

NPL Sites

Alabama

Monarch Tile—Florence—(PB95-159695)

Arkansas

Popile Incorporated—El Dorado—(PB95-154035)

South 8th Street Landfill (a/k/a West Memphis Landfill)—West Memphis—(PB95-154092)

Connecticut

Starr Property—Enfield—(PB95-154795)

Illinois

Kerr McGee Radiation Areas—West Chicago—(PB95-154803)

Includes:

Kress Creek

Reed-Keppler Park

Residential Areas

Sewage Treatment Plant

Kentucky

National Electric Coil/Cooper Industries—Dayhoit (PB95-154639)

Massachusetts

Groveland Wells—Groveland—(PB95-154084)

New Jersey

Delilah Road—Egg Harbor Township—(PB95-154076)

Washington

Pacific Sound Resources—Seattle—(PB95-149241)

Seattle Municipal Landfill/Kent Highlands—Kent (PB95-154100)

Vancouver Water Station No. 1 Contamination—Vancouver (PB95-166278)

Non-NPL Petitioned Sites

Louisiana

Marine Shale Processors, Incorporated—Amelia—(PB95-130811)

Dated: April 14, 1995.

Claire V. Broome,

Deputy Administrator, Agency for Toxic Substances and Disease Registry.

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BILLING CODE 4163-70-P

Centers for Disease Control and Prevention**[Announcement 531]****Cooperative Agreements for State-Based Birth Defect Surveillance Demonstration Projects****Introduction**

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1995 funds for a cooperative agreement program for state-based birth defect surveillance demonstration projects. This cooperative agreement will support the development, implementation, and evaluation of state-based birth defect surveillance systems.

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 areas of Alcohol and Other Drugs, Environmental Health, Maternal and Infant Health, and Surveillance and Data Systems. (For ordering a copy of "Healthy People 2000," see the section "Where To Obtain Additional Information.")

Authority

This program is authorized under sections 301, 311 and 317C of the Public Health Service Act (42 U.S.C. 241, 243, and 247b-4) as amended.

Smoke-Free Workplace

PHS strongly encourages all grant recipients to provide a smoke-free workplace and to promote the nonuse 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

All duly constituted State and local public health agencies that are officially recognized as such, including State, local, county, city-county, district, and territorial health departments are eligible to apply. Also, universities with formal agreements for working with State or local health departments for carrying out the surveillance and surveillance-based research are eligible to apply.

Availability of Funds

Approximately \$500,000 is available in FY 1995 to fund approximately 8 to 12 awards. It is expected that awards

will be made to 4 to 6 States with operational birth defect surveillance systems, and to 4 to 6 States with inactive or no birth defect surveillance systems. It is expected that the average award will be \$50,000. It is expected that the awards will begin on or about September 30, 1995, and will be made for a 12-month budget period within a project period of up to 3 years. Funding estimates may vary and are subject to change.

These awards may be used for personnel services, equipment, travel, and other cost related to project activities. Project funds may not be used to supplant State funds available for birth defect surveillance or birth defect prevention.

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

Purpose

The purpose of this cooperative agreement is to assist States:

a. To develop and implement pilot methodologies and approaches which will improve or expand the State's capacity to ascertain cases and generate timely population-based data of major birth defects;

b. To engage, and collaborate with other States and appropriate organizations in the timely sharing and analysis of surveillance and epidemiologic data related to birth defects and;

c. To evaluate, in a timely fashion, the effectiveness of surveillance approaches and progress in the prevention of folic acid-preventable spina bifida and anencephaly.

Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities under A. (Recipient Activities for States with inactive or no birth defect surveillance systems); or B. (Recipient Activities for States with operational birth defect surveillance systems); and CDC will be responsible for the activities listed under C. (CDC Activities).

A. Recipient Activities for States with inactive or no birth defect surveillance systems:

1. Develop plans for, and begin implementation of, a pilot state-based surveillance system which will ascertain cases and generate population-based data of major birth defects occurring in the State.

2. Develop a plan for the sharing and analysis of surveillance and epidemiologic data related to birth

defects with other States and appropriate organizations.

B. Recipient Activities for States with operational birth defect surveillance systems:

1. Develop and implement pilot methodologies and approaches which will improve or expand the capacity of an existing state-based surveillance system to ascertain cases and generate timely population-based data of major birth defects occurring in the State.

2. Collaborate with other States and appropriate organizations in the timely sharing and analysis of surveillance and epidemiologic data related to birth defects.

3. Evaluate, in a timely fashion, the progress in the prevention of folic acid-preventable spina bifida and anencephaly in the State.

C. CDC Activities:

1. Provide technical assistance.

2. Assist recipients in designing, developing, and evaluating pilot and demonstration components of state-based birth defect surveillance systems.

3. Assist recipients in analyzing surveillance and epidemiologic data related to birth defects.

4. Assist recipients in evaluating the progress in the prevention of folic acid-preventable spina bifida and anencephaly.

5. Provide a reference point for sharing regional and national data and information pertinent to the surveillance and prevention of birth defects.

Evaluation Criteria

Applications will be reviewed and evaluated according to the following criteria as they relate to the applicant's response to either A., or B., in the "Program Requirements."

1. Applicant's Understanding of the Problem (10%)

The extent to which the applicant has a clear, concise understanding of the requirements, objectives, and purpose of the cooperative agreement. The extent to which the application reflects an understanding of the complexities of birth defect surveillance.

2. Impact on State-Based Birth Defects Surveillance (65%)

The extent to which the applicant describes the anticipated level of impact this cooperative agreement will have on birth defect surveillance activities in the State. This description may include current and proposed:

- Methods of case ascertainment;
- Level of coverage of the population;
- Specific birth defects ascertained;
- Timeliness of case ascertainment and reporting;

e. Utility of surveillance data for epidemiologic studies and;

f. Utility of surveillance data for evaluating the progress in the prevention of folic acid-preventable spina bifida and anencephaly.

3. Organizational and Program Personnel Capability (20%)

The extent to which the applicant has the experience, skills, and ability to implement and evaluate a birth defect surveillance system. The adequacy of the present staff and capability to assemble competent staff to implement and evaluate a birth defect surveillance system and a prevention program. The applicant shall identify, to the extent possible, all current and potential personnel who will work on this cooperative agreement, including qualifications and specific experience as it relates to the requirements set forth in this request.

4. Matching Funds (5%)

The extent to which the applicant proposes matching funds. Matching funds may be contributions by the recipient of at least five percent of Federal funds awarded under this program. The applicant should identify and describe:

a. The amount expended during the preceding year for birth defect surveillance activities and birth defect prevention activities.

These amounts will be used to establish a baseline for current and future match amounts and;

b. Sources of matching funds for the project and the estimated amounts from each.

5. Budget Justification and Adequacy of Facilities (Not Scored)

The budget will be evaluated for the extent to which it is reasonable, clearly justified, and consistent with the intended use of the cooperative agreement funds. The applicant shall describe and indicate the availability of facilities and equipment necessary to carry out this project. Proposed matching funds must be detailed in the budget.

6. Human Subject Review (not scored)

The applicant must clearly state whether or not human subjects will be used in research.

Executive Order 12372

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 SPOCs have any State process recommendations on applications submitted to CDC, they should send them to Henry S. Cassell III, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Atlanta, GA 30305. (The receipt date for SPOC comments will be 60 days after the application deadline date.) The Announcement Number and Program Title should be referenced on the document. The granting agency does not guarantee to "accommodate or explain" the State process recommendations it receives after that date.

Public Health System Reporting Requirement

This program is subject to the Public Health System Reporting Requirements. Under these requirements, all community-based nongovernmental applicants must prepare and submit the items identified below to the head of the appropriate State and/or local health department agency(s) in the program area(s) that may be impacted by the proposed project no later than the receipt date of the Federal Application. The appropriate State and/or local health agency is determined by the applicant. The following information must be provided:

A. A copy of the face page of the application (SF 424).

B. A summary of the project that should be titled "Public Health System Impact Statement" (PHSIS), not exceed one page, and include the following:

- A description of the population to be served;
- A summary of the services to be provided; and
- A description of the coordination plans with the appropriate State and/or local health agencies.

If the State and/or local health official should desire a copy of the entire application, it may be obtained from the State Single Point of Contact (SPOC) or directly from the applicant.

Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance number is 93.283.

Other Requirements**Paperwork Reduction Act**

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

Human Subjects

If the proposed project involves research on human subjects, the applicant must comply with the Department of Health and Human Services Regulations, 45 CFR Part 46, regarding the protection of human subjects. Assurance must be provided to demonstrate 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.

Application Submission and Deadline

The original and two copies of the application PHS Form 5161-1 (OMB Number 0937-0189) must be submitted to Henry S. Cassell III, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E-13, Atlanta, GA 30305, on or before June 20, 1995.

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 to the objective 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 will 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.

Where To Obtain Additional Information

To receive additional written information call (404) 332-4561. You will be asked to leave your name, address, and phone number and will need to refer to Announcement 531.

You will receive a complete program description, information on application procedures, and application forms.

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from Adrienne S. Brown, 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) 842-6630. Programmatic technical assistance may be obtained from Larry D. Edmonds or David Montanez, State Services, Birth Defects and Genetic Diseases Branch, Division of Birth Defects and Developmental Disabilities, National Center for Environmental Health, Centers for Disease Control and Prevention (CDC), 4770 Buford Highway NE., Mailstop F-45, Atlanta, GA 30341-3724, telephone (404) 488-7170.

Please refer to Announcement 531 when requesting information and submitting an application.

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) referenced in the "Introduction" through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325, telephone (202) 512-1800.

Dated: April 14, 1995.

Joseph R. Carter,

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

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[Announcement 523]**Innovations in Syphilis Prevention in the United States: Reconsidering the Epidemiology and Involving Communities****Introduction**

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1995 funds for cooperative agreements to conduct research toward substantially reducing syphilis in the United States, especially in the southeastern United States, the region with the highest syphilis rates. Syphilis is linked to substantial mortality and morbidity through congenital syphilis, and through its ecologic relationship with and cofactor role in HIV transmission. Therefore, effective, innovative,

community-based approaches to syphilis prevention may have an important multiplier effect on HIV prevention and adult and infant health in the communities where syphilis is most prevalent.

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 Sexually Transmitted Diseases. (To order a copy of "Healthy People 2000," see the section "Where to Obtain Additional Information.")

Authority

These cooperative agreements are authorized under Section 318(b) of the Public Health Service Act (42 U.S.C. 247c(b)) as amended. Applicable program regulations are found in part 51 (b), subparts A and F of title 42, Code of Federal Regulations.

Smoke-Free Workplace

The PHS strongly encourages all grant recipients to provide a smoke-free workplace and to 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

Applications may be submitted by public and private, nonprofit and for-profit organizations and governments and their agencies. Universities, colleges, research institutions, hospitals, other public and private organizations, State and local governments or their bona fide agents, federally recognized Indian tribal governments, Indian tribes or Indian tribal organizations, and small, minority- or women-owned businesses are eligible to apply. Applicants must, however, document collaboration with each of the following entities:

1. At least one non-profit, public or private research institution (e.g., university, college, hospital, laboratory);

2. A public health agency in State or local government; and

3. At least one community-based organization (CBO) or other institution or agency with a track record for working with communities affected by syphilis in the project area. The CBO does not need to have a record of working on the problem of sexually transmitted diseases, only to have