

prevention programs. The purpose of the quarterly report is to report data collected by CDC's grantees. The report consists of narrative and data sections. The narrative section (1) provides highlights of quarterly activities, (2)

reports issues and activities that have significant impact on the program, and (3) lists objectives and discusses progress towards meeting those objectives. The data section provides (1) screening and case confirmation

activities, (2) environmental inspection and hazard remediation activities, and (3) medical case management activities. The total cost to the respondents is \$0.00.

Respondents	No. of respondents	No. of responses/respondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Grantees	41	4	2	328
Total				328

3. Evaluation of Effectiveness of Worker Notifications Conducted by NIOSH—(New)—The National Institute for Occupational Safety and Health (NIOSH) has conducted worker notification formally since 1988. This program informs workers in NIOSH-conducted epidemiological studies about the study results and hence, of their risks. NIOSH worker notification officers conducted a two-task evaluation project approved by OMB in 1993. Task 1 of the project evaluated the long-term impact of a high risk worker notification, and Task 2 evaluated the short-term impact and effectiveness of the notification materials themselves, with the goal of developing a monitoring instrument for routine use.

A monitoring instrument was developed for routine use to evaluate effectiveness of ongoing worker notification activities. This instrument was refined over three field trials, involving a random sample set of 25 notified workers in each trial. A second instrument for use with other stakeholders (company and union officials) in the notifications also was developed. The design of these evaluation projects was descriptive in nature, gathering information from small groups of workers, for the purpose of learning how to improve the NIOSH worker notification program.

Having completed the data collection and final report for Task 2 of the evaluation project, we now are seeking approval to use the program monitoring worker survey instrument on a routine

basis to assess effectiveness of ongoing letter notifications conducted by NIOSH notification officers. As with the design of the three trials in Task 2, ongoing routine assessment would include for each letter-type notification, our contacting by telephone a random sample of 25 workers who received notification letters and related materials, and at least one company representative and one union representative (where appropriate). A 15-minute telephone survey would be administered to the notified workers, and an up to 30 minute interview would be conducted with the other stakeholders (e.g., company and union representatives). The total annual cost to respondents for the study is \$1187.50.

Respondents (workers)	No. of respondents	No. of responses/respondent	Avg. burden/response	Total burden (in hrs.)
Task 1	750	1	.25	187.5
Task 2	60	1	.50	30
Total				217.5

Dated: May 28, 1998.

Charles W. Gollmar,

Acting Associate Director for Policy Planning and Evaluation, 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 98063]

Notice of Availability of Funds; Cooperative Agreement for National Hepatitis B Immunization Program with Focus on Asians and Pacific Islanders

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the

availability of fiscal year FY 1998 funds for a cooperative agreement to support a Hepatitis B Immunization Project with a focus on Asians and Pacific Islanders. The purpose of this cooperative agreement program is to increase hepatitis B vaccination levels among Asian and Pacific Islander (API) children in the United States born between 1983 and 1993 from a baseline of 10 percent in 1996 to 90 percent by the close of year 2000, to enhance local demand for hepatitis B vaccination of API children, and to inform and educate vaccination service providers who serve API children. This program addresses the "Healthy People 2000" priority area of Immunization, and Infectious Diseases.

B. Eligible Applicants

Applications may be submitted by public and private nonprofit (and for-profit) organizations, and by

governments and their agencies; that is, universities, colleges, research institutions, hospitals, other public and private non profit organizations, State and local governments or their bona fide agents, and federally recognized Indian tribal governments, Indian tribes, or Indian tribal organizations.

Note: Public Law 104-65 states that an organization described in section 501(c)(4) of the Internal Revenue Code of 1986 that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant, cooperative agreement, contract, loan, or any other form.

C. Availability of Funds

Approximately \$49,900 is available in FY 1998 to fund one award. It is expected that the award will begin on or about July 31, 1998, and will be made for a 12-month budget period within a project period of up to three years. Funding estimates may change.

Continuation awards within an approved project period will be made on the basis of satisfactory progress as evidenced by required reports and the availability of funds.

D. Program Requirements

In achieving the purpose of this effort, the recipient will be responsible for the activities listed under Item 1, (Recipient Activities) and CDC will be responsible for the activities listed under Item 2, (CDC Activities).

1. Recipient Activities

The recipient will promote hepatitis B immunization of all API children in the United States through collaborative education and vaccination activities and sharing of information and resources through the member groups, working groups, volunteers, and national, State, and local public and private health care providers. The grantee will:

a. Recipient should conduct meetings, form working groups, and maintain reports and other records as necessary related to Hepatitis B Immunization activities.

b. Work with targeted national organizations and State and local coalitions to facilitate API hepatitis B vaccination coverage surveys and implementation of efforts to educate providers and parents about hepatitis B vaccine (HBV), Vaccines for Children (VFC) Program, and the national recommendations to vaccinate all API children with hepatitis B vaccine.

c. Work with State and local coalitions to identify barriers and solutions to these barriers in the implementation of hepatitis B vaccination of all API children.

d. Regularly inform all work groups and volunteers and relevant national, State and local groups of recipient related activities around the country with a published vehicle such as a newsletter.

e. Develop strategies, action plans, and mechanisms to increase public and private collaboration on activities to ensure hepatitis B vaccination of all API children in the U.S., for example, such as establishing a Web page; organizing volunteer groups; organizing fund-raising efforts; developing and utilizing mailing lists; working with Asian language school principals; meeting with Asian language media spokespersons; and working through the federal Vaccines for Children (VFC) network to enroll and educate providers of vaccination services to API children in each of the 12 top API states—California, New York, Hawaii, Texas, Illinois, New Jersey, Washington,

Florida, Virginia, Maryland, Pennsylvania, and Massachusetts.

f. Establish working relationships with API health care providers to enhance their interest and participation in the project.

g. Devise and implement a linkage of a majority of the existing hepatitis B virus transmission prevention resources with a majority of the nation's API community leaders.

2. Centers for Disease Control and Prevention (CDC) Activities

a. As requested, provide assistance to the recipient, with plans or agendas for proposed activities.

b. Provide technical assistance through telephone calls, correspondence, and site visits in the area of program and agenda development, implementation, and priority setting related to the cooperative agreement.

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

d. Provide speakers, when possible, on such topics and impact of HBV infection in API's, national policy and recommendations related to hepatitis B vaccination of API children.

e. Assist as requested in reporting and validating relevant hepatitis B vaccination information made available through publication in a newsletter and journal articles and otherwise provided to project members, volunteers, Federal, State, and local health agencies, and health care providers.

f. Provide representatives to attend executive, steering group and work group conference calls and meetings.

E. Application Content

The application must contain the following:

1. Objectives consistent with the existing purpose of the applicant organization.

2. Background information on the applicant; evidence of relevant experience in coordinating groups of diverse organizations; evidence of the applicant's organizational capacity and experience in building and maintaining relationships with national organizations, private and public sector non-profit health care organization, professional health associations, volunteer groups, advocacy groups, API organizations, and government entities.

4. A clear description of the purpose of the applicant organization along with detailed methods and activities which will be undertaken to ensure vaccination of at least 90 percent of all

API children in the U.S. with hepatitis B vaccine by the close of year 2000.

5. A plan to monitor and evaluate activities.

6. Biographical information on qualified and experienced administrative and professional personnel who will be working in an existing organizational structure to fulfill the terms of the project.

7. Letters from current API organizations, API community leaders, and State and local public health agencies which indicate the applicant has their support and involvement in conducting the activities of this project and has an established reputation to motivate other organizations.

8. A detailed budget and narrative budget justification.

Competing Applications

Use the information in the Program Requirements, Other Requirements, and Evaluation Criteria sections to develop the application content. Your application will be evaluated on the criteria listed, so it is important to follow them in laying out your program plan. The narrative should be no more than 30 double-spaced pages, printed on one side, with one inch margins, and unredacted font.

F. Submission and Deadline

Application

Submit the original and two copies of PHS 5161-1 (OMB Number 0937-0189) on or before July 6, 1998. Submit the application to: David Elswick, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement 98063, Centers for Disease Control and Prevention (CDC), Room 300, 255 East Paces Ferry Road, NE., Mailstop E-13, Atlanta, Georgia 30305-2209.

If your application does not arrive in time for submission to the independent review group, it will not be considered in the current competition unless you can provide proof that you mailed it on or before the deadline (i.e., receipt from U.S. Postal Service or a commercial carrier; private metered postmarks are not acceptable).

G. Evaluation Criteria

Each application will be evaluated by an independent review group appointed by CDC to the extent it documents the applicant's:

1. understanding of the existing disease control problem and the importance and feasibility of hepatitis B vaccination of at least 90 percent of all API children in the U.S. by the close of year 2000. (10 percent)

2. specific, realistic, measurable, and time-phased objectives which are related to effective activities. (15 percent)

3. high quality and effective plan for ensuring implementation of State and local successful hepatitis B vaccination efforts in at least the top 12 API states. (20 percent)

4. established network of national, State or local collaborators and accessibility to an adequate number of member organization representatives. (20 percent)

5. administrative and support staff to operate the project. (10 percent)

6. qualified and experienced professional personnel who are committed to the project and will implement the proposed program activities. (10 percent)

7. appropriate and effective plan to measure activities and evaluate its progress toward the year 2000 goal. (15 percent)

In addition, consideration will be given to the extent to which the budget request is clearly justified and consistent with the intended use of cooperative agreement funds.

H. Other Requirements

Technical Reporting Requirements

A. Provide CDC with original plus two copies of:

1. quarterly progress reports describing the progress toward achieving objectives, implementing vaccination programs, and providing services;

2. financial status report, no more than 90 days after the end of the budget period; and

3. final financial and performance reports, no more than 90 days after the end of the project period.

B. Provide an annual report to the project members, summarizing activities and accomplishments of the project.

Send all reports to: David Elswick, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), Room 300, 255 East Paces Ferry Road, NE., Mailstop E-13, Atlanta, GA 30305-2209.

The grantee will visit CDC, NIP at least twice a year for a verbal progress report on all project activities.

The following additional requirements are applicable to this program.

AR98-11 Healthy People 2000

AR98-12 Lobbying Restrictions

AR98-7 Executive Order 12372 Review

AR98-8 Public Health System Reporting Requirements

I. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under the Public Health Service Act, Section 317(k)(1)[42 U.S.C. 247b(k)(1)], as amended. The Catalog of Federal Domestic Assistance number is 93.185.

J. Where to Obtain Additional Information

Please refer to Program Announcement 98063 when you request information. For a complete program description, information on application procedures, an application package, and business management assistance, contact: David Elswick, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement 98063, Centers for Disease Control and Prevention (CDC), Room 300, 255 East Paces Ferry Road, NE., Mailstop E-13, Atlanta, GA 30305-2209, telephone (404) 842-6521, Email address DCE1@cdc.gov.

See also the CDC home page on the Internet: <http://www.cdc.gov>

For program technical assistance, contact Gary L. Euler, DrPH, Chief, Hepatitis Activity, Adult Vaccine Preventable Diseases Branch, Epidemiology and Surveillance Division, National Immunization Program, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE., Mailstop E-61, Atlanta, GA 30333, telephone (404) 639-8742, Internet address: GLE0@CDC.gov.

To receive additional written information and to request an application kit, call 1-888-GRANTS4 (1-888 472-6874). You will be asked to leave your name and address and will be instructed to identify the Announcement number of interest.

Dated: May 28, 1998.

Joseph R. Carter,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Program Announcement No. 98043; National Partnerships for Human Immunodeficiency Virus (HIV) Prevention; Notice of Availability of Funds for Fiscal Year 1998

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1998 funds to (a) develop national, State, and local leadership and support for HIV prevention programs and policies, and (b) build capacity and skills for HIV prevention activities at the State and local levels.

This announcement relates to the priority areas of educational and community-based programs, HIV infection, and sexually transmitted diseases (STDs). It addresses the "Healthy People 2000" objectives by providing support for primary prevention for persons at risk for HIV infection and by increasing the availability and coordination of prevention and early intervention services for HIV-infected persons. CDC encourages all grant recipients to provide HIV prevention education to their employees and staff.

B. Eligible Applicants

To be eligible for funding under this announcement, applicants must be (1) a tax-exempt, non-profit national business-or labor-related, religion-or faith-based, performing arts, professional media, or civic or service organization, as defined below, whose net earnings in no part accrue to the benefit of any private shareholder or person; or (2) an academic institution working in collaboration with such organizations. Tax-exempt status is determined by the Internal Revenue Service (IRS) Code, Section 501(c)(3). Tax-exempt status may be proved by either providing a copy of the pages from the IRS' most recent list of 501(c)(3) tax-exempt organizations or a copy of the current IRS Determination Letter. Proof of tax-exempt status must be provided with the application. CDC will not accept an application without proof of tax-exempt status.

For purposes of this cooperative agreement, the following definitions are used:

A national business-or labor-related organization is a non-profit, professional or voluntary organization, that (1) has businesses, business leaders,