Program Support Center

Under *Part P, Section P–20, Functions*, change the following:

Under *Chapter PB, Human Resources Service (PB)* delete the titles and functional statements for the *Personnel Policy, Programs and Organizational Development Division (PBN); Personnel Operations Division (PBP)* and the *Employee and Labor Relations Division (PBR)* in their entirety.

Establish the *Division of Personnel Operations—Parklawn (PBS)* and enter the functional statement as follows:

Division of Personnel Operations—Parklawn (PBS) (1) Administers comprehensive human resources management and employee/labor relations programs for headquarters and field components of the Program Support Center (PSC), other Health and Human Services (HHS) components, and external customers; (2) Develops and implements strategies and processes to ensure the progression of the Division of Personnel Operations—Parklawn in its role as a multi-customer, competitive, service-for-fee cost center; (3) Formulates and implements marketing strategies to promote the utilization of the Division of Personnel Operations—Parklawn services by other HHS components and external customers; (4) Provides consultation and assistance on employee relations services including adverse actions, employee performance deficiencies, discipline, grievances and appeals, reductions-in-force, incentive awards programs, leave regulations, standards of conduct, fitness for duty, violence in the workplace, worker's compensation, conflict of interest such as outside activities, and financial disclosures; (5) Provides advice and assistance concerning the interpretation and application of term and other agreements negotiated with labor organizations, the duty to bargain, other obligations to unions and employees under the Federal Labor-Management Relations Statute, and other applicable laws and governmentwide regulations. Provides managerial advisory services on contract dispute resolution and National Partnership Council; (6) Provides full range of personnel operations services and consultations on human resources activities including recruitment, staffing, position classification, pay administration, performance management, awards, security, special and executive recruitment, retirement and benefits counseling, maintenance of official personnel records, and Commissioned Corps liaison activities; (7) Provides expert managerial advisory services including analyzing employee resources, forecasting future requirements, and coordinating policy to meet departmental mission and public interest needs; and (8) Administers special initiative programs including special incentives, honor awards programs, and special leave programs.

Establish the *Division of Personnel Operations—Switzer (PBT)* and enter the functional statement as follows:

Division of Personnel Operations—Switzer (PBT)

(1) Administers comprehensive human resources management and employee/labor relations programs for headquarters and field components of the Office of the Secretary (0S), the Office of the Inspector General (OIG), the Administration on Aging (AoA), other Health and Human Services (HHS) components, and external customers; (2) Develops and implements strategies and processes to ensure the progression of the Division of Personnel Operations—Switzer in its role as a multi-customer, competitive, service-for-fee cost center; (3) Formulates and implements marketing strategies to promote the utilization of the Division of Personnel Operations—Switzer services by other HHS components and external customers; (4) Provides consultation and assistance on employee relations services including adverse actions, employee performance deficiencies, discipline, grievances and appeals, reductions-in-force, incentive awards programs, leave regulations, standards of conduct, fitness for duty, violence in the workplace, retirement, worker's compensation, conflict of interest such as outside activities, and financial disclosures; (5) Provides full range of personnel operations services and consultations on human resources activities including recruitment, staffing, position classification, pay administration, performance management, awards, security, special and executive recruitment, retirement and benefits counseling, maintenance of official personnel records, and Commissioned Corps liaison activities; (6) Provides advice and assistance concerning the interpretation and application of term and other agreements negotiated with labor organizations, the duty to bargain, other obligations to unions and employees under the Federal Labor-Management Relations Statute, and other applicable laws and governmentwide regulations. Provides managerial advisory services on contract dispute resolution and National Partnership Council; (7) Provides expert managerial advisory services including analyzing employee resources, forecasting future requirements, and coordinating policy to meet departmental mission and public interest needs; (8) Provides consultative service and expert advice to organizations effecting change management activities. Specialized services include restructuring, streamlining, employee empowerment, quality management, team building, program evaluation, and other organizational improvement efforts; (9) Oversees the operation of the Career Management Center and provides individual consultative services and expert advice to employees on career related activities; (10) Oversees the operation of the Employee Assistance Program (EAP) for the OS and other HHS components. Services include intake, assessment, referral of employees, and education of employees and management about EAP services; and (11) Administers special initiative programs including special incentives, honor awards programs, and special leave programs.

Under *Chapter PB, Human Resources Service, (PB),* after the heading *Human Resources Service (PB),* delete item (7) in its entirety and insert a new item (7) as follows: ''(7) Provides Executive Secretariat services for the Board for Correction of PHS Commissioned Corps Records. The Board is overseen by an Executive Director who is located in the immediate Office of the Director, PSC.''

Dated: February 1, 1999.

Lynnda M. Regan,

Director, Program Support Center.

[FR Doc. 99–2935 Filed 2–5–99; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 99033]

State and Local Childhood Lead Poisoning Prevention Programs; 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 new and competing continuation state and local programs to develop and improve childhood lead poisoning prevention activities and build statewide capacity to conduct surveillance of blood lead levels in children. This announcement is related

to the priority area of Environmental Health.

This grant program is to provide the impetus for the development, implementation, expansion, and evaluation of state and local childhood lead poisoning prevention programs which include statewide surveillance capacity to determine areas at high risk for lead exposure. In particular, this grant program is to carry out the core public health functions in childhood lead poisoning prevention programs (CLPPP). More specifically, this grant program is to bring about: (1) Screening of children who are potentially exposed to lead and follow-up care for children who are identified with elevated blood lead levels (BLLs); (2) awareness and action among the general public and affected professionals in relation to preventing childhood lead poisoning; and (3) primary prevention of childhood lead poisoning in high-risk areas in collaboration with other government and community-based organizations. As State and local programs shift emphasis from providing direct screening and follow-up services to the core public health functions, grant funds may be used to support and emphasize health department responsibilities in screening and follow-up services of children at risk for lead poisoning. This includes improving coalitions and partnerships, conducting better and more sophisticated assessments, developing and evaluating policies and program performance and effectiveness based on established goals and objectives.

B. Eligible Applicants

Applicant eligibility is divided into Parts A (New Applicants), B (Competing Continuation), and C (Alternative Surveillance Assessment) defined as follows:

1. Part A applies to State and local health departments or other State and local health agencies or departments not currently funded by CDC.

a. Also eligible are agencies or units of local government that serve jurisdictional populations greater than 500,000. In addition, eligible applicants include health departments or other official organizational authority (agency or instrumentality) of the District of Columbia, the Commonwealth of Puerto Rico, any territory or possession of the United States, and all Indian tribes.

b. Applicants for local CLPP program grants from eligible units of local jurisdictions must either apply directly to CDC or apply as part of a statewide grant application. Local jurisdictions cannot submit applications directly to CDC and also apply as part of a statewide grant application.

c. Applicants encouraged to apply under Part A include, but are not limited to; Arkansas, Georgia, Idaho, Kansas, Mississippi, Nevada, North Dakota, South Dakota, Tennessee, and Kentucky.

2. Part B applies to applicants currently funded by Centers for Disease Control and Prevention whose project period is expiring in 1999. Part B applicants are as follows: Colorado; Connecticut; Illinois; Jefferson County, Kentucky; Maryland; Minnesota; Nebraska; New York; Utah; Washington, D.C.; and Wisconsin.

3. Part C applies to: (1) Applicants who apply under Part B, however funding will only be considered if their Part B application is successful and chosen for funding and, (2) applicants currently holding funded CDC Childhood Lead Poisoning Prevention Program and Childhood Blood Lead Surveillance grants that successfully report data to CDC's national surveillance database as of March 31st.

Additional Information for All State Applicants

If a State agency applying for grant funds is other than the official State health department, written concurrence by the State health department must be provided.

C. Availability of Funds

Part A: New Applicants

Up to $3,000,000 will be available in FY 1999 to fund up to 5 new grants. CDC anticipates that awards for the first budget year will range from $75,000 to $800,000.

Part B: Competing Continuations

Up to $7,700,000 will be available in FY 1999 to fund up to 11 competing continuation grants. CDC anticipates that awards for the first budget year will range from $75,000 to $1,500,000.

Part C: Alternative Surveillance Assessments

Up to $400,000 will be available in FY 1999 to fund up to 4 supplemental awards to support the development of alternative surveillance assessments. Alternative surveillance assessment awards are expected to range from $85,000 to $100,000, with the average award being approximately $95,000.

Awards for State Applicants

To determine the suggested level of funding for which an individual State applicant for Part A or Part B is eligible, State applicants should refer to the table entitled ''State CLPPP's Only: Suggested Funding Categories Based on Projected Level of Effort Required to Provide Prevention and Surveillance activities to a State Population'' (included in the application package). Applicants are encouraged to use the funding category that is suggested for the applicant's State; however, note these are suggested funding guidelines and should not be regarded as absolute funding limits.

Awards for Local Applicants

The suggested range of awards for local applicants is $250,000 to $800,000.

Additional Information on Funding for All Applicants for Part A, Part B and Part C

New awards are expected to begin on or about July 1, 1999, and are made for 12-month budget periods within project periods not to exceed 3 years. Estimates outlined above are subject to change based on the actual availability of funds and the scope and quality of applications received. Continuation awards within the project period will be made on the basis of satisfactory progress and availability of funds. Grant awards cannot supplant existing funding for CLPP or Alternative Surveillance programs. Grant funds should be used to enhance the level of expenditures from State, local, and other funding sources. Awards made under Parts A and B will be made with the expectation that program activities will continue when grant funds are terminated.

Note:

1. Grant funds may not be expended for medical care and treatment or for environmental remediation of sources of lead exposure. However, the applicant must provide a plan to ensure that these program activities are carried out.

2. Not more than 10 percent (exclusive of Direct Assistance) of any grant or contract through the grant may be obligated for administrative costs. This 10 percent limitation is in lieu of, and replaces, the indirect cost rate.

D. Program Requirements

Part A and Part B: New and Competing Continuations

The following are requirements for CLPP Programs:

1. A director/manager with authority and responsibility to carry out the requirements of the program and/or a full time coordinator for surveillance activities.

2. Provide qualified staff, other resources, and knowledge to implement the provisions of the program. Applicants requesting grant supported positions must provide assurances that such positions will be authorized to be filled by the applicant's personnel system.

3. For State applicants, develop a statewide surveillance system in accordance with CDC guidance and submit data annually to CDC. Revise, refine, and carry out the proposed surveillance methodology. For local applicants, develop a data-management system that links with the State's surveillance system or develop an automated data-management system to collect and maintain laboratory data on the results of blood lead analyses and data on follow-up care for children with elevated BLLs. For both State and local applicants, use these systems to monitor timeliness and completeness of screening of high-risk children and of follow-up care for children with elevated BLLs.

4. For State applicants, commitment to develop and implement a statewide childhood blood lead screening plan consistent with CDC guidance provided in Screening Young Children for Lead Poisoning: Guidance for State and Local Public Health Officials. For local applicants, commitment to participate in the statewide planning process.

5. Establish effective, well-defined working relationships within public health agencies and with other agencies and organizations at national, State, and community levels (e.g.: Housing authorities; environmental agencies; maternal and child health programs; State Medicaid Early Periodic Screening, Diagnosis, and Treatment (EPSDT) programs; community and migrant health centers; community-based organizations providing health and social services in or near public housing units, as authorized under section 340A of the Public Health Service (PHS) Act; State and local epidemiology programs; State and local housing rehabilitation programs; schools of public health and medical schools; and environmental interest groups).

6. Written assurance that income earned by the CLPP program will be returned to the program for its use.

7. For State CLPP Programs, provide managerial, technical, analytical, and program evaluation assistance to local agencies and organizations in developing or strengthening their CLPP programs.

8. Establish a system to monitor the notification and follow-up of children who are confirmed with elevated BLLs and who are referred for environmental services.

9. SPECIAL REQUIREMENT regarding Medicaid provider-status of applicants: Pursuant to section 317A of the Public Health Service Act (42 U.S.C. 247b–1), as amended by Sec. 303 of the ''Preventive Health Amendments of 1992'' (Pub. L. 102–531), applicants AND current grantees must meet the following requirements: For CLPP program services which are Medicaid-reimbursable in the applicant's State:

a. Applicants who directly provide these services must be enrolled with their state Medicaid agency as Medicaid providers.

b. Providers who enter into agreements with the applicant to provide such services must be enrolled with their state Medicaid agency as providers. An exception to this requirement will be made for providers whose services are provided free of charge and who accept no reimbursement from any third-party payer. Such providers who accept voluntary donations may still be exempted from this requirement.

Part C: Alternative Surveillance Assessments

The following are requirements for Alternative Surveillance Assessments:

1. A coordinator in collaboration with the principal investigator with authority and responsibility to carry out the requirements of the assessment activities.

2. Develop and implement a study protocol to include the following: Methodology, sample selection, field operation, and statistical analysis. Applicants must provide a means of assuring that the results of the study will be published.

3. Revise, refine, and carry out the proposed methodology for conducting Alternative Surveillance Assessments.

4. Monitor and evaluate all aspects of the assessment activities.

5. Conduct and evaluate public health programs or have access to professionals who are knowledgeable in conducting such activities.

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:

1. Applications must be developed in accordance with PHS Form 5161–1.

2. Part B applicants also competing for Part C funds must submit a separate application.

3. Application pages must be clearly numbered, and a complete index to the application and its appendices must be included.

4. The original and two copies of the application set must be submitted UNSTAPLED and UNBOUND. All material must be typewritten, double spaced, printed on one side only, with un-reduced font (10 or 12 point font only) on 8½″ by 11″ paper, and at least 1″ margins and heading and footers. All graphics, maps, overlays, etc., should be in black and white and meet the above criteria.

5. A one-page, single-spaced, typed abstract must be submitted with the application. The heading should include the title of the grant program, project title, organization, name and address, project director, telephone number, facsimile number, and e-mail address.

6. The main body of the CLPP program application must include the following understanding the problem, surveillance or data-management activities, statewide/jurisdiction-wide planning and collaboration, core public health functions, goals and objectives, program management and staffing, and program evaluation. The main body of the alternative surveillance assessments application must include the following study protocol, project personnel, and project management. Each should not exceed 75 pages. The abstract, budget narrative, and budget justification pages are not included in the 75 page limit. Supplemental information may be placed in appendices and should not exceed 25 pages.

7. Part B applicants must submit a progress report no longer than 10 pages.

F. Application

Applicants must submit the original and two copies of the PHS 5161–1 (OMB Number 0937–0189) on or before April 7, 1999. Submit the application to: Mattie B. Jackson, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office Announcement 99033, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, MS–E13, Atlanta, GA 30341

Applications shall be considered as meeting the deadline if they are either: (1) Received on or before the deadline date, or (2) sent on or before the deadline date and received in time for submission for the review process. Applicants must request 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.

Applications which do not meet the criteria above are considered late applications. Late applications will not be considered in the current competition and will be returned to the applicant.

G. Evaluation Criteria

The review of applications will be conducted by an independent review committee approved by CDC as they relate to the applicant's response to either Part A, Part B, or Part C. Applications will be reviewed for the quality, strength and completeness of the plan against the following criteria. The maximum rating score of an application is 100 points.

Part A: New Applicants

1. Understanding of the Problem (15 points)

The applicant's description and understanding of the burden and distribution of childhood lead exposure or elevated BLLs in their jurisdiction, using evidence (as available) of incidence and/or prevalence and demographic indicators. Specifically include a description of the prevalence of elevated blood lead levels in the Medicaid population. The extent to which the applicant reflects an understanding of prevention activities, including need, available resources, gaps, and use of this award to address gaps.

2. Surveillance Activity (20 points)

For State Applicants: The applicant's description of plans to develop a childhood blood lead surveillance system that includes tracking lead screening services to children, especially Medicaid children and reports data annually to the CDC's national surveillance database. The clarity, feasibility, and scientific soundness of the surveillance approach. Also, the extent to which the proposed time table for accomplishing each activity and methods for evaluating each activity are appropriate and clearly defined. The following elements will be specifically evaluated:

a. How laboratories report BLLs.

b. How data will be collected and managed.

c. How quality of data and completeness of reporting will be ensured.

d. How and when data will be analyzed.

e. How summary data will be reported and disseminated.

f. Protocols for follow-up of individuals with elevated BLLs.

g. Provisions to obtain denominator data (results of all laboratory blood lead tests, regardless of level).

h. Time line and methods for evaluating Childhood Blood Lead Surveillance (CBLS) approach.

For Local Applicants: The applicant's description of plans to develop a data management system, including the approach to participate in the State CBLS, where applicable. The clarity, feasibility, and scientific soundness of the approach to data management. Also, the extent to which a proposed schedule for accomplishing each activity and method for evaluating each activity are clearly defined and appropriate. The following elements will be specifically evaluated:

a. How laboratory reports will be received.

b. How data will be collected and managed.

c. How quality of data and completeness of reporting will be assured.

d. How and when data will be analyzed.

e. How summary data will be reported and disseminated.

f. Protocols for follow-up of individuals with elevated BLLs.

g. Provisions to obtain denominator data (results of all laboratory blood lead tests, regardless of level).

h. Time line and methods for evaluating data-collection approach.

3. Statewide/Jurisdiction-wide Planning and Collaboration (20 points)

Applicants should describe a planning process to develop statewide/jurisdiction-wide screening recommendations with appropriate local strategies. The following elements will be specifically evaluated:

a. The proposed approach to developing and carrying out an inclusive state- or jurisdiction-wide screening plan as outlined in Screening Young Children for Lead Poisoning: Guidance for State and Local Health Officials.

b. The extent to which the applicant plans to utilize surveillance and program data to produce a statewide/jurisdiction-wide screening recommendation, with specific attention given to the Medicaid population.

c. Description of how collaborations are expected to facilitate the development of a screening plan and strengthen childhood lead poisoning prevention strategies.

d. Evidence of collaboration with principal partners, including managed-care organizations, state Medicaid agency, child health-care providers and provider groups, insurers, community-based organizations, housing agencies, and banking, real-estate, and property-owner interests, must be demonstrated by letters of support, memoranda of understanding, contracts, or other documented evidence of relationships with important collaborators.

4. Capacity To Carry Out Public-health Core Functions (15 points)

The description of the approach and activities necessary to achieve a balance among health-department roles in CLPP, including assessment, program and policy development, and monitoring, evaluating, and ensuring the provision of all necessary components of a comprehensive CLPP. Specifically, include a description of the capacity in place or plans to address:

a. Epidemiologic structure to perform assessment of lead exposure and program response.

c. Health education and communication strategies designed to reach actual and potential collaborators and partners and achieve program goals.

d. Gaps in service provision, where gaps have been demonstrated.

e. Evaluation approaches to examine basic data on CLPP burden and program activities and make course corrections.

5. Goals and Objectives (10 points)

The extent to which the applicant's goals and objectives relate to the six (6) components of a comprehensive CLPP program. Objectives must be relevant, specific, measurable, achievable, and time-framed. There must be a formal work plan with a description of methods, a timetable for accomplishment of each objective, and the evaluation of each proposed objective.

6. Project Management and Staffing (10 points)

The extent to which the applicant has the skills and ability to develop and carry out a comprehensive CLLP program. Specifically the applicant should:

a. Describe the proposed health department staff roles in CLPP, their specific responsibilities, and their level of effort and time. Include a plan to expedite filling of all positions and assure that requested positions have been or will be approved by applicant's personnel system.

b. Describe the plan to provide training and technical assistance to health department personnel and consultation to collaborators outside the health department, including proposed design of information-sharing systems.

7. Program Evaluation (10 points)

The extent to which the applicant proposes to measure the overall impact of health department CLPP activities. Specific criteria should include:

a. The plan for evaluating the impact or outcome of CLPP activities, including evaluation design, methods, and activities.

b. Description of how the project will assess changes in public policy and measure the effectiveness of collaborative activities.

c. Progress made in childhood lead poisoning prevention which resulted from planned health department strategies.

8. Budget Justification (not scored)

Evaluation will be based on the extent to which the budget is reasonable, clearly justified, and consistent with the intended use of funds.

Part B: Competing Continuations

1. Understanding of the Problem (15 points)

The applicant's description and understanding of the burden and distribution of childhood lead exposure or elevated BLLs in the jurisdiction, using evidence of incidence and/or prevalence and demographic indicators. Specifically include a description of the prevalence of elevated blood lead levels in the Medicaid population. The extent to which the applicant reflects an understanding of prevention activities, including need, available resources, gaps, and use of this award to address gaps.

2. Surveillance Activity (20 points)

For State Applicants: The applicant's description of plans to expand their childhood blood lead surveillance system that includes tracking lead screening for Medicaid children, evaluate the existing system, and report data to the CDC's national surveillance database. The clarity, feasibility, and scientific soundness of the surveillance approach. Also, the extent to which the proposed time table for accomplishing each activity are appropriate and clearly defined. The following elements will be specifically evaluated:

a. How laboratories report BLLs.

b. How data will be collected and managed.

c. How quality of data and completeness of reporting will be ensured.

d. How and when data will be analyzed.

e. How summary data will be reported and disseminated.

f. Protocols for follow-up of individuals with elevated BLLs.

g. Provisions to obtain denominator data (results of all laboratory blood lead tests, regardless of level).

h. Time line and methods for evaluating Childhood Blood Lead Surveillance (CBLS) approach.

For local applicants: The applicant's description of plans to expand their data management system, including the approach to participating in the state CBLS, where applicable. The clarity, feasibility, and scientific soundness of the approach to data management. Also, the extent to which the proposed schedule for accomplishing each activity and method for evaluating each activity are clearly defined and appropriate. The following elements will be specifically evaluated:

a. How laboratory reports will be received.

b. How data will be collected and managed.

c. How quality of data and completeness of reporting will be assured.

d. How and when data will be analyzed.

e. How summary data will be reported and disseminated.

f. Protocols for follow-up of individuals with elevated BLLs.

g. Provisions to obtain denominator data (results of all laboratory blood lead tests, regardless of level).

h. Time line and methods for evaluating data-collection approach.

3. Statewide/Jurisdiction-wide Planning and Collaboration (20 points)

Applicants should describe the planning process that has been taken to develop statewide/jurisdiction-wide screening recommendations with appropriate local strategies. The following elements should be specifically evaluated:

a. The approach to developing and carrying out an inclusive state- or jurisdiction-wide screening plan as outlined in Screening Young Children for Lead Poisoning: Guidance for State and Local Health Officials.

b. The extent to which the applicant utilized surveillance and program data to produce statewide/jurisdiction-wide screening recommendations and target the Medicaid population.

c. Description of how collaborations facilitated the development of a screening plan and strengthened childhood lead poisoning prevention strategies.

d. Evidence of collaboration with principal partners, including managed-care organizations, state Medicaid agency, child health-care providers and provider groups, insurers, community-based organizations, housing agencies, and banking, real-estate, and property-owner interests, must be demonstrated by letters of support, memoranda of understanding, contracts, or other documented evidence of relationships with important collaborators.

Note: For applicants under Part B, describe progress in developing and implementing the screening plan based upon each of the elements listed above.

4. Capacity To Carry Out Public-Health Core Functions (15 points)

The description of the approach and activities taken to achieve a balance among health-department roles in CLPP, including assessment, program and policy development, and monitoring, evaluating, and ensuring the provision of all necessary components of a comprehensive CLPP. Specifically include a description of the steps that were taken to develop capacity to address:

a. Epidemiologic structure to perform assessment of lead exposure and program response.

b. Health education and communication strategies designed to reach actual and potential collaborators and partners and achieve program goals.

c. Gaps in service provision where gaps have been demonstrated.

d. Evaluation approaches to examine basic data on CLPP burden and program activities and make course corrections.

5. Goals and Objectives (10 points)

The extent to which the applicant's goals and objectives relate to the six (6) components of a comprehensive CLPP program. Objectives must be relevant, specific, measurable, achievable, and time-framed. There must be a formal work plan with a description of methods and a timetable for accomplishment of each objective.

6. Project Management and Staffing (10 points)

The extent to which the applicant has the skills and ability to develop and carry out a comprehensive CLLP program. Specifically the applicant should:

a. Describe the proposed health department staff roles in CLPP, their specific responsibilities, and their level of effort and time. Include a plan to expedite filling of all positions and assure that requested positions have been or will be approved by the applicant's personnel system.

b. Describe the plan to provide training and technical assistance to health department personnel and consultation to collaborators outside the health department, including proposed design of information-sharing systems.

7. Program Evaluation (10 points)

The extent to which the applicant proposes to measure the overall impact of health department CLPP activities. Specific criteria should include:

a. The plan for evaluating the impact and outcome of CLPP activities,

including the evaluation design, methods, and activities.

b. Description of how the project will assess changes in the effectiveness of collaborative activities.

c. Progress made in childhood lead poisoning prevention which resulted from planned health department strategies.

8. Budget Justification (not scored)

Evaluation will be based on the extent to which the budget is reasonable, clearly justified, and consistent with the intended use of funds.

PART C: Alternative Surveillance Assessments—Factors to be Considered

1. Study Protocol (45 points)

The protocol's scientific soundness (including adequate sample size with power calculations), quality, feasibility, consistency with project goals, and soundness of the evaluation plan (which should provide sufficient detail regarding the way in which the protocol will be implemented). The degree to which the applicant has met the CDC policy requirements regarding the inclusion of women, ethnic, and racial groups in the proposed project. This includes: (a) The proposed plan to include of both sexes and racial and ethnic minority populations for appropriate representation; (b) the proposed justification when representation is limited or absent; (c) a statement as to whether the design of the study is adequate to measure differences when warranted; and (d) a statement as to whether the plans for recruitment and outreach for study participants includes establishing partnerships with community-based agencies and organizations. Benefits of the partnerships should be described.

2. Project Personnel (20 points)

The qualifications, experience (including experience in conducting relevant studies), and time commitment of the staff needed to carry out the study.

3. Project Management (35 points)

The schedule for implementing and monitoring the proposed study also should be provided. The extent to which the application documents specific, attainable, and realistic goals and objectives, and describes the evaluation plan.

4. Budget Justification (not scored)

The extent to which the budget is reasonable, clearly justified, and consistent with the intended use of cooperative agreement funds.

5. Human Subjects (not scored)

The extent to which the applicant complies with the Department of Health and Human Services regulations (45 CFR part 46) on the protection of human subjects.

H. Other Requirements

Technical Reporting Requirements

Provide CDC with the original plus two copies of:

1. Quarterly progress reports which are required of all grantees. The quarterly report should not exceed 25 pages. Time lines for the quarterly reports will be established at the time of award, but are typically due 30 days after the end of each quarter.

2. Calendar year surveillance data should be reported annually to CDC in the approved OMB format. Time lines for the annual report will be established at the time of award, however are typically due 90 days after the end of the year. Also submit a written surveillance report annually to CDC.

3. Financial Status Reports, are due within 90 days of the end of the budget period.

4. Final financial reports and performance reports are due within 90 days after the end of the project period. Send all reports to: Mattie B. Jackson, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Mailstop E–13, Atlanta, GA 30341

5. Data collection initiated under this cooperative agreement program has been approved by the Office of Management and Budget under OMB number (0920–0337), ''National Childhood Blood Lead Surveillance System'', Expiration Date: March 31, 2000.

The following additional requirements are applicable to this program. For a complete description of each, see Addendum 1 in the application kit.

AR–1 Human Subjects Requirement
AR–2 Requirements for Inclusion of Women and Racial and Ethnic Minorities in Research
AR–7 Executive Order 12372 Review
AR–9 Paperwork Reduction Act Requirements
AR–10 Smoke-Free Workplace Requirements
AR–11 Healthy People 2000
AR–12 Lobbying Restrictions

I. Authority

This program is authorized under sections 301(a), 317A and 317B of the Public Health Service Act (42 U.S.C. 247(a), 247b–1, and 247b–3), as amended. Program regulations are set forth in Title 42, Code of Federal Regulations, part 51b. The Catalog of Federal Domestic Assistance number is 93.197.

J. Pre-Application Workshop for New and Competing Continuation Applicants

1. A pre-application technical assistance workshop will be held to assist all prospective applicants in understanding CDC application requirements and program priorities. During the workshop, information will be presented on application and business management requirements, programmatic priorities, and other essential information for preparing applications.

2. The workshop will be held Sunday, January 31, 1999 from, 2 p.m. to 5 p.m., prior to the annual CDC supported grantee meeting. Applicants interested in attending the workshop should make reservations at the Holiday Inn SunSpree Conference Center, Clearwater Beach, Florida, by calling 727–447–9566.

In addition, for interested applicants, a telephone conference call for pre-application technical assistance will be held on Wednesday, February 17, 1999, from 1:30 p.m. to 3:30 p.m, Eastern Standard Time. The bridge number for the conference call is 1-800–311–3437, and the pass code is 669241. For further information about all workshops, please contact Claudette Grant-Joseph at 770–488–7330.

K. Where To Obtain Additional Information

To receive additional written information, call 1–888–472-6874. You will be asked to leave your name, address, and phone number and will need to refer to Announcement 99033. You will receive a complete program description, information on application procedures, and application forms. CDC will not send application kits by facsimile or express mail. If you have questions after reviewing the contents of all documents, business management technical assistance may be obtained from:

Mattie B. Jackson, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Mailstop E–13, Atlanta, GA 30341, telephone (404) 842–6564
Internet address mij3.@cdc.gov

This and other CDC announcements are also available through the CDC

homepage on the Internet. The address for the CDC homepage is http://www.cdc.gov.

For programmatic technical assistance, contact:

Claudette A. Grant-Joseph, Chief, Program Services Section, Lead Poisoning Prevention Branch, Division of Environmental Hazards and Health Effects, National Center for Environmental Health, Centers for Disease Control and Prevention (CDC), 4770 Buford Highway, NE, Mailstop F–42, Atlanta, GA 30341–3724, telephone (770) 488–7330, Internet address cag4@cdc.gov

Dated: February 2, 1999.

John L. Williams,

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

[FR Doc. 99–2905 Filed 2–5–99; 8:45 am]

BILLING CODE 4160–18–U

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Injury Research Grant Review Committee: Conference Call Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the following conference call committee meeting.

Name: Injury Research Grant Review Committee (IRGRC).

Time and Date: 1:30 p.m.–3:30 p.m., February 24, 1999.

Place: National Center for Injury Prevention and Control (NCIPC), CDC, Koger Center, Vanderbilt Building, 1st Floor, Conference Room 1006, 2939 Flowers Road, South, Atlanta, Georgia 30341. (Exit Chamblee-Tucker Road off I–85.)

Status: Open: 1:30 p.m.–1:45 p.m., February 24, 1999. Closed: 1:45 p.m.–3:30 p.m., February 24, 1999.

Purpose: This committee is charged with advising the Secretary of Health and Human Services, the Assistant Secretary for Health, and the Director, CDC, regarding the scientific merit and technical feasibility of grant applications received from academic institutions and other public and private profit and nonprofit organizations, including State and local government agencies, to conduct specific injury research that focus on prevention and control and to support injury prevention research centers.

Matters to be Discussed: Agenda items include announcements; discussion of review procedures; future meeting dates; and review of grant applications.

Beginning at 1:45 p.m., through 3:30 p.m., February 24, the Committee will meet to conduct a review of grant applications. This portion of the meeting will be closed to the public in accordance with provisions set forth in section 552b(c)(4) and (6), title 5 U.S.C., and the Determination of the Associate Director for Management and Operations, CDC, pursuant to Pub. L. 92–463.

Agenda items are subject to change as priorities dictate.

Contact Person For More Information: John F. Finklea, M.D., Acting Executive Secretary, IRGRC, NCIPC, CDC, 4770 Buford Highway, NE, M/S K58, Atlanta, Georgia 30341–3724. Telephone 770/488–4330.

The Director, Management Analysis and Services office has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: February 2, 1999.

John C. Burckhardt,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 99–2900 Filed 2–5–99; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Child Welfare Demonstrations Pursuant to Section 1130 of the Social Security Act (the Act); Parts B and E of title IV of the Act; Public Law 103–432 and Public Law 105–89

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

ACTION: Public notice.

SUMMARY: This public notice announces that the Department of Health and Human Services (Department) is seeking proposals on child welfare demonstration projects and has published Information Memorandum ACYF–CB–IM–99–03 dated 1–21–99, January 21, 1999, entitled Child Welfare Demonstration Projects. This memorandum informs interested parties of: (1) The principles, goals and objectives the Department will consider in exercising its discretion to approve or disapprove demonstration projects which would require waivers of certain sections of the Act under the authority in section 1130 (b) (of Part A of title XI) of the Social Security Act (the Act), added by Pub. L. 103–432 and amended by Pub. L. 105–89; (2) the procedures the Department expects the States to employ in involving the public in the development of proposed demonstration projects under section 1130; and (3) the procedures the Department will follow in receiving and reviewing the demonstration proposals.

The Information Memorandum: (1) Contains guidelines and procedures for submitting a proposal; and (2) identifies limitations on demonstration projects and provisions of titles IV–B and IV–E of the Act that are not subject to waiver. The Department will give preference to proposals that test policy and service program alternatives that are unique in their approach to serving children and families, that differ significantly from other approved child welfare demonstrations, and that are from States that have not previously been approved for a Child Welfare Demonstration project. The Department will give first consideration to proposals that reflect the topical priorities outlined in Appendix I of the Information Memorandum.

FOR FURTHER INFORMATION CONTACT: Copies of the Information Memorandum containing the guidelines, and topical priorities can be found at the ACF Website at: http://www.acf.dhhs.gov/programs/cb/demonstrations or may be obtained from the National Clearinghouse on Child Abuse and Neglect Information, 330 C Street, SW, Washington, DC 20447, (800) 394–3366, INTERNET address: nccanch@calib.com. For further information, contact the Children's Bureau, Administration on Children, Youth and Families, DHHS at (202) 205–8618.

DATES: Proposals for a Child Welfare Demonstration project will be accepted at any time. States that are interested in a project to be considered for approval in fiscal year 1999 are strongly encouraged to submit a Letter of Intent before April 5, 1999.

ADDRESSES: All Letters of Intent and complete proposals should be submitted to Laura Oliven, Children's Bureau, Administration on Children, Youth and Families, 330 C Street, SW, Room 2068, Washington, DC 20447. Facsimile transmission of a Letter of Intent ONLY will be accepted providing it is followed by an original copy. The FAX number is (202) 260–9345.

SUPPLEMENTARY INFORMATION: This announcement and the Information Memorandum Number ACYF–CB–IM–99–03 do not create any right or benefit, substantive or procedural, enforceable at law or equity, by any person, or entity, against the United States, its agencies or instrumentalities, the States, or any other person.