U.S.C. Chapter 35), the Federal Acquisition Regulation (FAR) Secretariat has submitted to the Office of Management and Budget (OMB) a request to review and approve an extension of a currently approved information collection requirement concerning Subcontractor Payments. A request for public comments was published at 62 FR 62760, November 25, 1997. No comments were received.

DATES: Comments may be submitted on or before March 5, 1998.

FOR FURTHER INFORMATION CONTACT: Jack O'Neill, Federal Acquisition Policy Division, GSA (202) 501–3856.

ADDRESSES: Comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, should be submitted to: FAR Desk Officer, OMB, Room 10102, NEOB, Washington, DC 20503, and a copy to the General Services Administration, FAR Secretariat, 1800 F Street, NW, Room 4037, Washington, DC 20405. Please cite OMB Control No. 9000–0135, Subcontractor Payments, in all correspondence.

SUPPLEMENTARY INFORMATION:

A. Purpose

Part 28 of the FAR contains guidance related to obtaining financial protection against damages under Government contracts (e.g., use of bonds, bid guarantees, insurance etc.). Part 52 contains the texts of solicitation provisions and contract clauses. These regulations implement a statutory requirement for information to be provided by Federal contractors relating to payment bonds furnished under construction contracts which are subject to the Miller Act (40 USC 270a–270d). This collection requirement is mandated by Section 806 of the National Defense Authorization Act for Fiscal Years 1992 and 1993 (Public Law 102–190), as amended by Section 2091 of the Federal Acquisition Streamlining Act of 1994 (Public Law 103–335). The clause at 52.228–12, Prospective Subcontractor Requests for Bonds, implements Section 806(a)(3) of Public Law 102–190, as amended, which specifies that, upon the request of a prospective subcontractor or supplier offering to furnish labor or material for the performance of a construction contract for which a payment bond has been furnished to the United States pursuant to the Miller Act, the contractor shall promptly provide a copy of such payment bond to the requestor.

In conjunction with performance bonds, payment bonds are used in Government construction contracts to secure fulfillment of the contractor's obligations under the contract and to assure that the contractor makes all payments, as required by law, to persons furnishing labor or material in performance of the contract. This regulation provides prospective subcontractors and suppliers a copy of the payment bond furnished by the contractor to the Government for the performance of a Federal construction contract subject to the Miller Act. It is expected that prospective subcontractors and suppliers will use this information to determine whether to contract with that particular prime contractor. This information has been and will continue to be available from the Government. The requirement for contractors to provide a copy of the payment bond upon request to any prospective subcontractor or supplier under the Federal construction contract is contained in Section 806(a)(3) of Public Law 102–190, as amended by Sections 2091 and 8105 of Public Law 103–355.

B. Annual Reporting Burden

The annual reporting burden is estimated as follows: Respondents, *12,000;* responses per respondent, *5;* total annual responses, *60,000;* preparation hours per response, *.5;* and total response burden hours, *30,000.*

Obtaining Copies of Proposals: Requester may obtain a copy of the justification from the General Services Administration, FAR Secretariat (VRS), Room 4037, 1800 F Street, Washington, DC 20405, telephone (202) 501–4755. Please cite OMB Control No. 9000–0135, Subcontractor Payments, in all correspondence.

Dated: January 29, 1998.

Sharon A. Kiser,

FAR Secretariat.

[FR Doc. 98–2623 Filed 2–2–98; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Announcement 98018]

State and Local Childhood Lead Poisoning Prevention Program and State Childhood Blood Lead Surveillance Program; Notice of Availability of Funds for Fiscal Year 1998

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of funds in fiscal year (FY) 1998 for new and competing continuation State and local childhood lead poisoning prevention (CLPP) programs, and State childhood blood lead surveillance (CBLS) programs.

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 Environmental Health. (To order a copy of ''Healthy People 2000'', see the Where to Obtain Additional Information section.)

Authority

This program is authorized under sections 301(a), 317A and 317B of the Public Health Service Act [42 U.S.C. 241(a), 247b–1, and 247b–3], as amended. Program regulations are set forth in Title 42, Code of Federal Regulations, Part 51b.

Smoke-Free Workplace

The CDC strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products, and Public Law 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 for Part A: State and Local CLPP Programs

Eligible applicants are State health departments or other state health agencies or departments deemed most appropriate by the state to direct and coordinate the State's childhood lead poisoning prevention program.

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

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

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, loan, or any other form.

Eligible Applicants for Part B: CBLS Programs

Eligible applicants are State health departments, the District of Columbia, the Commonwealth of Puerto Rico, any territory or possession of the United States, and all Indian tribes, or other State health agencies or departments deemed most appropriate by the state to direct and coordinate the state's CBLS program. Eligible applicants must have a requirement for reporting of blood lead levels (BLLs) by both public and private laboratories or provide assurances that such a requirement will be in place within 12 months of awarding the grant.

Eligible Applicants for Part C: Additional Funding for Assessment/ Evaluation Studies

Eligible applicants for supplemental funds are all successful new and competing-continuation applicants for Part A and Part B, and also all non-competing continuation applicants for Part A and Part B.

Additional Information for All State Applicants

If a State agency applying for grant funds is other than the official State health department, written concurrence by the State health department must be provided. State applicants may apply for funding from either Part A: CLPP Program or Part B: CBLS Program, but NOT both. State CLPP Program applicants should note that a CBLS component is a required part of a comprehensive State CLPP program and may be funded within the CLPP program grant.

Availability of Funds

Part A: State and Local CLPP Program

Up to $11,000,000 will be available in FY 1998 to fund up to 15 new and competing continuation grants. CDC anticipates that awards for the first budget year will range from $75,000 to $1,500,000.

Awards for State applicants

To determine the level of funding for which an individual State applicant for Part A is eligible, State applicants should refer to the accompanying table entitled ''State CLPPs Only: Funding Categories Based on Projected Level of Effort Required to Provide Prevention Services to a State Population.''

Awards for eligible counties and cities, territories, tribes and the District of Columbia will range from $250,000–$450,000, with an average award of $350,000.

Funding for Part B: State CBLS Programs

Up to $700,000 will be available in FY 1998 to fund up to 8 new and competing-continuation grants to support the development of CBLS programs. CBLS awards are expected to range from $75,000 to $95,000, with the average award being approximately $85,000. Funds must be used to initiate and build capacity for CBLS. Therefore, any applicant that already has in place a CBLS activity must demonstrate how these grant funds will be used to enhance, expand, or improve the current activity in order to remain eligible for funding. CDC funds should be added to CBLS funding from other sources, if such funding exists. Funds for these programs may not be used in place of any existing funding for CBLS.

Funding for Part C: Additional Funds for Assessment/Evaluation Studies

Approximately $150,000 in additional/supplemental funds will be available in FY 1998 to fund up to 3 assessment/evaluation studies. Funds will be awarded for assessment/ evaluation studies that address one of the following:

1. Assessment of lead exposure in a jurisdictional population or subpopulation, using an approach to surveillance that differs from the complete statewide CBLS system described in this announcement.
2. Evaluation of the impact of lead screening recommendations on screening for high-risk children.
3. Evaluation of an approach to primary prevention in a high-risk area.

Additional Information on Funding

For State applicants for Part A: CLPP funding only: Determine your funding category (Category 1, 2, or 3) according to the table on the next page. The range and average of awards for each funding category as follows:

Category 1: $800,000–$1,500,000, average award $1,000,000
Category 2: $250,000–$800,000, average award $520,000
Category 3: $75,000–$250,000, average award $150,000

STATE CLPPPS ONLY: FUNDING CATEGORIES BASED ON PROJECTED LEVEL OF EFFORT REQUIRED TO PROVIDE PREVENTION SERVICES TO A STATE POPULATION

Alabama	2
Alaska	3
Arizona	3
Arkansas	2
California*	1
Colorado	3
Connecticut	2
Delaware	3
Florida*	3
Georgia	2
Hawaii	3
Idaho	3
Illinois	1
Indiana*	3
Iowa	2
Kansas	2
Kentucky*	3
Louisiana	2
Maine	3
Maryland	2
Mass.	2
Michigan*	2
Minnesota	2
Mississippi	2
Missouri	2
Montana	3
Nebraska	2
Nevada	3
N. Hampshire	3
New Jersey	2
New Mexico	3
New York*	2
N. Carolina	2
North Dakota	3
Ohio	1
Oklahoma	2
Oregon	3
Pennsylvania	1
Rhode Island	2
S. Carolina	2
South Dakota	2
Tennessee	2
Texas*	1
Utah	3
Vermont	3
Virginia	2
Washington	2
West Virginia	2
Wisconsin	2
Wyoming	3

*Projected level of effort adjusted to account for currently funded locales.

Each applicant must use the funding category that is specified for the applicant's State. CDC will not consider any State application that contains a funding request, including both direct and indirect costs, in excess of the funding limit given for the applicant's State. Any such application will be returned as non-responsive to the program announcement. However, an applicant may request an amount that is less than the lower limit of the range given for the applicant's jurisdiction.

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

New awards are expected to begin on or about July 1, 1998, and are made for 12-month budget periods within project periods not to exceed 3 years. Estimates outlined above are subject to change based on the actual availability of funds and the scope and quality of applications received. Continuation awards within the project period will be made on the basis of satisfactory progress and availability of funds. Grant awards cannot supplant existing funding for CLPP or CBLS programs. Grant funds should be used to increase the level of expenditures from State, local, and other funding sources. Awards will be made with the expectation that program activities will continue when grant funds are terminated.

Additional Information on Funding for All Applicants for Part C.

Additional/supplemental funds are to begin on or about July 1, 1998, and are made for a 12-month budget period in a project period not to exceed the time period of the main grant.

Note:

- Grant funds may not be expended for medical care and treatment or for environmental remediation of source of lead exposure. However, the applicant must provide a plan to ensure that these program activities are carried out.
- Not more than 10 percent (exclusive of Direct Assistance) of any grant may be obligated for administrative costs. This 10 percent limitation is in lieu of, and replaces, the indirect cost rate.

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.

Background and Definitions

Background

In the last few years, there have been three major changes in the context within which CLPP and CBLS programs function. These are:

- Changing functions of health departments. Many health departments have ceased to be major providers of direct screening and follow-up care services, as Medicaid beneficiaries who formerly received preventive health care in health departments have enrolled in managed-care organizations. A decrease in funding has occurred in many health departments.
- Renewed emphasis on accountability of government agencies. A renewed call for accountability in government agencies requires that health departments document both the need for and the impact of their programs.
- Continuing declines in BLLs of the entire U.S. population, resulting in wide variation among jurisdictions with regard to the magnitude of their childhood lead poisoning problems.

Resource limitations and the demand for public accountability have made it increasingly important for health departments to perform the core functions of public health as outlined in The Future of Public Health (IOM, 1988). These core functions are assessment, policy development, and assurance. Health department personnel must also accomplish their missions through others, by deepening relationships among new and old partners both in and outside of the health department. Also, the widening disparity among jurisdictions with regard to the magnitude of the childhood lead poisoning problem has focused attention on state and local health departments, as opposed to the Federal government, as the appropriate decision-makers for lead screening. Taken together, these changes are having a profound impact on CLPP programs, necessitating a change in programmatic emphasis.

CLPP and CBLS programs are positioned to bring about improved screening and follow-up care for children with elevated BLLs, improved public and professional awareness of the problem of childhood lead poisoning, and improved childhood blood lead surveillance, by performing the three core public health functions related to childhood lead poisoning prevention.

Definitions

- *Assessment:* Activities organized by a health department for the purpose of determining the risk for lead exposure among the children in its jurisdiction and the adequacy of programmatic activities to address this risk.
- *Assurance:* Activities organized by a health department for the purpose of (1) monitoring the provision of CLPP services including screening, follow-up care, and public and professional education; and (2) ensuring, as a provider of last resort, the availability of necessary services.
- *Care coordination:* The monitoring and organizing of follow-up care for a child with an elevated blood lead level (BLL). Follow-up care includes both medical and environmental interventions.
- *High-risk:* A term used to designate areas, populations, and individuals with risk for lead exposure that is assessed or demonstrated to be higher than average.
- *Lead hazard:* Accessible paint, dust, soil, water, or other source or pathway that contains lead or lead compounds that can contribute to or cause elevated BLLs.
- *Lead hazard remediation:* The elimination, reduction, or containment of known and accessible lead sources.
- *Policy development:* Activities organized by a health department for the purpose of framing the CLPP problem and establishing the response to it in its jurisdictions; includes development, oversight, and evaluation of necessary programs, relationships, and policies that will support CLPP.
- *Primary prevention:* The prevention of elevated BLLs in an individual or population, usually by reducing or eliminating lead hazards in the environment.

• *Program:* A designated unit within an agency responsible for implementing and coordinating a systematic and comprehensive approach to CLPP and CBLS.

• *Surveillance:* A process which (1) systematically collects information over time about children with elevated BLLs using laboratory reports as the data source; (2) provides for the follow-up of cases, including field investigations when necessary; (3) provides timely and useful analysis and reporting of the accumulated data, including an estimate of the rate of elevated BLLs among all children receiving blood tests; and (4) reports data to CDC in the appropriate format.

Purpose

The purpose of this grant program is to bring about: (1) Screening for children who are potentially exposed to lead, and follow-up care for children who are identified with elevated BLLs; (2) awareness and action among the general public and concerned professionals in relation to preventing childhood lead poisoning; and (3) collaboration with other government and community-based organizations for primary prevention of lead poisoning in high-risk areas. To achieve this purpose, grant recipients are expected to improve their capacity to perform core public health functions related to CLPP and, for all state grant recipients, to develop statewide capacity for conducting CBLS.

These awards should assist State and local health departments in balancing core public health functions. In some places, achieving this balance will mean shifting emphasis away from provision of direct screening and follow-up services and toward improvement of coalitions and partnerships; providing better and more sophisticated assessment; and developing and evaluating policies and programs in a manner that is firmly grounded in improved assessment. In other places where this balance already exists, the award should help enhance existing activities.

Program Requirements

Part A: State and Local CLPP Programs

The following are requirements for CLPP Programs:

1. A director/coordinator with authority and responsibility to carry out the requirements of the program.

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

3. For State applicants, commitment to develop a statewide childhood blood lead surveillance (CBLS) system in accordance with CDC guidance and to submit surveillance data annually to CDC. For local applicants, commitment to develop a data management system that is part of a state CBLS, where applicable; otherwise, local applicants must develop an automated data management system to collect and maintain data on the results of blood lead testing and data on follow-up care for children with elevated BLLs. For both State and local applicants, commitment to use these systems to monitor adequacy of screening of high-risk children and of follow-up care for children with elevated BLLs.

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

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

6. Assurances that income earned by the CLPP program is returned to the program for its use.

7. Program maintains a system to monitor the notification and follow-up of children who are confirmed with elevated BLLs and who are referred to local Public Housing Authorities.

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

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

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

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

Part B: CBLS Programs

The following are requirements for CBLS Programs:

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

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

3. Establish effective, well-defined working relationships with CLPP programs within the applicant's State.

4. Revise, refine, and carrying out, in collaboration with CDC, the proposed methodology for conducting CBLS.

5. Evaluate any interim and/or final evaluation of the CBLS activity in collaboration with CDC.

6. Commitment to development a statewide childhood blood lead screening plan consistent with CDC guidance provided in Screening Young Children for Lead Poisoning: Guidance for State and Local Public Health Officials.

7. Monitoring and evaluation of all major program activities and services.

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

9. Translate data to State and local public health officials, policy- and decision-makers, and others seeking to strengthen program efforts.

10. Report CBLS data to CDC in the approved OMB format.

Part C: Assessment/Evaluation Studies

The following are requirements for Assessment/Evaluation Studies:

1. A study director with specific authority and responsibility to carry out the requirements of the project.

2. Demonstrated ability to collect and analyze data necessary for the conduct of the assessment/evaluation study. (OMB Number 0920–0337)

3. Conduct administrative arrangements required by the study.

4. Staff with demonstrated experience in conducting relevant epidemiologic studies, including publication of original research in peer-reviewed journals.

5. Establish effective and well-defined working relationships within the performing organization and with outside entities which will ensure implementation of the proposed study.

Technical Reporting Requirements

Quarterly progress reports (OMB Number 0920–0282) are required of all grantees. The quarterly report should not exceed 25 pages. Time lines for the quarterly reports will be established at the time of award, but are typically due 30 days after the end of each quarter. Note that CBLS-only grantees are not required to submit quarterly quantitative data.

Annual Financial Status Reports (FSRs) are due 90 days after the end of the budget period. The final progress report and FSR shall be prepared and submitted no later than 90 days after the end of the project period. Submit the original and two copies of the reports to the Grants Management Office indicated in ''Where to Obtain Additional Information''.

Application Contents

Please refer to the Program Guidance included with the application package for important information about completing your application.

- Applications for CLPP and CBLS Programs must be developed in accordance with PHS Form 5161–1, and should follow the structure presented in the Program Guidance document provided by CDC.
- Applications for additional funds for assessment/evaluation studies must be developed in accordance with PHS Form 398.
- Application pages must be clearly numbered, and a complete index to the application and its appendices must be included.
- The original and two copies of the application set must be submitted UNSTAPLED and UNBOUND. All material must be typewritten, double spaced, printed on one side only, with un-reduced type on 8½″ by 11″ paper, and at least 1″ margins and heading and footers. All graphics, maps, overlays, etc., should be in black and white and meet the above criteria.
- The main body of CLPP and CBLS Program applications should not exceed 75 pages. Supplemental information may be placed in appendices and should not exceed 25 pages. Competing continuation applicants should submit a progress report no longer than 10 pages.
- The main body of applications for additional funds for assessment/evaluation studies should not exceed the page limit set in ''Part C'' of the program guidance document.

Evaluation Criteria

The review of applications will be conducted by an objective review committee who will review the quality of the application based on the strength and completeness of the plan submitted. The budget justification will be used to assess how well the technical plan is likely to be carried out using available resources. For state CLPP Programs, funding requests must be consistent with each applicant's funding category or adjusted funding category. (See section entitled ''Availability of Funds'' for detailed guidance.) The maximum rating score of an application is 100 points.

Part A: State and Local CLPP Program—Factors To Be considered

Evaluation criterion	Points
1. Problem statement and evidence of need	15
2. Surveillance activities State: Development of CBLS Local: Automated data—management and tracking system	16
3. Collaboration and statewide planning	15
4. Core public health functions	25
5. Goals and objectives	15
6. Program management and staffing	14
7. Budget and justificationnot scored	(1)
Total Maximum Points	100

[1] Not scored.

Part A: State and Local CLPP Programs—Factors To Be Considered

1. Problem statement and evidence of need (15 Points)

a. The applicant's description and understanding of the burden and distribution of childhood lead exposure or elevated BLLs in the jurisdiction, using evidence (as available) of incidence and/or prevalence and demographic indicators. (10 points)

b. The applicant's description of and the extent of current prevention activities, including need, available resources, gaps, and use of this award to address gaps. (5 points)

2. Surveillance activities (16 points)

The clarity, feasibility, and scientific soundness of the surveillance approach. Also, the extent to which a proposed schedule for accomplishing each activity and methods for evaluating each activity are clearly defined and appropriate.

For State applicants, the following elements will be specifically evaluated:

a. How laboratories are identified and data will be transmitted. (2 points)

b. How data will be collected and managed. (2 points)

c. How quality of data and timeliness and completeness of reporting will be ensured. (2 points)

d. How data will be used by program. (2 points)

e. How summary data will be reported and disseminated. (2 points)

f. How and when data will be analyzed. (2 points)

g. Provisions to obtain denominator data (results of all laboratory blood lead tests, regardless of level). (2 points)

h. Time line and methods for evaluating CBLS approach. (2 points)

For local applicants, the following elements will be specifically evaluated:

a. How laboratory reports will be received and data transmitted. (2 points)

b. How data will be collected and managed. (2 points)

c. How quality of data and timeliness and completeness of reporting will be assured. (2 points)

d. How data will be analyzed and used by the program. (2 points)

e. How summary data will be reported and disseminated. (2 points)

f. Coordination with state systems. (2 points)

g. Provisions to obtain denominator data (results of all laboratory blood lead tests, regardless of level). (2 points)

h. Time line and methods for evaluating data-collection approach. (2 points)

3. Collaboration and statewide planning (15 Points)

a. Evidence of collaboration with principal partners, including managed-care organizations, state Medicaid agency, child health-care providers and provider groups, insurers, community-based organizations, housing agencies, and banking, real-estate, and property-owner interests, as demonstrated by letters of support, memoranda of understanding, contracts, or other documented evidence of relationships with important collaborators. (5 points)

b. The approach to developing and carrying out an inclusive State- or jurisdiction-wide screening plan as outlined in Screening Young Children for Lead Poisoning: Guidance for State and Local Health Officials. (5 points)

c. Description of how collaborations are expected to result in improved prevention. (5 points)

4. Capacity to carry out public-health core functions (25 Points)

a. The description of the approach and activities necessary to achieve a balance among health department roles in CLPP, including assessment, program and policy development, and monitoring, evaluation, and ensuring provision of all necessary components of comprehensive CLPP. (5 points)

b. The epidemiologic capacity and structure in place or planned to provide on-going analysis of: (1) population-based data and (2) program activities described in the application. (5 points)

c. The health education and health communication capacity in place or planned to reach out to actual and potential collaborators and partners to achieve program goals. (5 points)

d. The capacity in place or planned to fill in the gaps in direct service provision, where gaps have been demonstrated. (5 points)

e. The evaluation capacity in place or planned to examine basic data on CLPP burden and program activities and make course corrections. (5 points)

5. Goals and objectives (15 Points)

Evaluation will be based on the quality of goals and objectives related to the Program Activities listed in the accompanying Program Guidance. For state applicants, evaluation will assess the soundness of goals and objectives to bring about all eight elements of a statewide childhood blood lead surveillance system. Objectives must be relevant, specific, measurable, achievable, and time-framed. There must be a formal work plan with a description of methods and a timetable for accomplishment of each objective.

6. Project management and staffing (14 Points)

a. A description of proposed staffing for health department roles in CLPP, including the plan to expedite filling of all positions and written assurances that requested positions have been or will be approved by applicant's personnel system. (5 points)

b. A description of the responsibilities of individual health department staff members, including the level of effort and time. (5 points)

c. The plan to provide training to health department personnel and technical assistance to collaborators outside the health department, including proposed design of information-sharing systems. (4 points)

7. Budget justification (not scored).

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

Part B: CBLS Programs—Factors To Be Considered

Evaluation criterion	Points
1. Problem statement and evidence of need	10
2. Surveillance activities	30
3. Use of existing resources	10
4. Collaboration and statewide planning	10
5. Progress toward CBLS	20
6. Project sustainability	10
7. Personnel	10
8. Budget and justification	(1)
Total Maximum Points	100

[1] Not scored.

Part B: CBLS Programs—Factors To Be Considered

1. Problem statement and evidence of need (10 Points)

a. The applicant's description and understanding of the burden and distribution of childhood lead exposure or elevated BLLs in the jurisdiction, using evidence (as available) of incidence and/or prevalence and demographic indicators. (5 points)

b. The applicant's description of and the extent of current prevention activities, including need, available resources, gaps, and use of this award to address gaps. (5 points)

2. Surveillance activities (30 Points)

The clarity, feasibility, and scientific soundness of the surveillance approach. Also, the extent to which a proposed schedule for accomplishing each activity and methods for evaluating each activity are clearly defined and appropriate. The following points will be specifically evaluated:

a. How laboratories are identified and data will be transmitted. (3 points)

b. How data will be collected and managed. (3 points)

c. How quality of data and timeliness and completeness of reporting will be ensured. (3 points)

d. How data will be used by program. (3 points)

e. How summary data will be reported and disseminated. (3 points)

f. How and when data will be analyzed. (3 points)

g. Provisions to obtain denominator data (results of all laboratory blood lead tests, regardless of level). (3 points)

h. Time line and methods for evaluating CBLS approach. (3 points)

i. Protocols for follow-up of individuals with elevated BLLs. (3 points)

j. Ability of the system to provide data to estimate the burden of lead exposure in the state and conduct special studies. (3 points)

3. Use of existing resources (10 Points)

The extent to which the proposal would make effective use of existing resources and expertise within the applicant agency or through collaboration with other agencies.

4. Collaboration and statewide planning (10 Points)

The approach to developing and carrying out an inclusive statewide screening plan as outlined in Screening Young Children for Lead Poisoning: Guidance for State and Local Health Officials.

5. Progress toward complete blood-lead surveillance (20 Points)

a. The extent to which the proposed activities are likely to result in substantial progress toward establishing a complete statewide childhood blood lead surveillance activity. (15 points)

b. A description of how data will be used to measure impact of public policy decisions. (5 points)

6. Project sustainability (10 Points)

The extent to which the proposed activities are likely to result in the long-term maintenance of a complete statewide CBLS system. In particular, specific activities that will be undertaken by the state during the project period to ensure that the surveillance program continues after completion of the project period.

7. Personnel (10 Points)

The extent to which the qualifications and time commitments of project

personnel are clearly documented and appropriate for implementing the proposal.

8. Budget justification (not scored).

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

Part C: Assessment/Evaluation Studies—Factors To Be Considered

Evaluation criterion	Points
1. Study protocol	45
2. Project personnel	20
3. Project management	35
4. Budget and justification	(1)
5. Human Subjects	(1)
Total Maximum Points	100

[1] Not scored.

Part C: Assessment/Evaluation Studies—Factors To Be Considered

1. Study protocol (45 Points)

The protocol's scientific soundness (including adequate sample size with power calculations), quality, feasibility, consistency with the project goals, and soundness of the evaluation plan (which should provide sufficient detail regarding the way in which the program will be implemented to facilitate replication of the program).

The degree to which the applicant has met the CDC Policy requirements regarding the inclusion of women, ethnic, and racial groups in the proposed project. This includes: (a) The proposed plan for the inclusion of both sexes and racial and ethnic minority populations for appropriate representation; (b) The proposed justification when representation is limited or absent; (c) A statement as to whether the design of the study is adequate to measure differences when warranted; and (d) A statement as to whether the plans for recruitment and outreach for study participants include the process of establishing partnerships with community(ies) and recognition of mutual benefits will be documented.

2. Project personnel (20 Points)

The qualifications, experience (including experience in conducting relevant studies), and time commitment of the staff needed to ensure that the study will be carried out.

3. Project management (35 Points)

Schedule for implementing and monitoring the proposed study. The extent to which the application documents specific, attainable, and realistic goals and clearly indicates the performance measures that will be monitored, how they will be monitored, and with what frequency. This section should contain enough detail to determine at the end of each budget year the extent to which the project is on target in completing the study process and outcome objectives.

4. Budget justification (not scored).

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

5. Human subjects (not scored).

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

Executive Order 12372 Review

Applications are subject to Intergovernmental Review of Federal Programs as governed by Executive Order (E.O.) 12372. E.O. 12372 sets up a system for state and local government review of proposed Federal assistance applications. Applicants should contact their state Single Point of Contact (SPOC) as early as possible to alert them to the prospective applications and receive any necessary instructions on the state process. For proposed projects serving more than one state, the applicant is advised to contact the SPOC for each affected state. A current list of SPOCs is included in the application kit. If the SPOCs have comments they should be sent to Lisa G. Tamaroff, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE, Atlanta, GA 30305, no later than 60 days after the application due date. The Program Announcement Number and Program Title should be referenced on the document. The granting agency does not guarantee to ''accommodate or explain'' state process recommendations it receives after that date.

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 93.197.

Other Requirements

Paperwork Reduction Act

Data collection initiated under this grant has been approved by the Office of Management and Budget under number 0920–0282, ''Childhood Lead Prevention Grant Reporting''. Exp. Date 10/98. OMB clearance for the data collection for the surveillance activities, ''Childhood Blood Lead Surveillance System OMB No. 0920–0337, Exp. Date 1/98'' is pending approval by OMB.

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 form provided in the application kit.

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 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 a 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.

Application Submission and Deadline

Applicants submitting for Part A (CLPP program) or Part B (CBLS program) please submit the original and two copies of the PHS 5161–1 (OMB Number 0937–0189).

Applicants submitting for Part C (additional and supplemental funds) please submit an original and five copies of the PHS 398.

All applications must be submitted to Lisa G. Tamaroff, 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, Atlanta, GA 30305, on or before March 31, 1998.

1. 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 for the review process. 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.

2. Late Applications

Applications which do not meet the criteria in 1.A. or 1.B. above are considered late applications. Late applications will not be considered in the current competition and will be returned to the applicant.

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

Where to Obtain Additional Information

To receive additional written information, call 1–888-GRANTS4. You will be asked to leave your name, address, and phone number and will need to refer to Announcement 98018. You will receive a complete program description, information on application procedures, and application forms.

If you have questions after reviewing the contents of all documents, business management technical assistance may be obtained from Lisa G. Tamaroff, 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) 842–6796 (Internet address lgt1@cdc.gov).

This and other CDC announcements are also available through the CDC homepage on the Internet. The address for the CDC homepage is http://www.cdc.gov.

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

Please refer to Announcement Number 98018 when requesting information and submitting an application.

Technical assistance on CLPP program or Part C. activities may be obtained from Claudette A. Grant, Acting Chief, Program Services Section, Lead Poisoning Prevention Branch, Division of Environmental Hazards and Health Effects, National Center for Environmental Health, Centers for Disease Control and Prevention (CDC), 4770 Buford Highway, NE, Mailstop F–42, Atlanta, GA 30341–3724, telephone (770) 488–7330 (Internet address cag4@cdc.gov).

Technical assistance on CBLS program activities may be obtained from Sharunda D. Buchanan, Ph.D., Epidemiologist, Surveillance and Programs Branch, Division of Environmental Hazards and Health Effects, National Center for Environmental Health, Centers for Disease Control and Prevention (CDC), 4770 Buford Highway, NE, Mailstop F–47, Atlanta, GA 30341–3724, telephone (770) 488–7060 (Internet address sdb4@cdc.gov).

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.

Dated: January 27, 1998.

Joseph R. Carter,

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

Appendix A: Background on CDC's estimate of number and proportion of children at high risk for lead exposure by state.

To provide states with general guidance about the appropriate amount of funding to request under this Program Announcement, CDC estimated the number and percentage of children with EBLLs for each state. CDC used a logistic-regression model to estimate the contribution of four major risk factors to the probability that an individual child would have a blood lead level (BLL) of at least 10 µg/dL. The selected risk factors were based on data from Phase 2 of the Third National Health and Nutrition Examination Survey (NHANES III, Phase 2) and included the age and race of children, age of housing, and family income. The model established a relative contribution or ''coefficient'' for each of these factors. These coefficients were then applied to the relevant categories of 1990 census data for each state to produce an estimate of both *the number* and *the percentage* of children with elevated BLLs in the state.

CDC's purpose in estimating the number and percentage of children with EBLLs in each state is to approximate the level of effort that may be required to provide prevention services to the entire population of a state. In accordance with this purpose, CDC adjusted the level of effort projected for state-level CLPP Programs in states with one or more locales currently funded under this grant program.

To derive the funding category for each state, CDC gave twice as much weight to the estimated percentage of children with elevated BLLs as to the estimated number of children with elevated BLLs.

Note: The categorization scheme developed for use in this Program Announcement is likely to be of only limited usefulness for other purposes. The use of an approximation is necessary because of the wide variation among states in the extent to which their pediatric populations are exposed to lead.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Announcement Number 813]

Research Studies Evaluating Demonstration Projects on Feasibility of STD Treatment for HIV Prevention in the United States

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1998 funds for a cooperative agreement program for demonstration projects on the feasibility of STD treatment for HIV prevention.

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 HIV Infection. (To order a copy of ''Healthy People 2000,'' see the section **WHERE TO OBTAIN ADDITIONAL INFORMATION.**

Authority

This program is authorized under Sections 301(a) and 317(k)(2) of the Public Health Service Act [42 U.S.C. 241(a) and 247b(k)(2)], as amended.

Applicable program regulations are set forth in 42 CFR Part 52, entitled ''Grants for Research Projects.''

Smoke-Free Workplace

CDC strongly encourages all cooperative agreement recipients to provide a smoke-free workplace and promote the non-use of all tobacco products, and Public Law 103–227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive