evaluating preliminary environmental characterization data, releasing initial findings and public health decisions, and initializing community involvement and education efforts;

(2) Sampling Strategies, which could include participating in the design of multiple media sampling and analysis plans that assist in identifying human

exposure pathways;

(3) Community Health Outreach, such as initiating early community contact, designing the public health agenda, developing sampling and analysis strategies to help define human exposure levels, and collaborating with decision-makers regarding on- and offsite remediation strategies for characterizing environmental contamination;

(4) Public Health Evaluation, which includes the comparison of existing morbidity and mortality data on diseases that may be associated with the observed levels of exposure. Also included are exposure investigations, which involve gathering and analyzing site-specific information, to determine if human populations have been exposed to hazardous substances, and release of comprehensive findings from evaluations;

(5) Public Health Actions, which could be short-term, including providing health professional education, medical intervention, and health studies; or long-term actions, which could include providing surveillance, medical monitoring, and registries;

(6) Remediation and Site Closure Planning, which could include providing a public health analysis of environmental monitoring plans, evaluating final sampling data, and releasing comprehensive public health findings regarding efficacy of cleanup efforts in mitigating or reducing human exposure; and

(7) Customer Satisfaction Evaluations to confirm the effectiveness of activities through reader/customer surveys, pilot projects, questionnaires, and

community meetings.

Greater participation of communities and remediation decisionmakers will be fundamental to the implementation of the revised process, and interaction with stakeholders will be an integral part in each of the activities noted above. Community involvement will be emphasized throughout ATSDR's activities. In particular, efforts to facilitate community outreach will be undertaken through actions such as increased use of Public Availability Sessions, poster sessions, direct contact with community groups, focus group workshops for team-building, distribution of Community Notices and

Fact Sheets, and establishing Community Assistance Panels. In addition, ATSDR will continue to provide independent peer-review of a sample of our public health assessments.

Dated: June 1, 1995.

Claire V. Broome,

Deputy Administrator, Agency for Toxic Substances and Disease Registry. [FR Doc. 95–14046 Filed 6–7–95; 8:45 am] BILLING CODE 4163–70–P

Centers for Disease Control and Prevention

[Announcement 551]

Announcement of Cooperative Agreement to the North Carolina Department of Environment, Health and Natural Resources

Summary

The Centers for Disease Control and Prevention (CDC) announces the availability of funds for fiscal year (FY) 1995 for a sole source cooperative agreement with the North Carolina Department of Environment, Health and Natural Resources (NCDEHNR) to support the Efficacy of a Mandatory Substance Abuse Assessment Program in Reducing Repeat Arrest for Driving While Impaired. Approximately \$50,000 is available in FY 1995 to support this project. It is expected the award will begin on or about September 30, 1995, and will be made for a 12-month budget period with a one-year project period. The funding estimate is subject to change based on the availability of funds.

The purpose of this project is to evaluate the effectiveness of the Mandatory Substance Abuse Assessment Program in North Carolina's in decreasing repeat driving while impaired (DWI) arrests. The study will test the following two hypotheses:

1. Drivers convicted of DWI for the first time (first offenders who complete North Carolina's Mandatory Substance Abuse Assessment Program (MSAAP)) will be less likely than other first offenders to have a repeat arrest for DWI.

2. Among first offenders who are subsequently arrested for DWI, the time interval between the first conviction and the second arrest will be greater for those drivers who have completed North Carolina's MSAAP.

The CDC will develop a research protocol for the evaluation of the MSAAP, analyze and interpret the data, produce a report that describes the results of the MSAAP evaluation, and disseminate the results via publication in peer reviewed journals, the MMWR and other literature and means.

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 Unintentional Injuries (Objective 4.1) which calls for a reduction in alcoholrelated crash deaths. In addition, Injury Control in the 1990s: A National Plan for Action (Recommendation 15) calls for the implementation and strengthening of programs for reducing impaired driving. (For ordering a copy of "Healthy People 2000," see the Section WHERE TO OBTAIN ADDITIONAL INFORMATION.)

Authority

This program is authorized under Sections 301, 317, 391, 392 and 394 of the Public Health Service Act, (42 U.S.C. 241, 247b, 280b, 280b-1 and 280b-2), as amended. Program regulations are set forth in 42 CFR Part 52.

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 Applicant

Assistance will be provided only to NCDEHNR. No other applications are solicited. The program announcement and application kit have been sent to NCDEHNR.

NCDEHNR is the only organization able to conduct the work under this cooperative agreement because North Carolina is the only State meeting all of the following requirements:

1. North Carolina requires all drivers who are convicted of driving while impaired (DWI) to obtain a substance abuse assessment and comply with treatment requirements before they can get their license back. This provides an important opportunity to evaluate the effectiveness of mandatory substance abuse assessment and treatment for drivers with a first conviction for DWI (first offenders)—a population who may be more responsive to treatment.

2. North Ĉarolina's substance abuse assessment and treatment requirement