mailing addresses for the purpose of locating the debtors to collect Federal claims.

k. Information contained in the system of records may be disclosed to the Internal Revenue Service for the purpose of offsetting a Federal claim against a debtor's income tax refund.

l. Information in this system may be disclosed to the Internal Revenue Service and applicable state and local governments for tax reporting purposes. Under the provisions of the Debt Collection Improvement Act of 1996, GSA is permitted to provide Treasury with Form 1099–C information on discharged debts so that Treasury may file the form on GSA's behalf with the IRS. W–2 and 1099 Forms contain information on items to be considered as income to an individual, including payments to persons not treated as employees (e.g., fees to consultants and experts), and amounts written-off as legally or administratively uncollectible, in whole or in part.

m. A record from this system may be disclosed to banks enrolled in the Treasury Credit Card Network to collect a payment or debt when the individual has given his or her credit card number for this purpose.

n. A record from this system may be disclosed to Treasury or other Federal agencies with whom GSA has entered into an agreement establishing the terms and conditions for debt collection cross servicing operations on behalf of GSA to satisfy, in whole or in part, debts owed to the U.S. Government. Cross servicing includes the possible use of all debt collection tools such as administrative offset, tax refund offset, referral to debt collection contractors, and referral to the Department of Justice.

o. Records may be disclosed to Treasury, government corporations, state, or local agencies, or other Federal agencies to conduct computer matching programs for the purpose of identifying and locating individuals who are receiving Federal salaries or benefit payments and are delinquent in their repayment of debts owed to the U.S. Government under certain programs administered by the General Services Administration in order to collect the debts under the provisions of the Debt Collection Act of 1982, as amended, or the Debt Collection Improvement Act of 1996 by voluntary payment or by administrative or salary offset procedures.

p. A record from this system may be disclosed to the National Archives and Records Administration for records management inspections conducted under 44 U.S.C. 2904 and 2906.

DISCLOSURE TO CONSUMER REPORTING AGENCIES:

Disclosures pursuant to 5 U.S.C. 552a(b)(12) may be made from this system to consumer reporting agencies as defined in the Fair Credit Reporting Act, 15 U.S.C. 1681a(f), or the Federal Claims Collection Act of 1966, 31 U.S.C. 3701(a)(3).

POLICIES AND PRACTICES FOR STORING, RETRIEVING, ACCESSING, RETAINING, AND DISPOSING OF RECORDS IN THE SYSTEM:

STORAGE:

Records are maintained in paper form in file folders stored in metal filing cabinets and in electronic form in computers.

RETRIEVABILITY:

Credit data is maintained by debtor name and claim number, cross referenced to social security number (when available) to verify name and address.

SAFEGUARDS:

When not in use by personnel responsible for the collection of claims, records and stored in lockable filing cabinets. Personal computer files are protected by the use of passwords.

RETENTION AND DISPOSAL:

The records are a part of the GAO site auditing collection files and are cut off at the end of the fiscal year, held 1 year, and then retired under Record Group 217 (GAO). Records created prior to July 2, 1975, will be retained by GAO for 10 years and 3 months after the period of the account. Records created on or after July 2, 1975, will be retained by GAO for 6 years and 3 months after the period of the account.

SYSTEM MANAGER(S) AND ADDRESS:

Dave Hollar, Chief, Receivables and Collection Management Branch (BCDR), Financial Information Control Division, Office of Chief Financial Officer, General Services Administration, 1800 F Street, NW, Washington, DC 20405.

NOTIFICATION PROCEDURE:

Inquiries by individuals regarding claims pertaining to themselves should be addressed to the system management.

RECORD ACCESS PROCEDURES:

Requests from individuals for access to records should be addressed to the system manager and should include the individual's name and address.

CONTESTING RECORDS PROCEDURES:

GSA rules for contesting the contents of the records and for appealing initial determinations are promulgated in 41 CFR part 105.64.

RECORD SOURCE CATEGORIES:

Information in this system is obtained from commercial credit reports, agency investigative reports, individual debtor's own financial statements, and from other GSA systems of records.

Dated: May 13, 1999.

Daniel K. Cooper,

Director, Administrative Services Division.

[FR Doc. 99–12541 Filed 5–19–99; 8:45 am]

BILLING CODE 6820–34–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 99101]

Intervention Epidemiologic Research Studies of HIV/AIDS

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1999 funds for a cooperative agreement program to support intervention epidemiologic research studies of AIDS and HIV infection. These awards will help support researchers in two areas: the development and evaluation of innovative interventions for preventing and reducing the transmission of HIV infection in young and recently initiated injection drug users (IDUs); the development and evaluation of an intervention study to improve access to antiretroviral therapy in HIV-infected disadvantaged populations. This program addresses the ''Healthy People 2000'' priority area of HIV infection.

I. Intervention Studies for Young and Recently Initiated Drug Users: The CDC has successfully funded multi-center, HIV epidemiological studies in IDUs for the last six years as part of the Collaborative Injection Drug Users Studies (CIDUS 1 and 2). Through these studies, well over 5,000 participants have been recruited in non-clinic settings or on the street to describe HIV, Hepatitis B and Hepatitis C prevalence, incidence and behaviors related to transmission and acquisition of these infections. The purpose of this program is to support research targeting reduction of sexual and blood-borne infection among IDUs and to continue efforts to describe the HIV, Hepatitis B and Hepatitis C epidemics in these high risk populations.

Specifically, the interest is in HIV studies involving innovative strategies that are culturally appropriate and geographically relevant. It is expected

the studies funded through this announcement should be part of creative HIV risk reduction programs targeting young or recently initiated injection drug users who are street-recruited and not routinely seen in clinics, hospitals, or similar institutional settings.

Intervention study applications are solicited through this announcement that will decrease HIV risk by changing unsafe sexual, needle borne, and injection paraphernalia practices in HIV negative IDUs. Recipients will design and participate in a multi-center, randomized trial addressing questions on the efficacy of HIV risk reduction strategies for young or recently initiated street-recruited IDUs. Proposed interventions should specifically address the following goals:

1. To reduce the risk of blood-borne pathogen infection.
2. To have a sustained effect in reducing unsafe injection behavior.
3. To have a sustained effect in reducing unsafe sex practices.
4. To reduce IDUs' drug injection frequency and assist them in stopping to inject.

Projects should involve community outreach to enroll recently initiated sero-negative drug users for interview, examination, intervention, and follow-up; research should focus on inner-city or suburban areas where drug use among young adults is prevalent and should include strategies to reduce risky behaviors in particularly resistant-to-change individuals. Linkages with community-based organizations and local or state providers of health and social services are highly desirable. Establishing referral services offered through the research project that are sustainable is also highly desirable.

II. Assess and Develop Intervention Studies to Improve Access to Antiretroviral Therapy in HIV-Infected Disadvantaged Populations: The purpose of this program is to solicit applications that identify, enroll, and follow disadvantaged and minority populations with a well-balanced representation of men and women for the purpose of conducting an intervention study of access to antiretroviral therapy (ART). The interest is specifically for three separate research components: a baseline assessment, an intervention component, and a provider survey. The baseline assessment component is intended to determine what factors improve and hamper access to ART in persons recently diagnosed (within 6 to 24 months) with HIV. The intervention component is intended to evaluate methods that increase utilization of HIV care and use of ART. The intervention may involve more individualized patient needs assessment, linkages to new HIV care providers, linkages to integrated, innovative or outreach-oriented health care services. If possible, a separate data collection from local HIV care providers should attempt to identify barriers to providing ART and particularly to providing highly active antiretroviral therapy (HAART). Providers should be asked about conditions under which they would and would not prescribe ART to HIV-infected patients, using a standard questionnaire. Each applicant should propose to do at least two of the components.

Preference will be given to sites (1) where at least 100 HIV-infected subjects can be identified, enrolled, and followed in a well-described intervention to improve access to ART, (2) where subjects that are not already in HIV follow-up care can be identified and recruited, and (3) which have the ability to locate persons diagnosed with HIV in the previous two years at testing centers such as sexually transmitted disease clinics, emergency rooms and other clinics. Follow-up would need to include at least two visits to an HIV care provider and would involve: (1) collecting information on HIV-related clinical conditions, HIV-related medication use, health care provider visits, hospitalizations, and vital status; and (2) collecting blood specimens for viral load testing, lymphocyte immunophenotyping, and storage for other HIV-related testing. Applicants must demonstrate that they can provide adequate rates of follow-up, including collection of laboratory specimens. Applicants should be willing to participate in collaborative studies with other CDC-sponsored HIV projects, including the development of and use of common data collection instruments, specimen collection protocols, and data management procedures. Applicants must demonstrate cost-efficient local data management and statistical capability.

B. Eligible Applicants

Applications may be submitted by public and private nonprofit organizations and by governments and their agencies; that is, universities, colleges, research institutions, hospitals, 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.

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

I. Approximately $2.4 million is available in FY 1999 to fund approximately 4–6 awards for HIV intervention epidemiologic research studies that foster prevention and reduce transmission of HIV infection in young IDUs. It is expected that the average award will be $400,000 ranging from $250,000 to $600,000.

II. Approximately $600,000 is available in FY 1999 to fund approximately 3 awards for HIV intervention studies to improve access to antiretroviral therapy in disadvantaged populations. It is expected that awards will range from $100,000 to $250,000.

It is expected that all 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 4 years. Funding estimates may change.

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

Funding Preference

Preference will be given to achieve geographical diversity (e.g., Northeast, South, Central, and West).

D. Program Requirements

In conducting activities to achieve the purpose of these programs, the recipient will be responsible for the activities listed under Recipient Activities, and CDC will be responsible for conducting activities listed under CDC Activities:

1. Recipient Activities

Applicants addressing the same research issue should be willing to participate in collaborative studies with other CDC-sponsored researchers, including developing and using common data collection instruments, specimen collection protocols, and data management procedures, as determined in post-award grantee planning conferences. Recipients will be required to pool data for analysis and publication. Recipients are also required to work collaboratively as a study group to:

a. Develop the research study protocols and standardized data collection forms across sites.

b. Identify, recruit, obtain informed consent from, and enroll an adequate

number of study participants as determined by the study protocols and the program requirements.

c. Continue to follow study participants as determined by the study protocols.

d. Establish procedures to maintain the rights and confidentiality of all study participants.

e. Perform laboratory tests (when appropriate) and data analysis as determined in the study protocols.

f. Collaborate and share data and specimens (when appropriate) with other collaborators to answer specific research questions.

g. Contribute blood specimens (every 6–12 months, depending on the protocol requirements) for shipment and storage at a centralized repository system at CDC.

h. Conduct data analysis with all collaborators as well as present and publish research findings.

2. CDC Activities

a. Provide technical assistance in the design and conduct of the research.

b. Facilitate and assist in the development of a research protocol for Institutional Review Board (IRB) review by all cooperating institutions participating in the research project. The CDC IRB will review and approve the protocol initially and on at least an annual basis until the research project is completed.

c. Assist in designing a data management system.

d. Assist in performance of selected laboratory tests.

e. Work collaboratively with investigators to help facilitate research activities across sites involved in the same research project.

f. Assist in the analysis of research information and the presentation and publication of research findings.

E. Application Content

Use the information in the Program Requirements, Other Requirements, and Evaluation Criteria sections to develop your application. Your application will be evaluated on the criteria listed, so it is important to follow them in laying out your program plan. Follow the directions for completing the application that are found in the Public Health Service (PHS) 398 kit. If you are applying for both activities, you must submit a separate application for each.

F. Submission and Deadline

Submit the original and five copies of PHS–398 (OMB Number 0925–0001) (adhere to the instructions on the Errata Instruction Sheet for PHS 398). Forms are in the application kit. On or before July 16,1999, submit the application to: Kevin Moore, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement 99101, Centers for Disease Control and Prevention (CDC), Grants Management Branch, Mailstop E–15, 2920 Brandywine Rd., Room 3000, Atlanta, Georgia 30341.

Deadline: Applications shall be considered as meeting the deadline 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 independent review group. Applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks shall not be acceptable as proof or timely mailing.

Late Applications: Applications that do not meet these criteria are considered late applications, will not be considered, and will be returned to the applicant.

G. Evaluation Criteria

Each application will be evaluated individually against the following criteria by an independent review group appointed by CDC. Applicants will be ranked on a scale of 100 maximum points according to the research area identified. All applicants must state which research category they are addressing. Applications must demonstrate the applicant's ability to address the research in a collaborative manner with other recipients. Applications will be reviewed and evaluated based on the evidence submitted, as they specifically describe the applicant's abilities to meet the following criteria:

I. Intervention Studies for Young and Recently Initiated Drug Users

1. Recruitment, Retention and Adherence to Study Protocol (30 Points)

a. Extent of applicant's experience in IDU–HIV infection epidemiologic research.

b. Evidence of ability to successfully recruit and follow IDUs in longitudinal research studies.

c. Ability to organize and provide counseling and voluntary rapid HIV testing program as well as hepatitis B and hepatitis C testing among IDUs with unknown sero status.

d. Evidence of ability to collect complete data and to obtain a sufficiently large blood sample from IDUs.

e. Evidence of ability to collect complete data and to obtain regular blood samples from IDUs for testing that may include: HIV, hepatitis B, hepatitis C testing as well as serum storage.

f. Ability to recruit and retain sufficient HIV uninfected IDUs fulfilling the objectives of the study.

g. Ability to oversee specimen collection for the timely processing, storage, and retrieval of laboratory specimens as needed for the study. This includes transfer of certain specimens to a central repository at CDC and transfer of other specimens to designated laboratories for specific laboratory studies.

2. Description and Justification of Research Plans (30 Points)

a. Extent of familiarity and quality of experience pertinent to proposed research activities.

b. Understanding of the research objectives as evidenced by the high quality and scientific rigor of the proposed plan for research and a study design that is appropriate to answer research questions.

c. Extent to which the applicant demonstrates willingness to work with other recipients to develop a common core research protocol across funded sites.

d. Feasibility of plans to follow study participants. This includes demonstration of the experience of the investigator in following IDUs, and the comprehensiveness of the plan to protect the rights and confidentiality of all participants.

e. Thoroughness of plans for data management, data analysis, and laboratory analysis; reasonableness of data collected; and statistical rigor.

f. Extent to which proposal demonstrates feasible plans for coordinating research activities of multiple study sites, where appropriate. Letters of support from cooperating organizations that demonstrate the nature and extent of such cooperation should be included.

g. The degree to which the applicant has met the CDC Policy requirements regarding the inclusion of ethnic and racial groups in the proposed research. This includes: (1) The proposed plan for the inclusion of racial and ethnic minority populations for appropriate representation; (2) The proposed justification when representation is limited or absent; (3) A statement as to whether the design of the study is adequate to measure differences when warranted; (4) A statement as to whether the plans for recruitment and outreach for study participants include the process of establishing partnerships with communities and recognition of mutual benefits.

3. Research and Intervention Capability (20 Points)

a. Applicant's ability to carry out the proposed research as demonstrated by the training and experience of the proposed research team and organizational setting, including demonstration of ability to collect, manage, and analyze accurate data in a timely manner.

b. Demonstration of working relationships with proposed investigators and extent to which services to be provided by external experts or consultants are documented by memoranda of agreement.

c. Demonstration of epidemiologic, behavioral, clinical, administrative, laboratory, data management and statistical analysis expertise needed to conduct proposed research.

4. Staffing, Facilities and Time-line (20 Points)

a. Availability of qualified and experienced personnel with sufficient time dedicated to the proposed project.

b. Clarity of the described duties and responsibilities of project personnel.

c. Adequacy of plans for project oversight to assure quality of data.

d. Adequacy of facilities, equipment, data management resources, and systems for ensuring data security and patient confidentiality.

e. Adequacy of time line for completion of project activities.

5. Other (Not Scored)

a. Budget: the extent to which it is reasonable, clearly justified, consistent with the intended use of funds, and allowable. All budget categories should be itemized.

b. Human Subjects: Does the application adequately address the requirements of Title 45 CFR Part 46 for the protection of human subjects?

II. Assess and Develop Intervention Studies to Improve Access to Antiretroviral Therapy in HIV-Infected Disadvantaged Populations

1. Recruitment, Retention, and Adherence to Study Protocol (20 Points)

a. Extent of applicant's experience in HIV infection epidemiologic research.

b. Evidence of ability to successfully follow HIV-infected persons in longitudinal research studies.

c. Evidence of ability to collect complete data from HIV-infected study participants.

2. Description and Justification of Research Plans (30 Points)

a. Extent of familiarity and quality of experience pertinent to proposed research activities.

b. Understanding of the research objectives as evidenced by high quality of the proposed plan for research and a study design that is appropriate to answer research questions.

c. Originality of research, extent to which it does not replicate past or present research efforts, and direct relevance of research to guiding current efforts to improve access and use of antiretroviral therapy in HIV-infected populations.

d. Feasibility of plans to follow study participants. This includes demonstration of the experience of the investigator in enrolling and following such persons, and the comprehensiveness of the plan to protect the rights and confidentiality of all participants.

e. Thoroughness of plans for data management, data analysis, and laboratory analysis; reasonableness of data collected; and statistical rigor.

f. The degree to which the applicant has met the CDC Policy requirements regarding the inclusion of women, ethnic, and racial groups in the proposed research. 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 communities and recognition of mutual benefits.

3. Research Capability (30 Points)

a. Capacity to conduct study as evidenced by quality of experience with similar or related research conducted previously, including demonstration of ability to collect, manage, and analyze accurate data in a timely manner.

b. Demonstration of working relationships with proposed investigators and extent to which services to be provided by external experts or consultants are documented by memoranda of agreement.

c. Demonstration of epidemiologic, behavioral, administrative, clinical, laboratory, data management, and statistical expertise needed to conduct proposed research.

4. Staffing, Facilities, and Time-Line (20 Points)

a. Availability of qualified personnel with realistic and sufficient percentage-time commitments, and the clarity of the descriptions of the duties and responsibilities of project personnel.

b. Adequacy of plans for project oversight to assure quality of data.

c. Adequacy of facilities, equipment, data processing and analysis capacity, and systems for management of data security and participant confidentiality.

d. Adequacy of time line for completion of project activities.

5. Other (Not Scored)

a. Budget: The extent to which it is reasonable, clearly justified, consistent with the intended use of funds, and allowable. All budget categories should be itemized.

b. Human Subjects: Does the application adequately address the requirements of Title 45 CFR Part 46 for the protection of human subjects?

H. Other Requirements

Technical Reporting Requirements

Provide CDC with original plus two copies of

1. Annual progress reports;

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

3. Final financial status and performance reports, no more than 90 days after the end of the project period. Send all reports to the Grants Management Specialist identified in paragraph J. Where to Obtain Additional Information.

The following additional requirements are applicable to this program. For a complete description of each, see Attachment 1 in the application kit.

AR–1 Human Subjects Requirements
AR–2 Requirements for Inclusion of Women and Racial and Ethnic Minorities in Research
AR–4 HIV/AIDS Confidentiality Provisions
AR–5 HIV Program Review Panel Requirements
AR–6 Patient Care
AR–7 Executive Order 12372 Review
AR–8 Public Health System Reporting Requirements
AR–9 Paperwork Reduction Act Requirements
AR–10 Smoke-Free Workplace Requirements
AR–11 Healthy People 2000
AR–12 Lobbying Restrictions

I. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under sections 301(a) and 317(k)(2)of the Public Health Service Act, [42 U.S.C. section 241(a) and 247b(k)(2)], as amended. The Catalog of Federal Domestic Assistance number is 93.943.

J. Where To Obtain Additional Information

To receive additional written information and to request an application kit, call 1–888–GRANTS4 (1–888 472–6874). You will be asked to leave your name and address and will be instructed to identify the Announcement number of interest (use 99101).

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from: Kevin Moore, Grants Management Specialist Grants Management Branch, Procurement and Grants Office Announcement 99101, Centers for Disease Control and Prevention (CDC), Grants Management Office Room 3000, ATTN: Colgate Building, 2920 Brandywine Rd., Mailstop E–15, Atlanta, GA 30341, telephone (770) 488–2737, Email address kgm1@cdc.gov.

For program technical assistance, contact: Jeff Efird, MPA, Deputy Chief, Epidemiology Branch, Division of HIV/AIDS Prevention Surveillance and Epidemiology, National Center for HIV, STD, TB Prevention, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE., Mailstop E–45, Atlanta, Georgia 30333, Telephone (404) 639–6130, E-mail jle1@cdc.gov.

For a detailed description of the additional requirements in Attachment 1, to download forms required by this announcement, and to review other CDC program announcements, see the CDC home page on the Internet: HTTP://www.cdc.gov. Eligible applicants are encouraged to call before developing and submitting their applications.

Dated: May 14, 1999.

Henry S. Cassell III,

Acting Director, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 99–12695 Filed 5–19–99; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention and Health Resources and Services Administration

[Program Announcement 99099]

CDC/HRSA Cooperative Agreements for HIV/AIDS Intervention, Prevention, and Continuity of Care Demonstration Projects for Incarcerated Individuals Within Correctional Settings and the Community; Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) announce the availability of fiscal year (FY) 1999 funds for a cooperative agreement program for HIV (Human Immunodeficiency Virus) Prevention, Intervention, and Continuity of Care Within Correctional Settings and the Community. This program addresses the ''Healthy People 2000'' priority areas of HIV Infection and Clinical Preventive Services. The purpose of the program is to support demonstration projects within correctional facilities and the community that develop models of comprehensive surveillance, prevention, and health care activities for HIV, Sexually Transmitted Diseases (STDs), Tuberculosis (TB), Substance Abuse and Hepatitis. It is targeted for persons in correctional settings that extend to the community upon their release. This includes jails, detention centers, prisons, and transitional halfway houses. The target population includes African Americans and other ethnic/racial minorities that are disproportionately affected by the HIV/AIDS epidemic and detained/incarcerated in the criminal justice system, especially jails and juvenile detention facilities. Projects may develop collaborative arrangements between correctional settings and community-based health care and support service providers that address continuity of health care and provision of other ancillary and supportive services upon release that contribute to positive behavior change, and increase health care access, and improve health status. A background concept paper and descriptions of prevention, primary care, and continuity of services are included in the application kit.

This initiative is co-funded under Special Projects of National Significance (SPNS) authority of the Ryan White CARE Act. SPNS grants advance knowledge and skills in the delivery of health and support services to under served populations diagnosed with HIV infection. SPNS is the research and development arm of the Ryan White CARE Act. The authorizing legislation specifies three SPNS Program objectives: (1) To assess the effectiveness of particular models of care; (2) to support innovative program design; and (3) to promote replication of effective models.

Projects should be innovative in creating a combination of services/activities (surveillance, medical and behavioral screening and assessment, prevention education and counseling, primary health care and referral linkages) and have the organizational capacity to work within correctional settings and to organize and maintain a network of these services for the individual within the larger community. Because jails and juvenile detention facilities most reflect the community, special prioritization should be given to working in these settings. It is desirable to have a multi-tiered focus (including jails, prisons, juvenile detention centers, and transitional halfway houses) on the provision of a variety of direct services, the ability to organizationally and structurally work within correctional and community-based systems of care, and the potential ability to implement long-term systemic change. Applicants should recognize that this demonstration is not designed and cannot be expected to provide support beyond the project period.

B. Eligible Applicants

Assistance will be provided only to the following geographic areas: California, Connecticut, the District of Columbia, Florida, Georgia, Illinois, Maryland, Massachusetts, New Jersey, New York State, Pennsylvania, and Texas. These States are designated priority areas based on three criteria: (1) They represent 56.2 percent (635,483) of total prison population for 1997; (2) represent 74.7 percent (76,679) of all African American AIDS cases for 1997; and (3) represent 19,361 or 82.7 percent of all HIV+ inmates in state prisons. These states also represent 26 of the 30 highly affected MSAs for African Americans.

For states in which there is a CDC directly-funded city (these cities are New York, Chicago, Los Angeles, San Francisco, Houston and Philadelphia) the application must come from a coalition of the state and directly-funded city health department(s) (to ensure continuity of care, as most inmates come from and return to these larger metropolitan areas). Either the