

FEDERAL RETIREMENT THRIFT INVESTMENT BOARD

Sunshine Act Meeting

TIME AND DATE: 9:00 a.m. (EDT), May 10, 1999.

PLACE: 4th Floor, Conference Room, 1250 H Street, N.W., Washington, D.C.

STATUS: Open.

MATTERS TO BE CONSIDERED:

1. National Finance Center record keeping and New TSP System.
2. Congressional/agency/participant liaison.
3. Benefits administration.
4. Investments.
5. Participant communications.
6. Approval of the minutes of the April 12, 1999, Board member meeting.
7. Thrift Savings Plan activity report by the Executive Director.
8. Approval of the update of the FY 1999 budget and FY 2000 estimates.
9. Approval of revised minimum qualifications for S Fund manager selection.
10. Investment policy review.
11. Status of audit recommendations.

CONTACT PERSON FOR MORE INFORMATION: Thomas J. Trabucco, Director Office of External Affairs, (202) 942-1640

John J. O'Meara

Secretary to the Board, Federal Retirement Thrift Investment Board.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 99092]

Community Based Human Immunodeficiency Virus (HIV) Prevention Projects for African Americans; Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1999 funds for a cooperative agreement program to support community-based organizations (CBOs) to develop and implement effective community-based HIV prevention programs for African American populations. These CBOs should have evolved from and be located within the communities they serve. This program addresses the "Healthy People 2000" priority areas of Educational and Community Based Programs, HIV Infection, and Sexually Transmitted Diseases (STDs).

The goals of this program are to:

1. Provide financial and technical assistance to CBOs so they can provide HIV prevention services to African American populations for which gaps in services are demonstrated;
2. Support HIV prevention programs that are consistent with the HIV prevention priorities outlined in the jurisdiction's comprehensive HIV prevention plan or adequately justify addressing other priorities;
3. Promote collaboration and coordination of HIV prevention efforts among CBOs; HIV prevention community planning groups; and other local, State, Federal, and privately funded programs.

B. Eligible Applicants

Eligible applicants are CBOs that meet the following criteria (also see Proof of Eligibility section):

1. Have been granted tax-exempt status under section 501(c)(3), as evidenced by an Internal Revenue Service (IRS) determination letter.
2. Have a board or governing body composed of greater than 50 percent African Americans.
3. Be located and provide services for African Americans in any of the following 20 high AIDS prevalence metropolitan statistical areas (MSAs)¹ with more than 1000 estimated African Americans living with AIDS at the end of 1997:² (Please see Attachment 1 for a complete listing of counties included in each MSA)
 - a. Atlanta, GA; Baltimore, MD; Boston-Worcester-Lawrence-Lowell-Brockton, MA-NH; Chicago, IL; Dallas, TX; Detroit, MI; Fort Lauderdale, FL; Houston, TX; Jacksonville, FL; Los Angeles-Long Beach, CA; Miami, FL; Newark, NJ; New Haven-Bridgeport-Stamford-Danbury-Waterbury, CT; New Orleans, LA; New York City, NY; Oakland, CA; Philadelphia, PA-NJ; San Francisco, CA; Washington, DC-MD-VA-WV; and West Palm Beach-Boca Raton, FL.

OR

- b. Be located or provide services for African Americans in any of the following counties or independent city, not included in the list of MSAs above, that had the most syphilis cases in 1997. The counties are: Cumberland, NC; Cuyahoga, OH; Davidson, TN; Forsyth, NC; Franklin, OH; Fresno, CA; Guilford, NC; Hinds, MS; Jefferson, AL; Jefferson,

KY; Maricopa, AZ; Marion, IN; Milwaukee, WI; Oklahoma, OK; Shelby, TN; and Tuscaloosa, AL. The independent city is St. Louis, MO.

4. African Americans must serve in greater than 50 percent of key positions, including management, supervisory, administrative, and service provision positions (for example, executive director, program director, fiscal director, outreach worker, prevention case manager, counselor, group facilitator, or trainer).

5. Documentation of an established record of services to the target population is required. An established record is defined as a minimum of two years serving the target population.

6. African American CBOs currently funded under program announcement 704 that meet criteria one through five above are eligible to apply for funding under this program announcement. However, awards to these currently funded CBOs will not exceed \$100,000 and no more than 10 such awards will be made.

7. Faith-based community organizations that meet criteria one through six above are eligible to apply. For the purpose of this program announcement, a faith-based community organization is an organization which has a religious, faith, or spiritual focus or constituency, and has access to local religious, faith, and spiritual leaders. Examples of eligible organizations include individual churches, mosques, or temples, or networks of same; or CBOs whose primary constituency is faith, spiritual, or religious communities, organizations, or leaders thereof.

8. Two or more CBOs may apply as a collaborative partnership. In a collaborative contractual partnership, one CBO must be the legal applicant and will function as the lead organization. The lead organization must meet criteria one through five specified above. Collaborating organizations must meet criteria 3.a. or 3.b. above.

Note: A CBO can only submit one application under this announcement; that is, it may apply as an individual organization or as part of a collaboration, but not both.

9. Local affiliates, chapters, or programs of national and regional organizations are eligible to apply. The local affiliate, chapter, or program applying must meet criteria one through eight above.

10. Governmental or municipal agencies, their affiliate organizations or agencies (e.g., health departments, school boards, public hospitals), and

¹ OMB Bulletin 98-06 available at <http://www.census.gov/population/www/estimates/metrodef.html>.

² HIV/AIDS Surveillance Supplemental Reports: Characteristics of Persons Living with AIDS at the End of 1997. Volume 5, Number 1 available at http://www.cdc.gov/nchstp/hiv_aids/stats/hasrlink.htm.

private or public universities and colleges are not eligible for funding under this announcement.

Note: Pub. L. 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 \$9,000,000 is available in FY 1999 to fund approximately 45 awards. It is expected that awards will begin on or about September 30, 1999 and will be made for a 12-month budget period within a project period of up to 4 years.

1. Approximately \$7,200,000 will be awarded to CBOs which are located and provide services for African Americans in the 20 high AIDS prevalence MSAs with more than 1000 estimated African Americans living with AIDS at the end of 1997 (see Section B.3.a., above). It is expected that the average award will be \$200,000, ranging from \$150,000 to \$300,000. Applications requesting more than \$300,000, including indirect costs, will not be considered.

2. Approximately \$1,800,000 will be awarded to CBOs located OR providing services for African Americans in the counties and independent city with the most syphilis cases in 1997 but not included in the top 20 MSAs (See Section B.3.b., above). It is expected that the average award will be \$200,000, ranging from \$150,000 to \$250,000. Applications for more than \$250,000 will not be considered.

3. Approximately \$900,000 of the funds in Sections C.1 and C.2 above (which total \$9,000,000), may be awarded to CBOs currently funded under Program Announcement 704 that (a) are located and provide services for African Americans in any of the 20 high AIDS prevalence 20 MSAs listed in Section B.3.a., above; or (b) are located OR provide services in the counties and one independent city listed in Section B.3.b., above. Awards for CBOs currently funded under Program Announcement 704 will not exceed \$100,000. Applications for more than \$100,000 will not be considered. In addition, the total individual awards including funds provided under Program Announcement 704 and this announcement will not exceed a combined total of \$300,000. Funds awarded to currently funded CBOs must be used to enhance or expand existing activities and not to supplant funds from other sources.

Funding estimates may change based on the availability of funds.

Continuation awards within an approved project period will be made on the basis of availability of funds and the applicant's satisfactory progress toward achieving objectives. Satisfactory progress toward achieving objectives will be determined by progress reports and site visits conducted by CDC representatives. Proof of continued eligibility is required with noncompeting continuation applications.

Note: Funds to support CBOs to provide HIV prevention services to African American communities are also available under Program Announcement 99091—Community Based HIV Prevention Services and Capacity Building Assistance to Organizations Serving Gay Men of Color at Risk for HIV Infection, and Program Announcement 99096—HIV Prevention Projects for African American Faith Based Organizations. Eligible organizations may apply for and receive funding under more than one of these announcements; however, the total combined funding provided to any organization under these three announcements will not exceed \$300,000.

Use of Funds

Funds provided under this announcement must support activities directly related to primary HIV prevention. However, intervention activities which involve preventing other STDs or substance abuse as a means of reducing or eliminating the risk of HIV transmission may also be supported. No funds will be provided for direct patient medical care (including substance abuse treatment, medical treatment, or medications) or research.

Applicants may contract with other organizations under these cooperative agreements; however, applicants must perform a substantial portion of the activities (including program management and operations and delivery of prevention services) for which funds are requested. Applications requesting funds to support only administrative and managerial functions will not be accepted.

Funding Priorities

In making awards, priority for funding will be given to:

Ensuring a distribution of CBO awards in terms of targeted risk behaviors, based on AIDS morbidity in African Americans.

Interested persons are invited to comment on the proposed funding priority. All comments received within 30 days after publication in the **Federal Register** will be considered before the final funding priority is established. If the funding priority changes because of comments received, a revised

announcement will be published in the **Federal Register**, and revised applications will be accepted before the final selections are made. Address comments to: Albertha Carey, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office 2920 Brandywine Road, Room 3000, Mailstop E-15, Atlanta, Georgia 30341-4146.

Funding Preference

In making awards, preference for funding will be given to:

Ensuring a geographic distribution of CBO awards, based on AIDS morbidity in African Americans.

D. Program Requirements

HIV prevention interventions are specific activities (or set of related activities) using a common method of delivering the prevention messages to reach persons at risk of becoming HIV-infected or, if already infected, of transmitting the virus to others. The goal of HIV prevention interventions is to bring about HIV risk reduction in a particular population.

In order to maximize the effective use of CDC funds, each applicant must conduct at least one of the following priority HIV prevention interventions: (1) HIV Counseling, Testing, and Referral Services; (2) Individual Level Interventions; (3) Group Level Interventions; (4) Community Level Interventions; and (5) Street and Community Outreach. A brief description of these priority interventions is provided in Attachment 2. Also, please reference the materials included in the tool kit for additional information about these interventions. The tool kit will be sent with the application packet.

Although activities may overlap from one type of intervention to another (e.g., individual or group level interventions may be a part of a community-level intervention), each applicant must indicate which one of the five interventions is the primary focus.

Because of the resources, special expertise, and organizational capacities needed for success, applicants should carefully consider the feasibility of undertaking more than two of the priority interventions listed. Recipients proposing to conduct more than two of these priority prevention interventions must demonstrate the capacity to implement them effectively.

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities under number 1. (Recipient Activities) and CDC will be responsible for

activities under number 2. (CDC Activities) below.

1. Recipient Activities

- a. Use epidemiologic data, needs assessments, and prioritization of groups and interventions to design program activities.
- b. Develop program activities which are consistent with applicable State and local comprehensive HIV prevention plans or adequately justify addressing other priorities.
- c. Provide—or assist high risk clients in gaining access to—HIV counseling, testing, and referral for other needed services.
- d. Conduct health education and risk reduction interventions for persons at high risk of becoming infected or transmitting HIV to others.
- e. Assist HIV-positive persons in gaining access to appropriate HIV treatment and other early medical care, substance abuse prevention services, STD screening and treatment, reproductive and perinatal health services, partner counseling and referral services, psychosocial support, mental health services, TB prevention and treatment, primary HIV prevention such as health education and risk reduction services, and other supportive services. High-risk clients who test negative should be referred to appropriate health education and risk reduction services and other appropriate prevention and treatment services.
- f. Ensure adequate protection of client confidentiality.
- g. Coordinate and collaborate with health departments, community planning groups, and other organizations and agencies involved in HIV prevention activities, especially those serving the target population.
- h. Participate in the HIV prevention community planning process. Participation may include involvement in workshops; attending meetings; if nominated and selected, serving as a member of the group; reporting on program activities; or reviewing and commenting on plans.
- i. Incorporate cultural competency and linguistic and developmental appropriateness into all program activities and prevention messages.
- j. Coordinate program activities with relevant national, regional, State, and local HIV prevention programs to prevent duplication of efforts.
- k. Monitor and evaluate major program and intervention activities and services supported with CDC HIV prevention funds under this cooperative agreement. This should include assessing client satisfaction periodically via quantitative (e.g., periodic surveys)

and qualitative methods (e.g., focus groups).

l. Compile “lessons learned” from the project and facilitate the dissemination of “lessons learned” and successful prevention interventions and program models to other organizations and CDC through peer-to-peer interactions, meetings, workshops, conferences, internet, communications with project officers, and other capacity-building and technology transfer mechanisms.

m. Work with CDC-funded capacity-building assistance programs to meet your and other organizations’ capacity-building needs.

n. Develop and implement a plan for obtaining additional resources from non-CDC sources to supplement the program conducted through this cooperative agreement and to enhance the likelihood of its continuation after the end of the project period.

o. Adhere to CDC policies for securing approval for CDC sponsorship of conferences.

p. Before using funds awarded through this cooperative agreement to develop HIV prevention materials, recipients must check with the CDC National Prevention Information Network (NPIN) to determine if suitable materials are already available. Also, materials developed by recipients must be made available for dissemination through the CDC NPIN.

CDC’s National Prevention Information Network (NPIN) maintains a collection of HIV, STD and TB resources for use by organizations and the public. Successful applicants may be contacted by NPIN to obtain information on program resources for use in referrals and resource directories. Also, grantees should send three copies of all educational materials and resources developed under this grant for inclusion in NPIN’s databases.

NPIN also makes available information and technical assistance services for use in program planning and evaluation. For further information on NPIN services and resources, contact NPIN at 1-800-458-5231 (TTY users: 1-800-243-7012). NPIN’s web site is www.cdcpin.org; the fax number is 1-888-282-7681.

2. CDC Activities

a. Coordinate a national capacity building and technology transfer network.

b. Provide consultation and technical assistance in planning, implementing, and evaluating prevention activities. CDC may provide consultation and technical assistance both directly and indirectly through prevention partners such as health departments, national

and regional minority organizations (NRMOS), contractors, and other national organizations.

c. Provide up-to-date scientific information on risk factors for HIV infection, prevention measures, and program strategies for prevention of HIV infection.

d. Assist in the design and implementation of program evaluation activities, including provision of evaluation forms, if appropriate.

e. Assist recipients in collaborating with State and local health departments, community planning groups, and other federally supported HIV/AIDS recipients.

f. Facilitate the transfer of successful prevention interventions, program models, and “lessons learned” through convening meetings of grantees, workshops, conferences, newsletters, use of the internet, and communications with project officers. Also facilitate exchange of program information and technical assistance among community organizations, health departments, and national and regional organizations.

g. Monitor the recipient’s performance of program activities, protection of client confidentiality, and compliance with other requirements.

h. Conduct an overall evaluation of this cooperative agreement program.

E. Application Content

Use the information in the Program Requirements, Other Requirements, and Application 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 33 double-spaced pages (not including the budget or attachments).

Number each page clearly, and provide a complete Table of Contents to the application and its appendices. Please begin each separate section of the application on a new page. The original and each copy of the application set must be submitted unstapled and unbound. All material must be typewritten, single spaced, with unredacted 12 point or 10 pitch font on 8½” by 11” paper, with at least 1” margins, headings and footers, and printed on one side only. Materials which should be part of the basic narrative will not be accepted if placed in the appendices.

In developing the application, you must follow the format and instructions below:

Format

1. Abstract

2. Assessment of Need and Justification for Proposed Activities
3. Long-term Goals
4. Organizational History and Capacity
5. Program Plan
6. Program Evaluation Plan
7. Communications and Dissemination Plan
8. Plan for Acquiring Additional Resources
9. Budget and Staffing Breakdown and Justification
10. Training and Technical Assistance Plan
11. Attachments

Instructions

1. Abstract

(Not to exceed 2 pages): Summarize which intervention category of the five priority HIV prevention interventions—(1) HIV Counseling, Testing, and Referral Services; (2) Individual Level Interventions; (3) Group Level Interventions; (4) Community Level Interventions; and (5) Street and Community Outreach—you intend to implement and your proposed intervention activities. Include the following:

- a. Brief summary of the need for the proposed activities;
- b. Long-term goals;
- c. Brief summary of proposed plan of operation, including the population(s) to be served, activities to be undertaken, and services to be provided; and
- d. Brief summary of plans for evaluating the activities of this project.

2. Assessment of Need and Justification for Proposed Activities

(Not to exceed 5 pages):

- a. Describe the population(s) for which your proposed intervention(s) will provide services.
- b. Describe the impact of the AIDS epidemic on the priority population and their community and any specific environmental, social, cultural, or linguistic characteristics of the priority populations which you have considered and addressed in developing prevention strategies, such as:
 - (1) HIV prevalence and incidence (if available), reported AIDS cases, and the proportion that engages in specific risk behaviors (sexual behaviors, substance use, etc.) in the target population;
 - (2) HIV/AIDS-related baseline knowledge, attitudes, beliefs, and behaviors;
 - (3) Patterns of substance use and rates of STDs and tuberculosis (TB); and
 - (4) Other relevant information.

(Specify)

- c. Identify the need that will be addressed by your proposed intervention(s), and describe how you assessed the need. Include epidemiologic and other data that were used to identify the need. Include a description of existing HIV prevention

and risk-reduction efforts provided by other organizations to address the needs of the target population(s), and an analysis of the gap between the identified need and the resources currently available to address the need (i.e., How will the proposed intervention(s) address an important unmet HIV prevention need?).

d. Describe the specific behaviors and practices that the proposed intervention(s) is designed to promote and prevent (e.g., increases in correct and consistent condom use, knowledge of serological status, not sharing needles, and enrollment in drug treatment and other preventive programs).

e. Describe how your proposed intervention(s) complements the HIV prevention priority populations and interventions identified in the applicable State or local comprehensive HIV prevention plan(s). If the comprehensive HIV prevention plan does not prioritize the needs that you have identified, justify the need and the priority of your proposed intervention activities and summarize how the activities address prevention gaps and complement ongoing prevention efforts. State why the funds being applied for in this application are necessary to address the need. A list of the names and telephone numbers of State health department contacts from whom you may obtain a copy of the jurisdiction's comprehensive HIV prevention plan is provided with the application kit;

f. Explain any specific barriers to the implementation of your proposed intervention(s) and how you will overcome these barriers.

3. Long-Term Goals

(Not to exceed 2 pages): Describe the broad HIV prevention goals that your proposed intervention(s) aims to achieve by the end of the project period (four years).

4. Organizational History and Capacity

(Not to exceed 4 pages) Describe the following:

a. Organizational structure, including the role, responsibilities, and racial/ethnic composition of board of directors; committee structure of board of directors; organizational management, administrative and program components; constituent or affiliate organizations or networks; how the organizational structure will support the proposed intervention activities; and how the structure offers the capacity to reach targeted populations. Describe how the organizational structure includes, or has the ability to obtain meaningful input and representation

from, members of the target population(s) (for example, men who have sex with men, youth at risk, women at risk, transgender populations, HIV-positive individuals, substance abusers).

b. Past and current experience in developing and implementing effective HIV prevention strategies and activities, and in developing and implementing interventions similar to the one(s) proposed in this application.

c. The process in your organization for making major programmatic decisions.

d. Mechanisms used by your organization to monitor program implementation and quality assurance.

e. Experience in working or collaborating with governmental and non-governmental organizations, including State and local health departments, local and State non-governmental organizations, national agencies or organizations, community planning groups, and other groups that provide HIV prevention services.

f. Capacity to provide the proposed interventions in a manner that is culturally competent and linguistically and developmentally appropriate, and which responds effectively to the gender, environmental, and social characteristics of the target populations.

g. For any of the above areas in which you do not have direct experience or current capacity, describe how you will ensure that your organization will gain capacity (e.g., through staff development, collaboration with other organizations, or a contract).

5. Program Plan

(Not to exceed 10 pages): Use this section to describe the specific characteristics of your proposed intervention(s).

a. Involvement of the target population: Describe how the target population is, or will be, involved in planning, implementing, and evaluating activities and services throughout the project period.

b. Intervention Objectives: Develop process objectives that are specific, measurable, appropriate, realistic, and time-based. Process objectives focus on the projected amount, frequency, and duration of the intervention activities and the number and characteristics of the target population to be served. If applicable, describe how the objectives are related to the prevention priorities outlined in the jurisdiction's comprehensive HIV prevention plan. Describe potential barriers to or facilitators for reaching these objectives.

c. Plan of Operation:

(1) Describe the specific activities to be conducted or services to be provided to accomplish the objectives and where these activities or services will take place. Make certain that your proposal addresses all required activities. The following four HERR interventions will be funded: Individual level (including prevention case management (PCM)), group level, community level interventions, and street and community outreach. Each recipient must conduct at least one of these interventions. Applicants should not apply for more interventions than they can conduct effectively.

(2) Describe your mechanisms for soliciting clients into the program and obtaining informed consent.

(3) Describe your staffing plan and the responsibilities each staff position will have in conducting the proposed activities. Describe how the proposed program will be managed, including the location of the program within your organization.

(4) Describe the potential for volunteer involvement in your program. If volunteers will be involved, describe plans to recruit, train, place, and retain volunteers.

(5) Describe how you will market and promote your program in the community.

(6) Describe how you will prioritize the program activities to place emphasis on populations or communities that are at high risk for HIV infection.

d. Appropriateness of Interventions:

Describe mechanisms that will be used to ensure client satisfaction. Describe how you will ensure that the proposed interventions and services are culturally competent; sensitive to issues of sexual orientation; developmentally, educationally, and linguistically appropriate; and targeted to the needs of the target populations.

e. Scientific, Theoretical, Conceptual, or Program Experience Foundation for Proposed Activities: Provide a detailed description of the program experience or scientific, theoretical, or conceptual foundation on which the proposed activities are based and which support the potential effectiveness of these activities for addressing the stated needs.

f. Collaborations, Linkages, and Coordination:

(1) Describe any formal collaborations with State or local health departments, community planning groups, and other appropriate service groups or organizations that will be used in the development and implementation of your program. Describe the respective roles and responsibilities of each

collaborating entity in developing and implementing the program.

(2) Specify any and all organizations and agencies with which you will establish linkages and coordinate activities, and describe the activities that will be coordinated with each listed organization. These may include, as appropriate, the following:

(a) Community groups and organizations, including churches and religious groups;

(b) HIV/AIDS service organizations;

(c) Ryan White CARE Title I and Title II planning bodies;

(d) Schools, boards of education, and other State or local education agencies;

(e) State and local substance abuse agencies, community-based and other drug treatment or detoxification programs;

(f) Federally funded community projects, such as those funded by the Substance Abuse and Mental Health Services Administrations' (SAMSHA) Center for Substance Abuse Treatment (CSAT) and Center for Substance Abuse Prevention (CSAP), the Health and Human Services' Health Resource Services Administration (HRSA), Office of Minority Health (OMH), and other Federal entities;

(g) Providers of services to youth in high risk situations (e.g., youth in shelters);

(h) State or local departments of mental health;

(i) Juvenile and adult criminal justice, correctional, or parole systems and programs;

(j) Family planning and women's health agencies; and

(k) STD and TB clinics and programs.

(3) Describe how referrals to other service providers will be initiated.

(4) Provide a timeline that identifies major implementation steps and assigns approximate dates for the inception and completion of each.

6. Quality Assurance and Program Evaluation Plan

(Not to exceed 5 pages): The plan should describe when and how evaluation activities will be implemented. At a minimum, the plan should outline strategies for implementing process evaluation of interventions to determine if the process objectives are being achieved. Indicate which member(s) of the staff will be responsible for implementing the evaluation plan.

Your process evaluation plan should include the following:

a. A list of resources available to the organization to carry out process evaluation (e.g., provider staff, health department staff, data experts to design

a system for managing information about proposed interventions, evaluation consultants, NRMOS, etc).

b. A list of who will be involved in implementing the evaluation and identify their roles. Describe who will collect, report, enter, and analyze data.

c. A description of the data that will be collected. To assure valid data are collected, established instruments should be used when feasible. Established instruments include those that have been either science-based or previously administered in effective HIV prevention interventions. In addition, data sources should be verifiable through appropriate documentation (such as storing original data for the duration of the cooperative agreement). Examples of data that could be collected include:

(1) Detailed information on the specific intervention service(s).

(2) The number of persons who received the service(s) by (a) risk categories (MSM, IDU, etc.) and (b) demographics, such as age, race and ethnicity, gender, and if appropriate and available, sexual orientation.

(3) When and how often the intervention service was provided.

(4) Where the intervention service was provided (e.g., CTRPN site, STD clinic, street corner, housing project).

(5) Documents referral systems, including the number of persons referred; how you intend to determine the success of referral systems (e.g., the number actually receiving services by referral sites); and how well the system functions in identifying referral services.

(6) Describe client satisfaction with HIV prevention intervention services.

d. Discuss how data will be collected, managed, and monitored over time.

Address ways to collect, report, enter, and analyze data as well as how you would use data for program improvement. Describe how often data will be collected. Discuss how data security will be maintained and client confidentiality assured.

e. Discuss how you will assess the performance of staff to ensure that they are providing information and services accurately and effectively.

Because of the additional cost and need for scientific support beyond the scope of these cooperative agreements, you may not be able to conduct outcome evaluations (i.e., long-term effects of the program in terms of changes in behavior or health status, such as changes in HIV incidence after the intervention) with funds provided through this cooperative agreement. CDC will continue to support special projects to evaluate the behavioral and other outcomes of

interventions commonly used by CBOs and other organizations, and disseminate information and lessons learned from this research to CBOs, health departments, community planning groups, and other organizations and agencies involved in HIV prevention programs.

7. Communications and Dissemination Plan

(Not to exceed 2 pages): Describe how you will share successful approaches and "lessons learned" with other organizations.

8. Plan for Acquiring Additional Resources

(Not to exceed 1 page): Describe how you will develop and implement a plan for obtaining additional resources from other (non-CDC) sources to supplement the program conducted through this cooperative agreement and to increase the likelihood of its continuation after the end of the project period.

9. Budget/Staffing Breakdown and Justification

a. Detailed Budget: Provide a detailed, separate budget for each intervention proposed (i.e., CTR, individual level, group level, community level, or street and community outreach), with accompanying justification of all operating expenses that is consistent with the stated objectives and planned priority activities. CDC may not approve or fund all proposed activities. Be precise about the program purpose of each budget item and itemize calculations wherever appropriate.

For contracts, applicants should name the contractor, if known; describe the services to be performed which justifies the use of a contractor; provide a breakdown of and justification for the estimated costs of the contracts; the period of performance; the method of selection; and method of monitoring the contract.

b. Staffing Plan: Provide a job description for each position specifying job title; function, general duties, and activities; salary range or rate of pay; and the level of effort and percentage of time spent on activities funded through this cooperative agreement. If the identity of any key personnel who will fill a position is known, her/his name and resume should be attached. Experience and training related to the proposed project should be noted. If the identity of staff is not known, describe your recruitment plan. If volunteers are involved in the project provide job descriptions.

10. Training and Technical Assistance Plan

(Not to exceed 2 pages): Describe areas in which you anticipate needing technical assistance in designing, implementing, and evaluating your program and discuss how you will obtain needed technical assistance. Also, describe anticipated staff training needs related to the proposed program and how these needs will be met. Describe your plan for providing ongoing training to ensure that staff are knowledgeable about HIV and STD risks and prevention measures. This information will assist CDC to better address your needs and help you to identify technical assistance and training providers.

11. Attachments

a. Proof of Eligibility

Each applicant must provide documentation that they comply with all eligibility requirements specified under the "Eligible Applicants" section of this program announcement. Applicants should provide a separate section within this Attachments section that is entitled Proof of Eligibility to include the documents listed below. Failure to provide the required documentation will result in disqualification.

(1) IRS determination letter of your organization's 501(c)(3) tax-exempt status.

(2) A list of the members of your organization's governing body along with their positions on the board, their expertise in working with or providing services to the proposed target population, and their racial/ethnic backgrounds. (Submission of information regarding the HIV status or other confidential information regarding the board is optional, and must not be linked to a specific individual.)

(3) Documentation that your organization is located and provides services in one of the 20 eligible MSAs or eligible counties or independent city. This documentation could include letters of support, news articles, brochures or flyers, annual reports, memoranda of agreement, or client surveys.

(4) A Table of Organization of existing and proposed staff, including the board of directors, volunteer staff, and their racial/ethnic backgrounds.

(5) Documentation that your organization has an established record of providing services to the target population for at least two years, and a description of the specific services that have been provided.

(6) Affiliates of national organizations must include with the application an original, signed letter from the chief executive officer of the national organization assuring their understanding of the intent of this program announcement and the responsibilities of recipients.

(7) A separate sheet of paper stating if your organization is currently funded under CDC Program Announcement 704, Community Based HIV Prevention Projects.

b. Other Attachments

(1) A list of all collaborating or coordinating entities and memoranda of understanding or agreement as evidence of these established or agreed-upon collaborative or coordinating relationships. Memoranda of agreement should specifically describe the proposed collaborative activities. Evidence of continuing collaboration must be submitted each year to ensure that the collaborative relationships are still in place. Memoranda of agreement from health departments should include a statement that they have reviewed your application for these funds.

(2) A list of major community resources and health care providers to which referrals will be made;

(3) Protocols to guide and document training, activities, services, and referrals (e.g., applicants seeking funds for Street and Community Outreach Interventions must provide a description of the policies and procedures that will be followed to assure the safety of outreach staff).

(4) Samples of data collection tools that will be used in performing, monitoring, or evaluating program activities, if available.

(5) A description of funds received from any source to conduct HIV/AIDS programs and other similar programs targeting the population proposed in the program plan. This summary must include: (1) The name of the sponsoring organization/source of income, amount of funding, a description of how the funds have been used, and the budget period; (2) a summary of the objectives and activities of the funded program(s); and (3) an assurance that the funds being requested will not duplicate or supplant funds received from any other Federal or non-Federal source. CDC awarded funds can be used to expand or enhance services supported with other Federal or non-Federal funds. In addition, identify proposed personnel devoted to this project who are supported by other funding sources and the activities they are supporting.

(6) Independent audit statements from a certified public accountant for the previous 2 years.

(7) A copy of your organization's current negotiated Federal indirect cost rate agreement, if applicable.

Note: Materials submitted as attachments should be printed on one side of 8½ x 11 paper. Please do not attach bound materials such as booklets or pamphlets. Rather, submit copies of the materials printed on one side of 8½ x 11 paper. Bound materials may not be reviewed.

F. Submission and Deadline

Submit the original and two copies of PHS 5161 (OMB Number 0937-0189). Forms are in the application kit. On or before June 28, 1999, submit the application to: Albertha Carey, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Program Announcement (99092), Centers for Disease Control and Prevention, 2920 Brandywine Road, Room 3000, Mailstop E-15, Atlanta, Georgia 30314-4146.

Applicants should simultaneously submit a copy of the application to their State HIV/AIDS Directors.

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 orderly processing. (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, will not be considered, and will be returned to the applicant.

G. Evaluation Criteria

Each application will be evaluated individually against the following criteria by an independent review group appointed by CDC.

Evaluation Criteria

1. Abstract (not scored)
2. Assessment of Need and Justification for the Proposed Activities (15 points)

a. The extent to which the applicant soundly and convincingly documents a substantial need for the proposed program and activities; and the degree to which the proposed activities are consistent with the Recipient Activities described in the Program Requirements Section. (5 points)

b. The degree to which the applicant describes the specific behaviors and practices that the interventions are designed to promote and prevent (i.e., increases in correct and consistent condom use, knowledge of serological status, not sharing needles, and enrollment in drug treatment and other preventive programs). (5 points)

c. The quality of the applicant's plan to ensure consistency with the State and local comprehensive HIV prevention plans and, if applicable, the adequacy with which the applicant demonstrates the rational for deviating from the jurisdiction's comprehensive HIV prevention plan. (5 points)

3. Long-term Goals (5 points) The quality of the applicant's stated goals and the extent to which they are consistent with the purpose of this cooperative agreement, as described in this program announcement.

4. Organizational History and Capacity. (15 points) The extent of the applicant's documented experience, capacity, and ability to address the identified needs and implement the proposed activities, including:

a. How the applicant's organizational structure and planned collaborations (including constituent or affiliated organizations or networks) will support the proposed program activities, and how the proposed program will have the capacity to reach targeted populations; (3 points)

b. Applicant's past and current experience in developing and implementing effective HIV prevention strategies and activities, and in developing and implementing programs similar to those proposed in this application; (3 points)

c. Applicant's experience and ability in collaborating with governmental and non-governmental organizations, including other national agencies or organizations, State and local health departments, community planning groups, and State and local non-governmental organizations that provide HIV prevention services; (3 points)

d. Applicant's capacity to obtain meaningful input and representation from members of the target population(s) and to provide culturally competent and appropriate services which respond effectively to the cultural, gender, environmental, social, and multilingual character of the target audiences, including documentation of any history of providing such services; (3 points) and

e. Plans to ensure capacity to implement proposed program where no direct experience or capacity currently exists within the applicant organization. (3 points)

5. Program Plan (45 total points)

a. Involvement of the target population (5 points) The degree to which the applicant describes the involvement of the target population in planning, implementing, and evaluating activities and services throughout the project period.

b. Intervention Objectives. (5 points) Degree to which the proposed process objectives are specific, measurable, appropriate, realistic, and time-based, related to the proposed activities, and consistent with the program's long-term goals; and the extent to which the applicant identifies possible barriers to or facilitators for reaching these objectives.

c. Plan of Operation (15 points) The quality of the applicant's plan for conducting program activities, and the potential effectiveness of the proposed activities in meeting objectives.

d. Appropriateness of Interventions: (5 points) The degree to which the applicant describes how the proposed priority interventions and services are culturally competent, sensitive to issues of sexual orientation, developmentally appropriate, linguistically-specific, and educationally appropriate.

e. Scientific, Theoretical, Conceptual, or Program Experience Foundation for Proposed Activities (5 points) The degree to which the applicant provides a detailed description of the scientific, theoretical, conceptual, or program experience foundation on which the proposed activities are based and which support the potential effectiveness of these activities for addressing the stated need.

f. Collaborations, Linkages, and Coordination (5 points) Appropriateness of collaboration and coordination with other organizations serving the same priority population(s). At minimum, the applicant provides a description of the collaboration or coordination and a signed memoranda of agreement for each agency with which collaborative activities are proposed, and other evidence of collaboration that describe previous, current, as well as future areas of collaboration.

g. Timeline: (5 points) The extent to which the applicant's proposed timeline is specific and realistic.

6. Quality Assurance and Program Evaluation Plan (10 points) The potential of the evaluation plan to describe when and how evaluation activities will be implemented by the applicant; the extent to which the evaluation plan is realistic and feasible, taking into account the applicant's unique needs, resources, capabilities, and priorities; and the extent to which a plan has been created that will guide

the collection of data for improving HIV prevention efforts and informing stakeholders of the progress made in HIV prevention.

7. Communication and Dissemination Plan (5 points) The degree to which the applicant describes how successful approaches and "lessons learned" will be documented and shared with other organizations.

8. Plan for Acquiring Additional Resources (5 points) The degree to which the applicant describes plans to develop and implement a plan for obtaining additional resources from other (non-CDC) sources to supplement the program conducted through this cooperative agreement and to increase the likelihood of its continuation after the end of the project period.

9. Budget and Staffing Breakdown and Justification (not scored)

a. Budget Appropriateness of the budget for the proposed project.

b. Personnel Appropriateness of the staffing pattern for the proposed project.

10. Training and Technical Assistance Plan (not scored)

The extent to which the applicant describes areas in which technical assistance is anticipated in designing, implementing, and evaluating the proposed program and how the applicant will obtain this technical assistance. The extent to which the applicant describes anticipated staff training needs related to the proposed program and how these needs will be met. The extent to which the applicant describes a plan for providing ongoing training to staff.

Before final award decisions are made, CDC will either make predecisional site visits to CBOs whose applications are highly ranked or review the items below with the local or State health department and applicant's board of directors.

a. The organizational and financial capability of the applicant to implement the proposed program.

b. The special programmatic conditions and technical assistance requirements of the applicant.

A business management and fiscal recipient capability assessment may be required of some applicants prior to the award of funds.

H. Other Requirements

1. Technical Reporting Requirements. Provide CDC with the original plus two copies of:

a. Progress reports quarterly, no more than 30 days after the end of each 3 month period;

b. Financial status report, no more than 90 days after the end of each budget period; and

c. Final financial report and performance report, no more than 90 days after the end of the project period.

2. Send all reports to: Ron Van Duyne, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention 2920 Brandywine Road, Room 3000, Mailstop E-15, Atlanta, GA 30341-4146.

3. The following additional requirements are applicable to this program. For a complete description of each, see Attachment 3 in the application kit.

AR-4 HIV/AIDS Confidentiality Provisions

AR-5 HIV Program Review Panel Requirements

AR-7 Executive Order 12372 Review

AR-8 Public Health System Reporting Requirements

AR-9 Paperwork Reduction Act Requirements

AR-10 Smoke-Free Workplace Requirements

AR-11 Healthy People 2000

AR-12 Lobbying Restrictions

AR-14 Accounting System Requirements

I. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under sections 301(a) and 317 of the Public Health Service Act, 42 U.S.C. 241(a) and 247b as amended. The Catalog of Federal Domestic Assistance Number is 93.939, HIV Prevention Activities—Nongovernmental Organization Based.

J. Where To Obtain Additional Information

To receive additional written information and to request an application and tool kit, call NPIN at 1-800-458-5231 (TTY users: 1-800-243-7012); visit their web site: www.cdcnpin.org/program; send requests by fax to 1-888-282-7681 or send requests by e-mail: application-cbo@cdcnpin.org. This information is also posted on Division of HIV/AIDS Prevention (DHAP) website at http://www.cdc.gov/nchstp/hiv_aids/funding/toolkit/.

CDC maintains a Listserv (HIV-PREV) related to this program announcement. By subscribing to the HIV-PREV Listserv, members can submit questions and will receive information via e-mail with the latest news regarding the program announcement. Frequently asked questions on the Listserv will be posted to the Web site. You can subscribe to the Listserv on-line or via e-mail by sending a message to: listserv@listserv.cdc.gov and writing the following in the body of the message: subscribe hiv-prev first name last name.

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from:

Albertha Carey, Grants Management Specialist, Grants Management Branch, Procurement and Grants, Office Program Announcement [99092], Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Room 3000, Atlanta, GA 30341-4146, Telephone (770) 488-2735, E-mail ayc1@cdc.gov.

For program technical assistance, contact: Tomas Rodriguez, Community Assistance, Planning, and National Partnerships Branch, National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, M/S E-58, Atlanta, GA 30333, Telephone number (404) 639-5240, Email address: trr0@cdc.gov ("0" is the number, not the letter "o").

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

Dated: April 23, 1999.

John L. Williams,

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

[FR Doc. 99-10700 Filed 4-28-99; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 98N-1109]

Mercury Compounds in Drugs and Food; Request for Data and Information

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice; followup request for data and information.

SUMMARY: The Food and Drug Administration (FDA) is announcing a followup to its call-for-data, which was published in the **Federal Register** of December 14, 1998 (63 FR 68775), to identify food and drug products that contain intentionally introduced mercury compounds, e.g., mercurous chloride, mercuric chloride, phenylmercuric acetate, thimerosal (hereinafter referred to as the December 1998 call-for-data notice). The agency is seeking both quantitative and qualitative information about the mercury compounds in these food and drug products. The agency is requesting this information as part of the implementation of the Food and Drug Administration Modernization Act of 1997 (FDAMA).

DATES: Submit data and information by June 1, 1999. Submit written general comments by June 1, 1999.