

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

(b) Sent on or before the deadline date and received in time for submission to the objective review group. (Applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.)

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

Where to Obtain Additional Information

A complete program description and information on application procedures are contained in the application package. Business management technical assistance may be obtained from Bernice A. Moore, 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, Georgia 30305, telephone (404) 842-6802, facsimile (404) 842-6513, or Internet or CDC WONDER electronic mail at bam0@cdc.gov.

Programmatic technical assistance may be obtained from Greg Jones, M.P.A., National Center for Infectious Diseases, Centers for Disease Control and Prevention (CDC), Mailstop C-19, 1600 Clifton Road, NE., Atlanta, Georgia 30333, telephone (404) 639-2434, facsimile (404) 639-4195, or Internet or CDC WONDER electronic mail at gjj1@cdc.gov.

To receive an application kit, please call (404) 332-4561. You will be asked to leave your name, mailing address, and telephone number. Please refer to Announcement Number 783 when requesting information regarding this program. You may obtain this announcement from one of two Internet sites on the actual publication date: CDC's homepage at <http://www.cdc.gov> or at the Government Printing Office homepage (including free on-line access to the **Federal Register**) at <http://www.access.gpo.gov>.

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: July 14, 1997.

Joseph R. Carter,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement Number 781]

Cooperative Agreement To Provide Information Concerning the Diagnosis, Prevention and Treatment of Viral Hepatitis-Related Liver Disease

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of funds beginning in fiscal year (FY) 1997 for a cooperative agreement program with one or more national organizations to develop and distribute materials to educate the general public, affected patients, risk groups, physicians, and other health care providers about the prevention, diagnosis and medical management of acute and chronic liver disease due to all types of viral hepatitis, with initial emphasis on hepatitis C.

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. (To order a copy of Healthy People 2000, see **WHERE TO OBTAIN ADDITIONAL INFORMATION.**)

Authority

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

Smoke-Free Workplace

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

Eligible applicants are limited to national nonprofit organizations which devote a major portion of their activities to educating the public, patients, and health care providers about the diagnosis, prevention, and medical management of viral hepatitis-related liver disease. Eligible applicants must also have established collaboration with diverse national organizations and groups that represent health care professionals, minority populations, volunteers, consumers, patients, community organizations, groups at risk of infection with hepatitis viruses, government entities, and others.

Organizations that meet these eligibility requirements are the most appropriate applicants because:

1. They have the expertise and experience needed to produce effective health education materials and messages and develop strategies to maximize health care professionals and public awareness and education about the risk factors, preventive measures, and treatment options for viral hepatitis, including hepatitis C.

2. They have demonstrated interest in providing accurate, pertinent information on viral hepatitis-related liver disease to the public, populations at risk of infection, patients, and health care professionals.

3. They have the ability to collaborate with health professional schools (medical, dental, public health, nursing, allied health), medical and health professional societies, blood banks, health care facilities, community organizations, at-risk populations, and local, State, and Federal government agencies to increase awareness of how viral hepatitis, in general, and hepatitis C virus (HCV) infections specifically, can be identified, treated, and prevented.

4. They can conduct formative research, pilot test potential messages and materials, and evaluate their effectiveness in increasing knowledge and motivating behavior change.

Availability of Funds

Approximately \$250,000 is available in FY 1997 to fund up to two cooperative agreements. It is expected that the awards will begin on or about September 1, 1997, for a 12-month budget period within a project period of up to three years. Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds. Funding estimates may vary and are subject to change.

Use of Funds

Restrictions on Lobbying

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

In addition, the FY 1997 Departments of Labor, HHS, and Education, and Related Agencies Appropriations Act, which became effective October 1, 1996, expressly prohibits the use of 1997 appropriated funds for indirect or "grass roots" lobbying efforts that are designed to support or defeat legislation pending before State legislatures. Section 503 of this new law, as enacted by the Omnibus Consolidated Appropriations Act, 1997, Division A, Title I, Section 101(e), Pub. L. No. 104-208 (September 30, 1996), provides as follows:

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

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

Background

Hepatitis C virus (HCV) is an important cause of acute and chronic hepatitis in the United States. The CDC estimates 30,000 persons were infected with HCV in 1995, with most infections occurring among young adults with high-risk behaviors or lifestyles. The most efficient mode of transmission of HCV is through direct percutaneous exposures, such as from sharing of contaminated needles among injection drug users or from blood transfusion.

Exposures associated with acquiring HCV infection include blood transfusion prior to 1990, receipt of clotting factor concentrates that were not virally inactivated, injection drug use, snorting cocaine, hemodialysis, health care work involving frequent exposure to blood (in particular, accidental needle sticks), sexual contact with a partner infected with HCV, multiple sex partners (heterosexual or homosexual), and birth to a HCV-infected woman. Currently, most HCV infections are acquired by high-risk drug use (60 percent) and sexual behaviors (20 percent). There is no evidence that transmission of HCV is associated with commercial use of equipment for tattooing, body piercing, hair cutting (razors), or manicures.

The most important feature of hepatitis C is the high rate of progression to chronic infection, even in the absence of active liver disease. About 70 percent of HCV infected persons develop chronic hepatitis that can progress to cirrhosis and hepatocellular carcinoma, with an estimated 8-10,000 HCV-related chronic liver disease deaths each year. A national survey conducted in the U.S. from 1988 to 1994 found that 1.8 percent of a representative sample of the civilian population had antibody to HCV, corresponding to 3.9 million HCV-infected Americans. Infection rates were higher in males than in females, and higher in African Americans than in Caucasians. The highest rates of HCV infection were found in adults aged 30-49 years.

Because of the large degree of confusion and lack of accurate information about hepatitis C, educational materials are necessary for both health care providers and the general public about the risks of acquiring HCV infection, indications for serological testing and other diagnostic methods, treatment issues, and means to prevent the spread of infection. Prevention strategies to identify, treat and counsel persons with chronic infection and measures to reduce transmission in high-risk groups are needed. For health care providers, these should include information on identifying patients with a history of high-risk exposures, interpretation of diagnostic test results, discussion of treatment options, guidelines for counseling patients, and the importance of appropriate disease reporting.

Hepatitis A virus (HAV) infection is a major cause of acute hepatitis in the United States (U.S.). At least 150,000 persons are newly infected each year with 75,000 developing clinical illness associated with substantial morbidity and medical and work-loss costs. Up to

20 percent of persons with hepatitis A are hospitalized with an average 27 days of work loss. Direct and indirect costs were estimated to be more than \$200 million in 1991. Most cases of hepatitis A occur by person-to-person transmission in community-wide outbreaks. The highest rates of disease occur in children, adolescents and young adults, and among American Indians/Alaska Natives and Hispanics. Children may be the major reservoir for transmission of HAV; nearly 30 percent of reported cases occur among children less than 15 years of age, and many more children probably have unrecognized or asymptomatic infection that is not recognized until transmission to older household contacts occurs.

Hepatitis A vaccines are licensed for persons over two years of age, with virtually 100 percent of children, adolescents, and adults developing protective levels of antibody after the vaccine series. While the most effective means of achieving control of HAV infection would be to include routine hepatitis A vaccination in the childhood vaccination schedule, the vaccine is not licensed, as yet, for children under two years of age. Current recommendations are for pre-exposure vaccination of groups at increased risk for HAV infection (e.g., persons traveling to countries with high rates of HAV infection, men who have sex with men, drug users) and routine vaccination of children and adults in communities with high or intermediate rates of HAV infection.

Acute and chronic hepatitis B virus (HBV) infections are a major cause of morbidity and mortality in the United States, consuming a large amount of health care resources. Approximately 60,000 new infections with HBV continue to occur each year in spite of the availability of an effective vaccine. The existing pool of 1.25 million persons with chronic HBV infection are potentially infectious to others and are at risk of long-term sequelae that include chronic active hepatitis, cirrhosis and primary hepatocellular carcinoma. Approximately 6,000 deaths occur annually from HBV-related chronic liver disease. Antiviral therapy is moderately effective in eliminating chronic HBV infection. However, most chronically infected persons are not being identified, counseled, or treated. Patients with chronic HBV infection need to be counseled about treatment options and health care interventions that can be used to prevent HBV transmission to others.

The most effective means of preventing new HBV infections and HBV-related acute and chronic liver

disease is by immunizing susceptible persons with hepatitis B vaccine. A comprehensive strategy to eliminate HBV transmission in the U.S. has been developed and includes prevention of perinatal HBV infection, routine vaccination of infants, catch-up vaccination of young children at high risk of HBV infection, routine vaccination of adolescents, and vaccination of adolescents or adults at high risk of infection. Currently, routine maternal screening to prevent perinatal HBV infection and routine vaccination of infants and adolescents have been widely implemented throughout the U.S. However, high levels of vaccination coverage have not been achieved for childhood populations at high risk of infection and for adults and adolescents in groups at high risk of infection.

Purpose

The purpose of this cooperative agreement program is to assist national organizations in fulfilling their goals of developing and disseminating accurate information on viral hepatitis to target audiences that include health care providers, at-risk populations, patients, and the general public. Specifically, the objectives are to: (1) improve health care provider knowledge about the diagnosis, prevention, health consequences, and medical management of viral hepatitis (with initial emphasis on hepatitis C), and (2) improve community, risk group, and patient awareness of the importance of and the means for the prevention of viral hepatitis (with initial emphasis on hepatitis C) by collecting, developing, and disseminating information and educational materials.

Program Requirements

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

A. Recipient Activities

1. Review existing available educational information on the diagnosis, prevention, health consequences, and medical management of viral hepatitis. Such materials may be available from the recipient and others (e.g., nonprofit organizations, pharmaceutical and vaccine manufacturers, provider organizations, Federal and State governments, etc.). Determine gaps and in information and efforts to effectively reach groups targeted by these available materials. For example, review the materials for accuracy, completeness, and appropriateness for target audiences

which include various professional groups (i.e., physician, nursing, dental), at-risk groups, and racial/ethnic groups with high rates of the various types of viral hepatitis.

2. Develop and evaluate new educational materials that will fill identified gaps through collaboration with organizations and groups that represent the target audiences. Use formative research to develop various types of health education materials (e.g., fact sheets, brochures, pamphlets, videos, public service announcements, letters to the editor, posters, articles for the lay press) that will fill the identified gaps in health education materials needed for the various disease-specific target audiences. Such materials should target both the general public and at-risk populations. Messages for at-risk groups should be appropriate for the specific diseases (HAV, HBV, HCV) and risk groups should include men who have sex with men and injection drug users where appropriate. Evaluation of the effectiveness of newly developed materials should employ methods such as:

a. Focus groups and/or intercept interviews with the public and specific at-risk populations to determine acceptance and clarity of messages.

b. Pilot testing messages with representative audiences for appeal, effectiveness in increasing knowledge, and motivating behavior change.

3. Evaluate various methods used to disseminate health education materials/messages to determine the most effective methods for the target audiences.

4. Disseminate existing and newly developed materials to target audiences which include individuals at risk for or infected with HCV, health care providers, and the general public. Recipient may network with other organizations or groups (professional, voluntary, governmental, community-based) that represent minority populations with high rates of viral hepatitis or groups/populations at high risk of specific types of viral hepatitis, e.g., National Institute for Drug Abuse (NIDA), American Social Health Association (ASHA).

B. CDC Activities

1. Provide scientific and public health consultation and assistance in the development of materials and activities related to the cooperative agreement.

2. Provide scientific collaboration for appropriate aspects of the activities, including information on disease impact, vaccination coverage levels, and prevention strategies.

3. Assist in reporting and validating relevant information concerning viral hepatitis made available to Federal, State, local health agencies, health care providers, and volunteer organizations.

Technical Reporting Requirements

Narrative progress reports are required semiannually. The first semiannual report is required with each year's noncompeting continuation application and should cover program activities from date of the previous report (or date of award for reporting in the first year of the project). The second semiannual report is due 90 days after the end of each budget period and should cover activities from the date of previous report. Progress reports should address the status of all recipient activities above, including: (1) A comparison of actual accomplishments to the objectives established for the funding period; (2) The reasons for failing to meet any established objectives; (3) Description and explanation of any modifications of program activities and protocols; and (4) Other pertinent information such as key staffing changes or reasons for unexpectedly high or low costs for performance.

An original and two copies of a financial status report are required no later than 90 days after the end of each budget period. A final performance report and financial status report are due no later than 90 days after the end of the project period.

All reports are submitted to the Grants Management Branch, Centers for Disease Control and Prevention (CDC), Attention: Sharron P. Orum, Grants Management Officer, Procurement and Grants Office, 255 East Paces Ferry Road, NE., Mailstop E-18, Room 300, Atlanta, Georgia 30305.

Application Content

All applicants must develop their applications in accordance with PHS Form 5161-1 (OMB Number 0937-0189) information contained in this Program Announcement, and the instructions regarding typing, mailing, and format outlined below.

Typing and Mailing

An original and two copies of the application must be submitted. Pages must be clearly numbered, and a complete index to the application and its appendixes must be included. Please begin each separate section on a new page. The original and each copy of the application must be submitted unstapled and unbound. All materials must be typewritten, single-spaced, with unreduced type on 8-1/2" by 11" paper,

with at least 1" margins headers and footers, and printed on one side only. The application narrative must not exceed 10 single-spaced pages (excluding budget and appendices). Unless indicated otherwise, all information requested below must appear in the narrative. Materials or information that should be part of the narrative will not be accepted if placed in the appendices.

Format

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

1. Introduction

Clearly demonstrate that applicant satisfies the eligibility requirements under **ELIGIBLE APPLICANTS** section above. Briefly provide a thorough description of the need or problem(s) to be addressed and the specific and unique contributions that applicant can make in the development and dissemination of health education materials about viral hepatitis with initial emphasis on hepatitis C.

2. Capacity and Personnel

Describe applicant's ability to develop health education materials and to conduct education and awareness campaigns for specific audiences, including populations at risk for specific types of viral hepatitis. Describe applicant's resources, facilities, and professional personnel that will be involved in conducting the activities. Include in an appendix curriculum vitae for all professional personnel involved with the project. Describe plans for administration of the project and identify administrative resources/personnel that will be assigned to the project. Provide in an appendix letters of support from all key participating non-applicant organizations which clearly indicate their commitment to participate as described in the operational plan.

3. Objectives and Technical Approach

Present specific objectives for the proposed project which are measurable, time-phased, and clearly address the Purpose and Recipient Activities for this program. Present a detailed operational plan for initiating and conducting the project which clearly and adequately addresses these objectives (if proposing a multi-year project, provide a detailed description of first-year activities and a brief overview of subsequent-year activities). Clearly identify specific assigned responsibilities for all key professional personnel and their time commitment. Include a clear description of applicant's technical approach/

methods which are directly relevant to the above objectives. Describe the nature and extent of collaboration with CDC and others during various phases of the project. Describe in detail a plan for evaluating the effectiveness of newly developed educational materials in increasing target audience knowledge and facilitating changes in their behavior, including assessing the impact of strategies on professional practice behaviors. Describe plans to evaluate overall progress toward achieving project objectives.

4. Budget

Provide a line-item budget and accompanying detailed, line-by-line justification that demonstrates the request is consistent with the purpose and objectives of this program. If requesting funds for any contracts, provide the following information for each proposed contract: (1) Name of proposed contractor, (2) breakdown and justification for estimated costs, (3) description and scope of activities to be performed by contractor, (4) period of performance, and (5) method of contractor selection (e.g., sole-source or competitive solicitation).

5. Human Subjects

Whether or not exempt from DHHS regulations, if the proposed project involves human subjects, describe (in an appendix) adequate procedures for the protection of human subjects. Ensure that women, racial, and ethnic minority populations are appropriately represented in applications for research involving human subjects (see the section **OTHER REQUIREMENTS** for additional information). A copy of CDC policy is included in the application kit.

Evaluation Criteria (Total 100 points)

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

1. Understanding (25 points)

Extent to which the application responds to the objectives of this cooperative agreement program including: (a) Applicant's understanding of the objectives of the cooperative agreement, and (b) relevance of the applicant's plan to the stated objectives.

2. Capacity (25 points)

Extent to which applicant describes adequate resources and facilities (both technical and administrative) for conducting the project. Extent to which applicant documents that professional personnel involved in the project are qualified and have past experience and achievements related to the proposed

activities. Extent to which applicant includes letters of support from appropriate non-applicant organizations, individuals, etc., needed to carry out proposed activities and the extent to which such letters clearly indicate the author's commitment to participate as described in the operational plan.

3. Objectives and Technical Approach (45 points total)

a. Extent to which applicant describes objectives of the proposed project which are consistent with the purpose of this cooperative agreement program and which are measurable and time-phased. (15 points)

b. Extent to which applicant presents a detailed operational plan for initiating and conducting the project which clearly and appropriately addresses all Recipient Activities. Extent to which applicant clearly identifies specific assigned responsibilities and time commitment of all key professional personnel. Extent to which the plan clearly describes applicant's technical approach/methods for conducting the proposed studies and extent to which the approach/methods are appropriate and adequate to accomplish the objectives. Extent to which applicant describes collaboration with CDC and/or others during various phases of the project. (15 points)

c. Extent to which applicant provides a detailed and adequate plan for evaluating effectiveness of newly developed educational materials in increasing target audience knowledge and facilitating changes in their behavior, including assessing the impact of strategies on professional practice behaviors. Extent to which applicant describes plans to evaluate progress toward achieving project objectives. (15 points)

4. Budget (not Scored)

Extent to which the proposed budget is reasonable, clearly justifiable, and consistent with the intended use of grant/cooperative agreement funds.

5. Human Subjects (5 Points)

If the proposed project involves human subjects, whether or not exempt from the Department of Health and Human Services (DHHS) regulations, the extent to which adequate procedures are described for the protection of human subjects. Note: Objective Review Group (ORG) recommendations on the adequacy of protections include: (1) Protections appear adequate and there are no comments to make or concerns to raise, (2) protections appear adequate,

but there are comments regarding the protocol, (3) protections appear inadequate and the ORG has concerns related to human subjects, (4) disapproval of the application is recommended because the research risks are sufficiently serious and protection against the risks are inadequate as to make the entire application unacceptable, and (5) protections appear adequate that women, racial and ethnic minority populations are appropriately represented in applications involving human research.

Executive Order 12372 Review

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

Public Health System Reporting Requirement

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 92.283.

Other Requirements

Paperwork Reduction Act

Projects that involve the collection of information from 10 or more individuals and funded by the cooperative agreement 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, Alaskan Native, Asian, Pacific Islander, Black and Hispanic. Applicants shall ensure that women, racial and ethnic minority populations are appropriately represented in applications for research involving human subjects. Where clear and compelling rationale 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 Form PHS-5161-1 (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 305, Mailstop E-18, Atlanta, Georgia 30305, on or before August 19, 1997.

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 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.)

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

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A complete program description and information on application procedures are contained in the application package. Business management technical assistance may be obtained from Bernice A. Moore, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 305 Mailstop E-18, Atlanta, Georgia 30305,

telephone (404) 842-6802, fax (404) 842-6513, or Internet or CDC WONDER electronic mail at bam0@cdc.gov.

Programmatic technical assistance may be obtained from Louise S. Barden, Health Educator, Hepatitis Branch, National Center for Infectious Diseases, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, Mailstop G-37, Atlanta, Georgia 30333, telephone (404) 639-2709, (fax) 404-639-1538, or Internet or CDC Wonder electronic mail lyb4@cdc.gov.

To receive an application kit, please call (404) 332-4561. You will be asked to leave your name, mailing address, and telephone number. Please reference Announcement Number 781 when requesting information and submitting your application. You may also obtain this announcement and other CDC announcements from one of two Internet sites: CDC's homepage at <http://www.cdc.gov> or the Government Printing Office homepage (including free on-line access to the **Federal Register** at <http://www.access.gpo.gov>).

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: July 14, 1997.

Joseph R. Carter,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[Program Announcement No. ACYF-PA-CC-97-03]

Native Hawaiian and Nonprofit American Indian Organization Child Care Grants

AGENCY: Administration on Children, Youth and Families, ACF, DHHS.

ACTION: Announcement of availability of competitive financial assistance for Native Hawaiian and Nonprofit American Indian Organization Child Care Grants.

SUMMARY: The purpose of this program announcement is to announce the availability of fiscal year 1998