

Grants Office, Centers for Disease Control and Prevention (CDC), 255 E. Paces Ferry Road, NE., Mailstop E13, Atlanta, GA 30305, telephone (404) 842-6535, or INTERNET address jcw6@opspgo1.em.cdc.gov.

Programmatic assistance may be obtained from Mark S. Long, Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (CDC), 4770 Buford Highway, NE, Mailstop K60, Atlanta, GA 30341-3724, telephone, (770) 488-4224, INTERNET address, msl1@cipcod1.em.cdc.gov.

Please Refer to Announcement Number 633 When Requesting Information and Submitting an Application

There may be delays in mail delivery as well as difficulty in reaching the CDC Atlanta offices during the 1996 Summer Olympics (July 19–August 4). Therefore, in order to receive more timely response to questions please use INTERNET/E-Mail, follow all instructions in this announcement and leave messages on the contact person's voice mail.

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: June 11, 1996.

Joseph R. Carter,

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

[FR Doc. 96-15568 Filed 6-18-96; 8:45 am]

BILLING CODE 4163-18-P

[Announcement 634]

Violence Prevention Programs (Longitudinal Evaluations)

Introduction

The Centers for Disease Control and Prevention (CDC), announces the availability of fiscal year (FY) 1996 funds for cooperative agreements for Violence Prevention Programs (Longitudinal Evaluations). These projects will evaluate injury prevention programs designed to reduce the incidence of injuries, disabilities, and deaths due to interpersonal violence among youth. The cooperative agreements will extend and build upon the work begun in the group of cooperative agreements funded under CDC's Program Announcement 329, which began in fiscal year (FY) 1993.

The cooperative agreements funded under Program Announcement 329 supported the continuing development of applied research to evaluate the effectiveness of interventions and programs designed to prevent violence-related injuries, disabilities, and deaths among children, adolescents, and young adults.

CDC is committed to achieving the health promotion and disease prevention objectives described in "Healthy People 2000," a national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority area of Violent and Abusive Behavior (to order a copy of "Healthy People 2000," see the Section Where to Obtain Additional Information).

Authority

This program announcement is authorized under Sections 301, 317, and 391-394 (42 U.S.C. 241, 247b, and 280b-280b-3) of the Public Health Service Act, as amended.

Smoke-Free Workplace

CDC strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products, and Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, and early childhood development services are provided to children.

Eligible Applicants

Applications will be accepted from public and private, non-profit and for-profit organizations and governments and their agencies. Thus, community-based organizations, other public and private organizations, State, territorial, and local governments or their bona fide agents, federally recognized Indian tribal governments, Indian tribes, or Indian tribal organizations, hospitals, and small, minority- and/or women-owned businesses, universities, colleges, and other research institutions, are eligible to apply.

Availability of Funds

Approximately \$500,000 is available in FY 1996 to fund up to four follow-up evaluations of previously implemented and evaluated violence prevention programs that targeted youth below the age of 19 years. Institutions may request funds for more than one project as long as the proposed projects are submitted separately and are distinctly different. Awards are expected to range from \$100,000 to \$166,000 with an average award of

\$125,000 for each 12-month budget period.

It is expected that the new awards will begin on or about September 30, 1996, and will be made for a 12-month budget period. Programs funded under this announcement will have a 3-year project period. Funding estimates may vary and are subject to change.

Continuation funds within the project periods will be awarded on the basis of satisfactory progress as evidenced by required reports and the availability of funds. The estimates outlined above may vary, based on the quality of the applications received within each project period.

Purpose

The purpose of this cooperative agreement is to support extended assessments of the impact of previously implemented and evaluated violence prevention programs that targeted youth below the age of 19 years which demonstrated promising outcomes. Specifically, this announcement seeks applications to assess the residual effects of previously evaluated interventions that initially exhibited significant effects in reducing violent behavior, violence-related injuries, or intermediate indicators (e.g. aggressiveness).

Of particular interest are: (1) assessing whether the effects of the initial intervention persist, and (2) assessing the effects of continued long-term intervention such as efforts to reinforce gains made in the initial intervention against both those who receive no significant additional reinforcement and those who received no significant intervention.

Program Requirements

Successful completion of the project will require a close working relationship between the recipient and CDC. Recipient and CDC Activities are listed below:

A. Recipient Activities

In conducting activities to achieve the purpose of this program, the recipient will:

1. Collect, compile, and analyze information relevant to the proposed project.
2. Develop a final written protocol for a comprehensive longitudinal evaluation of the intervention's impact. This protocol must contain the following elements:
 - a. Statement of the questions to be answered (hypotheses to be tested);
 - b. Description of the intervention to be evaluated;
 - c. Specific monitoring data that has been collected and analyzed;

d. Specific impact assessment data that will be collected and analyzed;

e. A description of methods (both scientific and operational) for collecting impact assessment data;

f. A description of how data will be maintained (i.e., in what format and databases, and how subjects' confidentiality will be protected); and,

g. A description of statistical techniques that will be used to analyze the data.

3. Obtain the necessary clearances and agreements to proceed with all aspects of the proposed violence prevention project. These shall include appropriate human subjects clearances and agreements with other organizations and individuals needed to complete the project.

4. Identify or develop, and pilot test data collection instruments.

5. Establish baseline rates for pertinent outcomes within the target group.

6. Monitor progress toward achievement of project goals through the use of realistic, measurable, time-oriented objectives for all phases of the project.

7. Evaluate the longitudinal impact of the intervention.

8. Develop collaborative relationships with voluntary, community-based public and private organizations and agencies already involved in preventing violence.

B. CDC Activities

As required for the proper direction of these cooperative agreements, CDC will:

1. Provide technical consultation on determining the impact of the evaluation; and on designing the scientific protocols;

2. Collaborate in the design of all phases of the project;

3. Advise the awardee on data collection instruments and procedures;

4. Monitor implementation of collection and analysis of impact assessment data;

5. Arrange for information sharing among the various evaluation projects;

6. Provide up-to-date scientific information about youth violence prevention; and

7. Assist in the transfer of information and methods developed in these projects to other prevention programs.

Evaluation Criteria

Applications will be reviewed and evaluated according to the following criteria (maximum 100 total points):

A. Intervention Description, Initial Evaluation Results (25%)

The extent to which the applicant describes in detail the intervention to be

evaluated, including the theoretical and scientific bases for the intervention's potential effectiveness in reducing violent behavior or injury among youth.

1. The extent to which the influence of gender, ethnicity, life experiences, and social setting on pertinent risk and protective factors are addressed.

2. The extent to which the applicant provides quantitative evidence that the initial intervention achieved significant behavioral improvement in the target group exposed to the intervention.

B. Goals and Objectives (10%)

1. The extent to which the applicant has included goals which are relevant to the purpose of the application and feasible to be accomplished during the project period, and the extent to which these goals are specific and measurable.

2. The extent to which the applicant has included objectives which are feasible to be accomplished during the budget period, and which address all activities necessary to achieve the stated goals of the application.

3. The extent to which the objectives are specific, time-framed, and measurable.

C. Evaluation (30%)

1. The extent to which the applicant provides a comprehensive plan for evaluating the long-term effects of the intervention that includes:

a. A detailed description of the evaluation design and methods, and the analysis plan to be used to answer research questions and to evaluate the previously implemented intervention.

b. A discussion of the feasibility and ethical considerations relevant to the selected evaluation method.

c. A reasonable and complete schedule for implementing all project activities.

d. A detailed data management plan which describes how monitoring and impact assessment data will be collected, processed, and maintained for analysis.

2. The extent to which barriers to validity are described and addressed.

3. The extent to which the sample population is described, including:

a. Selection methods for assignment to treatment or control groups;

b. A description of the community in which the target group lives;

c. A discussion that demonstrates that the target group is of sufficient size to yield an adequate sample for testing the proposed evaluation questions; and

d. A detailed discussion of the effect of attrition on sample size, and the applicant's plan for preserving access to the target group in spite of this threat.

D. Project Management (20%)

1. The extent to which roles of each unit, organization, or agency are described, and coordination and supervision of staff, organizations and agencies involved in activities is apparent.

2. The extent to which documentation of program organizational location is clear, and shows a coordinated relationship among staff and collaborators in the applicant's evaluation effort.

3. The extent to which position descriptions, CV's, and lines of command are appropriate to accomplishment of program goals and objectives.

4. The extent to which concurrence with the applicant's plans by all other involved parties, including consultants, is specific and documented.

In addition, 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 appropriateness of the proposed justification when representation is limited or absent.

c. Whether the design of the study is adequate to measure differences when warranted.

d. Whether the plans for recruitment and outreach for study participants include the process of establishing partnerships with community(ies) and recognition of mutual benefits.

E. Collaboration (15%)

The extent to which the applicant:

1. Describes current and proposed collaborations with appropriate government, health, youth agencies, community-based organizations, minority organizations, and other researchers working with the specified target group;

2. Documents collaborative relationships with letters of support and memoranda of understanding which precisely specify the nature of past, present, and proposed collaborations, and the data products or services to be provided to the applicant through the project period.

F. Budget and Justification (Not Weighted)

The extent to which the applicant provides a detailed budget and narrative justification consistent with stated objectives and planned program activities.

G. Human Subjects (Not Weighted)

The extent to which the applicant describes the review process which will govern the participation of human subjects in order to insure their protection and privacy.

Executive Order 12372 Review

Applications are subject to Intergovernmental Review of Federal Programs as governed by Executive Order (E.O.) 12372. E.O. 12372 sets up a system for State and local government review of proposed Federal assistance applications. Applicants (other than federally recognized Indian tribal governments) 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, applicants are advised to contact the SPOC of 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 Ronald S. Van Duyne, 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 E13, Atlanta, GA 30305, no later than 30 days after the application deadline. (The appropriation for this financial assistance program was received late in the fiscal year and would not allow for the application receipt date which would accommodate the 60-day State recommendation process period.) The Announcement Number and Program Title should be referenced on the document. The granting agency does not guarantee to "accommodate or explain" for State process recommendations it receives after that date.

Indian tribes are strongly encouraged to request tribal government review of the proposed application. If tribal governments have any tribal process recommendations on applications submitted to CDC, they should forward them to Ronald S. Van Duyne, 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 E13, Atlanta, GA 30305, no later than 30 days after the application deadline. The Announcement Number and Program Title should be referenced on the document. The granting agency does not guarantee to "accommodate or

explain" for tribal process recommendations it receives after that date.

Public Health System Reporting Requirements

This program 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 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.
- B. A summary of the project that should be titled "Public Health System Impact Statement" (PHSIS), not exceed one page, and include the following:
 1. A description of the population to be served;
 2. A summary of the services to be provided; and
 3. 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 93.136.

*Other Requirements**A. Paperwork Reduction Act*

Projects that involve the collection of information from 10 or more individuals and funded by cooperative agreement will be subject to review by the Office of Management and Budget under the Paperwork Reduction Act.

B. Protection of 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 (in accordance with the appropriate guidelines and form provided in the application kit) to demonstrate that the project will be subject to initial and continuing review by an appropriate institutional review committee. In addition to other applicable committees,

Indian Health Service (IHS) institutional review committees also must review the project if any component of IHS will be involved or will support the research. If any American Indian community is involved, its tribal government must also approve that portion of the project applicable to it. The applicant will be responsible for providing assurance in accordance with the appropriate guidelines and form provided in the application kit.

C. Confidentiality of Records

All identifying information obtained in connection with the provision of services to any person in any program that is being carried out with a cooperative agreement made under this announcement shall not be disclosed unless required by a law of a State or political subdivision thereof unless written, voluntary informed consent is provided by persons who received services.

D. Women, Racial and Ethnic Minorities

It is the policy of the Centers for Disease Control and Prevention (CDC) to ensure that individuals of both sexes and the various racial and ethnic groups will be included in CDC-supported research projects involving human subjects, whenever feasible and appropriate. Racial and ethnic groups are those defined in OMB Directive No.15 and include American Indian, Alaskan Native, Asian, Pacific Islander, Black and Hispanic. Applicants shall ensure that women racial and ethnic minority populations are appropriately represented in applications for research involving human subjects. Where a clear and compelling rationale exists that inclusion is inappropriate or not feasible, this situation must be explained as part of the application. This policy does not apply to research studies when the investigator cannot control the race, ethnicity, and/or sex of subjects. Further guidance to this policy is contained in the Federal Register, Vol. 60, No. 179, pages 47947-47951, dated Friday, September 15, 1995.

E. Accounting Systems

The services of a certified public accountant licensed by the State Board of Accountancy or equivalent must be retained throughout the budget period as a part of the recipient's staff, or as a consultant to the recipient's accounting personnel. These services may include the design, implementation, and maintenance of an accounting system that will record receipts and expenditures of Federal funds in accordance with accounting principles,

Federal regulations, and terms of the cooperative agreement.

F. Audits

Funds claimed for reimbursement under this cooperative agreement must be audited annually by an independent certified public accountant (separate and independent of the consultant referenced above or recipient's staff certified public accountant). This audit must be performed within 60 days after the end of the budget period, or at the close of an organization's fiscal year. The audit must be performed in accordance with generally accepted auditing standards (established by the American Institute of Certified Public Accountant (AICPA)), governmental auditing standards (established by the General Accounting Office (GAO)), and Office of Management and Budget (OMB) Circular A-133.

Application Submission and Deadline

The original and two copies of the application PHS Form 5161-1 (OMB Number 0937-0189) must be submitted to Joanne A. Wojcik, 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 E13, Atlanta, GA 30305, on or before August 15, 1996.

A. Deadlines

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 committee. For proof of timely mailing, applicants must 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 will not be acceptable as proof of timely mailing.

Late Applications

Applications that do not meet the criteria in A.1. or A.2. above are considered late. 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 information call (404) 332-4561. You will be asked to leave your name, address and phone number and will need to refer to Announcement 634. You will receive a complete program description, information on application procedures and application forms. The announcement is also available through the CDC home page on the Internet. The address for the CDC home page is <http://www.cdc.gov>.

If you have questions after reviewing the contents of all documents, business management assistance may be obtained from Joanne A. Wojcik, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 E. Paces Ferry Road, NE., Mailstop E13, Atlanta, GA 30305, telephone (404) 842-6535, or INTERNET address jcw6@opspgo1.em.cdc.gov.

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Dated: June 11, 1996.
Joseph R. Carter,
Acting Associate Director for Management and Operations, Centers for Disease Control and Prevention (CDC).
[FR Doc. 96-15569 Filed 6-18-96; 8:45 am]
BILLING CODE 4163-18-P

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Jobs Opportunity Basic Skills (JOBS) Participation Rate Quarterly Report.

OMB No.: 0970-0098.

Description: The information received from this collection will provide ACF the information to determine if each State has met the required JOBS participation rates and adjust the FFP rate accordingly. States must establish that the specified percentage of those required to participate in the JOBS program actually participate. The routine collection participation rate data also provides ACF with sufficient information to adequately respond to inquiries from Congress and other interested parties regarding nationwide JOBS participation rates.

Respondents: State governments.

Annual Burden Estimates:

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
ACF-103	54	4	12	2,592

Estimated Total Annual Burden Hours: 2,592.

Additional Information: Copies of the proposed collection may be obtained by writing to The Administration for Children and Families, Office of Information Services, Division of Information Resource Management Services, 370 L'Enfant Promenade, SW.,

Washington, DC 20447, Attn: ACF Reports Clearance Officer.

OMB Comment: OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the Federal Register. Therefore, a comment is best assured of

having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, 725 17th Street, NW.,