

employees of the cognizant program office. Each reviewer will present his or her findings to the panel. The panel will vote to approve or disapprove based upon the criteria listed in section "V.1.Criteria."

In addition, the following factors may affect the funding decision:

- Availability of funds.
- Preference will be given to organizations with: (1) Three or more years experience in developing graduate level training and education programs in public health, public health related disciplines, and preventive medicine, nationally; (2) the capacity for national-level reach and collaboration with accredited institutions or schools; and state and local governmental public health agencies with public health, (3) three or more years of access to graduate students, faculty, researchers, and professionals in the disciplines of public health, medicine, and preventive medicine, nationally; and (4) evidence of recruiting a diverse applicant pool including underrepresented minorities.

Applications will be funded in order by score and rank determined by the review panel. CDC/ASTDR will provide justification for any decision to fund out of rank order.

V.3. Anticipated Announcement and Award Dates

May 2, 2005.

VI. Award Administration Information

VI.1. Award Notices

Successful applicants will receive a Notice of Award (NoA) from the CDC Procurement and Grants Office. The NoA shall be the only binding, authorizing document between the recipient and CDC. The NoA will be signed by an authorized Grants Management Officer, and mailed to the recipient fiscal officer identified in the application.

Unsuccessful applicants will receive notification of the results of the application review by mail.

VI.2. Administrative and National Policy Requirements

45 CFR parts 74 and 92.

For more information on the Code of Federal Regulations, see the National Archives and Records Administration at the following Internet address: <http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>.

An additional Certifications form from the PHS5161-1 application needs to be included in your Grants.gov electronic submission only. Refer to <http://www.cdc.gov/od/pgo/funding/PHS5161-1-Certificates.pdf>. Once the

form is filled out attach it to your Grants.gov submission as Other Attachments Form.

The following additional requirements apply to this project:

- AR-10 Smoke-Free Workplace Requirements.
- AR-11 Healthy People 2010.
- AR-12 Lobbying Restrictions.
- AR-14 Accounting System Requirements.
- AR-15 Proof of Non-Profit Status.
- AR-16 Security Clearance Requirement.
- AR-23 States and Faith-Based Organizations.
- AR-25 Release and Sharing of Data.

Additional information on these requirements can be found on the CDC Web site at the following Internet address: <http://www.cdc.gov/od/pgo/funding/ARs.htm>.

VI.3. Reporting Requirements

You must provide CDC with an original, plus two hard copies of the following reports:

1. Interim progress report, due no less than 90 days before the end of the budget period. The progress report will serve as your non-competing continuation application, and must contain the following elements:
 - a. Current Budget Period Activities Objectives.
 - b. Current Budget Period Financial Progress.
 - c. New Budget Period Program Proposed Activity Objectives.
 - d. Budget.
 - e. Measures of Effectiveness.
 - f. Additional Requested Information.
2. Financial status report and annual progress report, due no more than 90 days after the end of the budget period.
3. Final financial and performance reports, due no more than 90 days after the end of the project period.

These reports must be mailed to the Grants Management or Contract Specialist listed in the "Agency Contacts" section of this announcement.

VII. Agency Contacts

We encourage inquiries concerning this announcement.

For general questions, contact: Technical Information Management Section, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341.

Telephone: 770-488-2700.

For program technical assistance, contact: Ruth E. Harris, Project Officer, Office of Workforce and Career Development, 4770 Buford Highway, NE., MSK-38, Atlanta, GA 30341.

Telephone: 770-488-2522.

E-mail: reh6@cdc.gov.

For financial, grants management, or budget assistance, contact: Rick Jaeger, Grants Management Specialist, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341.

Telephone: 770-488-2727.

E-mail: ryj4@cdc.gov.

VIII. Other Information

This and other CDC funding opportunity announcements can be found on the CDC Web site, Internet address: <http://www.cdc.gov>. Click on "Funding" then "Grants and Cooperative Agreements."

The Director, Procurement and Grants Office, CDC, has been delegated the authority to sign **Federal Register** notices pertaining to the availability of grant and cooperative agreement funds.

Dated: February 9, 2005.

William P. Nichols,

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

[FR Doc. 05-2851 Filed 2-14-05; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Announcement of the CDC-Wide Research Agenda Development Public Participation Meetings

ACTION: Notice.

SUMMARY: The Centers for Disease Control and Prevention/Agency for Toxic Substances and Disease Registry (CDC) is developing a CDC-Wide Research Agenda, and invites the public to provide input. Four Research Agenda Development Public Participation Meetings will be held across the country (March 8, 2005, Arlington, VA; March 18, 2005, Atlanta, GA; March 24, 2005, Seattle, WA; and March 31, 2005, Columbus, OH).

Background: On January 10, 2005, the Centers for Disease Control and Prevention launched an effort to develop its first ever, agency-wide public health research agenda. The new agenda will address and support CDC's health protection goals (http://www.cdc.gov/futures/Goals_01-6-05.pdf). The agenda will also provide overall guidance for CDC's intramural and extramural research as well as serve as an effective planning and communication tool for CDC's public health research.

Request for Comments: The public is invited to participate in the

development of the CDC-Wide Research Agenda. The CDC will host four Research Agenda Development Public

Participation Meetings. These events will give researchers, representatives of CDC key partner organizations and the public the opportunity to voice their opinions regarding the future direction of CDC's public health research. The four meetings will be held: March 8, 2005, 8:30 a.m.–5 p.m., Hilton Crystal City Hotel at Ronald Reagan National Airport, 2399 Jefferson Davis Highway, Arlington, VA 22202; telephone 703–418–6800. Registration begins February 25, 2005. March 18, 2005, 8:30 a.m.–5 p.m., National Center for Primary Care at Morehouse School of Medicine, 720 Westview Dr., SW., Atlanta, GA 30310; telephone 404–756–5740. Registration begins March 4, 2005. March 24, 2005, 8:30 a.m.–5 p.m., Crowne Plaza Seattle, 1113 Sixth Avenue, Seattle, WA 98101; telephone 206–464–1980. Registration begins March 11, 2005. March 31, 2005, 8:30 a.m.–5 p.m., Hyatt Regency, 350 North High Street, Columbus, OH, 43215; telephone 614–463–1234. Registration begins March 18, 2005.

Attendance by the public will be limited to the space available. Please communicate with the individuals listed below to request special accommodations for persons with disabilities.

All those wishing to attend any of the meetings must register. See specific meeting above for date of registration. To register, please visit <http://www.maximumentechology.com/cdcreg.htm>. Additional information will be available as of February 21st via the Office of Public Health Research Web site, <http://www.cdc.gov/od/ophr/>, or may be obtained by communicating with the contact whose name and telephone number is listed below.

Contacts: Ms. Mollie Ergle, Meeting Coordinator, Office of Public Health Research, Centers for Disease Control and Prevention, Mail Stop E–72 1600 Clifton Rd. NE., Atlanta, GA 30333, E-mail: mergle@cdc.gov. Phone: 404–498–0132; Fax: 404–498–0011.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities for both CDC and ATSDR.

Dated: February 9, 2005.

Alvin Hall,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 05–2852 Filed 2–14–05; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: DHHS/ACF/ASPE/DOL Enhanced Services for the Hard-to-Employ Demonstration and Evaluation Project Follow-up Surveys.

OMB No.: 0970–0251.

Description: The Enhanced Services for the Hard-to-Employ Demonstration and Evaluation Project (HtE) is the most ambitious, comprehensive effort to learn what works in this area to date and is explicitly designed to build on previous and ongoing research by rigorously testing a wide variety of approaches to promote employment and improve family functioning and child well-being. The HtE project will “conduct a multi-site evaluation that studies the implementation issues, program design, net impact and benefit-costs of selected programs”¹ designed to help Temporary Assistance for Needy Families (TANF) recipients, former TANF recipients or low-income parents who are hard-to-employ. The project is sponsored by the Office of Planning, Research and Evaluation (OPRE) of the Administration for Children and Families (ACF), the Office of the Assistant Secretary for Planning and Evaluation (ASPE) in the U.S. Department of Health and Human Services (HHS) and the U.S. Department of Labor (DOL).

The evaluation involves an experimental, random assignment design in up to five sites (four are confirmed), testing a diverse set of strategies to promote employment for low-income parents who face serious obstacles to employment. The four include: (1) Intensive care management to facilitate the use of evidence-based treatment for major depression among parents receiving Medicaid in Rhode Island; (2) job readiness training, worksite placements, job coaching, job development and other training opportunities for recent parolees in New York City; (3) pre-employment services and transitional employment for long-term TANF participants in Philadelphia; and (4) home- and center-based care for low-income families who have young children or are expecting in Kansas and Missouri. The latter is a two-generation test, designed to help the children and their parents.

¹ From the Department of Health and Human Services RFP No.: 233–01–0012.

Over the next several years, the HtE project will generate a wealth of rigorous data on implementation, effects and costs of these alternative approaches. The follow-up surveys will be used for the following purposes:

- To study the extent to which different HtE approaches impact employment, earnings, income, welfare dependence and the presence or persistence of employment barriers;
- To study how different HtE strategies impact child well-being, when programs are directed toward parents and when they are designed to target both generations;
- To collect data on a wider range of outcome measures than is available through Welfare, Medicaid, Food Stamps, Social Security, the Criminal Justice System or Unemployment Insurance records in order to understand the family circumstances and attributes and situations that contribute to the difficulties in finding employment; job retention and job quality; educational attainment; interactions with and knowledge of the HtE program; household composition; child care; transportation; health care; income; physical and mental health problems; substance abuse; domestic violence; and criminal history.

- To conduct non-experimental analyses to explain participation decisions and provide a descriptive picture of the circumstances of individuals who are hard-to-employ;

- To obtain participation information important to the evaluation's benefit-cost component; and to obtain contact information for possible future follow-up, which will be important to achieving high response rates for additional surveys.

Materials for the HtE baseline survey were previously submitted to OMB on April 29, 2003, and a revised packet for the Rhode Island site was submitted on April 7, 2004. Both submissions have been approved by OMB.

The purpose of this submission is to introduce the five survey instruments that will be used to collect follow-up data in the four confirmed sites. These are as follows:

1. A 6-month follow-up survey in Rhode Island (Mental Health Test);
2. A 15-month follow-up survey in Rhode Island (Mental Health Test);
3. A 12-month follow-up survey in New York City (Recent Parolees);
4. A 12-month follow-up survey in Philadelphia (Transitional Employment for long-term TANF participants); and
5. A 12-month follow-up survey in Kansas and Missouri (Two Generation Test).