

guidelines and form provided in the application kit.

Application Submission and Deadlines

A. Preapplication Letter of Intent

Although not a prerequisite of application, a non-binding letter of intent-to-apply is requested from potential applicants. The letter should be submitted to the Grants Management Officer (whose address is reflected in section B, "Applications"). It should be postmarked no later than March 15, 1995. The letter should identify the announcement number, name of principal investigator, and specify the priority area to be addressed by the proposed project. The letter of intent does not influence review or funding decisions, but it will enable CDC to plan the review more efficiently, and will ensure that each applicant receives timely and relevant information prior to application submission.

B. Applications

Applicants should use Form PHS-398 (OMB Number 0925-0001) and adhere to the ERRATA Instruction Sheet for Form PHS-398 contained in the Grant Application Kit. Please submit an original and five copies on or before April 19, 1995 to: Henry S. Cassell, III, Grants Management Officer, Procurement and Grants Office, Centers for Disease Control and Prevention, (CDC), 255 East Paces Ferry Road, NE., Room 300, MS-E13, Atlanta, GA 30305.

C. Deadlines

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

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

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

Where To Obtain Additional Information

All application procedures and guidelines are contained within the present announcement. Business management information may be obtained from Lisa G. Tamaroff, Grants Management Specialist, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., MS-E13, Atlanta,

GA 30305, telephone (404) 842-6796. Programmatic technical assistance may be obtained from Roy M. Fleming, Sc.D., Associate Director for Grants, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE., Building 1, Room 3053, MS-D30, Atlanta, GA 30333, telephone (404) 639-3343.

When requesting information, please refer to announcement number 521.

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) 783-3238.

Dated: January 18, 1995.

Linda Rosenstock,

Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC).

[FR Doc. 95-1807 Filed 1-24-95; 8:45 am]

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[CDC-510]

Announcement of Cooperative Agreement to the United States Conference of Mayors

Summary

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1995 funds for a sole source cooperative agreement with the United States Conference of Mayors (USCM) to continue supporting: an information exchange program among mayors and other local and State government officials concerning HIV prevention; HIV prevention program and policy development; and the provision of technical and financial assistance to community-based organizations (CBOs), local and State health departments, and others involved in health promotion and disease prevention activities. Approximately \$2,000,000 will be available in FY 1995 to support this project, though the funding estimate may change. This award will begin on or about May 1, 1995, for a 12 month budget period within a 5 year project period. Continuation awards within the project period will be made if progress is satisfactory and funds are available.

The CDC will assist in identifying programs, policies, practices, procedures, and processes pertinent to the program objectives; collaborate in developing, analyzing, and presenting material for information dissemination;

review and comment on all HIV-related materials intended for dissemination; and assist in identifying community planning groups in need of fiscal support.

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of "Healthy People 2000," a PHS-led national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority area of HIV Infection. (For ordering a copy of "Healthy People 2000," see the section "Where to Obtain Additional Information.")

Authority

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

Smoke-Free Workplace

The Public Health Service strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

Eligible Applicant

Assistance will be provided only to the USCM. No other applications are solicited. The program announcement and application kit have been sent to USCM. Eligibility is limited to USCM since it provides representation from city and local officials, including social services, education, and other community officials and organizations, in approximately 1,000 cities with populations of more than 30,000 and, through its affiliate the United States Conference of Local Health Officials, provides representation from approximately 2,000 additional local health officials. USCM was created specifically to represent this wide variety of local organizations and community officials to the Federal government and other national organizations and is unique in its role as a liaison between these officials. It has served as a policy-development and capacity-building organization in intergovernmental affairs for more than 60 years and has as one of its major objectives the sharing of information between local governments.

USCM has established a unique HIV prevention program that brings together, at the local level, the key players responding to the Acquired Immune Deficiency Syndrome (AIDS) crisis: mayors, local health department (LHD)

officials, and representatives of community-based organizations and affected communities. Currently, there are three major components of the USCM HIV/AIDS program: (1) Collaborative HIV/AIDS Prevention Grants; (2) Research and Technical Assistance; and (3) Community Planning Case Profiles. Through these programs, USCM: (1) Provides financial and technical support to LHDs and CBOs who work together to implement high priority HIV prevention interventions which have been identified in previous needs assessments; (2) analyzes and disseminates information and provides technical assistance to local and State governments, health departments, and CBOs on innovative and effective HIV prevention-related policies and programs; and (3) assists CDC in its assessment of the HIV prevention community planning process.

Executive Order 12372 Review

The application is not subject to Intergovernmental Review of Federal Programs as governed by Executive Order 12372.

Public Health System Reporting Requirements

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

Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance number is 93.939, HIV Prevention Activities—Non-Governmental Organizations.

Where To Obtain Additional Information

Additional information may be obtained from Kevin Moore, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 320, Mailstop E-15, Atlanta, GA 30305, telephone (404) 842-6550.

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) referenced in the "Summary" may be obtained through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325, telephone (202) 783-3238.

Dated: January 17, 1995.

Joseph R. Carter,

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

[FR Doc. 95-1806 Filed 1-24-95; 8:45 am]

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[CDC 520]

An International Collaborative Study of Cancer Risk Among Nuclear Industry Workers

Summary

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1995 funds for a cooperative agreement with the World Health Organization (WHO), International Agency for Research on Cancer (IARC), to plan and conduct an international, collaborative study of cancer risk among nuclear industry workers. Approximately \$100,000 will be available in FY 1995 to fund the cooperative agreement. The award will begin on or about April 1, 1995, for a 12-month budget period within a project period of up to 5 years. Funding estimates may vary and are subject to change. Continuation award(s) within the project period will be made on the basis of satisfactory progress and the availability of funds.

The purpose of this cooperative agreement is to assist the WHO, IARC, in further developing and strengthening epidemiologic research in order to promote the further understanding of the cancer risk associated with long-term, low-level occupational radiation exposure. The effort funded by this agreement will result in an improved understanding and quantification of the cancer risk encountered by United States workers in nuclear industries.

CDC/NIOSH will provide assistance on program management and administrative matters related to the conduct of the scientific aspects of the cooperative agreement; technical and scientific consultation and assistance in the implementation of all epidemiologic activities conducted under the cooperative agreement; scientific consultation and assistance in formulating the research plan; and collaborate in the preparation of the scientific epidemiologic reports that result from the cooperative agreement.

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a PHS-led national activity to reduce morbidity and mortality and improve the quality of life. This announcement

is related to the priority area of Occupational Safety and Health. (For ordering a copy of Healthy People 2000 see the section "Where To Obtain Additional Information.")

Authority

This program is authorized under Section 301(a) of the Public Health Service Act (42 U.S.C. Section 241(a)) and Section 22(e)(7) of the Occupational Safety and Health Act (29 U.S.C. Section 671(e)(7)).

Smoke-Free Workplace

The PHS strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. This is consistent with the PHS mission of promoting the protection and advancement of an individual's physical and mental health.

Eligible Applicant

Assistance will be provided only to the WHO, IARC, Lyon, France, for this project. No other applications will be solicited. The program announcement and application kit have been sent to WHO, IARC. This organization is the only appropriate and qualified institution to provide the services specified under this cooperative agreement for the following reasons:

1. Serving as the headquarters for international cancer research for the WHO, the IARC is the only organization with access to all the necessary data from the 14-member nations. No one in the United States or its territories has access to this data.

2. The IARC serves as the cancer research arm of the WHO. Located in Lyon, France, the IARC was founded in 1965 and is responsible for conducting cancer epidemiologic research, disseminating information on cancer causes and prevention, and assisting countries in cancer control programs.

3. The IARC has unique experience in planning and conducting cooperative international epidemiologic studies of workers in nuclear industries. In 1988, a collaborative study of over 250,000 nuclear workers was undertaken in the United States, the United Kingdom, and Canada. This study, now nearing completion, was coordinated through IARC.

4. The IARC has already conducted a preliminary study demonstrating the feasibility of this investigation and has in place experts in epidemiology and radiation dosimetry who provided the technical assistance and guidance required for the study mentioned in 3 above. These technical experts will be available to plan and oversee this