frac{1}{2}$ SE $\frac{1}{4}$ and NE $\frac{1}{4}$ SE $\frac{1}{4}$;

Sec. 34, SE $\frac{1}{4}$ SE $\frac{1}{4}$.

The areas described aggregate 560.39 acres in Shoshone County.

2. At 9:00 a.m., on July 17, 1997, the lands shall be opened to such forms of disposition as may by law be made of National Forest System lands, including location and entry under the United States mining laws, subject to valid existing rights, the provisions of existing withdrawals, other segregations of record, and the requirements of applicable law. Appropriation of lands described in this order under the general mining laws prior to the date and time of restoration is unauthorized. Any such attempted appropriation, including attempted adverse possession under 30 U.S.C. 38 (1994), shall vest no rights against the United States. Acts required to establish a location and to initiate a right of possession are governed by State law where not in conflict with Federal law. The Bureau of Land Management will not intervene in disputes between rival locators over possessory rights since Congress has provided for such determinations in local courts.

Dated: June 6, 1997.

Bob Armstrong,

Assistant Secretary of the Interior.

[FR Doc. 97-15779 Filed 6-16-97; 8:45 am]

BILLING CODE 4310-GG-M