

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 99080]

Integration of HIV and Other Prevention Services Training Into Reproductive Health Settings; Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1999 funds for a cooperative agreement program for the training of reproductive health service providers in the integration of human immunodeficiency virus (HIV) and other prevention services into ongoing reproductive health services. This program will support national efforts to develop improved training strategies for reproductive health service providers to meet the challenge of delivering integrated reproductive health and HIV prevention services in reproductive health settings. This program addresses the "Healthy People 2000" priority areas of Family Planning, HIV Infection, and Tobacco.

Competitive cooperative agreements are announced for:

Core components: The focus will be on HIV prevention counseling and the integration of HIV prevention services into reproductive health services.

Optional components: To provide training and other integrated services technical assistance to reproductive health service providers in: (1) reproductive health and prevention services for underserved women (specifically to incarcerated, homeless, and substance-abusing women); (2) client satisfaction and the importance and impact it has on the provision of integrated reproductive health and prevention services; (3) teen pregnancy prevention efforts; and (4) efforts to reduce smoking during pregnancy.

CDC will establish cooperative agreements with one Regional Training Center (RTC) in each of the 10 Department of Health and Human Services (DHHS) Regional Offices. The RTCs will develop, conduct, and evaluate effective, consistent, and science-based training and other services integration interventions to reproductive health service providers, including but not limited to Title X family planning clinics, Community-Based Organizations (CBOs), Managed Care Organizations (MCOs), and State and local health departments.

Throughout this document, the term reproductive health service providers will encompass this spectrum of providers; the term training encompasses a wide spectrum of activities that may include traditional classroom training, one-on-one consultation, observations with feedback, distance-based learning (i.e., video and audioconferencing, computer-based learning systems, remote video instruction, self-instructional text modules, and train-the-trainer technology), etc.

B. Eligible Applicants

Assistance will be provided to non-profit organizations that are primarily training organizations. In addition, applicants must:

1. Demonstrate experience in offering training courses in the integration of HIV prevention with family planning for Title X grantees (as evidenced by (a) marketing materials promoting such training events and (b) a list of such trainings provided in the last year, including the name and location of training event).

2. Be located in the DHHS region in which training is to be provided (as evidenced by accompanying letterhead and contact information on all application forms).

3. Offer training to participants in all States within said DHHS region (as evidenced by marketing materials promoting training events throughout the region).

For an overview of previous CDC involvement in HIV prevention efforts in family planning settings, see Appendix I.

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

C. Availability of Funds

Approximately \$1.36 million is available in FY 1999 to fund approximately 10 awards. Only the 10 applicants funded for the Core Activity will be eligible for funding under the Optional Activity.

1. Approximately \$560,000 is available to fund one Regional Training Center in each of the 10 DHHS Regional Offices for Core Activities, with the average award being approximately \$56,000, which range from \$40,000 to \$80,000.

2. Approximately \$800,000 is available to fund Optional Activities. Separate applications must be submitted for each Optional Activity. The Optional Activities are:

(a) Underserved Populations. Approximately \$150,000 is available to fund approximately three awards. The average award will be approximately \$50,000, which range from \$30,000 to \$70,000.

(b) Client Satisfaction. Approximately \$150,000 is available to fund approximately three awards. The average award will be approximately \$50,000, which range from \$30,000 to \$70,000.

(c) Teen Pregnancy Prevention. Approximately \$250,000 is available to fund approximately four awards. The average award will be approximately \$62,500, which range from \$50,000 to \$80,000.

(d) Prenatal Smoking Cessation. Approximately \$250,000 is available to fund approximately four awards. The average award will be approximately \$62,500, which range from \$50,000 to \$80,000.

All applicants must apply for the Core Activity component and can address one or both of the Core Activity components: HIV Prevention Counseling and HIV Services Integration. Applicants are strongly encouraged to apply for one or more of the four Optional Activity components.

It is expected that the awards will begin on or about September 30, 1999, and will be made for a 12-month budget period within a project period of up to five years. Funding estimates may change.

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

Funding Preference

Funding preference may be given to applicants that are also funded as RTCs by Office of Population Affairs.

D. Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities under 1., (Recipient Activities), and CDC will be responsible for the activities listed under 2., (CDC Activities).

1. Recipient Activities

(a) Design a training intervention or carry out an existing training intervention to address the prevention needs of reproductive health service providers.

(b) Design and conduct an impact evaluation of the training intervention to assess the impact at the direct service level.

(c) Develop and carry out a program plan and training objectives:

(1) Identify the organization(s) to benefit from the intervention. In making the selection, consider annual training needs assessments, the level and willingness to participate and commit to the intervention on the part of a reproductive health services provider, and the level of available funding. Also consider other types of information that will assist in the development of program and training objectives, such as: types of health care providers and clinics; population served; geographic locations; substantive topics relevant to recent prevention or integrated reproductive health research findings; HIV/AIDS epidemiologic, demographic and behavioral data; sexually transmitted disease (STD) rates, unplanned pregnancy rates; teenage pregnancy or birthrates; substance abuse data; HIV prevention research findings; prenatal smoking cessation efforts; and level of other sources of prevention training in each region.

(2) Develop overall goals for the training intervention. Consider annual training needs assessments, previous experience in developing and conducting prevention or integrated reproductive health interventions, the specific needs of the selected reproductive health services provider, and the guidance of the Core Activities and Optional Activities as described in Section E., Application Content.

(3) Develop specific, time-phased, and measurable program objectives.

(4) Develop training objectives. These should be linked to the training needs assessment and relevant prevention or integrated reproductive health research findings, and should include behavioral, knowledge, and skills-based learning objectives. Each objective should be linked to an evaluation criteria.

(5) Develop training activities and programs to achieve objectives. Training can include workshops, in-service programs, conference co-sponsorship, short-term training institutes, and distance-based learning activities.

(d) Make available any training materials developed for prevention or integrated reproductive health training to other RTCs.

(e) In collaboration with the other RTCs, develop a strategy for sharing information related to the training intervention with other RTCs. A recommended training summary database is located in Appendix II.

2. CDC Activities

(a) Provide scientific consultation for development of training activities.

(b) Assist in developing evaluation strategies as needed.

(c) Coordinate dissemination of relevant findings from prevention or integrated reproductive health interventions to other training centers in a timely manner.

(d) Coordinate communication with other CDC programs as needed.

(e) Coordinate dissemination of evaluation findings from the prevention or integrated reproductive health interventions.

E. Application Content

Each applicant must apply for the Core Activity. Applications for the Core Activity can address one, or both, of the Core Activity components: HIV Prevention Counseling and HIV Service Integration. The application should clearly state which Core Activity components are being applied for. In this program announcement, the term intervention will refer to HIV prevention training or HIV services integration.

Core Activities

1. HIV Prevention Counseling. The design, delivery, evaluation, and dissemination of prevention counseling training for reproductive health service providers based on the translation of effective components of behavioral science. (See Appendix III for background information.)

2. HIV Service Integration. The design, delivery, and evaluation of management assessments, training, and other health management interventions for reproductive health service providers seeking to integrate STD/HIV, other prevention services, and family planning services into their service operations. (See Appendix IV for background information.)

Each applicant is encouraged to apply for one or more of the Optional Activity components. Only the applicants funded for Core Activity components are eligible to receive funding for Optional Activities.

Optional Activities

1. Underserved Populations. Activities to address the HIV and other prevention training needs of reproductive health service providers working with underserved populations. In particular, the HIV and other prevention training needs of reproductive health service providers working with: (1) substance-abusing women, (2) homeless women, and (3) incarcerated women. (See Appendix V for background information.)

2. Client Satisfaction. Activities designed to assess and demonstrate the

role of client satisfaction in planning and evaluating services offered by reproductive health programs.

Applicants may consider a broad range of client satisfaction assessment methodologies addressing services management issues such as communications, quality of health services care, organization of health care delivery, patient access, physical plant infrastructure, and health care staff on-the-job satisfaction. (See Appendix VI for background information.)

3. Teen Pregnancy Prevention.

Activities to disseminate information on teen pregnancy trends and issues and on best practices regarding teen pregnancy prevention; design training for reproductive health service providers on best practices regarding teen pregnancy prevention; explore ways to integrate specific teen pregnancy prevention interventions and comprehensive prevention strategies into ongoing community and health system-based programs that serve youth; and develop and carry out approaches to evaluate the effectiveness of the training and service integration strategies on system integration and service delivery. (See Appendix VII for background information.)

4. Prenatal Smoking Cessation.

Activities to disseminate information on best practices in prenatal smoking cessation (PSC); design training for reproductive health services providers in carrying out best practice intervention(s) for PSC; explore ways to integrate a specified smoking during pregnancy intervention into ongoing reproductive health services, especially family planning and prenatal care services; and develop and carry out approaches to evaluate the effectiveness of the training and service integration strategies on system integration and service delivery. (See Appendix VIII for background information.)

Use the information in the Program Requirements, Other Requirements, and Evaluation Criteria sections to develop the application content. Each of the proposals for the Core and Optional Activities within your application will be evaluated independently on the criteria listed below; it is important to follow the criteria in laying out your program plan.

The narrative for the proposals should be no more than 15 double-spaced pages, printed on one side, with one-inch margins, and unreduced font, excluding appendixes and budgets. Applicants are to submit separate narratives and budgets for each Core Activity and each Optional Activity and each application must follow the order and structure below.

1. Background

(a) Describe the applicant's history and current health-related activities or projects.

(b) Describe the current status of the relevant training program and specific experiences as applicable to each proposed activity. Include a summary of prevention or integrated reproductive health training and other related services integration interventions conducted in the past year, including the name and location of the training events, the types of health professionals trained, any demographic data available about the trainees, the types of organizations trained, evaluation results, curricula and other training materials developed, and level and type of collaboration with other organizations in developing and delivering training.

2. Needs Assessment

(a) Include a copy of the latest related regional training needs assessment conducted by your organization, describe the process involved in conducting the needs assessment, and explain how the results will be used to plan, develop, or modify training activities and curricula for the project period.

(b) Describe the relevant problem (e.g., HIV, underserved women, teen pregnancy, pregnant women who smoke) among women in the region including the documented number of cases, and other data indicating behavioral risks for women such as STD rates, tobacco use, substance abuse data, rates of incarceration, information on homeless women, teen pregnancy, and unplanned pregnancy rates. Applicant should indicate the source(s) of data provided.

(c) Identify and describe the reproductive health service provider(s) for which the intervention is being proposed and why. Describe the demographics of the communities these agencies serve and a description of the services they provide. Indicate the source(s) of data provided. Include letters of support and intent to collaborate from the directors of the identified agencies.

(d) Describe the professional backgrounds and organizational affiliations of staff for which the intervention is being proposed and why. The applicant should describe the number of health care providers potentially eligible for the intervention and the degree of access these providers have to the populations at risk. Indicate the source(s) of data provided.

(e) Describe any anticipated obstacles to providing the intervention to the proposed organizations and personnel.

(f) Describe all current sources of funding for prevention or integrated reproductive health services training.

3. Goals and Objectives

(a) Provide realistic overall goals and objectives for each proposed activity. For the purposes of clarity and comparability, the term goal is defined as the proposed long-range benefits of the program for the selected population, defined in general terms. The goals should relate to the results of the needs assessment and to relevant prevention and integrated reproductive health services research.

(b) Provide specific, time-phased, and measurable objectives for the intervention, and describe activities planned to meet each objective. For the purposes of clarity and comparability, the term objective is defined as the anticipated results or outcomes of a program, representing changes in the knowledge, attitudes, and behaviors of the program's clients, described in measurable terms and indicating a specific period of time during which these results will be achieved.

Applicants should describe the time-phased objectives of the program and the activities intended to support these objectives. For each objective, note which of the goals it will support and how the objective's achievement will contribute to meeting the goal; and indicate how the applicant plans to measure its achievement.

(c) Provide long-term (five-year) program goals, including expected impact of the intervention on staff's prevention or integrated reproductive health knowledge, skills, and abilities and on service mix and implementation.

4. Training Plan

(a) Clearly describe the training plan for each proposed activity.

(b) For year one, provide proposed training course schedules, agendas, outlines, objectives for training, and estimated number of staff that will receive training.

5. Evaluation Plan

(a) Identify primary stakeholders in the evaluation process. (See Appendix IX for additional guidance related to evaluation.)

(b) Clearly identify the evaluation plan for each proposed activity.

(c) Describe the methodology for developing and implementing an evaluation plan and how the evaluation results will be used (what purpose they will serve). The applicant's evaluation plan should consist of two parts, as described below. For both parts, the applicant should describe how data will

be collected and analyzed. No less than three percent of total cooperative agreement funds applied for must support evaluation activities.

(1) The first part should include evaluation methods such as trainee satisfaction with the training and pre-test and post-test assessments of participants to determine staff skills and knowledge attained. The effectiveness of training content and training methodologies should also be evaluated to influence course format, content, and curriculum design. These activities should be incorporated as a routine part of the training activity.

(2) The second part should include a longer-term evaluation plan to assess at least one of the following: trainee's on-the-job behavioral skills change; change in trainee's workplace prevention or integrated reproductive health operations; improvement in quality of client care; and promotion and support for prevention or integrated reproductive health within the applicant's jurisdiction.

6. Program Staff

(a) Provide résumés and job descriptions of existing and newly proposed staff, identifying what each will provide, e.g., management and supervision, planning, curricula and course design, curricula and course delivery and evaluation, and staff support.

(b) Provide an organizational chart that identifies lines of authority including who will have management authority over the intervention.

7. Budget and Justification

Provide a detailed budget and line-item justification for all operating expenses that are consistent with the proposed program objectives and activities for each activity. Applicants should include:

(a) Any trainee travel costs that may be incurred.

(b) Cost for one annual trip for two staff persons to attend a planning, training, and information sharing meeting in Atlanta, Georgia (or another central location in the continental United States).

(c) A minimum of three percent of total budgeted funds to support evaluation activities.

F. Submission and Deadline

Submit the original and two copies of application form PHS 5161-1 (OMB Number 9037-0189). Forms are in the application kit. On or before July 6, 1999, submit the application to: Gladys Gissentanna, Grants Management Specialist, Grants Management Branch,

Procurement and Grants Office, Announcement 99080, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Room 3000, Atlanta, Georgia 30341-4146.

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

1. Received on or before the deadline date.
2. Sent on or before the deadline date and received prior to submission to the review panel. (Applicants must request a legibly dated United States Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or United States Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.)

Late Applications: Applications that do not meet the criteria in (1) or (2) above are considered late applications, will not be considered, and will be returned to the applicant.

G. Evaluation Criteria (Total 100 Points)

Each application will be evaluated independently against the criteria below by an independent review group appointed by CDC.

The Core Activity and each Optional Activity will be reviewed and scored independently. The total possible score for each individual activity is 100 points. Determination of the 10 RTCs will be made according to the top score based on rank order of the Core Activity, one award per DHHS Region. Funds for Optional Activities will only be awarded to the 10 selected RTCs.

1. Background (5 Points)

The extent to which the applicant demonstrates a) the ability to plan, develop, coordinate, deliver, and evaluate the proposed intervention; b) history of providing training to Title X family planning clinics; and c) history of providing region-wide training on this topic.

2. Needs Assessment (15 Points)

For each activity, the extent to which a) regional needs are considered in selecting proposed agencies and staff for intervention, b) need for the intervention is demonstrated, c) proposed agencies and staff identified for the intervention are relevant, appropriate, and accessible, and d) relevant prevention or integrated reproductive health research findings are incorporated into the needs assessment process.

3. Goals and Objectives (20 Points)

For each activity, the extent to which (a) goals are realistic; (b) objectives are

realistic, time-phased, and measurable and are linked to appropriate evaluation criteria; and (c) the goals and objectives support the results of the needs assessment.

4. Training Plan (25 Points)

For each activity, the extent to which a) the process to identify training priorities appears appropriate and likely to promote and support the intervention, b) the training plan corresponds to identified needs, a reasonable number of the eligible trainee population is provided training, and c) assurance of training product dissemination is provided.

5. Evaluation Plan (20 Points)

The extent to which (a) methodologies for development and implementation of an evaluation plan are appropriate; (b) strategies for measuring program effectiveness, obtaining data, reporting results, and using the results for making programmatic decisions are feasible and result in useful information; and (c) no less than three percent of the funds requested support evaluation efforts.

6. Program Staff (15 Points)

The extent to which appropriate staff are identified (e.g. instructional specialists, evaluators, project managers, trainers, support staff, computer specialists, accountants) who have responsibility and authority for training activities, including expertise in various aspects of reproductive health, HIV education, counseling and testing, services integration, and behavior change counseling.

7. Budget and Justification (Not Scored)

The extent to which the applicant provides a detailed and clear budget and justification that is consistent with the proposed program objectives and activities.

H. Other Requirements

1. Technical Reporting Requirements

Provide CDC with an original and two copies of:

- (a) Semiannual Progress Report no later than 30 days after the end of the second and fourth quarters. The progress report must include: (1) a comparison of actual accomplishments to the goals established for the period; (2) the reasons for slippage if established goals were not met; and (3) other pertinent information including, when appropriate, analysis and explanation of unexpectedly high costs for performance.
- (b) Financial Status Report (FSR) no later than 90 days after the end of budget period.

- (c) Final Financial Status Report and Performance Report no later than 90 days after the end of the project period.

Send all reports to: Gladys Gissentanna, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement 99080, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Room 3000, Atlanta, Georgia 30341-4146.

2. Additional Requirements

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

- AR-5 HIV Program Review Panel Requirements
- AR-7 Executive Order 12372 Review
- AR-8 Public Health System Reporting Requirements
- AR-10 Smoke-Free Workplace Requirements
- AR-11 Healthy People 2000
- AR-12 Lobbying Restrictions
- AR-15 Proof of Non-profit Status

I. Authority and Catalog of Federal Domestic Assistance Number

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

J. Where To Obtain Additional Information

Please refer to Program Announcement 99080 when you request information. For a complete program description, information on application procedures, an application package, and business management technical assistance, contact: Gladys Gissentanna, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement 99080, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Room 3000, Atlanta, Georgia 30341-4146, Telephone: (770) 488-2753. E-mail address: gcg4@cdc.gov

Additional written information and application kits can also be requested by calling 1-888-GRANTS4 (1-888-472-6874). You will be asked to leave your name and address and will be asked to identify the program announcement of interest.

See also the CDC Internet web site (www.cdc.gov) and the Program and Grants Office web site for additional funding opportunities and electronic versions of all necessary forms (www.cdc.gov/od/pgo/forminfo.htm).

For program technical assistance, contact: Mary Kay Larson, Chief, Services Management and Research Team, Program Services and

Development Branch, Division of Reproductive Health, 4770 Buford Highway, NE, Mail Stop K-22, Atlanta, GA 30341-3717, Tel: (770) 488-5221, E-mail: mil2@cdc.gov.

Dated: May 12, 1999.

John L. Williams,

*Director, Procurement and Grants Office,
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 99139]

Grants for Minority Health Statistics Dissertation Research Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 99 funds for a dissertation research grants program for the Minority Health Statistics Grants Program of the National Center for Health Statistics (NCHS), CDC. This program addresses the Healthy People 2000" priority area, Surveillance and Data Systems.

The purpose of the Minority Health Statistics Grants Program is to make awards for (1) the conduct of special surveys or studies on the health of racial and ethnic populations or subpopulations; (2) analysis of data on ethnic and racial populations and subpopulations; and (3) research on improving methods for developing statistics on ethnic and racial populations and subpopulations.

B. Eligible Applicants

Eligible applicants may be public or private nonprofit institutions that will administer the grant on behalf of the proposed Principal Investigator (doctoral candidate). Examples of public and private nonprofit organizations include universities, colleges, research institutions, hospitals, and other public and private nonprofit organizations, State and local governments or their bona fide agents, and federally recognized Indian tribal governments, Indian tribes, or Indian tribal organizations.

The proposed Principal Investigator must be a registered doctoral candidate in resident or nonresident status. All requirements for the doctoral degree other than the dissertation must be

completed by the time of the award. Students seeking a doctorate in any relevant research discipline are eligible.

An applicant institution may be either the degree-granting institution or another non-profit institution with which the proposed Principal Investigator is professionally affiliated.

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

C. Availability of Funds

Approximately \$150,000 is available in FY 1999 to fund approximately 5 awards. It is expected that the average award will be \$20,000 ranging from \$15,000 to \$30,000. It is expected that the awards will begin on or about September 30, 1999. The awards will be made for a 12-month budget period within a project period of up to 2 years. Funding estimates are subject to change.

D. Use of Funds

The total costs must not exceed \$30,000 for the entire project period. An application that exceeds this amount will be returned to the applicant. No supplemental funds will be awarded.

Funding support may only be requested for the amount of time necessary to complete the dissertation within the authorized project period.

Allowable costs include: the investigator's salary and direct project expenses such as travel, data processing, and supplies. Fees for maintaining matriculation or other fees imposed on those preparing dissertations are allowable costs, provided the fees are required of all students of similar standing, regardless of the source of funding. Applicants are expected to work full time on the project. Any level of effort that is less than full time must be fully justified.

Indirect costs under this grant program are limited to eight percent of direct costs, excluding tuition and related fees and expenditures for equipment. Indirect costs will be awarded at the actual indirect cost rate for the institution, if the rate is less than eight percent.

E. Funding Preference

Three factors influence the final funding decisions on applications for support of dissertations: (1) result of the initial review; (2) the potential of the applicant to contribute to the field; and (3) the availability of funds.

F. Program Requirements

Responsibility for the planning, direction, and execution of the proposed project will be solely that of the proposed Principal Investigator (the doctoral candidate).

1. The dissertation must examine and/or develop some aspect of statistical research on racial and ethnic populations or subpopulations. It should focus on one or more of the following research program areas: community-based research, methods and theory development, health promotion and data standards development, and data analysis and dissemination.

2. The dissertation must be officially accepted by the faculty committee or university official responsible for the candidate's dissertation and must be signed by the responsible officials.

3. Prior to submission of the application, the dissertation proposal must be approved by the dissertation faculty committee and certified by the faculty advisor. This information must be verified in a letter of certification from the chairperson and submitted with the grant application.

4. Applications from doctoral students who are women, members of minority groups, persons with disability, students of Historically Black Colleges and Universities, Hispanic Serving Institutions, and other predominately minority and minority serving institutions are encouraged.

5. The proposed investigator who receives support for dissertation research under a grant may not at the same time receive support under a predoctoral training grant or fellowship awarded by any other agency, or component, of the U.S. Department of Health and Human Services.

G. Application Content

Letter of Intent (LOI)

The LOI should identify program announcement number 99139, and the name of the principal investigator. The LOI does not influence review or funding decisions, but it will enable CDC to plan the review more efficiently. The LOI should be submitted on or before June 15, 1999, to the Grants Management Specialist identified in the "Where to Obtain Additional Information" section of this announcement.

Application

Use the information in the Program Requirements, Other Requirements, and Evaluation Criteria sections to develop the application content. Your application will be evaluated on the