

laboratory and epidemiologic capacity for public health surveillance and response for infectious diseases.

3. The extent to which the applicant:

a. Describes collaboration between its existing epidemiology and laboratory programs in terms of laboratory-based surveillance and health care practitioner surveillance, including the existence of or potential for an integrated surveillance approach;

b. Describes current or previous collaborative relationships with clinical laboratories, local health agencies, academic medicine groups, and health care practitioners, including HMOs or managed care providers;

c. Demonstrates the potential of these relationships for enhanced surveillance and public health response activities; and

d. Demonstrates an understanding of the interaction between public health, managed care, and the emerging health care delivery system.

D. Identification of areas of need and potential areas for innovation in public health surveillance and response for infectious diseases:

1. The extent to which the applicant identifies and describes needs in capacity (epidemiology and laboratory) for public health surveillance and response for infectious diseases. (25 points)

2. The extent to which the applicant identifies potential areas for development and application of innovative approaches to surveillance and response for infectious diseases (15 points). Examples include, but are not limited to:

a. Enhancement of rapid reporting of infectious disease from clinical laboratories for diseases in which such laboratories are an important source of surveillance information;

b. Integration of laboratory-based and clinician-based surveillance information;

c. Development of sentinel approaches for surveillance for certain infectious diseases;

d. Development of relationships with managed care organizations to conduct infectious disease surveillance within their patient populations;

e. Exploration of existing sources of data for infectious diseases surveillance (e.g., vital statistics, hospital discharge records, radiology records, insurance claims data, pharmacy records, and data from managed care organizations and HMOs); and

f. Service as a regional resource for State health laboratory activities in one or more specific areas, for example, serotyping of *E. coli* or subtyping of *legionella* from suspected outbreaks.

E. Operational Plan (25 points):

1. The extent to which the applicant:
a. Presents a plan for building capacity for public health surveillance and response for infectious diseases which clearly describes the proposed organizational and operating structure/procedures, staffing plan, participating agencies, organizations, institutions, and key individuals;

b. Describes plans for using the surveillance data to help implement public health responses; and

c. Provides letters of support from participating agencies, institutions, and organizations indicating their willingness to participate in major surveillance and public health response initiatives.

2. The extent to which the applicant's plan includes development and application of innovative approaches to surveillance and response for infectious diseases (examples of which are listed in paragraph D., above). The extent to which the applicant identifies specific important diseases or conditions (e.g., notifiable diseases, foodborne and waterborne diseases, and drug-resistant infections) which will be addressed. If applicant proposes to serve as a regional resource for State health laboratory activities, the extent to which the applicant specifies: (1) activities (e.g., providing regional testing for Hantavirus, or other infections or diseases) and (2) States that will be served (including letters of support from these States).

3. The extent to which applicant's plan is consistent with, and adequate to achieve, the purpose and objectives of this program.

F. The extent to which the applicant describes a detailed plan for monitoring and evaluation that will show the operational achievements and impact of the project. (5 points)

G. The extent to which the proposed budget is reasonable, clearly justifiable, and consistent with the intended use of cooperative agreement funds. (Not Scored)

Executive Order 12372 Review

Applications are subject to Intergovernmental Review of Federal Programs as governed by Executive Order (E.O.) 12372. E.O. 12372 sets up a system for State and local government review of proposed Federal assistance applications. Applicants (other than federally recognized Indian tribal governments) should contact their State Single Point of Contact (SPOC) as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. For proposed projects serving

more than one State, the applicant is advised to contact the SPOC for each affected State. A current list of SPOCs is included in the application kit. Indian tribes are strongly encouraged to request tribal government review of the proposed application. If SPOCs or tribal governments have any process recommendations on applications submitted to CDC, they should forward them 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., Mailstop E-18, Room 314, Atlanta, Georgia 30305. The due date for State process recommendations is 30 days after the application deadline date for new and competing continuation awards. (A waiver for the 60 day requirement has been requested). The granting agency does not guarantee to "accommodate or explain" for State process recommendations it receives after that date.

Public Health System Reporting Requirements

This program is not subject to the Public Health System Reporting Requirements.

Catalog of Federal Domestic Assistance

The Catalog of Federal Domestic Assistance Number is 93.283.

Other Requirements

Paperwork Reduction Act

Projects that involve the collection of information from ten or more individuals and funded by the cooperative agreement will be subject to review by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

Application Submission and Deadline

The original and two copies of the application Form PHS-5161-1 (Revised 7/92) must be submitted 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.

1. **Deadline:** Applications shall be considered as meeting the deadline if they are either:

a. Received on or before the deadline date; or

b. Sent on or before the deadline date and received in time for submission to the objective review group. (Applicants must request a legibly dated U.S. Postal