

Technical: Peter Jenkins, Office of Scientific and Health Communications, Epidemiology Program Office, CDC, Mailstop C08, 1600 Clifton Rd., NE., Atlanta, GA 30333, telephone 404-639-3909, FAX 404-639-3950; Kimberly Geissman, Division of Applied Public Health Training, Epidemiology Program Office, CDC, Mailstop D18, 1600 Clifton Rd., NE., Atlanta, GA 30333, telephone 404-639-4772, FAX 404-639-2222.

Business: Janet Mosser, Office of the Director, Epidemiology Program Office, CDC, Mailstop C08, 1600 Clifton Rd., NE., Atlanta, GA 30333, telephone 404-639-3191, FAX 404-639-2132.

SUPPLEMENTARY INFORMATION:

EPO/DAPHT Development Team will work with applicant to develop and promote an interactive, strategic computer game (similar to SimCity[TM] & SimHealth[TM])¹ that simulates the work environment of a practicing epidemiologist/public health specialist in which the player investigates disease outbreaks. Collaborating with DAPHT staff, applicant will design and produce a CD-ROM-based game that simulates disease outbreaks, e.g., infectious diseases and environmental injuries that affect the health of a fictitious human/animal population. The game is to contain epidemiologic data from 5-15 actual CDC-conducted disease outbreak investigations. (Variables in epidemiologic data may be introduced to increase possible combinations.) The player uses epidemiologic principles to determine the source of the outbreak and develop a response to control disease-related morbidity and mortality. The game is to be designed for multiple levels of player experience, beginning with high-school students through professionally trained public health specialists. Training and background-information modules will be included to guide beginner and intermediate players while expert level players may bypass those activities. Consideration is to be given for adding new epidemiologic data to extend the longevity of game marketability. The game is to be marketed to public health professionals, educators, and the general public.

The goal of this CRADA is to establish a commercial partnership for the development and production of an interactive computer-based game in epidemiology. CDC holds a wealth of data from actual epidemiologic investigations that would be useful in educating students and health professionals about public health

principles if presented in a popular, entertaining computer medium that is highly developed in the commercial marketplace.

Respondents to this application are to provide evidence of expertise in the development and marketing of computer-based simulation games. Respondents should provide supporting information (e.g., resumes) of qualifications for the project director and staff such as instructional designer, computer programmer, and graphic artist who would be involved in the CRADA. In addition, evidence should be provided that a technical representative familiar with epidemiological data systems will be able to work on-site at CDC. The respondent should also provide samples of similar projects developed and indicate the length of time of production and examples of successful marketing to academic and professional audiences. The respondent will develop the final research plan in collaboration with CDC but should provide an outline of a research plan for review by CDC in judging applications.

Applicant submissions will be judged according to the following criteria:

1. Expertise, qualifications, and experience of staff.
2. Willingness to assign technical representative on-site at CDC.
3. Demonstration of development of a similar technical product in a timely manner.
4. Ability to produce a product suitable for an academic/educational audience (high school through post-graduate/professional).

This CRADA is proposed and implemented under the 1986 Federal Technology Transfer Act: Public Law 99-502, as amended.

The responses must be made to: Peter Jenkins, Office of Scientific and Health Communications, Epidemiology Program Office, CDC, Mailstop C08, 1600 Clifton Rd., NE., Atlanta, GA 30333, telephone 404-639-3909; FAX 404-639-3950.

Dated: April 3, 1988.

Joseph R. Carter,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 98047]

Health Promotion and Disease Prevention Research Centers Cooperative Agreements; Notice of Availability of Funds for Fiscal Year 1998

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1998 funds for cooperative agreement programs for Health Promotion and Disease Prevention Research Centers.

CDC is committed to achieving the health promotion and disease prevention objectives of "Healthy People 2000," a DHHS-led national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to health priorities in Health Promotion, Health Protection, and Preventive Services. (To order a copy of "Healthy People 2000," see the section "Where to Obtain Additional Information.")

Authority

This program is authorized under sections 1706 (42 U.S.C. 300u-5) and 317(k)(3) (42 U.S.C. 247b(k)(3)), of the Public Health Service Act, as amended.

Smoke-Free Workplace

CDC strongly encourages all grant recipients to provide a smoke-free workplace and promote the nonuse 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, day care, health care, and early childhood development services are provided to children.

Eligible Applicants

Eligible applicants are academic health centers; defined as schools of public health, medicine, or osteopathy; that have:

A. Multidisciplinary faculty with expertise in public health and which has working relationships with relevant groups in such fields as public health, medicine, psychology, nursing, oral health, social work, education, and business.

B. Core faculty in epidemiology, biostatistics, social sciences, behavioral and environmental health sciences, and health administration.

C. Demonstrated curriculum in health promotion and disease prevention.

¹ Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services or CDC.

D. Capability for residency training in public health or preventive medicine.

Eligible applicants may enter into contracts, including consortia agreements, as necessary to meet the essential requirements of this program and to strengthen the overall application.

Availability of Funds

Approximately \$7 million is available in FY 1998 to fund approximately fourteen new awards. It is expected that the average award will be \$500,000, (including both direct and indirect costs), ranging from \$ to \$600,000. It is expected that the awards will begin on or about September 30, 1998, and will be made for a 12-month budget period within a project period of up to 5 years. Funding estimates may vary and are subject to change.

Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.

If requested, Federal personnel may be assigned to a project in lieu of a portion of the financial assistance.

Optional Funding

In addition, approximately \$205,000 (including both direct and indirect costs) is available to fund one special interest project related to promotion of physical activity and healthy eating.

Available funds will support a Prevention Research Center addressing one or more of the following objectives:

(NOTE: A careful evaluation strategy must be described and implemented, regardless of the objective selected.)

(a) Develop and test tools to assess need, monitor processes and determine outcomes of environmental and policy changes designed to increase physical activity and healthy eating at the State or community level in various settings or among specific target populations.

(b) Develop and test policy/environmental interventions to promote physical activity. Intervention and assessment methodologies will be developed incorporating elements such as community psychology, transportation systems, and policy evaluation.

(c) Develop and test policy/environmental interventions to promote healthy eating. Intervention and assessment methodologies will be developed incorporating elements such as community psychology, food marketing and retail systems, religious organizations, schools, worksites, and policy evaluation.

It is expected that this award will begin on or about September 30, 1998,

and is made for a 12-month budget period within a project period of up to 3 years. Funding estimates may vary and are subject to change. For more information on applying for Optional Funding, please contact persons listed under the section "Where to Obtain Additional Information."

Lobbying Restrictions

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 Department of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act (Pub. L. 105-78) states in section 503 (a) and (b) that no part of any appropriation contained in this Act shall be used, other than for normal and recognized executive-legislative relations, 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 legislature itself. 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.

Special Interest Projects (SIP)

Applicants currently funded to conduct special interest projects (SIP) can apply for extensions and continuations for FY 1998 under current award. Requests for SIP extensions and continuations should not be submitted with applications for funding under this announcement. Requests should be addressed separately to CDC's Procurement and Grants Office. Applicants receiving funds under this announcement will be eligible to

compete for new SIP's whenever such projects are announced by CDC.

Background

Recent history has indicated a gap between public health research findings and the implementation of those findings through public health practices. The Health Promotion Disease Prevention Research Centers Program was established in 1986 to bridge the gap between public health science and applied public health practices. This program serves to establish and maintain interdisciplinary academic centers that focus on public health issues or themes of national importance. The congressionally mandated purpose of this program remains as originally intended—to improve public health practice within communities.

CDC Program Objectives

An integrated, interdisciplinary community-based approach to health promotion disease prevention is the hallmark of the Health Promotion Disease Prevention Research Center Program. The program's overarching objectives are:

A. To develop community-based partnerships that lead to improved public health practice and increased capacity in health promotion and disease prevention.

B. To assess the current status of health promotion and disease prevention programs and services offered within State, local, and territorial health agencies; State and local education agencies; tribal jurisdictions; public and private health-care providers; voluntary agencies; and other community or lay organizations.

C. To identify, develop, and disseminate effective health promotion disease prevention interventions.

D. To advance the scientific basis of health promotion and disease prevention programs and services through research, evaluation, and dissemination.

E. To establish demonstration projects for delivery of health promotion and disease prevention programs and services to defined population groups in collaboration with the providers of these programs and services, especially State and local health and education departments.

F. To develop improved evaluation methodologies to assess the efficacy of health promotion and disease prevention programs and services, the effectiveness of broad-based programs to carry out these strategies, and the cost-effectiveness of applying and disseminating these programs and services to broad-based constituencies.

G. To foster collaborative relationships among health promotion and disease prevention research centers, both nationally as well as within the Network of CDC-Supported Prevention Research Centers. Prevention Research Centers are expected to make their expertise available to prevention, surveillance, and health programs conducted by Federal, State, and local governments, or other public and private organizations.

H. To develop a multidisciplinary approach to health promotion and disease prevention that includes developing, testing, evaluating, and disseminating model programs.

I. To provide a multidisciplinary base for education and training activities in the area of prevention and promotion.

Purpose

The purpose of this program is to support health promotion and disease prevention research that focuses on the major causes of death and disability. Prevention Research Centers (PRCs) are to conduct research and demonstration projects to develop improved methods of appraising health hazards and risk factors, and to initiate research and demonstration projects to develop and test new and innovative public health practices that can be rapidly applied to prevent and ameliorate disease and disability in the community. PRCs should help design programs that meet the needs of their communities to increase their capabilities in the areas of public health knowledge, skills, and policymaking, as well as to help communities better understand and evaluate public health research by fostering community involvement in all aspects of prevention research.

Program Requirements

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

A. Recipient Activities

1. Conduct and evaluate a demonstration project in health promotion and disease prevention or preventive health services, within a defined community or special population. The project must reflect the needs of the community within the applicant's jurisdiction and show evidence of having used an appropriate planning process in determining project selection. Consistent with the discussion in the Background and CDC Program Objectives sections, the project

should specify how the research project will heighten public health practice and advance research translation.

2. Establish an advisory committee to provide input on the major program activities. Membership may include but is not limited to a variety of local health-care providers, health and education agency officials, community leaders and organizers, and representatives of local businesses, churches, voluntary organizations, and consumers.

3. Conduct applied community-based training in research methods to foster community involvement and build community capacity for participatory research. If appropriate, this training may include a distance-learning-based format.

4. Establish collaborative activities with appropriate organizations, individuals, and State health departments.

5. Establish and document activities that support a multidisciplinary approach to health promotion and disease prevention, and provide multidisciplinary education and training programs in prevention research.

6. Demonstrate how the PRC will ensure dissemination of results to appropriate constituencies.

B. CDC Activities

1. Collaborate as appropriate with the recipient in all stages of the project.

2. Provide programmatic and technical assistance.

3. Participate in improving program performance through consultation based on information and activities of other projects.

4. Provide scientific collaboration.

5. At the request of the applicant, assign Federal personnel in lieu of a portion of the financial assistance to assist with developing the curriculum, training, or conducting other specific necessary activities.

Technical Reporting Requirements

An original and two copies of a progress report and financial status report are due no later than 90 days after the end of the budget period. The progress reports must include the following for each program, function, or activity involved: (1) A comparison of actual accomplishments to the goals established for the period; (2) the reasons for slippage if established goals are not met; and (3) other pertinent information including, when appropriate, analysis and explanation of unexpectedly high costs for performance.

Final financial and performance reports are required no later than 90 days after the end of the project period. All reports are submitted to the Grants Management Branch, CDC.

Application Content

All applications must be developed in accordance with the instructions for PHS Form 398, information that is contained in this program announcement, and the instructions outlined below.

The narrative must not exceed 90 double-spaced pages, excluding appendixes and PHS Form 398. Appendixes must not exceed 25 pages and must be hard copy documents (i.e., no audiovisual materials, posters, etc.).

A. Research Theme

Identify a research theme and describe activities designed to focus on the theme that will result in innovative approaches to prevention research. Clearly identify the need of the partner community, and describe the PRC's experience working with communities on the identified research theme. Applicants may wish to refer to products from the community prevention task force when considering their research theme. (For detailed information, visit the Guide to Community Preventive Services on the Web at <http://web.health.gov/communityguide>).

Examples of research themes from current Research Prevention Centers include:

1. Risk Reduction Among African-Americans, and Other Underserved Populations.
2. Families, Neighborhoods, and Communities: A Model for Action in Chronic Disease Prevention.
3. Reduction of Excess Morbidity and Mortality in the Harlem Community.
4. Health Promotion and Disease Prevention Across the Lifespan.
5. Promoting Health and Preventing Disease Among Urban and Rural Adolescents.
6. Teen Pregnancy Prevention.
7. Promoting Healthy Lifestyles in American Indians.
8. Workplace Health Promotion.
9. Promoting Healthy Behavior and Disease Prevention in Native American Populations.
10. Cardiovascular Disease Prevention in Low-Income Rural Communities.
11. Promoting Health Through Physical Activities.
12. From Healthy Children To Healthy Adults.
13. Keeping Older Adults Healthy and Independent.
14. Risk Factors in Appalachia.

B. PRC Plan

Submit a PRC plan with clear goals, objectives, and activities, to include:

1. A description of goals, and objectives for the budget period that are consistent with the research theme. Objectives should be specific, measurable, and realistic.

2. A description of the scope, methods of operation, evaluation, and a timeline for implementation.

3. A description of the use of other federal funds that will impact on stated program objectives.

4. A description of any financial and in-kind contributions from nonfederal sources.

5. Documentation of how the Advisory Committee will facilitate collaboration with community organizations, State and local health or education departments. Documentation should include a description of composition, membership, rationale for membership, and objectives for the community advisory committee.

6. A description of any community-based applied training.

7. A description of needed prevention research training for professionals.

8. Documentation of commitment to minority and underserved populations, or other defined populations or communities.

9. A description of significant factors which may favorably or adversely impact on program performance.

C. Management and Staffing Plan

Provide a management plan that includes a description of all organizational units and functions in the PRC. The plan should reflect the ability of the PRC to carry out the chosen research theme. Describe how the applicant will integrate the PRC within the parent institution. The following areas should be considered in developing a management and staffing plan:

1. Describe the PRCs personnel infrastructure.

2. Describe how proposed staffing will support center activity. Current resumes must be included.

3. No less than two full-time FTE's must be allocated for the following functions: (Percentages of an FTE may be used for several positions.)

(a) Scientific oversight: Accountable for center research and development, design, methodology, project evaluation, and publications.

(b) Community Development: Community liaison, advisory committee, community training activities, oversight of IRB protocols, community dissemination.

(c) Program and Project Management: Oversight of center supported research, coordination of center studies, mentorship of junior investigators, dissemination activities, and professional training in prevention research.

(d) Center Administration: Responsible for communication with CDC's Prevention Research Centers Program staff and Procurement and Grants Office. Responsibilities will include submission of fiscal reports, fiscal tracking and reports, personnel, and center procurement.

D. Research Project

Submit a description of the research project that is consistent with the CDC PRC Program objectives. Describe the project's community involvement. The narrative for specific project should contain:

1. A description of the research project including goals, objectives, timeline, and evaluation.

2. A description of the research activities that can ensure progress toward the achievement of objectives stated in the research project.

3. A description of project staff (number and types of positions).

4. A project budget.

5. A description of the efforts to conduct dissemination of research findings.

E. Evaluation Plan

Provide an evaluation plan that is directly linked to the research theme, the research project, and the objectives of the PRC. Describe a methodology to evaluate the overall prevention center theme and objectives with regard to program process, impact, fulfillment of outcome objectives, and community involvement; the PRCs community-based objectives; and any other indicators, such as cost-benefit analyses.

F. Budget Information

Provide a line-item budget and narrative justification for all requested costs that are consistent with the purpose, objectives, and proposed research activities, to include:

1. Line-item breakdown and justification for all personnel, i.e., name, position title, annual salary, percentage of time and effort, and amount requested.

2. Line-item breakdown and justification for all contracts and consultants, to include:

(a) Name of contractor or consultant.

(b) Period of performance.

(c) Method of selection (e.g., competitive or sole source).

(d) Scope of work.

(e) Method of accountability.

(f) Itemized budget

3. Requests for any direct assistance in the form of field assignees must also include the following:

(a) The number of assignees requested.

(b) A description of the position and proposed duties for each assignee.

(c) Justification for request.

(d) An organizational chart and the name of the intended supervisor.

(e) The availability of career-enhancing training, education, and research experience opportunities for the assignee(s).

(f) Assignee access to computer equipment for electronic communication between CDC headquarter's office and PRC.

4. A brief five-year budget projection should be submitted that clearly separates and distinguishes direct from indirect costs.

Evaluation Criteria

Applications will be reviewed and evaluated through a dual review process. The first review will be a peer evaluation of the scientific and technical merit of the application conducted by an external review committee. The second review will be conducted by senior Federal staff, who will consider the results of the first review together with national program need and relevance to the mission of CDC. Awards will be made on the basis priority score ranking by the external peer review, recommendations based on program review by senior Federal staff, and the availability of funds.

A. The Prevention Research Centers Objective Review Committee may recommend approval or disapproval based on the intent of the application and the following criteria:

1. PRC Theme (10 points)

The extent to which the research theme results in approaches or interventions that meet health priorities and emerging public health needs of identified communities or special groups; and the relevance and validity of the process used to identify the PRC theme.

2. PRC Plan (40 points)

(a) The PRC plan has objectives that are clear, specific, measurable, and realistic, and makes effective use of both the PRC and community resources to advance the PRC theme.

(b) Includes the technical and scientific merits of the proposed PRC plan, and its potential to achieve the stated objectives.

(c) Consistent with the PRC purpose, and includes a five-year timeline.

(d) Composition of Community Advisory Committee and rationale for its membership, relevance and feasibility of committee objectives and its role within the PRC.

(e) The existence of a clear plan for curriculum development, pilot-testing, and possible institutionalization.

(f) Capacity for providing professional multidisciplinary prevention research training in the area of health promotion and disease prevention, and the appropriateness of training goals and intended audience.

3. Management and Staffing Plan (15 points)

The extent to which the applicant demonstrates the ability, capacity, organizational structure, and staffing to carry out the overall theme, objectives, and specific project plans.

4. Research Project (20 points)

The extent, feasibility, and capacity for the proposed demonstration project, multidisciplinary input; implementation plan; research methodology; and dissemination plan.

5. Evaluation (15 points)

Feasibility of the methodology to evaluate the overall prevention center theme and objectives with regard to the PRC plan, process, impact, fulfillment of outcome objectives, demonstration project(s), and community involvement; the PRC's community-based objectives; and any other indicators, such as cost-benefit analyses.

G. Budget (Not Scored)

The extent to which the budget and justification are consistent with the program objectives and purpose.

7. Human Subjects (Not Scored)

If the proposed project involves human subjects, whether or not exempt from the Department of Health and Human Services (DHHS) regulations, the extent to which adequate procedures are described for the protection of human subjects. Recommendations on the adequacy of protections include: (1) Protections appear adequate and there are no comments to make or concerns to raise, or (2) protections appear adequate, but there are comments regarding the protocol, or (3) protections appear inadequate and the ORG has concerns related to human subjects, or (4) disapproval of the application is recommended because the research risks are sufficiently serious and protection against the risks are inadequate as to make the entire application unacceptable, and (5) protections appear adequate that

women, racial and ethnic minority populations are appropriately represented in applications involving human research.

B. Review by senior Federal staff:

Further review will be conducted by senior Federal staff.

Factors to be considered are:

1. Results of the peer review.
2. Program needs and relevance to community and national goals.
3. Budgetary considerations.

Typing and Mailing

Applicants should submit an original and five copies of the application to Sharron P. Orum, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E-18, Atlanta, GA 30305, on or before June 15, 1998. All pages must be clearly numbered, and a complete Table of Contents for the application and any appendices must be included. The original and each copy of the application must be submitted unstapled and unaffixed, bound with rubber bands only. All materials must be typewritten, single-spaced, with unreduced type on 8.5" by 11" paper, with at least 1" margins, headers and footers, and printed on one side only.

Noncompeting Continuation Application Contents

Noncompeting continuation applications submitted within the project period need only include:

A. A brief progress report describing the accomplishments of the previous budget period.

B. Any new or *significantly* revised items or information (objectives, scope of activities, operational methods, evaluation, key personnel, work plans, etc.) not included in the 01 Year or subsequent continuation applications.

C. An annual detailed budget and justification. Existing budget items that are unchanged from the previous budget period do not need rejustification. Simply list the items in the budget and indicate that they are continuation items.

Executive Order 12372 Review

This program is not subject to the Executive Order 12372 review.

Public Health System Reporting Requirements

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 93.135.

Other Requirements

Paperwork Reduction Act

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

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 the project will be subject to initial and continuing review by an appropriate institutional review board. The applicant will be responsible for providing assurance in accordance with the appropriate guidelines and form provided in the application kit.

Women and Racial and Ethnic Minorities

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 or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and Hispanic or Latino. Applicants shall ensure that women and racial and ethnic minority populations are appropriately represented in applications for research involving human subjects. Where clear and compelling rationale exist that inclusion is 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.

Application Submission and Deadlines**A. Letter of Intent (LOI)**

Potential applicants should submit an original and two copies of a one page, typewritten LOI to: Sharron P. Orum, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention, Mailstop E-18, 255 East Paces Ferry Road, NE., Room 300, Atlanta, GA 30305.

The LOI must briefly describe the proposed theme for the prospective Prevention Research Center (maximum of one paragraph), the applicant's experience and expertise on the proposed theme (maximum of one paragraph), and a brief description of the proposed community partner (maximum of one paragraph). The LOI must also include the name, address, telephone number, facsimile (fax) number, and E-mail address of a contact person from the applicant institution.

Attachments, booklets, or other documents will not be accepted with the LOI. LOIs will be reviewed by program staff, and the information used in planning the review process and the selection of reviewers. The original and two copies of the LOI must be postmarked by the deadline May 11, 1998. Facsimiles are not acceptable.

B. Application Due Date

One original and five copies of the application PHS 398 form (Revised 9/91) must be submitted to Sharron P. Orum, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E-18, Atlanta, GA 30305, on or before June 15, 1998.

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

1. Received on or before the deadline date; or
2. Sent on or before the deadline date and received in time for submission to the External Review Committee. (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 B.(1) and B.(2) above are considered late applications. Late applications will not be considered in the competition and will be returned to the applicant.

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. A complete program description and information on application procedures are contained in the application package. Business management technical assistance may be obtained from Glynnis Taylor, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E-13, Atlanta, GA 30305, telephone (404) 842-6593, by fax (404) 842-6513, or by Internet or CDC WONDER electronic mail at GLD1@CDC.GOV. Programmatic technical assistance may be obtained from Enrique Nieves, Jr., M.S., Senior Project Officer, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC), 4770 Buford Highway, NE., Mailstop K-30, Atlanta, GA 30341-3717, telephone (770) 488-5482, or by Internet or CDC WONDER electronic mail at EXN2@CDC.GOV.

Please refer to Program Announcement Number 98047 when requesting information and submitting an application.

You may obtain this announcement from one of two Internet sites on the actual publication date: CDC's homepage at <http://www.cdc.gov> or at the Government Printing Office homepage (including free on-line access to the **Federal Register** at <http://www.access.gpo.gov>).

Potential applicants may obtain a copy of "Healthy People 2000" (Full Report, Stock number 017-001-00474-0) or "Healthy People 2000" (Summary Report, Stock number 017-001-00473-1) referenced in the "Introduction" through the Superintendent of Documents, Government Printing Office, Washington, D.C. 20402-9325, Telephone (202) 512-1800.

Forum for Questions and Answers

The forum for questions and answers during the application process will be in the form of a mailing listing for the PRCs. The PRC mailing list will be titled PREV-CENTERS. A mailing list or LISTSERV is a system that allows you to create, manage, and control mailing lists on a network or on the Internet. Mailing lists make it possible to confer

in a rapid manner via the written word. It can replace a telephone conference call for questions and answers because questions via electronic mail are delivered in a matter of seconds, or occasionally minutes. Answers are sent to everyone on the list simultaneously.

PREV-CENTERS is a closed list available only to persons and entities associated with the cooperative agreement application process for Announcement Number 98047. It is to be used as a communication tool for CDC and applicants.

To subscribe to the listserv the applicant must send an E-mail message to: LISTSERV@LISTSERV.CDC.GOV with the following command in the BODY of the message: SUBSCRIBE PREV-CENTERS. There is no need to write a "Subject," or anything else in the message. The subscriber will then receive a welcome E-mail message from the list server with additional instructions on how to use commands for the mailing list. After the applicant is subscribed, questions to the PREV-CENTERS list may be sent to the following E-mail address: PREV-CENTERS@listserv.cdc.gov. Do not post confidential information on the list because every member of the PREV-CENTERS list will receive the message and the reply. All confidential matters should be conducted through normal channels; i.e., direct E-mail, correspondence, or telephone.

Please use the PREV-CENTERS LIST exclusively for posting any questions you may have on the application process for Announcement Number 98047. Questions will be accepted until the application deadline. All subscribers to the list will be deleted from the listserv after the application due date.

Program Definitions

Advisory Committee: A group of persons with implied or pretended knowledge and expertise in a particular research theme that have delegated powers to investigate, consider, and recommend courses of action regarding research, operation, and management of a Prevention Research Center.

Capacity-Building: The endeavoring that will lead to increasing the ability of a community to engage in participatory research.

Community: An interacting population of various kinds of individuals with common conditions defined by geographical and demographic factors.

Community-Based Applied Training: Training in research methods, epidemiology, and health policy designed to assist local health workers and community leaders in identifying

public health priorities and health-related problems.

Field Assignee: A CDC employee assigned to a grantee, through the cooperative agreement mechanism, for a specified purpose and time period.

Health Promotion: As defined by the Ottawa Charter for Health Promotion (WHO [1987]. Ottawa Charter for Health Promotion. Health Promotion, 1 (4), iii.), refers to the "process of enabling people to increase control over, and to improve, their health." The implementation of this definition requires that health promotion initiatives (i.e., programs, policies, or other organized activities) should be empowering, participatory, holistic, intersectoral, equitable, sustainable, and multistrategy.

Impact Objective: The desired impact of prevention research is change in the behavior or norm of a special group or community that heightens the likelihood of generalizing the research outcomes to reduce disease and death. The measurement of behaviors is the most significant and basic component of an impact evaluation. Knowledge and attitudes are also very important. Within the Prevention Research Centers, impact is measured by attaining outcomes that can be rapidly applied to targeted communities (translation), which includes building the capacity of the community to initiate its own research.

Indicators: A value that exposes the condition of a particular situation or activity without bias or judgment.

Outcome Objective: Outcome objectives focus on the long-term effects (rates of death and illness) of prevention research and translation of outcomes to a specific targeted population. Outcome evaluations are conducted long enough after the translation takes place for behavioral changes to show an affect. For the Prevention Research Centers, outcome is determined by changes in behavior of the targeted population or community.

Participatory Research: Community involvement in all stages of planning, developing, and evaluating the research.

Process Objective: Process objectives indicate the activities that are to be done and how they will be accomplished. Process involves administrative and community activities necessary to efficiently and effectively achieve a positive program impact (behavior change). Process for most prevention research projects include Center Administration; Research and Development; Community Involvement Plans; Professional Education; Applied Community Training; and Monitoring and Evaluation.

Special Interest Project: A research project that supplements the Prevention

Research Center's Cooperative Agreement funded by Centers, Institutes, or Offices (CIO's) within CDC, or other federal agencies.

Special Population: A group of persons with common characteristics or conditions.

Dated: April 3, 1998.

Joseph R. Carter,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[CRADA 98-001]

Cooperative Research and Development Agreement

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: The Centers for Disease Control and Prevention (CDC), National Center for Infectious Diseases, announces the opportunity for potential collaborator(s) to enter into a Cooperative Research and Development Agreement (CRADA) for the development of a worldwide sentinel surveillance system to isolate, characterize, and monitor for the emergence of new retroviruses and divergent HIV variants of public health importance. The reagents generated from this project will be used to validate the sensitivity and specificity of the current HIV screening tests. This research effort is designed to further the development of diagnostics to test for new HIV variants to ensure protection of the blood supply.

Because CRADAs are designed to facilitate the development of scientific and technological knowledge into useful, marketable products, a great deal of freedom is given to Federal agencies in implementing collaborative research. The CDC may accept staff, facilities, equipment, supplies, and money from the other participants in a CRADA; CDC may provide staff, facilities, equipment, and supplies to the project. There is a single restriction in this exchange: CDC MAY NOT PROVIDE FUNDS to the other participants in a CRADA. This opportunity is available until May 11, 1998. Respondents may be provided a longer period of time to furnish

additional information if CDC finds this necessary.

FOR FURTHER INFORMATION CONTACT:

Technical: Thomas M. Folks, Ph.D., Chief, HIV/Retrovirus Diseases Branch, Division of AIDS, STD and TB Laboratory Research, National Center for Infectious Diseases, Centers for Disease Control and Prevention (CDC), 1600 Clifton Rd. NE., Mailstop G-19, Atlanta, GA 30333, telephone (404) 639-1010.

Business: Lisa Blake-DiSpigna, Technology Transfer Representative, National Center for Infectious Diseases, Centers for Disease Control and Prevention (CDC), 1600 Clifton Rd. NE., Mailstop C-19, Atlanta, GA 30333, telephone (404) 639-3227, (E-Mail: LCB3@CDC.GOV).

SUPPLEMENTARY INFORMATION: Efforts will be made to sample various regions and risk groups in geographically dispersed countries. Where possible, the optimal sample size will be sufficient to have a high probability of detecting HIV variants present in these populations even if their prevalence is low (<1%). Samples will be tested for antibodies to HIV-1 and HIV-2; sero-reactive specimens will be further processed for sera, plasma, and cells. Attempts will be made to target populations attending STD clinics, counseling and testing centers, antenatal clinics, and TB treatment centers. Asymptomatic individuals reporting high risk behaviors and seronegative persons with elevated reactivity in screening assays will be further investigated. In addition, samples will be obtained whenever possible from sero-discordant couples and symptomatic individuals who have remained seronegative. Such samples will be evaluated using generic retroviral testing to identify new or highly divergent viruses which lack common epitopes with prototypic HIV strains. Specimen collection will be in accordance with CDC Institutional Review Board (IRB) approved protocols. An initial site assessment will be done to determine the prevalence of HIV infection and the feasibility of collecting and processing the requisite number of specimens.

Goals: The primary goal of this project is to collect isolates of representative emerging retroviruses and divergent HIV strains from persons with various transmission risk factors, representing different regions worldwide to help in understanding the degree of genetic diversity among emerging variants and what HIV strains predominate in these populations. Special emphasis will be given to monitoring for the presence of divergent HIV variants that are distinct from already characterized HIV-1/2