

1. *Merchants and Manufacturers Bancorporation, Inc.*, New Berlin, Wisconsin; to merge with Pyramid Bancorp, Inc., Grafton, Wisconsin, and thereby indirectly acquire Grafton State Bank, Grafton, Wisconsin.

B. Federal Reserve Bank of St. Louis (Randall C. Sumner, Vice President) 411 Locust Street, St. Louis, Missouri 63102-2034:

1. *Jamesmark Bancshares, Inc.*, Springfield, Missouri; to become a bank holding company by acquiring 100 percent of the voting shares of Old Missouri National Bank, Springfield, Missouri (in organization).

2. *Town and Country Financial, Inc.*, Dundee, Kentucky; to acquire 81 percent of the voting shares of Main Street Bancshares, Inc., Vine Grove, Kentucky (in organization). Main Street Bancshares, Inc., Vine Grove, Kentucky (in organization), also has applied to become a bank holding company by acquiring 60.66 percent of the voting shares of Farmers Bank of Vine Grove, Vine Grove, Kentucky.

C. Federal Reserve Bank of Minneapolis (JoAnne F. Lewellen, Assistant Vice President) 90 Hennepin Avenue, P.O. Box 291, Minneapolis, Minnesota 55480-0291:

1. *Pembina County Bankshares, Ltd.*, Cavalier, North Dakota; to merge with Stephen Bancshares, Inc., Stephen, Minnesota, and thereby indirectly acquire Farmers State Bank, Stephen, Minnesota.

Board of Governors of the Federal Reserve System, May 26, 1999.

Robert deV. Frierson,

Associate Secretary of the Board.

[FR Doc. 99-13856 Filed 6-1-99; 8:45 am]

BILLING CODE 6210-01-F

otherwise noted, these activities will be conducted throughout the United States.

Each notice is available for inspection at the Federal Reserve Bank indicated. The notice also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the question whether the proposal complies with the standards of section 4 of the BHC Act.

Unless otherwise noted, comments regarding the applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than June 15, 1999.

A. Federal Reserve Bank of Atlanta (Lois Berthaume, Vice President) 104 Marietta Street, N.W., Atlanta, Georgia 30303-2713:

1. *BankFirst Corporation*, Knoxville, Tennessee; to retain BankFirst Trust Company, Knoxville, Tennessee, and thereby engage in trust company activities, pursuant to § 225.28(b)(5) of Regulation Y.

B. Federal Reserve Bank of San Francisco (Maria Villanueva, Manager of Analytical Support, Consumer Regulation Group) 101 Market Street, San Francisco, California 94105-1579:

1. *The Sumitomo Bank, Limited*, Osaka, Japan; to retain an existing indirect interest in Daiwa SB Investments (USA) Ltd., New York, New York, and thereby engage in financial and investment advisory activities, pursuant to § 225.28(b)(6) of Regulation Y.

Board of Governors of the Federal Reserve System, May 26, 1999.

Robert deV. Frierson,

Associate Secretary of the Board.

[FR Doc. 99-13855 Filed 6-1-99; 8:45 am]

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Government Auditing Standards, AIMD, 202-512-9321.

Marcia B. Buchanan,

Assistant Director.

[FR Doc. 99-13859 Filed 6-1-99; 8:45 am]

BILLING CODE 1610-02-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 99095]

Cooperative Agreements for Capacity-Building Assistance (CBA) to Community-Based Organizations Serving African American Populations Heavily Affected by the Human-Immunodeficiency Virus (HIV); 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 cooperative agreements with non-governmental minority organizations to develop and implement regionally structured and focused capacity-building assistance for CDC-funded community-based organizations (CBOs) providing HIV prevention services to African-Americans and for African-American community stakeholders. For the purpose of this program announcement, community stakeholders are individuals who have an interest in preventing HIV in a community and are potential or actual agents of change. The purpose of this program announcement is to provide capacity-building assistance that will sustain, improve, and expand HIV prevention services for African-American individuals whose behavior places them at risk for HIV and other sexually transmitted diseases (STDs).

This program addresses the "Healthy People 2000" priority areas of Educational and Community-Based Programs, Human Immunodeficiency Virus (HIV) Infection, and Sexually Transmitted Diseases (STDs).

The purpose of this program is to serve four regional groups as follows:

Northeast Region: CT, MA, ME, NH, NJ, NY, PA, RI, VT, PR, U.S. Virgin Islands

Midwest Region: IL, IN, IA, KS, MI, MN, MO, NE, ND, OH, SD, WI

South Region: AL, AR, D.C., DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV

West Region: AK, AZ, CA, CO, HI, ID, NV, NM, OR, MT, UT, WA, WY

FEDERAL RESERVE SYSTEM

Notice of Proposals to Engage in Permissible Nonbanking Activities or to Acquire Companies that are Engaged in Permissible Nonbanking Activities

The companies listed in this notice have given notice under section 4 of the Bank Holding Company Act (12 U.S.C. 1843) (BHC Act) and Regulation Y, (12 CFR Part 225) to engage *de novo*, or to acquire or control voting securities or assets of a company, including the companies listed below, that engages either directly or through a subsidiary or other company, in a nonbanking activity that is listed in § 225.28 of Regulation Y (12 CFR 225.28) or that the Board has determined by Order to be closely related to banking and permissible for bank holding companies. Unless

GENERAL ACCOUNTING OFFICE

Advisory Council on Government Auditing Standards; Notice of Meeting

The Advisory Council on Government Auditing Standards will meet Monday, June 14, 1999, from 8:30 a.m. to 5:00 p.m., and Tuesday, June 15, 1999, from 8:30 a.m. to 11:00 a.m., in room 7C13 of the General Accounting Office building 441 G Street, NW., Washington, DC.

The Advisory Council on Government Auditing Standards will hold a meeting to discuss issues that may impact government auditing standards. Any interested person may attend the meeting as an observer. Council discussions and reviews are open to the public.

For further information contact: Marcia Buchanan, Assistant Director,

The goals for this program are as follows:

1. Improve the capacity of CBOs serving African-Americans to develop and sustain organizational infrastructures to support their program services and interventions.
2. Improve the capacity of CBOs serving African-Americans to design, develop, implement, and evaluate effective HIV prevention interventions.
3. Improve the capacity of CBOs serving African-Americans to mobilize African-American communities to increase their awareness, leadership, participation and support for HIV prevention.
4. Enhance the capacity of CBOs serving African-Americans to effectively participate in, and improve the responsiveness of the HIV prevention community planning process to the HIV prevention needs of African-Americans.
5. Enhance the capacity of African-American community stakeholders to provide leadership and support for HIV prevention.

Capacity-Building Assistance will be provided in two categories (A and B). Category A includes capacity-building assistance in (1) Organizational Infrastructure Development and Assessment, and (2) Intervention Design, Development, Implementation, and Evaluation. Category B includes capacity-building assistance in (1) Community Capacity-Building for HIV Prevention, and (2) HIV Prevention Community Planning Effectiveness and Participation. For additional information, refer to the Addendum to this program announcement.

B. Eligible Applicants

Eligible applicants for Category A are: (1) A national minority organization serving all four regions either independently or as the lead agency within a coalition; or (2) a lead regional minority organization within a coalition of regional minority organizations representing and serving all four regions.

Eligible applicants for Category B are (1) A national minority organization serving up to four regions either independently or as the lead agency within a coalition; or (2) a regional minority organization serving one region either independently or as the lead agency within a coalition; or (3) a local minority organization as the lead agency within a coalition serving one region.

Note: Applicants that meet the eligibility requirements for Categories A and B may apply for both under separate applications.

The lead agency must be the legal applicant and all applicants must meet the following criteria:

1. Have a copy of a currently valid IRS Tax Determination letter stating that the organization is a 501(c)3.
2. If applying for Category A, have a documented and established 3-year record of service to community-based organizations serving African-Americans. If applying for Category B, applicants must meet the criteria for Category A and must also have a documented and established 3-year record of service to African-American communities or an African-American sub-population heavily affected by HIV. Acceptable documentation for both Category A and B includes letters of support, agency annual reports, client satisfaction survey summaries, and memoranda of agreement.
3. Have a governing body composed of greater than 50 percent African-American members.
4. Have 50 percent of key positions in the applicant organization, including management, supervisory, administrative, and service positions filled by African-American persons (for example, executive director, program director, fiscal director, trainer, technical assistance provider, curricula development specialist, or group facilitator).

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

In Category A, approximately \$1.55 million is expected to be available in FY 1999 to fund one program. In Category B, approximately \$1 million is expected to be available in FY 1999 to fund up to four programs with an average award of \$225,000, and a range from \$100,000 to \$1 million. It is expected that the awards will begin about September 1999 and will be made for a 12-month budget period within a project period of up to five years.

Funding estimates may change based on the availability of funds, scope and quality of the applications received, appropriateness and reasonableness of the budget justifications, and proposed use of project funds.

Continuation awards for a new 12 month budget period within an approved project period may be made on the basis of the availability of funds and satisfactory progress towards accomplishing stated objectives as evidenced by required reports.

Satisfactory progress will also be determined through site visits by CDC representatives and the quality of future program plans. Proof of continued eligibility will be required with the noncompeting continuation application.

Use of Funds

These federal funds may not supplant or duplicate existing funding.

The applicant must perform a substantial portion of the program activities and can not serve as merely a fiduciary agent. Applications requesting funds to support only managerial and administrative functions will not be accepted.

Funds available under this announcement must support assistance that increases the capacity of CBOs to expand and sustain effective HIV prevention for African-American individuals whose behavior places them at high risk for HIV and other STDs.

No funds will be provided for direct patient care, including substance abuse treatment, and medical treatment or medications.

Note: 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 will 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; visit their web site: www.cdcpin.org or send requests by fax to 1-888-282-7681. (TTY users: 1-800-243-7012).

Funding Priorities

In making awards, CDC's priorities for funding will be given to:

- (1) Ensuring capacity-building assistance in both Categories A and B for all four regions identified in the introduction of this announcement; and
- (2) Ensuring that funding for capacity-building assistance is distributed in proportion to the disease burden for

African American populations in each region.

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 the Grants Management Specialist identified in the "Where to Obtain Additional Information" section of this announcement.

D. Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities under 1. (Recipient Activities for Category A) or 2. (Recipient Activities for Category B). CDC will be responsible for activities specified under 3. (CDC Activities).

1. Recipient Activities for Category A

a. Create a regionally-based resource network that includes the applicant's current and proposed staff, a consultant retainer system or pool, and may include a coalition, and collaborative relationships.

b. Ensure the effective and efficient provision of capacity-building assistance in the following areas: Organizational Infrastructure Development and Assessment, and Intervention Design, Development, Implementation, and Evaluation. These services are to be provided through the use of the following mechanisms: Information Transfer, Skills Building, Technical Consultation, Technical Services, and Technology Transfer. See Addendum for additional information.

c. Ensure that capacity-building assistance is allocated according to priority needs of CBOs serving highly affected sub-populations, such as men who have sex with men (MSM); gay, lesbian, bisexual, and transgender youth (GLBT Youth); high risk heterosexuals (HRH) including youth, men, and women; injection drug users and other substance abusers (IDU/SA); and incarcerated, soon-to-be-released and released persons.

d. Develop and implement a plan for targeting, engaging, and maintaining long term capacity-building relationships with CDC-funded community based organizations serving African-American populations. The plan should include strategies for conducting ongoing needs assessments

and developing tailored capacity building packages to be delivered over the course of the project period.

e. Develop and implement a system that responds to capacity-building assistance requests. This system must include mechanisms for conducting needs assessments, prioritizing capacity-building assistance requests, linking requests to other capacity-building resources (including those funded under Category B), assigning and evaluating consultants and agency personnel, delivering services, reporting on service delivery, and conducting quality assurance.

f. Develop a standardized system for tracking, assessing and documenting all capacity-building assistance requests and delivery with CDC assistance as needed.

g. Incorporate cultural competency and linguistic and educational appropriateness into all capacity-building activities.

h. Develop and implement an effective strategy for marketing capacity-building assistance.

i. Participate in a CDC-coordinated capacity-building network.

j. Coordinate program activities with appropriate national, regional, state, and local HIV prevention programs and community planning groups to prevent duplication of efforts and optimize use of resources.

k. Monitor and evaluate the accomplishment of program objectives, and the process of capacity-building assistance.

l. Facilitate the dissemination of information about successful capacity-building assistance strategies and "lessons learned" through peer-to-peer interactions, meetings, workshops, conferences, and communications with CDC project officers.

m. Participate in CDC coordinated train-the-trainer opportunities.

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

o. Develop a strategy 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.

2. Recipient Activities for Category B

a. Conduct regional community needs and resource assessments around issues related to HIV prevention, leadership development, and community mobilization.

b. Develop a regional plan of action to mobilize community and agency resources to meet priority needs related

to Community Capacity-Building for HIV prevention.

c. Develop a regional plan of action to provide capacity-building assistance in HIV Prevention Community Planning Effectiveness and Participation.

d. Provide capacity-building assistance to CBOs serving African-Americans and to African-American community stakeholders in the following areas: Community Capacity-Building for HIV Prevention, and HIV Prevention Community Planning Effectiveness and Participation. These services are to be provided through the use of the following mechanisms: Information Transfer, Skills Building, Technical Consultation, Technical Services and Technology Transfer. See Addendum for additional information.

e. Develop and implement a plan for targeting, engaging, and maintaining long term capacity-building relationships with CBOs serving African-American populations and African-American community stakeholders. The plan should include strategies for conducting ongoing CBO and HIV prevention stakeholder needs assessments related to areas listed in section d above. The plan should also include the strategy for developing tailored capacity building packages to be delivered over the course of the project period.

f. Develop a strategy that includes forming a regional community advisory board which includes CDC-funded CBOs, members of the target population(s), and community representatives and other HIV prevention stakeholders. This community advisory board should be involved with providing input into the overall direction of the proposed program and in assessing the proposed program's communication, linkages, performance, and services to the target population.

g. Ensure that capacity-building assistance is allocated according to priority capacity-building assistance needs of CBOs and highly affected African-American communities and sub-populations, such as men who have sex with men (MSM); gay, lesbian, bisexual and transgender youth (GLBT Youth); high risk heterosexuals (HRH) including youth, men, and women; injection drug users and other substance abusers (IDU/SA); and incarcerated, soon-to-be-released and released persons.

h. Develop and implement a system that responds to requests for assistance in Community Capacity-Building; HIV Prevention Community Planning Participation and Effectiveness; and other types of capacity-building

assistance from CBOs and African-American community stakeholders. This process must include mechanisms for conducting needs assessments, prioritizing requests, assigning staff or consultants, linking requests (where appropriate) to the retainer consultant system funded under Category A, delivering services, reporting on service delivery, and conducting quality assurance.

i. Develop a standardized system for tracking, assessing and documenting all capacity-building assistance requests and delivery with CDC assistance as needed.

j. Incorporate cultural competency and linguistic and educational appropriateness into all capacity-building activities.

k. Develop and implement an effective strategy for marketing capacity-building assistance and services.

l. Participate in a CDC-coordinated capacity-building network.

m. Coordinate program activities with appropriate national, regional, state, and local HIV prevention programs and community planning groups to prevent duplication of efforts and optimize use of resources.

n. Monitor and evaluate the accomplishment of program objectives, and the process of capacity-building assistance.

o. Facilitate the dissemination of information about successful capacity-building assistance strategies and "lessons learned" through peer-to-peer interactions, meetings, workshops, conferences, and communications with CDC project officers.

p. Participate in CDC coordinated train-the-trainer opportunities.

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

r. Develop a strategy 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.

3. CDC Activities:

a. Serve as the coordinator for CDC's capacity-building programs, which will include organizations providing capacity-building assistance under this program announcement.

b. Provide recipients with consultation in planning, developing, managing, and evaluating capacity-building services. CDC will provide consultation and assistance both directly through CDC and indirectly through contractors; national, regional and local organizations; and peer-to-

peer assistance from CDC-funded partners.

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

d. Facilitate and promote collaboration through the exchange of program information, coalition maintenance strategies, and technical assistance among CBOs; State and local health departments; HIV prevention community planning groups; national, regional, and local organizations; and other HIV prevention partners.

e. Support train-the-trainer opportunities that enhance capacity-building assistance delivery systems.

f. Facilitate and collaborate in the dissemination of successful capacity-building strategies and "lessons learned" through meetings of grantees, workshops, conferences, and communications.

g. Work with recipients to standardize a system for tracking and reporting all capacity-building assistance requests and delivery.

h. Monitor the recipient's performance of program activities, protection of client confidentiality, and compliance with federally mandated requirements.

i. Coordinate an evaluation of the overall capacity-building assistance program.

E. Application Content

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 48 pages. Number each page clearly, and provide a complete index 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 a font of 10 pitch or 12 point 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 plan will not be accepted if placed in the appendices.

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

1A. Format for Category A

a. Abstract

b. Long-term Goals

c. Organizational History and Capacity

(1) Organizational Structure

(2) History Providing Capacity-Building Assistance to CBOs serving African-American Populations and African-American Communities

(3) Capacity for Cultural Competence

(4) Current Capability in Providing Capacity-Building Assistance

(5) Experience Creating and Maintaining Consultant Retainer Systems or Pools and Working with Coalitions

(6) Current Collaborations

d. Assessing the Need for Capacity-Building Assistance

(1) Characteristics of African-American Population(s)

(2) Capacity-Building Priority Needs

(3) Use of HIV Comprehensive Plans

e. Program Plan

(1) Involvement of Local CBOs

(2) Objectives

(3) Plan of Operation

(4) Coordination and Collaboration

(5) Timeline

f. Program Evaluation Plan

g. Communication and Dissemination Plan

h. Plan for Acquiring Additional Resources

i. Budget and Staffing Breakdown and Justification

(1) Detailed Budget

(2) Mechanisms for Use of Funds

(3) Staffing Plan

j. Training and Technical Assistance Plan

k. Attachments

1B. Instructions for Category A

a. Abstract (not to exceed 3 pages) Briefly summarize the following:

(1) The type of organization (national or regional) and, if national, whether applying independently or with a coalition

(2) Organizational structure, philosophy, mission, history

(3) Long term goals of the proposed project

(4) Overview of plan of operation

(5) Overview of plan for collaboration and coordination with other capacity-building service providers, state and local health departments, and community planning groups

(6) Composition of proposed coalition (where appropriate)

(7) Future year activities.

b. Long-term Goals (not to exceed 1 page) Describe the broad capacity-building goals that your proposed program aims to achieve over the course of the project period.

c. Organizational History and Capacity (not to exceed 10 pages)

(1) Describe your existing organizational structure, including the role, responsibilities, and racial/ethnic composition of board of directors; board committee structure (including advisory board); board recruitment and training process; organizational management, administrative, and program components; constituent or affiliate organizations or networks; and how the organizational structure offers the ability to provide capacity-building assistance.

(2) Describe your organization's history providing capacity-building assistance to CBOs and other types of organizations serving the HIV prevention needs of African-American populations.

(3) Describe your organization's capability in providing services that respond effectively to the cultural, gender, environmental, social, and multilingual characteristics of CBOs serving African-American populations. Include a description of the types of services provided and a list summarizing culturally, linguistically, and developmentally appropriate curricula and materials.

(4) Describe your organization's capability in developing and implementing capacity-building assistance programs, strategies, or activities (refer to recipient activities section), and in developing and implementing programs similar to the one proposed in this program announcement.

(5) Describe your organization's experience or capability in creating a consultant retainer system or pools and, if appropriate, experience working with a coalition(s).

(6) Describe your experience in collaborating and coordinating with governmental and non-governmental organizations, including national or regional agencies or organizations, State and local health departments, community planning groups, State and local non-governmental organizations that provide HIV prevention services, and State and local criminal justice systems (prisons, jails, detention centers, halfway houses, etc.), and national African-American correctional health organizations (e.g., African American Correctional Officers Association).

d. Assessing the Need for Capacity-Building Assistance (not to exceed 5 pages)

(1) Describe the demographics of the African-American populations across the four regions. Describe the impact of the AIDS epidemic on these populations and any specific environmental, social, cultural, or linguistic characteristics

which will be considered in your capacity-building strategy.

(2) Describe the capacity-building priority needs of CBOs serving the African-American populations described above. Describe the process for determining these needs by addressing areas such as: the use of epidemiologic and other data, resource inventories, regional needs assessments, and the use of gap analyses.

(3) Describe how your proposed program complements the HIV comprehensive plans in these regions.

e. Program Plan (not to exceed 20 pages)

Describe your proposed program, including:

(1) Involvement of CDC-funded CBOs: Describe how CDC-funded CBOs within the four regions will be involved in evaluating and providing input into activities and services provided by the proposed program throughout the project period.

(2) Objectives: Provide specific, realistic, time-phased, and measurable objectives to be accomplished during the first budget period. Describe how these objectives relate to the goals described in this announcement. Describe possible barriers to or facilitators for reaching these objectives.

(3) Plan of Operation: Describe the following: (a) The strategies (in detail) that will be used and activities that will be conducted to meet the proposed goals and objectives and to complete all the required recipient activities (including the provision of services through the use of the "capacity-building assistance delivery mechanisms"); (b) the process for responding to capacity-building assistance requests, include in your description how you will: (i) Conduct needs assessments, (ii) prioritize requests to place major emphasis on assistance to CBOs serving African-American sub-populations most heavily affected by HIV, (iii) make referrals to other capacity-building providers (when appropriate), (iv) assign consultants, (v) deliver services, (vi) report on service delivery, and (vii) conduct quality assurance; (c) how your organization will ensure that assistance provided will be culturally competent, sensitive to issues of sexual and gender identity, developmentally appropriate, linguistically-specific, educationally appropriate and targeted to the needs of CBOs serving African-Americans; (d) how your organization will market program services; (e) how your organization will develop the retainer consultant pool; (f) how the proposed program will be managed and staffed, including the fiscal, administrative,

managerial, and personnel infrastructure and resources that will be used to support the proposed capacity-building program; (g) the placement of the program within your organizational structure and the space that will be used to house the proposed program staff; (h) the equipment and information management systems that could be used to maintain information related to this announcement; and (i) the respective roles and responsibilities of your organization and those of each coalition member performing any of the proposed activities or functions.

(4) Coordination and Collaboration: Describe how you will coordinate and collaborate with other national, regional, state, and local governmental and nongovernmental organizations and HIV prevention providers (see Addendum for examples of collaborating agencies).

(5) Timeline: Provide a timeline that identifies major implementation phases and assigns approximate dates for inception and completion.

f. Program Evaluation Plan (not to exceed 5 pages).

Describe your plan for monitoring progress to determine if the objectives are being achieved and demonstrating that the methods used to deliver the proposed capacity-building services are effective and efficient. At a minimum, the plan should (1) outline strategies for implementing process evaluation of capacity building activities to determine if the process objectives are being achieved, (2) outline strategies for outcome monitoring to determine if the services and methods used to deliver the services are effective and efficient, (3) describe what data will be collected and how this data will be collected, analyzed, and used to evaluate and improve the program, and (4) specify the persons responsible for designing and implementing evaluation activities, collecting and analyzing data, and reporting findings.

g. Communication and Dissemination Plan (not to exceed 2 pages).

Describe how you will share successful approaches and "lessons learned" with other organizations.

h. Plan for Acquiring Additional Resources (not to exceed 2 pages).

Describe your 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.

i. Budget and Staffing Breakdown and Justification.

(1) Provide a detailed budget for each proposed activity. Justify all operating

expenses in relation to the stated objectives and planned 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.

(2) For contracts contained within the application budget, identify the contractor, if known; describe the services to be performed; justify the use of a third party; and provide a breakdown of and justification for the estimated costs of the contracts; the kinds of organizations or parties to be selected; the period of performance; and the method of selection.

(3) Describe in detail each existing or proposed position by job title, function, general duties, and activities. Include the level of effort and allocation of time for each project activity by staff positions, job title, function, general duties and activities, annual salary/rate of pay, and percentage of time spent on this program.

Note: If indirect costs are requested, you must provide a copy of your organization's current negotiated Federal indirect cost rate agreement. In the absence of an indirect cost rate agreement, the recipient may request, with detailed justification, a maximum of 10 percent for the executive director. This limitation also applies to contracts and coalitions. If the organization has an indirect rate that includes the executive director's salary, no additional funds will be provided. Funds will not be provided for the salary of an executive director that is also a member of the organization's Board of Directors.

j. Training and Technical Assistance Plan (not scored).

Describe areas in which you anticipate a need for technical assistance in designing, implementing, and evaluating your proposed program and how you will obtain this technical assistance. Describe anticipated staff training needs related to the proposed program and how these needs will be met.

k. Attachments

(1) Proof of Eligibility.

Applicants should provide a separate section within the Attachments section that is entitled Proof of Eligibility to include the documents listed below. Failure to provide the required documentation will result in disqualification.

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

ii. Evidence of a 3-year record of service to African-American community-based organizations.

iii. Section of Bylaws or Agency Charter that indicates organization's national or regional scope of work.

iv. A list and organizational chart of the members of your 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 individuals is optional, but must not be linked to a specific individual.

v. A list and an organizational chart of existing and proposed staff for this program, their race/ethnicity, their area of expertise, and relevant experience. Include resumes (not to exceed 2 pages per person).

(2) Other Attachments.

i. A list of all collaborating or coordinating entities and memoranda of 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.

ii. Description of coalition organizations and original signed letters from the chief executive officers of each organization assuring their understanding of the intent of this program announcement, the proposed program, their role in the proposed program, and the responsibilities of recipients.

iii. A list summarizing services currently delivered and culturally, linguistically, and developmentally appropriate curricula and materials.

iv. A description of any funding being received from CDC or other sources to conduct similar activities which includes:

(a) A summary of funds and income received to conduct capacity-building assistance programs. This summary must include the name of the sponsoring organization/source of income, level of funding, a description of how the funds have been used, and the budget period. In addition, identify proposed personnel devoted to this project who are supported by other funding sources and the activities they are supporting.

(b) A summary of the objectives and activities of the funded programs described above.

(c) A description of how funds requested in this application will be used differently or in ways that will expand upon the funds already received, applied for, or being received.

(d) 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.

v. Independent audit statements from a certified public accountant for the previous 2 years.

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

2A. Format for Category B

a. Abstract.

b. Long-term Goals.

c. Organizational History and Capacity.

(1) Organizational Structure

(2) History Providing Community Capacity-Building and Other Capacity-Building Assistance to CBOs Serving African-American Populations and African-American community stakeholders.

(3) Capacity for Cultural Competence.

(4) Current Capability in Providing Capacity-Building Assistance.

(5) Experience Working with Coalitions (where appropriate) and Current Collaborations.

d. Assessing the Need for Community Capacity-Building and HIV Prevention Community Planning Effectiveness and Participation

(1) Characteristics of African-American Population(s) and Communities

(2) Capacity-building Needs

e. Program Plan

(1) Involvement of CDC-Funded CBOs and African-American community stakeholders

(2) Objectives

(3) Plan of Operation

(4) Coordination/Collaboration

(5) Timeline

f. Program Evaluation Plan

g. Communications/Dissemination Plan

h. Plan for Acquiring Additional Resources

i. Budget and Staffing Breakdown and Justification

(1) Detailed Budget

(2) Mechanisms for Use of Funds

(3) Staffing Plan

j. Training and Technical Assistance Plan.

k. Attachments.

2B. Instructions for Category B

a. Abstract (not to exceed 3 pages). Briefly summarize the following:

(1) Region(s) applying for and the type of organization (national, regional, or local) and, if national or regional, whether applying independently or with a coalition.

(2) Organizational structure, philosophy, mission, history.

(3) Long term goals of the proposed project.

(4) Overview of plan of operation.

(5) Overview of plan for collaboration and coordination with other capacity-building service providers, state and local health departments, and community planning groups.

(6) Composition of proposed coalition (where appropriate).

(7) Future year activities.

b. Long-term Goals (not to exceed 1 page).

Describe the broad capacity-building goals that your proposed program aims to achieve over the course of the project period.

c. Organizational History and Capacity (not to exceed 10 pages).

(1) Describe your existing organizational structure, including the role, responsibilities, and racial/ethnic composition of board of directors; board committee structure (including advisory board); board recruitment and training process; organizational management, administrative, and program components; constituent or affiliate organizations or networks; and how the organizational structure offers the ability to provide capacity-building assistance.

(2) Describe your organization's history with providing assistance in Community Capacity-Building; HIV Prevention Community Planning Effectiveness and Participation; and other capacity-building assistance to CBOs serving African-American populations and to African-American community stakeholders (especially African-American sub-populations heavily affected by HIV and other STDs). Describe specific assistance or services provided.

(3) Describe your organization's capability to provide services that respond effectively to the cultural, gender, environmental, social, and multilingual characteristics of CBOs and African-American community stakeholders. Include a description of the types of services provided and a list summarizing culturally, linguistically, and developmentally appropriate curricula and materials.

(4) Describe your organization's capability in developing and implementing capacity-building programs, strategies, or activities (refer to recipient activities section), and in developing and implementing programs similar to the one proposed in this program announcement.

(5) Describe your organization's experience, if appropriate, working with a coalition(s) and in collaborating with governmental and non-governmental organizations, including national or regional agencies or organizations, State and local health departments,

community planning groups, and State and local non-governmental organizations that provide HIV prevention services.

d. Assessing the Need for Community Capacity-Building, and HIV Prevention Community Planning Effectiveness and Participation (not to exceed 5 pages).

(1) Describe the demographics and structure of the HIV prevention stakeholders you intend to serve. Describe the impact of the HIV and AIDS epidemic on these stakeholders and any specific environmental, social, cultural, or linguistic characteristics which will be considered in your capacity-building strategy.

(2) Describe the priority needs related to Community Capacity-Building and HIV Prevention Community Planning Effectiveness and Participation for CBOs and the HIV prevention stakeholders you intend to serve. Describe the process for determining these needs, including where appropriate: The use of epidemiologic and other data, resource inventories, regional needs assessments, and the use of gap analyses.

(3) Describe how your proposed program complements the HIV comprehensive plans in the region(s) you plan to serve.

e. Program Plan (not to exceed 20 pages).

Describe your proposed program, including:

(1) Involvement of CDC-funded CBOs and HIV Prevention Stakeholders.

Describe how CDC-funded CBOs and HIV prevention stakeholders within a region will be involved in providing input into the direction of the proposed program and in assessing the proposed program's communication, linkages, performance and services provided throughout the project period.

(2) Objectives: Provide specific, realistic, time-phased, and measurable objectives to be accomplished during the first budget period. Describe how these objectives relate to the goals described in this announcement. Describe possible barriers to or facilitators for reaching these objectives.

(3) Plan of Operation: Describe the following: (a) The strategies (in detail) that will be used, the activities that will be conducted, and the services that will be provided to meet the proposed goals and objectives and to complete all the required recipient activities (including the provision of services through the use of the ("capacity-building assistance delivery mechanisms"); (b) the process for responding to requests for assistance in community Capacity-Building; HIV Prevention Community Planning Participation and Effectiveness; and other types of capacity-building

assistance from CBOs and HIV prevention stakeholders in African-American communities. Include in your description how you will: (i) Conduct needs assessments, (ii) prioritize requests to place major emphasis on assistance to CBOs and other prevention stakeholders serving African-American sub-populations most heavily affected by HIV, (iii) make referrals to the retainer consultant system funded under Category A, (iv) assign staff and consultants, (v) deliver services, (vi) report on service delivery, and (vii) conduct quality assurance; (c) how your organization will ensure that assistance provided will be culturally competent, sensitive to issues of sexual and gender identity, developmentally appropriate, linguistically-specific, educationally appropriate, and targeted to the needs of CBOs and African-American community stakeholders (d) how your organization will market program services; (e) how the proposed program will be managed and staffed, including the fiscal, administrative, managerial, and personnel infrastructure and resources that will be used to support the proposed capacity-building program; (f) the placement of the program within your organizational structure and the space that will be used to house the proposed program staff; (g) the equipment and information management systems that could be used to maintain information related to this announcement; and (h) the respective roles and responsibilities of your organization and those of each coalition member performing any of the proposed activities or functions.

(4) Coordination and Collaboration: Describe how you will coordinate and collaborate with other national, regional, state, and local governmental and nongovernmental organizations and HIV prevention providers (see Addendum for examples of collaborating agencies).

(5) Timeline: Provide a timeline that identifies major implementation phases and assigns approximate dates for inception and completion.

f. Program Evaluation Plan (not to exceed 5 pages).

Describe your plan for monitoring progress to determine if the objectives are being achieved and demonstrating that the methods used to deliver the proposed capacity-building services are effective and efficient. At a minimum, the plan should (1) outline strategies for implementing process evaluation of capacity building activities to determine if the process objectives are being achieved, (2) outline strategies for outcome monitoring to determine if the services and methods used to deliver

the services are effective and efficient, (3) describe what data will be collected and how this data will be collected, analyzed, and used to evaluate and improve the program, and (4) specify the persons responsible for designing and implementing evaluation activities, collecting and analyzing data, and reporting findings.

g. Communication and Dissemination Plan (not to exceed 2 pages).

Describe how you will share successful approaches and "lessons learned" with other organizations.

h. Plan for Acquiring Additional Resources (not to exceed 2 pages).

Describe your 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.

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

(1) Provide a detailed budget for each proposed activity. Justify all operating expenses in relation to the stated objectives and planned 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.

(2) For contracts contained within the application budget, identify the contractor, if known; describe the services to be performed; justify the use of a third party; and provide a breakdown of and justification for the estimated costs of the contracts, the kinds of organizations or parties to be selected, the period of performance, and the method of selection.

(3) Describe in detail each existing or proposed position by job title, function, general duties, and activities. Include the level of effort and allocation of time for each project activity by staff positions, job title, function, general duties and activities, annual salary/rate of pay, and percentage of time spent on this program.

Note: If indirect costs are requested, you must provide a copy of your organization's current negotiated Federal indirect cost rate agreement. In the absence of an indirect cost rate agreement, the recipient may request, with detailed justification, a maximum of 10 percent for the executive director. If the organization has an indirect rate that includes the executive director's salary, no additional funds will be provided. Funds will not be provided for the salary of an executive director that is also a member of the organization's Board of Directors.

j. Training and Technical Assistance Plan (not scored).

Describe areas in which you anticipate a need for technical

assistance in designing, implementing, and evaluating your proposed program and how you will obtain this technical assistance. Describe anticipated staff training needs related to the proposed program and how these needs will be met.

k. Attachments.

(1) Proof of Eligibility.

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.

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

ii. Evidence of a 3-year record of service to CBOs serving African-Americans, and to African-American communities or an African-American sub-population heavily affected by HIV.

iii. Section of Bylaws or Agency Charter that indicates organization's national or regional scope of work.

iv. A list and organizational chart of the members of your 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 individuals is optional, but must not be linked to a specific individual.

v. A list and an organizational chart of existing and proposed staff for this program, their race/ethnicity, their area of expertise, and relevant experience. Include resumes (not to exceed 2 pages per person).

(2) Other Attachments.

i. 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.

ii. Description of coalition organizations and original signed letters from the chief executive officers of each organization assuring their understanding of the intent of this program announcement, the proposed program, their role in the proposed program, and the responsibilities of recipients.

iii. A list summarizing services currently delivered and culturally,

linguistically, and developmentally appropriate curricula and materials.

iv. A description of any funding being received from CDC or other sources to conduct similar activities which includes:

(a) A summary of funds and income received to conduct capacity-building assistance programs. This summary must include the name of the sponsoring organization/source of income, level of funding, a description of how the funds have been used, and the budget period. In addition, identify proposed personnel devoted to this project who are supported by other funding sources and the activities they are supporting.

(b) A summary of the objectives and activities of the funded programs described above.

(c) A description of how funds requested in this application will be used differently or in ways that will expand upon the funds already received, applied for, or being received.

(d) 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.

v. Independent audit statements from a certified public accountant for the previous 2 years.

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

F. Submission and Deadline

Submit the original and two copies of PHS 5161 (OMB Number 0937-0189). Forms are available at the following Internet address: www.cdc.gov/od/pgo/funding/grantmain.htm, or in the application kit. On or before July 26, 1999, submit the application to the Grants Management specialist identified in the "Where to Obtain Additional Information" section of this announcement.

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

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

(b) Sent on or before the deadline date and received in time for submission to the Independent Review Group. (Applicants must request a legibly dated U.S. Postal service postmark or obtain a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks shall not be 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:

1. Evaluation Criteria for Category A

a. Long-term Goals. (Total 5 points)

The quality of the applicant's stated long-term goals and the extent to which the goals are consistent with the purpose of this program announcement.

b. Organizational History and Capacity. (Total 35 points)

The extent to which the applicant has demonstrated history and capacity to provide capacity-building assistance and to implement the proposed program. These criteria include:

- (1) The extent to which the applicant's organizational structure (including planned collaborations or coalition) will support the proposed program activities. (5 points)
- (2) The extent to which the applicant demonstrates a history in providing capacity-building assistance to CBOs and other types of organizations serving the HIV prevention needs of African-American populations, and to African-American communities heavily affected by HIV and other STDs. (7 points)
- (3) The extent to which the applicant demonstrates capacity to provide services that respond effectively to the cultural, gender, environmental, social, and multilingual characteristics of CBOs serving African American populations. (7 points)
- (4) The extent to which the applicant demonstrates capability in developing and implementing capacity-building assistance programs, strategies or activities, and in developing and implementing programs similar to those proposed in this application. (7 points)
- (5) The extent to which the applicant demonstrates experience in creating consultant retainer pool(s) and, if appropriate, experience working with a coalition(s). (5 points)
- (6) The extent to which the applicant demonstrates 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. (4 points)

c. Assessing the Need for Capacity-Building Assistance. (Total 10 Points)

The extent to which the applicant demonstrates an understanding of the need for capacity-building assistance. These criteria include:

(1) The extent to which the applicant describes the demographics of the African-American populations across the four regions, the impact of the HIV and AIDS epidemic on these populations, and any specific environmental, social, cultural, or linguistic characteristics which will be considered in the capacity-building strategy.

(2) The extent to which the applicant describes the capacity-building priority needs of CBOs serving the African-American populations and the process for determining these needs.

(3) The extent to which the applicant describes how the proposed program complements the HIV comprehensive plans across the four regions.

d. Program Plan. (Total 35 points)

(1) Involvement of CBOs. (5 points)

The extent to which CBOs serving African-American populations will be involved in planning, implementing, and evaluating activities and services provided by the proposed program throughout the project period.

(2) Objectives. (5 points)

(a) The extent to which the proposed first-year objectives are specific, realistic, time-phased, measurable, and consistent with the program's long-term goals and proposed services; and

(b) The extent to which the applicant identifies possible barriers to or facilitators for reaching these objectives.

(3) Plan of Operation. (15 points)

(a) The overall quality of the applicant's plan for conducting capacity-building assistance and the likelihood that the proposed methods will be successful in achieving proposed goals and objectives.

(b) The extent to which the applicant's plans address all the activities listed under Required Recipient Activities.

(c) The extent to which the roles and responsibilities of the primary applicant and each collaborating institution, organization, or subcontractor are consistent with the proposed activities.

(4) Coordination/Collaboration. (5 points)

(a) The extent to which the applicant describes and documents, as applicable, intended coordination with other national, regional, State, and local governmental and nongovernmental organizations and HIV prevention providers, such as other national agencies or organizations, State and local health departments.

(b) The extent to which the applicant provides memoranda of agreement or understanding as evidence of agreed-upon collaborative relationships.

(5) Timeline. (5 points)

The extent to which the applicant's proposed timeline is specific and realistic.

e. Program Evaluation Plan. (Total 5 points)

The quality of the applicant's evaluation plan for monitoring and evaluating the implementation of proposed services and measuring the achievement of program goals and objectives.

f. Communication and Dissemination Plan. (Total 5 points)

The quality of the applicant's plan for sharing successful approaches and "lessons learned" with other organizations.

g. Plan for Acquiring Additional Resources. (Total 5 points)

The quality of the applicant's plan for obtaining additional resources from other non-CDC sources to supplement the program conducted through this cooperative agreement and ensure its continuation after the end of the project period.

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

Extent to which the budget is reasonable, itemized, clearly justified, and consistent with intended use of funds.

i. Training and Technical Assistance Plan. (not scored)

The quality of the applicant's plan for obtaining needed technical assistance and staff training to support the proposed program.

j. Pre-decisional Site Visits.

Site visits by CDC staff will be conducted before final funding decisions are made by CDC. Only organizations with high ranking applications will be visited. During the visit, CDC staff will meet with project staff, representatives of the board of directors, and outside consultants to assess the applicant's organizational and financial capability to implement the proposed program, review the application and program plans for current or planned activities, and determine the special programmatic conditions and technical assistance requirements of the applicant. As part of these visits, CDC and its consultants may visit state/local health departments and CBOs serving the geographic area in which the program will be implemented. A fiscal Recipient Capability Assessment (RCA) may be required of some applicants before funds are awarded.

2. Evaluation Criteria for Category B

a. Long-term Goals. (Total 5 points)

The quality of the applicant's stated long-term goals and the extent to which

the goals are consistent with the purpose of this program announcement.

b. Organizational History and Capacity (Total 35 points).

The extent to which the applicant has demonstrated history and capacity to provide capacity-building assistance and to implement the proposed program. These criteria include:

(1) The extent to which the applicant's organizational structure (including planned collaborations or coalition) will support the proposed program activities. (5 points)

(2) The extent to which the applicant demonstrates a history in providing assistance in Community Capacity-Building; HIV Prevention Community Planning Effectiveness and Participation; and other capacity-building assistance to CBOs serving African-American populations and to African-American community stakeholders (especially African-American sub-populations heavily affected by HIV and other STDs). (7 points)

(3) The extent to which the applicant demonstrates capacity to provide services that respond effectively to the cultural, gender, environmental, social, and multilingual characteristics of CBOs and HIV prevention stakeholders in African-American communities (especially African-American sub-populations at risk for HIV). (7 points)

(4) The extent to which the applicant demonstrates capability in developing and implementing capacity-building programs, strategies or activities, and in developing and implementing programs similar to those proposed in this application. (10 points)

(5) The extent to which the applicant demonstrates experience and ability in working with coalitions (where appropriate) and 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. (6 points)

c. Assessing the Need for Community Capacity-Building and HIV Prevention Community Planning Effectiveness and Participation (Total 10 Points) The extent to which the applicant demonstrates an understanding of the need for Community Capacity-Building and HIV Prevention Community Planning Effectiveness and Participation. These criteria include:

(1) The extent to which the applicant describes the demographics and structure of the HIV prevention stakeholders it intends to serve, the impact of the HIV and AIDS epidemic

on these stakeholders, and any specific environmental, social, cultural, or linguistic characteristics which will be considered in the capacity-building strategy.

(2) The extent to which the applicant describes the priority needs related to Community Capacity-Building and HIV Prevention Community Planning Effectiveness and Participation for CBOs serving African-Americans and for African-American community stakeholders in the region(s) to be served, and the process for determining these needs.

(3) The extent to which the applicant describes how the proposed program complements the HIV comprehensive plans in the region(s) to be served.

d. Program Plan. (Total 35 points)

1. Involvement of CDC-Funded CBOs (5 Points).

The extent to which CDC-funded CBOs and African-American community stakeholders will be involved in providing input into the direction of the program and the program's communication, linkages, performance and services provided throughout the project period.

2. Objectives (5 Points)

(a) The extent to which the proposed first-year objectives are specific, realistic, time-phased, measurable, and consistent with the program's long-term goals and proposed services; and

(b) The extent to which the applicant identifies possible barriers to or facilitators for reaching these objectives.

3. Plan of Operation (15 Points)

(a) The overall quality of the applicant's plan for providing capacity-building assistance in Community Capacity-Building, and HIV Prevention Community Planning Effectiveness and Participation to CBOs serving African-American populations and to African-American community stakeholders and the likelihood that the proposed methods will be successful in achieving proposed goals and objectives.

(b) The extent to which the applicant's plans address all the activities listed under Required Recipient Activities.

(c) The extent to which the roles and responsibilities of the primary applicant and each coalition member (where appropriate), collaborating organization, or subcontractor are consistent with the proposed activities.

4. Coordination and Collaboration (5 Points)

(a) The extent to which the applicant describes and documents, as applicable, intended coordination with national,

regional, State, and local governmental and nongovernmental organizations and HIV prevention providers, such as other national agencies or organizations, State and local health departments.

(b) The extent to which the applicant provides memoranda of agreement or understanding as evidence of agreed-upon collaborative relationships.

5. Timeline (5 Points)

The extent to which the applicant's proposed timeline is specific and realistic.

e. Program Evaluation Plan. (Total 5 points)

The quality of the applicant's evaluation plan for monitoring and evaluating the implementation of proposed services and measuring the achievement of program goals and objectives.

f. Communication and Dissemination Plan. (Total 5 points)

The quality of the applicant's plan for sharing successful approaches and "lessons learned" with other organizations.

g. Plan for Acquiring Additional Resources. (Total 5 points)

The quality of the applicant's plan for obtaining additional resources from other, non-CDC sources to supplement the program conducted through this cooperative agreement and ensure its continuation after the end of the project period.

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

Extent to which the budget is reasonable, itemized, clearly justified, and consistent with intended use of funds.

i. Training and Technical Assistance Plan (not scored)

The quality of the applicant's plan for obtaining needed technical assistance and staff training to support the proposed program.

j. Pre-decisional Site Visits

Site visits by CDC staff will be conducted before final funding decisions are made by CDC. Only organizations with high ranking applications will be visited. During the visit, CDC staff will meet with project staff, representatives of the board of directors, and outside consultants to assess the applicant's organizational and fiscal capability to implement the proposed program, review the application and program plans for current or planned activities, and determine the special programmatic conditions and technical assistance requirements of the applicant. As part of these visits, CDC and its consultants may visit state/local health departments and CBOs serving the geographic area in which the program will be implemented. A fiscal Recipient

Capability Assessment (RCA) may be required of some applicants before funds are awarded.

H. Other Requirements

1. Technical Reporting Requirements

Provide CDC with the original plus two copies of:

- a. Quarterly progress reports;
- b. Financial status report, no more than 90 days after the end of the budget period; and
- c. Final financial and performance reports, no more than 90 days after the end of the project period.

Send all reports to the Grants Management Specialist identified in the "Where to Obtain Additional Information" section of this announcement.

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

AR98-4 HIV/AIDS Confidentiality

Provisions

AR98-5 HIV Program Review Panel Requirements

AR98-7 Executive Order 12372 Review

AR98-8 Public Health System Reporting Requirements

AR98-9 Paperwork Reduction Act Requirements

AR98-10 Smoke-Free Workplace Requirements

AR98-11 Healthy People 2000

AR98-12 Lobbying Restrictions

AR98-14 Accounting System Requirements

I. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under the Public Health Service Act, section 301(a)(42 U.S.C. 241(a)), 317(k)(2) (42

U.S.C. 247b(k)(2)), as amended. The Catalog of Federal Domestic Assistance Number is 93.939.

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.cdcpin.org/program; send requests by fax to 1-888-282-7681 or send requests by e-mail: application-CBA@cdcpin.org. This information is also posted on the Division of HIV/AIDS Prevention (DHAP) Web site 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: Maggie S. Warren, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office Announcement (99095), Centers for Disease Control and Prevention, 2920 Brandywine Road, Room. 3000, Atlanta, GA 30341-4146, Telephone (770) 488-2736, E-mail: mcs9@cdc.gov

For program technical assistance, contact: Samuel Taveras, Community Assistance, Planning, and National Partnerships Branch National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention (CDC), 1600 Clifton Rd. Mailstop E-58, Atlanta, GA 30333, Telephone (404) 639-5241, E-mail address: syta@cdc.gov

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

Dated: May 26, 1999.

John L. Williams,

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

[FR Doc. 99-13884 Filed 6-1-99; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: ACF-IV-E-1 Foster Care and Adoption Assistance Financial Reporting Form.

OMB No.: New.

Description: The form provides specific data regarding claims and provides a mechanisms for States to request grant awards and certify the availability of State matching funds. Failure to collect this data would seriously compromise ACF's ability to monitor expenditures. This information is also used to estimate outlays and may be used to prepare ACF budget submissions to Congress.

Respondents: State, local or tribal government.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
ACF-IV-E-1	51	4	8	1,632

Estimated Total Annual Burden Hours: 1,632.

Additional Information: Copies of the proposed collection may be writing to the Administration for Children and Families, Office of Information Services, 370 L'Enfant Promenade, SW, Washington, DC 20447, Attn: ACF Reports Clearance Officer.

OMB Comment: OMB is required to make a decision concerning the collection of information between 30 to

60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, 725 17th Street, NW, Washington, DC 20503, Attn: Ms. Lori Schack.

Dated: May 26, 1999.

Bob Sargis,

Acting Reports Clearance Officer.

[FR Doc. 99-13860 Filed 6-1-99; 8:45 am]

BILLING CODE 4184-01-M