

On or before August 17, 2001, submit your application to the Grants Management Specialist identified in the "Where to Obtain Additional Information" section of this announcement.

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 of timely mailing.)

Late Applications: Applications which 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

Each application will be evaluated individually against the following criteria by an independent review group appointed by CDC. CDC will act as reviewer for these applications.

1. The inclusion of a brief review of the scientific literature pertinent to the study being proposed and specific research questions or hypotheses that will guide the research. The originality and need for the proposed research, the extent to which it does not replicate past or present research efforts, and how findings will be used to guide prevention and control efforts. (25 points)

2. The quality of the plans to develop and implement the study. 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.

(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. (25 points)

3. Extent to which proposed activities, if well executed, support attaining project objectives. (25 points)

4. Extent to which personnel involved in this project are qualified, including evidence of past achievements appropriate to the project, and realistic and sufficient time commitments.

Evidence of adequacy of facilities and other resources supported to carry out the project. (25 points)

5. Other (not scored)

(a) **Budget:** Will be reviewed to determine the extent to which it is reasonable, clearly justified, consistent with the intended use of the 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. An annual progress report;
2. Financial status report, no more than 90 days after the end of the budget period; and
3. final financial status report and performance report, no more than 90 days after the end of the project period.

Send all reports to the Grants Management Specialist identified in the "Where to Obtain Additional Information" section of this announcement.

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

AR-1—Human Subjects Requirements
AR-2—Inclusion of Women and Racial and Ethnic Minorities in Research Requirements

AR-4—HIV/AIDS Confidentiality Provisions

AR-5—HIV Program Review Panel Requirements

AR-6—Patient Care Prohibitions

AR-9—Paperwork Reduction Act Requirements

AR-10—Smoke-Free Workplace Requirements

AR-11—Healthy People 2010

AR-12—Lobbying Restrictions

AR-22—Research Integrity

I. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under the Public Health Service Act, Section 317(k)(2) [42 U.S.C. 247b(k)(2)], as amended. The Catalog of Federal Domestic Assistance number 93.943, Epidemiologic Research Studies of Acquired Immunodeficiency Syndrome (AIDS) and Human Immunodeficiency

Virus (HIV) Infection in Selected Population Groups.

J. Where To Obtain Additional Information

This and other CDC announcements can be found on the CDC home page e-mail address www.cdc.gov. Click on "Funding" then "Grants and Cooperative Agreements."

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.

If you have questions after reviewing the contents of all documents, business management technical assistance may be obtained from: Brenda Hayes, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Room 3000, Atlanta, GA 30341-4146, telephone (770) 488-2741, or facsimile at (770) 488-2847, or Email address: www.bkh4@cdc.gov.

You may obtain programmatic technical assistance from: Sharon Robertson, National Center for HIV, STD and TB Prevention, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE, Atlanta, GA 30333, Telephone (404) 639-4592, Email address: www.sqr2@cdc.gov.

Dated: June 26, 2001.

John L. Williams,

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

[FR Doc. 01-16532 Filed 6-29-01; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 01140]

Expansion of HIV/AIDS/STD Surveillance, Care, and Prevention Activities in the Republic of Uganda; Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2001 funds for a cooperative agreement program for the expansion of HIV/AIDS/STD surveillance, care, and prevention activities in the Republic of Uganda.

The purpose of this cooperative agreement is to improve HIV/AIDS

surveillance, care, and prevention capacity and activities in Uganda. This will be accomplished by cooperation between CDC and the Ministry of Health AIDS Control Program (MOH/ACP) of Uganda. These collaborative activities could profoundly change the focus and activities of the Ugandan National AIDS Policy. Most importantly, having a better understanding of the association between specific behaviors, STDs, and HIV prevalence will likely improve AIDS control programs and prevention efforts in Uganda and eventually throughout sub-Saharan Africa.

The U.S. Government seeks to reduce the impact of HIV/AIDS in specific countries within sub-Saharan Africa, Asia, and the Americas through its Leadership and Investment in Fighting an Epidemic (LIFE) initiative. Through this LIFE program, CDC has initiated its Global AIDS Program (GAP) to strengthen capacity and expand activities in the areas of (1) HIV primary prevention; (2) HIV care, support, and treatment; and (3) capacity and infrastructure development, especially for surveillance. Targeted countries represent those with the most severe epidemics and the highest number of new infections. They also represent countries where the potential for impact is greatest and where U.S. government agencies are already active. Uganda is one of these targeted countries.

As a key partner in the U.S. Government's LIFE initiative, CDC is working in a collaborative manner with national governments and other agencies to develop programs of assistance to address the HIV/AIDS epidemic in LIFE initiative countries. In particular, CDC's mission in Uganda is to work with Ugandan and international partners in discovering and applying effective interventions to prevent HIV infection and associated illness and death from AIDS.

Uganda has been a global leader in the development of programs to combat the spread of HIV. Although Uganda was one of the first countries in the world to experience an AIDS epidemic, it was also one of the first to show a sustained decline in HIV/AIDS prevalence rates, due in part to a rapid national response. However, despite intensive interventions, incidence and prevalence rates of HIV infection are still unacceptably high in Uganda. It is estimated that about 1,500,000 people (7–8 percent of the general population) in the country are living with HIV. These statistics suggest the need for the expansion and improvement of a range of surveillance, care, and prevention activities and services.

Accurate surveillance is the mainstay of public health programs, providing essential information for focusing prevention activities, allocating resources, and monitoring effectiveness of programs. While Uganda has shown a decrease in HIV prevalence, questions remain as to which specific behavior changes are partly responsible for this decrease and how much of the reduction is due to a lessening of HIV/STD incidence versus mortality rates. Additionally, gaps in care and prevention activities are factors that must be addressed to reduce the epidemic's burdensome impact in Uganda. The prevention and control of HIV/AIDS in Uganda will continue to depend on the availability of accurate surveillance data and the continuation and expansion of basic care and prevention activities.

B. Eligible Applicants

Assistance will be provided only to the AIDS Control Program (ACP) of the Uganda Ministry of Health (MOH). No other applications are solicited.

The ACP is the only appropriate and qualified organization to conduct a specific set of activities supportive of the CDC Global AIDS Program's technical assistance to Uganda because:

1. The ACP is uniquely positioned, in terms of legal authority, ability, and credibility among Ugandan citizens, to collect crucial data on HIV/AIDS prevalence and incidence, as well as other health information, among Ugandan citizens.

2. The ACP already has established mechanisms to access health information, enabling it to immediately become engaged in the activities listed in this announcement.

3. The purpose of the announcement is to build upon the existing framework of health information and activities that the MOH itself has collected or initiated.

4. The Ministry of Health in Uganda has been mandated by the Ugandan constitution to coordinate and implement activities necessary for the control of epidemics, including HIV/AIDS and STDs.

C. Availability of Funds

Approximately \$700,000 is available in FY 2001 to fund this award. It is expected that the award will begin on or about September 30, 2001, and will be made for a 12-month budget period within a project period of five years. Annual 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.

All requests for funds, including the budget contained in the application, shall be stated in U.S. dollars. Once an award is made, the Department of Health and Human Services (DHHS) will not compensate foreign grantees for currency exchange fluctuations through the issuance of supplemental awards.

Use of Funds

Funds received under this announcement may not be used for the direct purchase of antiretroviral drugs to treat established HIV infection, occupational exposures, and non-occupational exposures and will not be used for the purchase of machines and reagents to conduct the necessary laboratory monitoring for patient care.

Applicants may contract with other organizations under these cooperative agreements, however, applicants must perform a substantial portion of the activities (including program management and operations and delivery of prevention services for which funds are requested).

No funds appropriated under this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

The costs that are generally allowable in grants to domestic organizations are likewise allowable to foreign institutions and international organizations, with the following exceptions:

A. Alterations and Renovations: Unallowable.

B. Customs and Import Duties: Unallowable. This includes consular fees, customs surtax, value added taxes, and other related charges.

C. Indirect Costs: With the exception of the American University, Beirut, the Gorgas Memorial Institute, and the World Health Organization, indirect costs will not be paid (either directly or through a sub-award) to organizations located outside the territorial limits of the United States or to international organizations regardless of their location.

D. Submission and Deadline

Submit the original and two copies of PHS 5161–1 (OMB Number 0920–0428). Forms are available in the application kit and at the following Internet address: www.cdc.gov/od/pgo/forminfo.htm.

On or before July 25, 2001, submit an electronic or hard copy of the application to the Grants Management Specialist identified in the "Where to Obtain Additional Information" section of this announcement. If you choose to

submit your application electronically, you should submit hard copies of your application on or before August 9, 2001.

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.

Late Applications: Applications which do not meet the criteria 1. or 2. above will be returned to the applicant.

E. Where To Obtain Additional Information

Forms are available in the application kit and at the following Internet address: www.cdc.gov/od/pgo/forminfo.htm

This and other CDC announcements can be found on the CDC home page Internet address—<http://www.cdc.gov>. Click on "Funding" then "Grants and Cooperative Agreements." To obtain business management technical assistance, contact: Dorimar Rosado, Grants Management Specialists, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention, 2920 Brandywine Road, Room 3000, Atlanta, GA 30341-4146, Telephone number: (770) 488-2782, Email: dpr7@cdc.gov.

For program technical assistance, contact: Jonathan Mermin, MD, MPH, Global AIDS Program (GAP), Uganda Country Team, National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention (CDC), P.O. Box 49, Entebbe, Uganda, Telephone: 41-32-0776, Email: jhm7@cdc.gov.

Dated: June 26, 2001.

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 01141]

Developing HIV/AIDS Management and Research Capacity in Uganda: Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2001 funds for a cooperative agreement

program for developing management, evaluation, and research capacity for HIV/AIDS programs in Uganda.

The purpose of this program is to produce public health specialists who possess the knowledge, skills, and professional approach required to assume HIV/AIDS leadership roles within the public health systems of Uganda. This will be accomplished by supporting the provision of training through short courses and a fellowship in HIV/AIDS program management and evaluation and in HIV/AIDS research in Uganda. The fellowship will also improve communication among the country's AIDS specialists, encouraging future collaboration and information-sharing. In general, the development of well-trained specialists will help to assure that the country meets, in a self-reliant manner, the current and future challenges that HIV/AIDS presents to public health in Uganda.

The U.S. Government seeks to reduce the impact of HIV/AIDS in specific countries within sub-Saharan Africa, Asia, and the Americas through its Leadership and Investment in Fighting an Epidemic (LIFE) initiative. Through this LIFE program, CDC has initiated its Global AIDS Program (GAP) to strengthen capacity and expand activities in the areas of (1) HIV primary prevention; (2) HIV care, support, and treatment; and (3) capacity and infrastructure development. Targeted countries represent those with the most severe epidemics and the highest number of new infections. They also represent countries where the potential for impact is greatest and where U.S. Government agencies are already active. Uganda is one of these targeted countries.

Uganda has been a global leader in the development of programs to combat the spread of HIV. Despite intensive interventions and reduced HIV incidence, however, incidence and prevalence rates of HIV infection are still unacceptably high. It is estimated that 1,500,000 people (7-8 percent of the adult population) in Uganda are living with HIV. In addition, Uganda's success in developing these innovative HIV/AIDS intervention programs has generated a strong demand for people with the time and skills to manage and evaluate the programs and to conduct high-level HIV/AIDS research. Currently, the supply of qualified people able to devote all of their time to HIV/AIDS program management or HIV/AIDS research is limited; persons running HIV programs are often too involved with day-to-day activities to be able to stay abreast of issues related to the multiple aspects of the HIV

epidemic or to meet all of the daily management demands created by the new programs. The availability of training in HIV/AIDS-specific program management and research to meet this demand is also limited in Uganda. In fact, no systematic public health training specifically oriented towards HIV/AIDS is currently offered in Uganda.

Establishing a core group of well-trained experts in the various aspects of HIV/AIDS will expand the country's capacity in HIV/AIDS programs and research and will provide much-needed cross-fertilization of disciplines.

B. Eligible Applicants

Assistance will be provided only to the Institute of Public Health (IPH) at Makerere University in Kampala, Uganda. No other applications are solicited.

The Institute of Public Health at Makerere University is the most appropriate and qualified organization for conducting activities under this program, because it is the only public health education facility in Uganda with the resources necessary to adequately train the participants of this fellowship. This unique capability is partly due to its Masters in Public Health (MPH) program, which the University has offered since 1994. This "Public Health School Without Walls (PHSWOW)" provides both classroom and field-based experiences for their MPH students during the two-year curriculum. IPH also has previous experience in offering short courses in health program management for middle-level managers as part of its public health curriculum.

Additional important and unique resources include fourteen staff members specializing in relevant fields of public health, on-line access to databases on CD-ROM, a data management center equipped with ten computers that have word processing and statistical programs, and Internet connectivity with unlimited access for students.

A. Availability of Funds

Approximately \$700,000 is available in FY 2001 to fund this award. It is expected that the award will begin on or about September 30, 2001, 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 an approved project period will be made on the basis of satisfactory progress as evidenced by required reports and the availability of funds.

All requests for funds, including the budget contained in the application,