Technologies, Methodological Challenges, and Community Concerns.

Times and Dates: 8:30 a.m.–5 p.m., January 25, 2000; 8:30 a.m.–5 p.m., January 26, 2000; 8:30 a.m.–12 noon, January 27, 2000.

Place: Sheraton Colony Square Hotel, 188 14th Street, Atlanta, Georgia 30361 telephone 404–892–6000 or 800–325–3535, fax 404–872–9192.

Status: Open to the public, limited only by space available. Please visit the ATSDR web site at *http://www.atsdr.cdc.gov* to obtain an application form.

Purpose: This is a working group meeting to explore the feasibility of, and methods for, assessing the relationship between children?s cancers and exposures to hazardous substances. This meeting is in compliance with ATSDR's Congressional mandate under the Superfund legislation.

Agenda Items: The agenda will be posted on the ATSDR web site at http://www.atsdr.cdc.gov.

Contact Persons for More Information: Chanelle Harris, telephone 404–880–0006 or Terica Boyer, 404–639–2909 or write to ATSDR/DHS/EDRB; 1600 Clifton Road, NE, M/S E–31; Atlanta, Georgia 30333.

The Director, Office of Management Analysis and Services has been delegated 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: January 5, 2000.

Carolyn J. Russell,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 00–681 Filed 1–11–00; 8:45 am]

BILLING CODE 4163–70–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 00031]

Sexually Transmitted Diseases/Human Immunodeficiency Virus Prevention Training Centers; Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2000 funds for a cooperative agreement program for the Sexually Transmitted Diseases/Human Immunodeficiency Virus (STD/HIV) Prevention Training Centers (PTCs). This program addresses the ''DRAFT Healthy People 2010'' priority areas of Sexually Transmitted Diseases and HIV Infection. The purpose of this cooperative agreement is to provide innovative, high-quality training that enhances STD and HIV prevention services across the United States. The PTCs will function as a national training network which, in collaboration with CDC and public and private partners, will design, deliver, and evaluate training that is responsive to national, regional, and local needs for STD/HIV training. Such training targets health care providers and prevention specialists who serve individuals most in need of STD/HIV services, including ethnic and racial minorities, women, youth, incarcerated individuals, homeless individuals, and substance users. Special efforts must be made to recruit and train providers from settings that serve large numbers of individuals at risk for STD/HIV, such as STD and HIV clinics, HIV counseling and testing sites, family planning clinics, antenatal clinics, adolescent health clinics, community and migrant health centers, substance abuse clinics, correction and detention centers, health care for the homeless programs, and managed care plans.

The PTCs will provide training in support of the Essential Functions and Areas of Special Emphasis (discussed in the Addendum to this announcement) through three distinct, but related parts:

- Part I: Up to 10 centers to provide training that enhances essential STD medical and laboratory services.
- Part II: Up to four centers to provide training on behavioral and social interventions that have shown evidence of effectiveness in reducing risky behaviors associated with transmission of STD/HIV infection.
- Part III: Up to four centers to provide training on STD/HIV partner services in accordance with the HIV PCRS Guidance and the ''STD Program Operations Guidelines (POG)'', and support services defined as program management, surveillance and data management, outbreak response planning, and evaluation.

Although the three Parts have different training objectives, they are expected to function synergistically to realize the goal of maintaining a national training network in support of STD/HIV Essential Functions and Areas of Special Emphasis. To facilitate this goal, the geographic model depicted in the Addendum section of the announcement will be employed. Please review this section.

Under this announcement, high-quality STD/HIV training for health care providers and prevention specialists is that which translates cutting edge research findings into training courses with specific application to STD/HIV prevention programs. To achieve this high-quality training, each PTC must be structured and function as a partnership between an academic institution and a state or local public health department.

The PTCs are intended to be dynamic and flexible and to work with one another and with CDC to be responsive to changes in STD/HIV morbidity, advances in STD/HIV prevention, detection and treatment, and changes in Areas of Special Emphasis.

Specific information about each training Part is provided below.

Part I: STD Medical and Laboratory Services Training

Health care professionals must possess the requisite skills to effectively detect, treat, and manage individuals with STDs, and to provide effective STD/HIV prevention messages to their patients. Part I PTCs will provide state-of-the-art STD medical and laboratory services clinical training to practicing health care providers in a geographic region that corresponds to a designated HHS region. To help ensure regional coverage, each Part I PTC will provide at least 200 hours of clinical training each year, 50 percent of which must consist of experiential training in at least two model STD clinics located in geographically dispersed locations within the HHS region, preferably in separate states. Because private practitioners diagnose and treat the vast majority of individuals with STDs, they are a primary audience for Part I clinical training, as are practitioners who serve individuals at high risk for STDs. Practitioners in managed care plans are a specific target audience for Part I PTC training. Health professions students and medical residents receive STD/HIV training as part of their professional training program, and, therefore, are a secondary rather than a primary audience for PTC training. Students and residents should not account for more than 20 percent of the total number of trainees in any given year. To ensure high-quality training, Part I PTCs must demonstrate close collaboration with health professions training programs in the region (*e.g.,* schools of medicine, nursing, physician assistant programs), utilizing expert STD faculty from such programs as PTC consultants or trainers.

Part II: Behavioral and Social Interventions Training

Prevention of STDs, including HIV, typically requires individuals to change behaviors that place them at risk for STD/HIV infection. In recent years, behavioral and social intervention research has documented effective individual, group, and community-level interventions that help promote and maintain such behavior change. Behavioral interventions aim to change

individuals' behaviors and tend to emphasize individual and small group approaches, such as counseling and small group discussion with skills demonstration. Social interventions aim to change social norms that influence individuals' behaviors and may use small group or community-level approaches, such as engaging key opinion leaders as educators and community mobilization. Part II PTC training must be focused on interventions that have been developed and tested through empirical research. Collaboration with the individuals associated with the original research is encouraged, whenever possible. At a minimum, Part II PTCs must demonstrate that individuals with recognized expertise in the field of behavioral or social interventions will serve the PTC in a consulting or training capacity. Because a number of effective behavioral and social intervention curricula currently exist, curriculum development should not be a major activity of the Part II PTCs. However, if existing curricula focus solely on HIV, they will need modification so as to include emphasis on other STDs for training under this announcement.

Each Part II PTC is expected to provide at least 120 hours of training each year, with at least ⅓ of each training course being an experiential learning opportunity for trainees in model clinic- or community-based behavioral or social intervention programs or classroom settings, as appropriate. CDC, through the Behavioral and Social Science Volunteer (BSSV) Project, enlists volunteer social scientists to provide technical assistance to state and local HIV prevention projects; Part II PTCs must collaborate with BSSV and other HIV technical assistance personnel to ensure follow-up support for their behavioral and social science intervention training (see definition of BSSV Project in appendix 2 in the application package). The recipients of part II training are public health care professionals, health educators, counselors, prevention program managers, and others responsible for designing or implementing STD and HIV prevention interventions, especially with high-risk populations. The primary coverage area is the quadrant within which the Part II PTC is located (see appendix 3 for a description of HHS regions, quadrants, map and accompanying text); however, Part II PTCs are expected to collaborate with each other and with CDC to develop a national plan that may require Part II PTCs to train outside of their quadrants.

Part III: Partner Services and Support Services Training

Identifying and appropriately intervening with partners of individuals with STD/HIV infection is a critical activity for breaking the cycle of infection and is an essential component of a national, comprehensive STD/HIV prevention system. Partner services training will focus on STD/HIV partner elicitation, notification, and referral, and on STD counseling, and case management for federal, state, and local STD/HIV personnel and others who work with STD/HIV infected individuals and their partners.

Additionally, Part III PTCs will provide training that strengthens STD/HIV prevention programs in state and local health departments. This training will be composed of support services training that is defined in this program announcement as program management, surveillance and data management, outbreak response planning, and evaluation. This is a new area of emphasis for Part III PTCs; examples of these courses include, but are not limited to:

1. STD Program Management: courses on creating tailored materials to support the development of effective prevention interventions (*e.g.,* social marketing; health communication; media advocacy).

2. Surveillance and Data Management: courses that support the timely and accurate collection of STD information; data analysis for purposes of program planning.

3. Outbreak Response: courses on developing and implementing a plan to efficiently respond to increases in STD incidence.

4. Program Evaluation: courses that develop skills to design and implement effective evaluation strategies as integral components of STD prevention programs.

Part III PTCs must provide at least 500 hours of training each year, with at least ¼ of the hours devoted to experiential skills-building sessions. Because much of the Part III training is intended to support CDC-funded STD and HIV prevention programs, and the need for training will vary by program, the PTCs will work closely with CDC to ensure that cost-effective, appropriate training is delivered in areas of greatest need. For example, the southern quadrant of the United States, with high syphilis morbidity, will need increased partner services and support services training to advance the national syphilis elimination initiative. The western quadrant, with low syphilis morbidity, will not have this same degree of need and will be able to design their partner services and support services training programs to address other identified needs. The required training hours will be divided between partner services training and support services training in collaboration with CDC to meet training needs in the quadrants and nationally. The primary coverage area is the quadrant within which the Part III PTC is located; however, Part III PTCs are expected to collaborate with each other and with CDC to develop a national plan that may require Part III PTCs to train outside of their quadrants.

B. Eligible Applicants

Assistance for Part I, Part II, and Part III awards will be provided only to public or private colleges or universities, or health departments of states or their bona fide agents, that are located in the continental United States, including the District of Columbia. Applications from a college or university must document substantial collaboration with a state or local health department; applications from state or local health departments must document substantive collaboration with a college or university.

Competition is limited to the partnership described above because college or university faculty members can bring cutting edge research findings to PTC training courses, and health department staff members can translate those findings in ways that enhance STD/HIV prevention programs. Competition is geographically limited as described above to accomplish cost-efficient training. Because PTCs are required to provide training in large geographic areas, PTCs located long distances from their coverage area and with limited air transportation would incur excessive program or trainee travel costs.

A single applicant may apply for all of these training awards in a single application with a separate section and budget for each Part.

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

C. Availability of Funds

1. Approximately $4 million is available in FY 2000 to fund approximately ten Part I awards. It is expected that the average base-level award will be $400,000, ranging from $300,000 to $450,000.

2. Approximately $1 million is available in FY 2000 to fund

approximately four Part II awards. It is expected that the average base-level award will be $250,000, ranging from $200,000 to $275,000.

3. Approximately $1.45 million is available in FY 2000 to fund approximately four Part III awards. It is expected that the average base-level award will be $362,500, ranging from $300,000 to $425,000.

Awards for each Part will be made independently. It is expected that the awards will begin on or about April 1, 2000, and will be made for a 12-month budget period within a project period of up to 5 years. Funding estimates may change.

Over the project period, it is anticipated that supplemental funds for highly focused, time-limited projects within the scope of this announcement may become available to develop, implement, and evaluate training related to national STD/HIV priorities.

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

Use of Funds

Cooperative agreement funds may be used to support personnel, equipment, and supplies necessary for professional training, including distance learning activities. Funds may not be used to lease space; maintain central registries; provide diagnostic and treatment facilities or services; provide behavior intervention programs or services; develop literature for the general public; provide disease intervention services or HIV counseling and testing; or to pay other expenses normally supported by the applicant. Unless specifically approved, funds may not be used for renovation of facilities. Federal funds may supplement but not supplant existing training support.

Any materials developed in whole or in part with CDC funds shall be subject to a nonexclusive, irrevocable, royalty-free license to the government to reproduce, translate, publish, or otherwise use and authorize others to use for government purposes.

Include funding for two persons per part to attend (1) a three-day, post-award meeting in Atlanta, and (2) a three-day meeting in a city to be determined later.

Recipient Financial Participation

Program income in the form of participant registration fees may be collected to offset the costs of conducting training as specified in this announcement. Registration fees are not intended to produce income for the PTC, but they may help defray the cost of training materials, training facility expenses, audiovisual equipment rental, or speakers' fees. Registration fees should be established at the most reasonable rate to encourage the greatest participation. Program income may support the costs of designing and delivering additional training courses directly related to PTC objectives and as determined by the assessment of training needs.

Funding Preference

Geographic preference for funding will be given to applications in each Part to achieve the goal of establishing a comprehensive, national STD/HIV training network based on the concept of broad geographic quadrants as described in the addendum.

D. Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities listed under 1. (Recipient Activities), and CDC will be responsible for the activities listed under 2. (CDC Activities). Unless otherwise stated, recipient activities and CDC activities pertain to each of the three parts.

1. Recipient Activities

a. Administration:

(1) Applicants that receive funding for more than one Part should designate one coordinator to serve as a single point of contact and to be responsible for the administrative duties related to all training activities funded under this announcement;

(2) Organize and maintain a PTC Advisory Committee to provide feedback about training needs of target populations, the appropriateness of educational content, and to ensure that PTC staff members are qualified and work together without duplicating administrative expense. If funded for more than one part, the PTC may maintain one Advisory Committee, with a membership whose collective expertise qualifies them to advise on all parts.

(3) Develop and implement a protocol for collaboration with the other PTCs within the geographic quadrant for the purpose of on-going needs assessments, sharing resources, co-sponsorship of training courses, and other activities that ensure that STD/HIV prevention training provided by each part is available and well-coordinated in each HHS region within a quadrant.

(4) Collaborate with CDC in developing and maintaining a National Network of Prevention Training Centers (NNPTC) Steering Committee composed of one representative and one alternate each from Part I, Part II, and Part III.

(5) Participate in NNPTC, quadrant-specific, and Part-specific (e.g., Part I, Part II, Part III) conferences, meetings, and conference calls.

b. STD/HIV Program-related Issues:

(1) Maintain liaisons with national, regional, state, or local STD/HIV prevention programs (*e.g.,* state and local health departments, HIV Community Planning Groups, national STD/HIV organizations or associations) to help determine emerging training needs and to help design and deliver training programs that avoid overlap and provide training that is most relevant to the greatest needs of STD/HIV prevention programs.

(2) Based on need in the coverage area, provide training that addresses the Areas of Special Emphasis as stated in the addendum.

(3) Serve as a resource for STD information to health care providers or prevention specialists in public and private settings, especially those in managed care organizations, health departments, and community-based organizations (CBOs) and non-governmental organizations (NGOs). Collaborate with existing HIV information and technical assistance resources such as the National Prevention Information Network (NPIN)and other CDC-funded programs that support HIV prevention.

c. Collaborations:

(1) Collaborate with experts in the community and in graduate schools, as necessary, to design or write training needs assessments, educational objectives, curriculum content, instructional design, state-of-the-art delivery methods, and course evaluations.

(2) Establish innovative arrangements with universities for student academic involvement in PTC activities (*e.g.,* graduate assistantships or internships).

(3) Collaborate with other STD/HIV training programs (*e.g.,* AETCs, RTCs)to share training curricula and resources for needs assessments, program planning, and joint training presentations.

d. Model Clinic-and Community-based Services:

(1) Training provided by all Parts must include experiential components designed to build trainees' skills in specific areas. Depending on the objectives and design of a specific training course, the experiential training may take place in model STD clinics or community-based prevention or intervention programs, or the classroom. Additionally, it is expected that the PTCs will collaborate with CDC and

other NNPTC members to provide regional or national training programs utilizing distance education methods.

(2) For Part I and Part III experiential training requirements, utilize model STD clinics, which are those that follow CDC guidelines for integrated STD and HIV client management, clinic operation, client-centered counseling, and partner counseling, including elicitation, notification, and referral.

(3) For Part II experiential training requirements, utilize model STD clinics (as described above) or community-based STD/HIV behavioral or social intervention programs that have evidence of reducing sex-and drug-risk behavior and STD/HIV infections.

e. Distance Learning: As needed, utilize distance learning strategies or products that are regional or national in scope and usable by other PTCs and training agencies. Distance learning can include off-site programs, satellite broadcasts, remote video instruction, self-study modules, train-the-trainer, computer-based training, CD ROM, and web-based instruction.

f. Continuing Education and Course Management:

(1) Acquire and award continuing medical education (CME) credit and continuing education units (CEU) that meet the needs of most course participants.

(2) Maintain a course registration database, including required CME and CEU documentation.

g. Evaluation:

(1) Conduct on-going evaluation of all courses, both independently and in conjunction with the CDC, NNPTC, or both.

(2) Determine and measure appropriate process indicators (*e.g.,* trainee demographics, quality of presentations), immediate training impact (*e.g.,* changes in knowledge, attitudes and skills), and long-range outcomes (*e.g.,* changes in provider practice behavior, changes in client health status, changes in STD/HIV service delivery), especially for high-risk populations.

(3) Establish, maintain, and support Internet connection and other information or communications systems and hardware and software that will allow for gathering, entering, and transmitting data to the CDC for inclusion in a NNPTC national database.

2. CDC Activities

a. Technical Assistance: Provide STD/HIV subject matter, education, and technology experts to advise and assist in curriculum development; to advise on course objectives, instructional design, and delivery; to ensure that evaluation is consistent with desired training outcomes; to be a source of up-to-date information on STD and HIV epidemiology and national STD/HIV prevention programs and priorities; and to advise on budget issues.

b. Distance Learning Assistance: Provide information on the Public Health Training Network (PHTN) in support of distance learning training activities.

c. Program Reviews: Conduct site visits to:

(1) Review training capabilities to ensure adequate facilities, procedures, and staff

(2) Advise on instructional design and curriculum content

(3) Provide technical assistance in defining and resolving problems

(4) Monitor program implementation, project management, and evaluation activities

(5) Advise on the availability of guidelines, curricula, training aids, and software developed by CDC, the PTCs, or other agencies that can help PTCs meet their training objectives.

d. Within three months of funding (notice of grant award), CDC will convene a meeting of all funded Part I, II, and III PTCs to outline a collaborative training plan within and between quadrants, as appropriate, and to begin developing the NNPTC.

e. Facilitate collaboration between the PTCs in a geographic quadrant to ensure that each HHS region within the quadrant receives well-coordinated training offered by each of the three Parts.

f. Support the NNPTC: Through NNPTC meetings, facilitate networking between NNPTC members and support the development and maintenance of committees to maximize the expertise of NNPTC members for all Parts. There will be two NNPTC meetings per year in each of the first two years of funding, and at least one per year in each of the remaining three years.

g. Collaborate with Part II and Part III PTCs to guide the development of training programs and training schedules that meet national needs for behavioral and social intervention training and partner services and support services training.

h. Communication: Through publications, correspondence, narrative reports, and electronic communication, keep PTC staff members informed of national issues that affect training and program management.

i. Monitoring and Evaluation: Monitor and evaluate program activities by coordinating and supporting a national course registration database, providing technical assistance for staff database training, and analyzing and publishing cumulative data on NNPTC training effectiveness using training program and trainee evaluation information submitted quarterly by awardees to CDC using a standardized format.

E. Application Content

Use the information in the Program Requirements, Other Requirements, and Evaluation Criteria sections to develop the application content. Applications will be evaluated on the requirements listed, so it is important to follow them in laying out your program plan. If you cannot currently meet one or more of the requirements, describe your plan to do so, including a time line. Provide brief, specific examples (1–2 pages) of each requirement rather than a lengthy narrative. The narrative section of each Part should be no more than 45 pages (8½″ x 11″), excluding budget. Each section must use no less than 1.5 spacing and be printed on one side, with one inch margins, and 12-point font. Letters of support, organizational charts, biosketches, position descriptions, lists of training equipment, inventories of computer hardware and software, and examples of existing program materials should be included in an appendix.

You must submit a single application that has a separate section and budget for each Part for which you are applying. Pages should be numbered sequentially throughout the entire application, regardless of the number of Parts for which funding is sought. If applying for more than one Part, you may refer to information in a previous section, as appropriate.

F. Submission and Deadline

Letter of Intent

In order to assist CDC in planning for and executing the evaluation of applications submitted under this program announcement, all parties intending to submit an application are requested to submit a letter of intent regarding their intention to do so by January 30, 2000. Notification should include name and address of the institution and name, address, and telephone number of the contact person, as well as the Part(s) for which funding will be sought; no detailed description of the proposed training program is sought. The letter of intent should be submitted on or before January 30, 2000 to the Grants Management Specialist identified in the ''Where to Obtain Additional Information'' section of this announcement.

Application

Submit the original and two copies of PHS 5161–1 (OMB Number 0937–0189). Forms are available at the following Internet address: www.cdc.gov/* * * Forms, or in the application kit.

On or before March 7, 2000, 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. Only information in the application will be considered. Applications for each Part will be evaluated separately according to the following criteria (maximum 200 points).

1. Abstract (Not Scored)

A summary (1 page) of the program, indicating the Part, the coverage area, the name of the person with authority over the PTC, the academic and public health collaborators, other key collaborators, the training objectives, the training audiences, and the training evaluation plan.

2. Introduction/Program Description (Total 35 Points)

The extent to which the applicant provides:

a. A brief history of your training experience related to the Part for which funding is sought; (5 points)

b. An organization chart showing linkages between universities/colleges and state or local health departments and related PTC positions, indicating lines of authority; (5 points)

c. Position descriptions for proposed PTC staff, including credentials and appropriate experience (*e.g.,* training experience, management experience, STD or HIV prevention program experience); (5 points)

d. A description of the PTC Advisory Committee, including function, meeting schedule, and individual members and their affiliation; (5 points)

e. A proposed protocol for collaborating with other PTCs in the geographic quadrant (*i.e.,* time schedule for conference calls or meetings; proposed joint activities); (5 points)

f. A plan or descriptive outline of proposed cost-efficient arrangements with health professional training programs and graduate schools for obtaining faculty, fellows, and graduate students to participate in PTC activities (*e.g.,* educational research, needs assessment, formative evaluation, preparing training materials);(5 points)

g. A letter from each university/college or health department partner of intent to participate in the PTC, specifying the training-related activities that will be provided (*e.g.,* program coordination, serving as a clinical training site, providing faculty to develop or teach courses, evaluation activities). (5 points)

3. Training Capability (Total 40 Points)

The extent to which the applicant provides:

a. A description of training faculty, noting credentials and previous training experience including a one-page biosketch for each faculty member; (5 points)

b. A plan, with anticipated costs, for acquiring CME and CEU appropriate for most trainees; (5 points)

c. A description of proposed training site(s), including location, number of students that can be accommodated, and any costs to participants for attending training at the proposed site(s) (*e.g.,* lodging, per diem, travel); (5 points)

d. A list of available training equipment, such as overhead projector, carousel projector, flip chart, melamine or chalk board, projection screen, podium, video recorder/player, and additional equipment used in training (*e.g.,* light and dark-field microscopes; equipment available to support any proposed distance learning activities); (5 points)

e. Inventory of available office computers capable of supporting computer-based training and data processing, including software, printers, modem; (5 points)

f. A plan for keeping training faculty and staff current on content area and educational methodology (*e.g.,* through graduate school contacts, libraries, and Internet); (5 points)

g. A plan to reproduce volumes of print-based course materials quickly and economically; (5 points)

h. A design for providing resources to trainees (*e.g.,* books, newsletters, journals, videotapes, literature files, and guidelines). (5 points)

4. Training Needs Assessment (Total 30 Points)

Given the Part's training focus and coverage area the extent to which the applicant provides:

a. A description of activities conducted to determine the training needs of health care providers and prevention specialists in the coverage area. The extent to which the applicant provides the source of the data and the time period to which the data correspond (*e.g.,* CDC or state or local STD/HIV surveillance data; data from training surveys conducted by applicant or others; HIV Community Planning Group plans; state, regional, or national documents that identify STD/HIV training needs). It should describe the training needs in the coverage area related to the Areas of Special Emphasis (see addendum). It should also note STD/HIV prevention training in the coverage area that is provided by other programs and how that affects the training plan; (10 points)

b. A summary, in narrative or chart format, of target audiences, training locations, educational content, training methods, and collaborations with other STD/HIV training programs. These should reflect priorities determined by the needs assessment described in 4.a above; (10 points)

c. A process to keep the PTC updated on the training needs of target audiences in their coverage area. (10 Points)

5. Training Objectives (Total 20 Points)

The extent to which the applicant provides specific, measurable, time-phased, realistic educational objectives that reflect the didactic and experiential STD/HIV prevention training needs in their coverage area.

6. Plan of Operation (Total 50 Points)

The extent to which the applicant provides information on the program components and activities listed below that are specific to the training Part for which they are applying. If applying for more than one Part, describe any linkages between Parts.

Part I: STD Medical and Laboratory Services Training

a. Clinical Capability (Total 20 Points)

For each of the two model STD clinics that will serve as clinical training sites,

the extent to which the applicant provides:

(1) Current STD morbidity statistical tables (one year) by disease, sex, age, and race or ethnicity, that demonstrate a client volume and profile that reflects regional disease trends and allows for diverse clinical training opportunities; (4 points)

(2) A current list of the type and number of the state laboratory tests performed over the past year and those sent to reference laboratories; (2 points)

(3) A list of diseases for which testing, diagnosis, and treatment procedures in the clinic follow CDC guidelines; (2 points)

(4) A clinic and fee schedule that demonstrates accessibility for communities at risk (*e.g.,* daily, evening, and weekend hours, continual services, and free or low-cost services); (2 points)

(5) An STD clinic floor plan indicating (by arrows) the route that clients take and the stops they must make to receive integrated services, and showing a traffic pattern that minimizes movement for clients and preserves confidentiality; (2 points)

(6) An outline of clinic management protocols, such as elements of the registration procedure and appointment, triage, and priority systems; (2 points)

(7) The numbers and types of clinic staff members and the time devoted to their main client responsibilities; (2 points)

(8) A copy of the clinic record; (2 points)

(9) A description of the quality assurance plan and committee, and of the clinic's management structure. (2 points).

b. Training Activities (Total 20 Points)

The extent to which the applicant:

(1) Outlines a model one-year training plan, based on the training capabilities and the needs assessment, that consists of at least 200 course hours, with at least 50% of the course hours devoted to experiential training activities that allow participants the opportunity to interact with clients under the direction of qualified preceptors. For each proposed course in the training plan, the extent to which the applicant notes the name of the course, length of the course, training dates, locations (facility, city, and state), training audiences, training faculty, course objectives, brief content outline, and evaluation plan; (10 points)

(2) Describes how the training plan addresses the Areas of Special Emphasis as described in the addendum; (5 points)

(3) Describes plans to conduct one or more courses through distance learning technologies in the coverage area within one year (including production, marketing, and delivery). (5 points)

c. Training Marketing Plan (Total 10 Points)

The extent to which the applicant describes a plan to market training courses to target audiences in the coverage area.

Part II: Behavioral and Social Interventions Training

a. Clinic- and Community-based Training Capability (Total 20 points)

The extent to which the applicant provides:

(1) A description of proposed clinic- or community-based training sites that provide behavioral or social intervention programs targeting people whose behaviors place them at risk for acquiring or transmitting STDs, including HIV (*e.g.,* in STD and HIV clinics, storefronts, recreation centers, public sex environments, street settings). The behavioral or social interventions should focus on increasing early, effective health care seeking behaviors, as well as reducing STD/HIV risk behaviors. For each of the proposed training sites, the applicant should provide:

(a) A brief description of the behavioral or social intervention; (5 points)

(b) A Profile of persons reached in the previous year (numbers, demographics, networks, risk behaviors); (5 points)

(c) Numbers and titles of behavioral or social intervention staff and their primary responsibilities; (5 points)

(d) A quality assurance plan for the behavioral or social intervention program(s). (5 points)

b. Training Activities (Total 20 Points)

(1) The extent to which the applicant outlines a one-year training plan, based on training capabilities and the needs assessment, that consists of at least 120 hours of behavioral or social intervention courses, including two comprehensive training courses per year and at least one specific-topic training course per quarter (described below). At least one third of each course must include an experiential training component (*e.g.,* practice with peers, colleagues, or instructors; prevention counseling; group facilitation; community outreach; prevention material development) aimed at developing participants' skills in prevention activities. For each proposed course in the training plan, note the name of the course, length of the course, training dates, locations (program/facility, city, and state), training audiences, training faculty, course objectives, brief content outline, and evaluation plan. For each comprehensive course, describe the effective, science-based behavior change theories or models upon which it is based (*e.g.,* Diffusion of Innovations, Protection Motivation Theory, Social Cognitive Theory, Social Learning Theory, Theory of Reasoned Action, Health Belief Model, Problem Solving Therapy Model, Transtheoretical Model of Behavior Change).(10 points)

(a) Comprehensive courses are typically three to five days long and may include such topics as introduction to behavioral and social science theories and models, and application of theories and models to effective individual, group, and community-level STD/HIV prevention interventions.

(b) Specific-topic Courses: Specific-topic courses are typically one to two days in length. They include such courses as communicating how STDs and HIV are transmitted and how health risks are reduced (*e.g.,* client-centered counseling, peer networks, therapeutic trainers, group counselor-educators, street outreach), creating tailored materials to support effective prevention interventions, and recruiting and maintaining prevention partners with affected communities. The number, type, and delivery of topic-specific courses will be determined in collaboration with CDC and other Part II PTCs.

(2) The extent to which the applicant describes how the training plan addresses the Areas of Special Emphasis (as described in the addendum). (5 points)

(3) The extent to which the applicant describes how training addresses cultural norms, values, and traditions; is sensitive to issues of sexual identity; is developmentally appropriate; and is linguistically specific and educationally appropriate. (5 points)

c. Training Marketing Plan (Total 10 Points)

The extent to which the applicant describes a plan to market training courses to target audiences in the coverage area.

Part III: Partner Services Training

a. Partner Services Capability (Total 20 Points)

The extent to which the applicant provides:

(1) A current activity table (1 year) of types and numbers of clients and partner services intervention outcomes. Intervention outcomes include numbers

of clients eligible for interview; percentage interviewed; numbers of sex and needle-sharing partners per client interviewed; percentage of partners located; and percentage tested or treated for syphilis, HIV infection, and other STDs addressed with partner services. (5 points)

(2) A list of the numbers and types of STD/HIV prevention program staff members and their main client responsibilities, noting the number of staff members available to serve as preceptors for Part III training. (5 points)

(3) A quality assurance plan for partner services. (5 points)

(4) Copies of interview forms. (5 points)

b. Training Activities (Total 20 Points)

The extent to which the applicant:

(1) Outlines a training plan for the first year that is based on training capabilities and the needs assessment and includes at least 500 course hours, with at least 25 percent of the course hours devoted to experiential training for federal, state, and local STD/HIV program personnel and others who engage in STD/HIV prevention activities in the coverage area. For each proposed course in the training plan, note the name of the course, length of the course, training dates, locations (facility, city, and state), training audiences, training faculty, course objectives, brief content outline, and evaluation plan. The training plan should include the following courses: (15 points)

(a) Partner Services Courses: These are standardized courses, each with required hours. Fundamentals of Disease Intervention (40 hours), Introduction to STD Intervention (80 hours), and HIV Partner Counseling and Referral Services (24 hours).

(b) Proposed support service courses as described in Section A.

(2) Describes how the training plan addresses the Areas of Special Emphasis in the addendum. (5 points)

c. Training Marketing Plan (Total 10 Points)

The extent to which the applicant describes a plan to market training courses to target audiences in the coverage area.

7. Evaluation (Total 25 Points)

Each Part must participate in and conduct ad hoc and on-going evaluation of all courses, both independently and in conjunction with the CDC, NNPTC, or both. Each Part must address the evaluation requirements below.

The extent to which the applicant provides:

a. A one-page biosketch (or position description) of the individual designated to oversee the PTC evaluation activities. (3 points)

b. A one-page biosketch (or position description) of the individual designated to serve as data administrator to manage and coordinate data gathering, entry, submission, and analysis. (2 points)

c. A plan for utilizing program evaluation data to provide continuous quality improvement of the PTC (*e.g.*, quality of program and presentations, reaching target audiences, geographic distribution of courses and trainees, usefulness of educational content). (10 points)

d. A plan for conducting evaluation activities that determine: (10 points)

(1) Impact of training (*e.g.*, changes in knowledge, attitudes, and skills); and

(2) Outcome of training (*e.g.*, changes in provider practice behavior; changes in client health status; changes in HIV/STD service delivery).

8. Budget (Not Scored)

CDC will establish a separate funding base for each training award (Part I, Part II, Part III).

a. Provide separate budgets for each Part with appropriate justifications. The total funding request is the sum of the separate budgets. List each Part in a separate column on the 424A form, section B.

b. List and justify the cost of any additional training or computer equipment necessary to carry out the training plan.

H. Other Requirements

Technical Reporting Requirements

Provide CDC with the original plus two copies of:

1. Quarterly narrative progress reports which include training program and trainee evaluation information in a standardized format provided by CDC. In years 02–05 of the project period, the narrative progress report should be submitted semi-annually. Progress reports must highlight major program accomplishments, document program progress and problems encountered in meeting program objectives, and report on tangential activities that influence PTC operations. The progress report informs CDC of progress by cooperative agreement recipients and is also a tool for documenting and disseminating information on successful training strategies that can be used by other PTCs.

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

3. Final financial status and performance report, 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.

AR–4: HIV/AIDS Confidentiality Provisions
AR–5: HIV Program Review Panel Requirements
AR–7: Executive Order 12372 Review
AR–8: Public Health System Reporting Requirements
AR–9: Paperwork Reduction Act Requirements
AR–10: Smoke-Free Workplace Requirements
AR–11: DRAFT Healthy People 2010
AR–12: Lobbying Restrictions
AR–14: Accounting System Requirements
AR–15: Proof of Non-Profit Status

I. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under section 318 (42 U.S.C. 247c), section 301 (42 U.S.C. 241), section 311 (42 U.S.C. 243), and section 317 (42 U.S.C. 247b), of the Public Health Service Act, as amended. Regulations governing Grants for STD Research Demonstrations and Public and Professional Education are codified in Part 51b, Subparts A and F of Title 42, Code of Federal Regulations. The Catalog of Federal Domestic Assistance Number is 93.978, Sexually Transmitted Disease Research, Demonstrations, and Public Information and Education Grants, and 93.941, HIV Demonstration, Research, Public and Professional Education Projects.

J. Where To Obtain Additional Information

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

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from: Brenda Hayes, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention, Room 3000, 2920 Brandywine Road, Atlanta, GA 30341–4146, Telephone number (770) 488–2725, Email address bkh4@cdc.gov

See also the CDC home page on the Internet for other funding, application forms, etc: http://www.cdc.gov

For program technical assistance, contact: Donna Anderson, Chief, Training and Health Communications Branch, Division of STD Prevention, NCHSTP, CDC, 1600 Clifton Road, N.E., MS E–02, Atlanta, GA 30333, Telephone number: (404) 639–8360, E-mail: dia1@cdc.gov

Potential applicants may obtain a copy of ''DRAFT Healthy People 2010'' (Full Report: Stock No. 017–001–00474–0) or ''DRAFT Healthy People 2010'' (Summary Report: Stock No. 017–001–00473–1) referenced in the ''INTRODUCTION'' through the Superintendent of Documents, Government Printing Office, Washington, DC 20402–9325, telephone (202) 783–3238.

John L. Williams,

Director, Procurement and Grants office.

[FR Doc. 00–680 Filed 1–11–00; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Safety and Occupational Health Study Section (SOHSS), National Institute for Occupational Safety and Health (NIOSH); 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 committee meeting:

Name: Safety and Occupational Health Study Section (SOHSS), National Institute for Occupational Safety and Health (NIOSH).

Times and Dates: 8 a.m.–5:30 p.m., February 17, 2000; 8 a.m.–5:30 p.m., February 18, 2000.

Place: Embassy Suites, 1900 Diagonal Road, Alexandria, Virgina 22314.

Status: Open 8 a.m.–8:15 a.m., February 17, 2000. Closed 8:15 a.m.–5:30 p.m., February 17, 2000. Closed 8 a.m.–5:30 p.m., February 18, 2000.

Purpose: The Safety and Occupational Health Study Section will review, discuss, and evaluate grant application(s) received in response to the Institute's standard grants review and funding cycles pertaining to research issues in occupational safety and health and allied areas.

It is the intent of NIOSH to support broad-based research endeavors in keeping with the Institute's program goals which will lead to improved understanding and appreciation for the magnitude of the aggregate health burden associated with occupational injuries and illnesses, as well as to support more focused research projects which will lead to improvements in the delivery of occupational safety and health services and the prevention of work-related injury and illness. It is anticipated that research funded will promote these program goals.

Matters to be Discussed: The meeting will convene in open session from 8:00–8:15 a.m. on February 17, 2000, to address matters related to the conduct of Study Section business. The remainder of the meeting will proceed in closed session. The purpose of the closed sessions is for the Safety and Occupational Health Study Section to consider safety and occupational health related grant applications. These portions 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: Pervis C. Major, Ph.D., Scientific Review Administrator, Office of Extramural Coordination and Special Projects, Office of the Director, NIOSH, 1095 Willowdale Road, Morgantown, West Virginia 26505. Telephone 304/285–5979.

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: January 6, 2000.

Carolyn J. Russell,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 00–683 Filed 1–11–00; 8:45 am]

BILLING CODE 4163–19–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention.

Nutritional Factors and the Prevention of Birth Defects Workshop; Meeting

Division of Birth Defects, Child Development, and Disability and Health (BDCDDH) in the National Center for Environmental Health (NCEH) announces the following conference:

Name: Nutritional Factors and the Prevention of Birth Defects Workshop.

Time and Date: 8:30 a.m.–4 p.m., January 19, 2000.

Place: Atlanta Hartsfield International Airport Conference Center, Atrium 3rd floor, Atlanta, Georgia 30320.

Status: Open for participation by anyone with an interest in public health issues related to the role of nutritional factors in the prevention of birth defects, limited only by the space available. Persons wishing to participate must fax their request to Adolfo Correa, M.D., Ph.D.,(770) 488–7197.

Matters to be Discussed: A large body of evidence indicates that increased intake of folic acid before and early in pregnancy can reduce a woman's risk of having an infant with a neural tube defect. There is additional evidence suggesting that intake of multivitamins before and early in pregnancy may reduce the risk of other birth defects. One of the strategic goals of the Birth Defects and Pediatric Genetics Branch (BDPG) is to investigate the role of nutritional factors in the prevention of birth defects. The workshop is designed to assist in the development of a prevention research agenda concerning the role of maternal nutrition during pregnancy. The discussion guide extramural research activities by establishing research priorities and providing a research framework for CDC's extramural partners in the area of nutrition during pregnancy, and birth defects.

Contact Persons for More Information: Adolfo Correa, M.D., Ph.D., phone (770) 488–7164, or Carolyn Davis, phone (770) 488–7160, BDCDDH, NCEH, CDC, 4770 Buford Highway, NE, M/S F–45, Atlanta, Georgia 30341, fax (770) 488–7197.

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 CDC and the Agency for Toxic Substances and Disease Registry.

Dated: January 6, 2000.

Carolyn J. Russell,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 00–682 Filed 1–11–00; 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: 45 CFR Part 95, Subpart F—Automatic Data Processing Equipment and Serivces—Conditions for Federal Financial Participation (FFP)

OMB No.: 0992–0005.

Description: The advance planning document (APD) process, established in the rules at 45 CFR Part 95, Subpart F, is the procedure by which States request and obtain approval for Federal financial participation in their cost of acquiring automatic data processing equipment and services. The State Agency submitted APD, provides the Department of Health and Human Services (DHHS) with the following information necessary to determine the State's need to acquire the requested ADP equipment and/or services: