ensure that evaluation is consistent with desired training outcomes, and (b) be available to the recipient upon request to co-teach selected courses on clinical, behavioral, and partner counseling.

2. Distance Learning Assistance: Assist in: (a) providing information on the PHTN, DLCs, and resources; (b) scheduling regional and national training through CDC Wonder; and (c) establishing an electronic communication network among the PTCs, the Division of STD/HIV Prevention grantees, CDC, and graduate school partners.

3. Program Reviews: Conduct site visits: (a) for new recipients, to review clinical and community-based capabilities; (b) to advise on instructional design; (c) to provide technical assistance in defining and resolving problems; and (d) to monitor program implementation, project management, and analysis.

4. Ensure Training Network Integrity: Provide guidelines, curriculum, training aids, and software developed by CDC, the PTCs, or other agencies that provide direction for professional intervention approaches that preserve client dignity and confidentiality.

5. National Prevention Training Network: Through yearly (or more frequent) PTC conferences and training meetings, augment the network capacity of PTC network partners by sharing new curricula and distance learning strategies.

6. Communication: Through publications, correspondence, narrative reports, and electronic communication, keep CDC and PTC staff informed of national issues that affect training and program management.

7. Evaluation: Coordinate and support a national course registration database, provide adequate staff database training, and analyze and publish cumulative data on the training effectiveness of the national network of PTCs.

Evaluation Criteria

Applications requesting funds to support administrative functions only will be considered nonresponsive. Only information in the application will be considered. Applications will be evaluated separately for each part according to the following criteria (maximum 100 points).

1. Quality of Plan

a. *Administration:* The quality of the plan for committing to regional or national training, providing leadership and direction, describing duties of personnel, continuing or expeditiously beginning training according to a schedule, committing a person to act as

medical school liaison for prescribed duties, obtaining high quality behavioral science expertise, recruiting faculty who are skilled and experienced in interactive instruction, and making costefficient and quality arrangements for faculty from graduate schools. (10 points)

b. *Training Needs Assessment:* The quality of the description of contacts with STD and HIV prevention programs and initiatives in the training area, the training partners, and the specific health professional audiences identified for training. (10 points)

c. *Objectives:* The extent to which training objectives are specific, measurable, time-phased, and realistic. (10 points)

d. *Clinical and Community-based Capability:* The ability to support training opportunities with clients reflecting regional disease trends yet providing diverse clinical experiences (e.g., census, disease, sex, age, and race or ethnicity) as evidenced by descriptions of the local STD/HIV morbidity, laboratory tests, clinic hours, patient flow, staffing, significant records, profiles of clients, and prevention programs. (10 points)

e. *Training Capability:* The quality of the applicant's ability to perform training as evidenced by descriptions of training locations, equipment, storage and security, computer capabilities, distance learning capabilities, the plan to involve graduate students, the plan for updating staff, the plan for printing training materials, and the design of library. (10 points)

f. *Training Courses:* The quality of the plan to deliver training as evidenced by a schedule of proposed training courses (including 200 hours of clinical, Part 1; 100 hours of behavioral intervention, Part II; 500 hours of partner counseling, Part III), assurance of training experience with clients, distance learning plans, outlines and objectives for courses, assurance of distribution of training products, and an intent to collaborate with CDC. (10 points)

2. Innovation

The degree to which the applicant proposes innovative, feasible approaches such as: (a) using existing resources to avoid duplication and minimize costs, (b) determining the needs of potential participants that complement HIV/STD prevention programs, (c) designing distancelearning strategies appropriate to needs and audiences, (d) maximizing the impact of training experiences, (e) using a variety of effective training techniques, (f) making arrangements for graduate students to be academically involved in PTC activities, and (g) working with new partners. (20 points)

3. Strength of Training Evaluation

The quality of the applicant's plans to (a) acquire and commit the expertise to perform quality evaluation (e.g., contracts with a local graduate school), (b) maintain records electronically, (c) coordinate data collection and system maintenance consistent with a national PTC course registration database, (d) determine whether course offerings match needs assessment, (e) assess student gains in knowledge and skills, (f) assess the application of skills and abilities after participants return to their workplaces, (g) determine training benefits for STD/HIV prevention, and (h) develop training cost-benefit models. (20 points)

4. Budget

Consideration also will be given to the reasonableness of the budget request, the amount of program income toward total project costs, amount and nature of in-kind contributions, the proposed use of project funds, and the need for financial support. The level of support will depend on the availability of funds. (not scored)

Funding Priorities

Consideration will be given in Part I to applicants who have established training and clinical capabilities and to funding one PTC in each of the 10 Public Health Service (PHS) Regions; in Part II to applicants with demonstrated experience in community-based interventions and experience in working with behavioral scientists; and in Part III to applicants with experience in current partner counseling techniques and with a wide geographic distribution of the applicants.

Interested person are invited to comment on the proposed funding priority. All comments received on or before February 24, 1995, will be considered before the funding priority is established. If the funding priority should change as a result of any comments received, a revised Announcement will be published in the **Federal Register** prior to the final selection of awards.

Written comments should be addressed to: Elizabeth M. Taylor, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E–16, Atlanta, Georgia 30305.