

(OMB) under the Paperwork Reduction Act.

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 to demonstrate that the project will be subject to initial and continuing review by an appropriate institutional review committee. The applicant will be responsible for providing assurance in accordance with the appropriate guidelines and form provided in the application kit.

Application Submission and Deadline

The WHO must submit an original and two copies of the application Form PHS-5161-1 (Revised 7/92, OMB Number 0937-0189) to Clara M. Jenkins, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 314, Mailstop E-18, Atlanta, Georgia 30305, on or before August 21, 1995.

Where To Obtain Additional Information

If you are interested in obtaining additional information on this program, please refer to Announcement Number 567 and contact Gordon R. Clapp, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 314, Mailstop E-18, Atlanta, Georgia 30305, telephone (404) 842-6508.

Programmatic technical assistance may be obtained from Pat McConnon, National Center for Infectious Diseases, Centers for Disease Control and Prevention (CDC), Mailstop C-12, 1600 Clifton Road, NE., Atlanta, Georgia 30333, telephone (404) 639-2175, Email address: PJM2@CIDOD1.EM.CDC.GOV.

Please refer to Announcement Number 567 when requesting information regarding this program.

WHO 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 Summary through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325, telephone (202) 512-1800.

Dated: July 17, 1995.

Joseph R. Carter,

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

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[Announcement Number 539]

Cooperative Agreement for Provider-Based Emerging Infections Sentinel Networks

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1995 funds to provide assistance for the establishment of one to three provider-based Emerging Infections Sentinel Networks (EISN). These networks will assess emerging infectious diseases, including drug-resistant, food borne and waterborne, and vaccine-preventable or potentially vaccine-preventable diseases.

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 Immunization and Infectious Diseases. (For ordering a copy of Healthy People 2000, see the section Where to Obtain Additional Information.)

Authority

This program is authorized under Sections 301 and 317 of the Public Health Service Act, 42 U.S.C. 241 and 247b, as amended.

Smoke-Free Workplace

PHS strongly encourages all grant recipients to provide a smoke-free workplace and to 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 may be submitted by public and private, nonprofit and for-profit organizations and governments and their agencies. Thus, universities, colleges, research institutions, hospitals, other public and private organizations, State and local governments or their bona fide agents, federally recognized Indian tribal governments, Indian tribes

or Indian tribal organizations, and small, minority-and/or women-owned businesses are eligible to apply.

Availability of Funds

Approximately \$250,000 is available in FY 1995 to fund one to three awards. It is expected that the average award will be \$125,000, ranging from \$75,000 to \$250,000. It is expected that awards will begin on or about September 30, 1995, and will be made for a 12-month budget period within a project period of up to five years. Funding estimates may vary and are subject to change. Continuation awards within an approved project period will be made on the basis of satisfactory progress and availability of funds.

Purpose

The purpose of this cooperative agreement is to assist recipients in establishing EISNs for assessing emerging infections. These networks will be valuable in learning about specific problems in emerging infectious diseases and also in serving as readily accessible surveillance mechanisms to address emergent public health infectious disease problems rapidly.

A list of potential provider-based EISNs and possible subject areas for surveillance follows. This list is provided for illustration, not to limit the proposed range of provider-based EISNs or specific projects.

- Adult Infectious Diseases Practitioners (e.g., encephalitis, febrile deaths of unknown etiology). These could be combined with a network of pediatric infectious disease practitioners.
- Pediatric Infectious Disease Practitioners (e.g., encephalitis, otitis media refractory to antibiotics, group A streptococcal complications of varicella). These could be combined with a network of adult infectious disease practitioners.
- Emergency Departments (e.g., bloody diarrhea, first-time seizures possibly caused by cysticercosis, patterns of use of post-exposure rabies prophylaxis).
- Travel Medicine Clinics (e.g., malaria, dengue fever, other parasitic diseases in travelers).
- Clinical Microbiology Laboratories (e.g., drug-resistant infections, infections by new or unusual organisms).
- Family Practitioners (e.g., community-acquired pneumonia).
- Internists
- Pediatricians (e.g., otitis media treatment failures, rash and fever where no vaccine-preventable disease is identified).