voluntarily agreed for a period of three (3) years, beginning on October 30, 2003:

- (1) To exclude herself from serving in any advisory capacity to PHS including but not limited to service on any PHS advisory committee, board, and/or peer review committee, or as a consultant; and
- (2) That her participation in any PHSsupported research will be conditioned on an appropriate plan of supervision of her duties (Supervision Plan) as follows: (i) Any institution that submits an application for PHS support for a research project in which Ms. Creek's participation is proposed or anticipated must concurrently submit a Supervision Plan to the funding agency for approval; and (ii) any institution using Ms. Creek in any capacity in PHS-supported research must submit a Supervision Plan to the funding agency for approval. The Supervision Plan must be designed to ensure the scientific integrity of her research contribution. A copy of the Supervision Plan must also be submitted to ORI by the institution. Ms. Creek agreed that she will not participate in any PHS-supported research until the Supervision Plan has been submitted to ORI.

#### FOR FURTHER INFORMATION CONTACT:

Director, Division of Investigative Oversight, Office of Research Integrity, 1101 Wootton Parkway, Suite 750, Rockville, MD 20852, (301) 443–5330.

#### Chris B. Pascal,

Director, Office of Research Integrity.
[FR Doc. 03–29866 Filed 12–1–03; 8:45 am]
BILLING CODE 4150–31–P

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### Office of the Secretary

### **Findings of Scientific Misconduct**

**AGENCY:** Office of the Secretary, HHS. **ACTION:** Notice.

**SUMMARY:** Notice is hereby given that the Office of Research Integrity (ORI) and the Acting Assistant Secretary for Health have taken final action in the following case:

Lajuane Woodard, University of Maryland, Baltimore: Based on the report of an investigation conducted by the University of Maryland, Baltimore (UMB Report), the respondent's admission of responsibility, and additional analysis conducted by ORI in its oversight review, the U.S. Public Health Service (PHS) found that Lajuane Woodard, former contractual employee, Department of Pediatrics at UMB,

engaged in scientific misconduct in research supported by National Institute of Mental Health (NIMH), National Institutes of Health (NIH), grant 2 R01 MH54983, entitled "Effectiveness of Standard versus Embellished HIV Prevention."

Specifically, PHS found that Ms. Woodard engaged in scientific misconduct by fabricating interview records for the Focus on Teens HIV Risk Prevention Program for one interview claimed to have been performed in June 2001.

Ms. Woodard has entered into a Voluntary Exclusion Agreement (Agreement) in which she has voluntarily agreed for a period of three (3) years, beginning on October 30, 2003:

- (1) To exclude herself from serving in any advisory capacity to PHS including but not limited to service on any PHS advisory committee, board, and/or peer review committee, or as a consultant; and
- (2) That her participation in any PHSsupported research will be conditioned on an appropriate plan of supervision of her duties (Supervision Plan) as follows:
- (i) Any institution that submits an application for PHS support for a research project in which Ms. Woodard's participation is proposed or anticipated must concurrently submit a Supervision Plan to the funding agency for approval; and
- (ii) Any institution using Ms. Woodard in any capacity in PHS-supported research must submit a Supervision Plan to the funding agency for approval. The Supervision Plan must be designed to ensure the scientific integrity of her research contribution. A copy of the Supervision Plan must also be submitted to ORI by the institution. Ms. Woodard agreed that she will not participate in any PHS-supported research until the Supervision Plan has been submitted to ORI.

## FOR FURTHER INFORMATION CONTACT:

Director, Division of Investigative Oversight, Office of Research Integrity, 1101 Wootton Parkway, Suite 750, Rockville, MD 20852, (301) 443–5330.

#### Chris B. Pascal.

Director, Office of Research Integrity.
[FR Doc. 03–29865 Filed 12–1–03; 8:45 am]

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Centers for Disease Control and Prevention

# Youth Violence Prevention Through Community-Level Change

Announcement Type: New. Funding Opportunity Number: 04054. Catalog of Federal Domestic Assistance Number: 93.136.

#### **Kev Dates**

Letter of Intent Deadline: January 2, 2004

Application Deadline: February 17, 2004.

### I. Funding Opportunity Description

Authority: This program is authorized under section 391(a) of the Public Health Service Act, [42 U.S.C. section 280b(a), as amended].

Purpose: The purpose of the program is to announce the availability of fiscal year (FY) 2004 funds for a cooperative agreement program for the evaluation of community-level interventions to reduce youth violence.

This program addresses the "Healthy People 2010" focus area Injury and Violence Prevention.

Measurable outcomes of the program will be in alignment with the following performance goal for the National Center for Injury Prevention and Control (NCIPC): Conduct a targeted program of research to reduce injury-related death and disability.

Research Objectives: Youth violence has been linked to a variety of factors, including individual, family, community, and societal characteristics. While much research has been conducted on interventions with individuals and families, less often have interventions focused on variables at the broader community level.

There are a number of characteristics of communities that increase the probability of violence. Rates of violence are high in areas that have large concentrations of poor and unemployed people, crowded housing, residential instability, family disruption, illegal drug distribution and sales, diminished private economic activity, and limited positive opportunities for youths and adults (Reiss & Roth, 1993; Sampson & Lauritsen, 1994). Rates of violence are also high in neighborhoods where there is low community participation, disorganization, and a lack of cohesion. People living in these types of communities tend to be socially isolated and exhibit lower levels of attachment to the community-factors that also