Published epidemiologic studies of TBI are also reviewed in the article ''Epidemiology of Traumatic Brain Injury in the United States'' located at the Internet website of the National Center for Injury Prevention and Control <http://www.cdc.gov/ncipc/dacrrdp/tbi.htm>.

How to Obtain a Copy of the CDC Guidelines for Surveillance of Central Nervous System Injury:

A copy of these Guidelines can be obtained either by calling 770-488–4031, by submitting the ''NCIPC Publications Order Form'' through the Internet website of the National Center for Injury Prevention and Control <http://www.cdc.gov/ncipc/pub-res/pubsav.htm>, or by writing to the Division of Acute Care, Rehabilitation Research, and Disability Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (CDC), 4770 Buford Highway, NE., Mailstop F–41, Atlanta, GA 30341–3724.

[FR Doc. 98–5389 Filed 3–2–98; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Announcement Number 98029]

Grants for Violence-Related Injury Prevention Research; Notice of Availability of Funds for Fiscal Year 1998

Introduction

The Centers for Disease Control and Prevention (CDC) announces applications are being accepted for Violence-Related Injury Prevention Research Grants for fiscal year (FY) 1998.

The CDC is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority area of Violent and Abusive Behavior (To order a copy of Healthy People 2000, see the Section Where to Obtain Additional Information.)

Authority

This program is authorized under sections 301, 391, 392 and 394 of the Public Health Service Act (42 U.S.C. 241, 280b, 280b–1 and 280b–2) as amended. Program regulations are set forth in Title 42 CFR, part 52.

Eligible Applicants

Eligible applicants include all nonprofit and for-profit organizations. Thus State and local health departments, State and local governmental agencies, universities, colleges, research institutions, and other public and private organizations, including small, minority and/or woman-owned businesses are eligible for these research grants. Current holders of CDC injury control research projects are eligible to apply.

Note: An organization described in section 501(c)(4) of the Internal Revenue Code of 1986 which engages in lobbying activities shall not be eligible to receive Federal funds constituting an award, grant, contract, loan, or any other form.

Smoke-Free Workplace

CDC strongly encourages all grant recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products, and Pub. L. 103–227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, child care, health care, and early childhood development services are provided to children.

Availability of Funds

Approximately $2.0 million is expected to be available for injury research grants in the areas of suicidal behavior, firearm-related injury, sexual violence, and intimate partner violence. The specific program priorities for these funding opportunities are outlined with examples in this announcement under the section, ''Programmatic Priorities.'' It is expected that the awards will begin on or about September 1, 1998, and will be made for 12-month budget periods within the appropriate (see below) project period. Funding estimated may vary and is subject to change.

For research projects targeting the areas of suicidal behavior and firearm-related injury, approximately $1,000,000 is available to fund 3–4 grants. Each grant will be supported for a maximum project period of three years at $300,000 per year (including both direct and indirect costs).

For research projects targeting sexual violence or intimate partner violence, approximately $1,000,000 is available to fund 3–4 grants. Each grant will be supported for a maximum project period of three years at $300,000 per year (including both direct and indirect costs). Applicants who are awarded grants targeting sexual violence or intimate partner violence and who collect data will be required to archive the data (minus any personal identifiers) and secure a privacy certificate (see the following section, Other Requirements).

Grant applications that exceed the $300,000 per year caps will be returned to the investigator as non-responsive.

Continuation awards within the project period will be made based on satisfactory progress demonstrated by investigators at work-in-progress monitoring workshops (travel expenses for this annual one day meeting should be included in the applicant's proposed budget), the achievement of workplan milestones reflected in the continuation application, and the availability of Federal funds. In addition, if funds are available, continuation awards may be eligible for increased funding to offset inflationary costs.

Use of Funds—Restrictions on Lobbying

Applicants should be aware of restrictions on the use of HHS funds for lobbying of Federal or State legislative bodies. Under the provisions of 31 U.S.C. 1352 (which has been in effect since December 23, 1989), recipients (and their subtier contractors) are prohibited from using appropriated Federal funds (other than profits from a Federal contract) for lobbying Congress or any Federal agency in connection with the award of a particular contract, grant, cooperative agreement, or loan. This includes grants/cooperative agreements that, in whole or in part, involve conferences for which Federal funds cannot be used directly or indirectly to encourage participants to lobby or to instruct participants on how to lobby.

In addition, the FY 1998 HHS Appropriations Act expressly prohibits the use of 1998 appropriated funds for indirect or ''grass roots'' lobbying efforts that are designed to support or defeat legislation pending before State legislatures. Section 503 of Public Law 105–78, provides as follows:

(a) No part of any appropriation contained in this Act shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress, or any State legislature, except in presentation to the Congress or any State legislative body itself.

(b) No part of any appropriation contained in this Act shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State legislature.

Use of Funds—Prohibition on Use of CDC Funds for Certain Gun Control Activities

The Departments of Labor, Health and Human Services, and Education, and

Related Agencies Appropriations Act, 1998, specifies that: ''None of the funds made available for injury prevention and control at the Centers for Disease Control and Prevention may be used to advocate or promote gun control.''

Anti-Lobbying Act requirements prohibit lobbying Congress with appropriated Federal monies. Specifically, this Act prohibits the use of Federal funds for direct or indirect communications intended or designed to influence a member of Congress with regard to specific Federal legislation. This prohibition includes the funding and assistance of public grassroots campaigns intended or designed to influence members of Congress with regard to specific legislation or appropriation by Congress.

In addition to the restrictions in the Anti-Lobbying Act, CDC interprets the new language in the CDC's 1998 Appropriations Act to mean that CDC's funds may not be spent on political action or other activities designed to affect the passage of specific Federal, State, or local legislation intended to restrict or control the purchase or use of firearms.

Note: Grant funds will not be made available to support the provision of direct care services.

Eligible applicants may enter into contracts, including consortia agreements (as set forth in the PHS Grants Policy Statement) as necessary to meet the requirements of the program and strengthen the overall application.

Background and Definitions

A. Background

Violence (intentional injury) ranks as one of the nation's most pressing health problems. Injuries sustained as a result of assaultive and suicidal behavior account for more than a third of the deaths from injuries, including an annual toll of more than 55,000 lives lost. Suicide was the ninth leading cause of death among Americans in 1995, and homicide is the leading cause of death among African-American men and women aged 15–24. Men are at approximately four times greater risk than women for death from suicide and homicide. Both homicide and suicide are still major causes of mortality among women, and they are in the top ten leading causes of death for women up to age 44.

Although men are at much greater risk of injury and death due to interpersonal violence, women are at much higher risk of nonfatal injuries due to sexual violence and intimate partner violence. The total extent and severity of violence-related non-fatal injuries are unknown, but a substantial portion of the nation's health care and rehabilitation systems' resources are devoted to attending to victims of violence. Lifetime costs of non-fatal injuries resulting from assaultive behavior and sexual violence occurring from 1987–1990 are estimated to be at least $106 billion.

A broad approach should be utilized to maximize opportunities for prevention that incorporate many disciplines that have not been an integral part of public health efforts. Many of these opportunities and research priorities are discussed in Healthy People 2000. Additional background information can be found in the following suggested readings: Violence and the Public's Health, Understanding and Preventing Violence, and Violence in America: A Public Health Approach. (To receive information on these reports see the section **WHERE TO OBTAIN ADDITIONAL INFORMATION**).

B. Definitions

1. *Injury* is defined as physical damage to an individual that occurs over a short period of time as a result of acute exposure to one of the forms of physical energy in the environment or to chemical agents or the acute lack of oxygen. *Violence* is the threatened or actual use of physical force or power against another person, against oneself, or against a group or community which either results in, or has a high likelihood of resulting in injury, death, or deprivation. The injuries or harm resulting from violence may be either physical or psychological. Violence encompasses suicidal behavior as well as interpersonal assaultive behavior, including sexual violence, intimate partner violence, child abuse and neglect, child sexual abuse, elder abuse, hate crimes, and assaults against or by HIV-infected persons. *Suicidal behavior* are actions that place an individual at high risk for self-destruction. Suicidal behaviors include suicide gestures, threats and attempts. *Intimate Partner Violence* is defined as threatened or actual use of physical force against an intimate partner that either results in or has the potential to result in injury, harm, or death. Intimate partner violence may be physical, sexual, or psychological. Types of behavior that fit within this definition are commonly referred to as domestic violence, spouse abuse, woman battering, courtship violence, sexual violence, date rape, and partner rape. *Sexual violence* is the use of physical force to compel a person to engage in a sexual act against their will, whether or not the act is completed. Sexual violence also includes sexual acts with persons unable to appraise a situation, decline participation, or to communicate unwillingness to engage in a sex act.

2. *Violence-related injury prevention research projects* are defined as research designed to:

a. Elucidate the chain of causation—the etiology and mechanisms—of violence-related injuries; or

b. Yield results directly applicable to identifying interventions to prevent violence-related injury occurrence or minimize disability; or

c. Evaluate the effect of policies, programs, or interventions on violence-related injury morbidity, mortality, disability, and costs.

Purpose

The purposes of this program are to:

A. Build the scientific base for the prevention of injuries, disabilities, and deaths due to violence in the following four priority areas: Suicidal behavior, firearm-related injury, sexual violence, and intimate partner violence as delineated in Healthy People 2000.

B. Identify effective strategies to prevent violence-related injuries.

C. Expand the development and evaluation of current and new intervention methods and strategies for the primary prevention of violence-related injuries.

D. Encourage professionals from a wide spectrum of disciplines such as medicine, health care, public health, criminal justice, and behavioral and social sciences, to undertake research to prevent and control injuries from suicidal behavior, firearm-related injury, sexual violence, and intimate partner violence.

E. Encourage the training of pre-doctoral minority investigators to work in the area of violence research.

Program Requirements

The following are applicant requirements:

A. A principal investigator who has conducted research, published the findings in peer-reviewed journals, and has specific authority and responsibility to carry out the proposed project.

B. Demonstrated experience in conducting, evaluating, and publishing in peer-reviewed journals injury control research pertaining to violence (as previously defined) on the applicant's project team.

C. Effective and well-defined working relationships within the performing organization and with outside entities which will ensure implementation of the proposed activities.

D. The ability to carry out injury control research projects as previously

defined under Background and Definitions, (B.2.a–c).

E. The overall match between the applicant's proposed theme and research objectives, and the program priorities as described under the heading, ''Programmatic Priorities.''

Programmatic Priorities

Grant applicants should concentrate on the need to reduce morbidity, mortality, and disabilities caused by suicidal behavior, firearm-related injury, sexual violence, or intimate partner violence.

1. *Injury prevention research addressing emerging issues in suicidal behavior*

- Conduct research to develop and improve measurement instruments for the identification and study of suicides and suicide attempts in surveys, research studies, and surveillance systems.
- Conduct research designed to improve understanding of the nature of suicide risk among emerging high-risk populations such as young African American males.
- Conduct research that further illuminates understanding of the contribution of potential risk factors for suicide such as impulsivity, sexual orientation, and hopelessness.

2. *Injury prevention research addressing firearm-related injuries among children and adolescents*

- Conduct research to improve understanding of the motivations and deterrents for weapon carrying behavior among adolescents at high risk for firearm-related injuries.
- Conduct research that estimates injury risk associated with firearm storage or carriage practices.
- Conduct research that addresses the effects of firearm safety training and education programs on firearm storage and carriage practices.

3. *Injury prevention research addressing sexual violence or intimate partner violence*

- Conduct research to address the impact of welfare and welfare-to-work programs on women (and their children) who experience intimate partner violence.
- Conduct research to determine the effectiveness of prevention programs for adolescent males at risk for perpetration of sexual violence or intimate partner violence or intervention programs for perpetrators of sexual violence or intimate partner violence.
- Conduct research on risk factors for perpetration of sexual violence.

Reporting Requirements

An original and two copies of the financial status and progress reports are due 90 days after the end of each budget period. Final financial status and progress reports are due 90 days after the end of the project period.

Application Content

Applications for injury control research grants should include:

A. The project's focus that justifies the research need and describes the scientific basis for the research, the expected outcome, and the relevance of the findings to reduce injury morbidity, mortality, disability and economic losses. This focus should be based on recommendations in Healthy People 2000 and should seek creative approaches that will contribute to a national program for injury control.

B. Specific, measurable, and time-framed objectives.

C. A detailed plan describing the methods, by which the objectives will be achieved, including their sequence. A comprehensive evaluation plan is an essential component of the application.

D. A description of the grant's principal investigator's role and responsibilities.

E. A description of all the project staff regardless of their funding source. It should include their title, qualifications, experience, percentage of time each will devote to the project, as well as that portion of their salary to be paid by the grant.

F. A description of the role, duties, and responsibilities of the project's pre-doctoral minority investigator(s) (a minimum of 15% of each pre-doctoral minority investigator's time should be reflected in the project's budget).

G. A description of those activities related to, but not supported by the grant.

H. A description of the involvement of other entities that will relate to the proposed project, if applicable. It should include commitments of support and a clear statement of their roles.

I. A detailed first year budget for the grant with future annual projections, if relevant.

J. Applicants must identify in a cover letter one of the priority areas listed among the four areas of violence-related injury research previously outlined under the heading Programmatic Priorities, (i.e., suicidal behavior, firearm-related injury, sexual violence, or intimate partner violence), upon which their project is focused.

K. An explanation of how the research findings will lead to feasible, cost-effective injury interventions.

An applicant organization has the option of having specific salary and fringe benefit amounts for individuals omitted from the copies of the application which are made available to outside reviewing groups. To exercise this option: On the original and five copies of the application, the applicant must use asterisks to indicate those individuals for whom salaries and fringe benefits are not shown; the subtotals must still be shown. In addition, the applicant must submit an additional copy of page four of Form PHS–398, completed in full, with the deleted amounts shown. This budget page will be reserved for internal CDC staff use only.

Evaluation Criteria

Upon receipt, applications will be screened by CDC staff for completeness and responsiveness as outlined under the previous heading, Program Requirements (A–E). Incomplete applications and applications that are not responsive will be returned to the applicant without further consideration. Applications that are complete and responsive may be subjected to a preliminary evaluation (triage) by a peer review group to determine if the application is of sufficient technical and scientific merit to warrant further review; the CDC will withdraw from further consideration applications judged to be noncompetitive and promptly notify the principal investigator/program director and the official signing for the applicant organization. Those applications judged to be competitive will be further evaluated by a dual review process. Awards will be made based on priority score ranking by the Injury Research Grants Review Committee (IRGRC), programmatic priorities and needs by the Advisory Committee for Injury Prevention and Control, and the availability of funds.

A. The first review following the preliminary review (triage) will be a peer review to be conducted on all applications. Factors to be considered will include:

1. The specific aims of the research project, i.e., the broad long-term objectives, the intended accomplishment of the specific research proposal, and the hypothesis to be tested.

2. The background of the proposal, i.e., the basis for the present proposal, the critical evaluation of existing knowledge, and specific identification of the injury control knowledge gaps which the proposal is intended to fill.

3. The significance and originality from a scientific or technical standpoint of the specific aims of the proposed research, including the adequacy of the theoretical and conceptual framework for the research.

4. For competitive renewal applications, the progress made during the prior project period. For new applications, (optional) the progress of preliminary studies pertinent to the application.

5. The adequacy of the proposed research design, approaches, and methodology to carry out the research, including quality assurance procedures, plan for data management, and statistical analysis plans, plans for inclusion of minorities and both sexes.

6. The extent to which the evaluation plan will allow for the measurement of progress toward the achievement of the stated objectives.

7. Qualifications, adequacy, and appropriateness of personnel to accomplish the proposed activities, including pre-doctoral minority investigator(s).

8. The degree of commitment and cooperation of other interested parties (as evidenced by letters detailing the nature and extent of the involvement).

9. The reasonableness of the proposed budget to the proposed research and demonstration program.

10. Adequacy of existing and proposed facilities and resources.

11. An explanation of how the research findings will lead to feasible, cost-effective injury interventions.

B. The second review will be conducted by the Advisory Committee for Injury Prevention and Control. The factors to be considered will include:

1. The results of the peer review.

2. The significance of the proposed activities in relation to the objectives outlined under the section, ''Programmatic Priorities.''

3. National needs.

4. Overall distribution among:

- The priorities listed among the four areas of violence-related injury research: suicidal behavior, firearm-related injury, sexual violence, and intimate partner violence;
- The major disciplines of violence-related injury prevention: social and behavioral science, biomechanics, and epidemiology;
- Populations addressed (e.g., adolescents, racial and ethnic minorities, the elderly, children, urban, rural).

5. Budgetary considerations.

6. Additional consideration will be given to those applicants who provide evidence of substantial involvment for pre-doctoral minority investigators in the proposed project.

C. Continued Funding

Continuation awards made after FY 1998, but within the project period, will be made on the basis of the availability of funds and the following criteria:

1. The accomplishments reflected in the progress report of the continuation application indicate that the applicant is meeting previously stated objectives or milestones contained in the project's annual workplan and satisfactory progress has been demonstrated at work-in-progress monitoring workshops;

2. The objectives for the new budget period are realistic, specific, and measurable;

3. The methods described will clearly lead to achievement of these objectives;

4. The evaluation plan will allow management to monitor whether the methods are effective; and

5. The budget request is clearly explained, adequately justified, reasonable and consistent with the intended use of grant funds.

Executive Order 12372 Review

Applications are not subject to the review requirements of Executive Order 12372 review.

Public Health System Reporting Requirement

This program is not subject to the Public Health System Reporting Requirements.

Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance number is 93.136.

Other Requirements

A. Paperwork Reduction Act

Projects that involve the collection of information from 10 or more individuals and funded by these grant awards will be subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

B. Human Subjects

If the proposed project involves research on human subjects, the applicant must comply with the Department of Health and Human Services Regulations, 45 CFR part 46, regarding the protection of human subjects. Assurance must be provided to demonstrate that the project will be subject to initial and continuing review by an appropriate institutional review committee. The applicant will be responsible for providing assurance in accordance with the appropriate guidelines and forms provided in the application kit.

C. Certificate of Confidentiality

Research that examines individual traits and experiences plays a vital part in expanding our knowledge about human behavior. It is essential, however, that researchers protect subjects from needless risk of harm or embarrassment and proceed with their willing and informed cooperation. CDC has established a policy and mechanism for issuance of certificates of confidentiality under section 301(d) of the Public Health Act. Certificates of confidentiality provide important protections for research subjects so that they will not be harmed as a result of their participation because of inappropriate disclosures, and in doing so serve the valuable function of encouraging people to participate in research. Specifically, the confidentiality certificate prevents study staff from being forced under a court order or other legal action to identify individuals who are participants in the study. Grant recipients who propose studies that link sensitive information with personal identifiers should consider applying for a certificate of confidentiality (To order an application for a certificate of confidentiality, see the section Where to Obtain Additional Information.)

D. Animal Subjects

If the proposed project involves research on animal subjects, the applicant must comply with the ''PHS Policy on Humane Care and Use of Laboratory Animals by Awardee Institutions.'' An applicant organization proposing to use vertebrate animals in PHS-supported activities must file an Animal Welfare Assurance with the Office of Protection from Research Risks at the National Institutes of Health.

E. Women and Minority Inclusion Policy

It is the policy of the CDC to ensure that women and racial and ethnic groups will be included in CDC supported research projects involving human subjects, whenever feasible and appropriate. Racial and ethnic groups are those defined in OMB Directive No. 15 and include American Indian, Alaska Native, Asian, Native Hawaiian or other Pacific Islander, Black/African American and Hispanic or Latino. Applicants shall ensure that women, racial and ethnic minority populations are appropriately represented in applications for research involving human subjects. Where clear and compelling rationale exists that inclusion is inappropriate or not feasible, this situation must be explained as part of the application.

In conducting the review of applications for scientific merit, review groups will evaluate proposed plans for inclusion of minorities and both sexes as part of the scientific assessment and

assigned score. This policy does not apply to research studies when the investigator cannot control the race, ethnicity and/or sex of subjects. Further guidance to this policy is contained in the **Federal Register**, Vol. 60, No. 179, Friday, September 15, 1995, pages 47947–47951.

F. Publication and Dissemination

CDC and NIJ both support research and the dissemination of the results. It is, therefore, expected that at the completion of the project the grant recipient will submit a brief (2,500 to 4,000 words) summary highlighting the findings and their implications for research and policy. Specifically, grantees addressing sexual violence or intimate partner violence research will acknowledge the joint support by CDC and NIJ. CDC will place the summary report and each grant recipient's final report with the National Technical Information Service (NTIS) to further the agency's efforts to make the information more available and accessible to the public.

G. Data Archive

Grant recipients addressing sexual violence or intimate partner violence and who collect data are required to archive their data (minus all personal identifiers). CDC and NIJ support the need to archive research data in a public repository for several reasons. First, making these data more widely available to the research community will help to accelerate the development of knowledge for preventing and controlling intimate partner violence and sexual violence. Second, the availability of these data will help to validate and extend existing research by facilitating the conduct of studies to replicate existing findings and compare similar data across multiple data sets. Finally, CDC and NIJ believe that public confidence in federally-supported research will be enhanced by ensuring the public availability of research data.

NIJ established its Data Resources Program in 1984 to ensure the public availability of research data. Grantees with proposals addressing intimate partner violence or sexual violence and who collect data are required to submit a machine-readable copy of the data and appropriate documentation to NIJ no later than 12 months after the close of the project period. Submission of the grantee's data for archiving does not preclude further publications after the archival requirement has been satisfied. NIJ ensures that data and materials are complete and that users' guides and data are available for distribution. A variety of formats are acceptable; however, the data and materials must conform with requirements detailed in ''Depositing Data With the Data Resources Program of the National Institute of Justice: A Handbook.'' A copy of this handbook is sent to each principal investigator at the time of the award. The data archive is maintained by the Inter-university Consortium for Political and Social Research (ICPSR) at the University of Michigan. Applicants may consult the Guide to Social Science Data Preparation and Archiving, ICPSR, 1996 (this handbook can be found on-line at http://www.icpsr.umich.edu/ICPSR/Archive/Deposit/dpm.html#preparing).

H. Privacy Certificate

Grant recipients who have proposals addressing sexual violence or intimate partner violence and who collect data are also required to secure a privacy certificate prior to the award being made. Research that examines individual traits and experiences plays a vital part in expanding our knowledge. It is essential, however, that researchers protect subjects from needless risk of harm or embarrassment and proceed with their willing and informed cooperation. NIJ requires that investigators protect information identifiable to research participants. When information is safeguarded, it is protected by statute from being used in legal proceedings:

[S]uch information and copies thereof shall be immune from legal process, and shall not, without the consent of the person furnishing such information, be admitted as evidence or used for any purpose in any action, suit, or other judicial, legislative, or administrative proceedings (42 U.S.C. 3789g).

Applicants should file their plans to protect sensitive information as part of their proposal. Applicants who do not intend to use data on individual subjects in their research should submit a statement to that effect. Applicants who are selected for funding will be contacted so that they can secure a privacy certificate prior to the initiation of the award.

Application Submission and Deadlines

A. Preapplication Letter of Intent

Although not a prerequisite of application, a non-binding letter of intent-to-apply is requested from potential applicants. The letter should be submitted to the Grants Management Specialist (whose address is reflected in section B, ''Applications''). It should be postmarked no later than one month prior to the planned submission deadline, (e.g., March 27 for April 27 submission). The letter should identify the announcement number, name the principal investigator, and specify the priority area of violence-related injury research (i.e., suicidal behavior, firearm-related injury, sexual violence, and intimate partner violence) addressed by the proposed project. The letter of intent does not influence review or funding decisions, but it will enable CDC to plan the review more efficiently, and will ensure that each applicant receives timely and relevant information prior to application submission.

B. Applications

Applicants should use Form PHS–398 (OMB No. 0925–0001 Revised 5/95) and adhere to the ERRATA Instruction Sheet for Form PHS–398 contained in the Grant Application Kit. Please submit an original and five copies, on or before April 27, 1998 to: Lisa T. Garbarino, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE, Room 321, Atlanta, Georgia 30305.

C. Application Deadlines

1. Applications shall be considered as meeting a deadline if they are either:

A. Received at the above address on or before the deadline date, or

B. Sent on or before the deadline date to the above address, and received in time for the review process. Applicants should request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailings.

2. Applications that do not meet the criteria above are considered late applications and will be returned to the applicant.

Where To Obtain Additional Information

Application Packet

To receive additional written information call 1–888-GRANTS4 (1–888–472–6874). You will be asked to leave your name, organization, address, and phone number and will need Announcement Number 98029.

All application procedures and guidelines are contained within that package or can be found on the CDC Homepage. The address for the CDC homepage is [http://www.cdc.gov]. For your convenience, you may be able to retrieve a copy of the PHS Form 398 from [http://www.nih.gov.grants/funding].

Business Management Information

If you need further information after reviewing the contents of the document business management assistance may be obtained from Lisa T. Garbarino, Grants Management Specialist, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Mailstop E–13, Atlanta, GA 30305, telephone (404) 842–6796 or internet: lgt1@cdc.gov

Programmatic Technical Information

If you have programmatic questions assistance may be obtained from Ted Jones, Program Manager, Extramural Research Grants Branch, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (CDC), Mailstop K–58, 4770 Buford Highway, NE.,Atlanta, Georgia 30341–3724, telephone (770)488–4824 or internet: tmj1@cdc.gov

CDC will not send application kits by facsimile or express mail.

Please refer to Announcement Number 98029 when requesting information and submitting an application.

Potential applicants may obtain a copy of Healthy People 2000 (Full Report, Stock No. 017–001–00474–0) or Healthy People 2000 (Summary Report, Stock No. 017–001–00473–1) through the Superintendent of Documents, Government Printing Office, Washington, DC, 20402–9325, telephone (202) 512–1800.

Information for obtaining the suggested readings, Violence and the Public's Health, Understanding and Preventing Violence, and Violence in America: A Public Health Approach, is included at the end of the announcement with the application kit.

Application instructions for certificates of confidentiality can be obtained by contacting Betsey Dunaway, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC), Mailstop E–11, 1600 Clifton Rd., NE., Atlanta, Georgia, 30333.

Telephone: 404/639–2942, Internet: BAS1@CDC.GOV

Dated: February 25, 1998.

Joseph R. Carter,

Acting Associate Director for Management And Operations, Centers for Disease Control and Prevention (CDC).

[FR Doc. 98–5388 Filed 3–2–98; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Occupational Research Agenda (NORA) Musculoskeletal Team Focus Group Meeting

The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC) announces the following meeting.

Name: National Occupational Research Agenda (NORA) Musculoskeletal Team Focus Group Meeting.

Time and Date: 9 a.m.–3 p.m., March 25, 1998.

Place: Clarion Hotel at O'Hare International, 6810B North Mannheim Road, Rosemont, Illinois 60018, telephone 847/297–8464.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 75 people.

Purpose: The NORA Musculoskeletal Committee is hosting a series of meetings to gather information, from a large array of partners, regarding important needs and issues with respect to prevention of musculoskeletal disorders in industry. These meetings will use focus groups to elicit areas of concern as expressed by representatives of various industry sectors. The present meeting will address the following industry sectors: Heavy manufacturing, light manufacturing, transportation/warehousing, agriculture/food processing, office ergonomics, and health care.

The Committee will share with each specific sector a series of questions helpful in identifying potential research needs. Each sector will develop their own list of research needs. After the three regional meetings are completed, the NORA Musculoskeletal Team will combine the research needs into a consolidated list. The researchers will be asked to identify research activities which can address research needs identified by the regional meetings. A separate meeting of musculoskeletal researchers is proposed for summer 1998.

The goal of these meetings is to develop a research agenda that reflects the needs and information gaps identified by individuals who confront musculoskeletal disorders frequently, including managers, workers, industry, unions, and clinicians. Output from the meeting will consist of a research agenda for each industry, as well as transcripts. Meetings will be audio taped to develop the transcript of the meeting, and to describe the process as well as the final outcome. Once the research agenda has been established, work will begin on the implementation process.

The ultimate goal of this process is to expand and deepen the partnership concept that is fundamental to the NORA process, and to develop a research agenda that is responsive to the needs of NIOSH partners in business, labor, academia, and government with respect to the control of musculoskeletal disorders. The goal is reflected in the motto of the NORA Musculoskeletal Committee: ''Promote Health and Reduce Lost Work Time.''

Contact Person for Additional Information: Sean Gallagher, NIOSH, CDC, Pittsburgh Research Laboratory, PO Box 18070, Pittsburgh, Pennsylvania 15236–0070, telephone 412/892–6445, e-mail address: sfg9@cdc.gov.

Dated: February 25, 1998.

Carolyn J. Russell,

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

[FR Doc. 98–5386 Filed 3–2–98; 8:45 am]

BILLING CODE 4160–19–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Arthritis Advisory Committee; Notice of Meeting

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

This notice announces a forthcoming meeting of a public advisory committee of the Food and Drug Administration (FDA). The meeting will be open to the public.

Name of Committee: Arthritis Advisory Committee.

General Function of the Committee: To provide advice and recommendations to the agency on FDA regulatory issues.

Date and Time: The meeting will be held on March 24 and 25, 1998, 8 a.m. to 5 p.m.

Location: Holiday Inn Gaithersburg, Walker and Whetstone Rooms, Two Montgomery Village Ave., Gaithersburg, MD.

Contact Person: Kathleen R. Reedy or LaNise S. Giles, Center for Drug Evaluation and Research, (HFD–21), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–443–5455, or FDA Advisory Committee Information Line, 1–800–741–8138 (301–443–0572 in the Washington, DC area), code 12532. Please call the Information Line for up-to-date information on this meeting.

Agenda: On March 24, 1998, the committee will discuss safety issues, gastrointestinal tolerability, renal, bone and reproductive toxicity related to nonsteroidal anti-inflammatory drugs, for example, COX–2 and other agents. On March 25, 1998, the committee will discuss the pain claim structure for chronic and acute pain and onset of pain relief including appropriate study