

prevent outbreaks of food-borne illness. The total cost to respondents is estimated at \$0.

Respondents	Number of respondents	Average number of responses/respondent	Average burden/response (in hrs.)	Average total burden (in hrs.)
Mail survey (including initial contact)	56	2	0.50	1
Telephone follow-up	56	2	0.50	1
Total				112

Nancy Cheal,

Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention (CDC).

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 99032]

Epidemiology and Laboratory Capacity for Infectious Diseases; Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1999 funds for a cooperative agreement program to promote adequate capacity of local, State, and national efforts for epidemiologic and laboratory surveillance and response for infectious diseases. This program addresses the "Healthy People 2000" priority area of Immunization and Infectious Diseases.

The purpose of the Epidemiology and Laboratory Capacity in Infectious Diseases (ELC) program is to assist State and eligible local public health agencies in strengthening basic epidemiologic and laboratory capacity to address infectious disease threats with a focus on notifiable diseases, food-, water-, and vector-borne diseases, vaccine-preventable diseases, and drug-resistant infections. Awards are intended to support activities that enhance the ability of a program to identify and monitor the occurrence of infectious diseases of public health importance in a community, characterize disease determinants, identify and respond to disease outbreaks and other infectious disease emergencies, use public health data for priority setting and policy development, and assess the effectiveness of activities. Strengthening collaboration between laboratory and epidemiology practice is seen as a crucial component of this program.

B. Eligible Applicants

Assistance will be provided only to the health departments of States or their bona fide agents, including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, federally recognized Indian tribal governments, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau. In addition, official public health agencies of city governments with jurisdictional populations greater than 1,500,000 or county governments with jurisdictional populations greater than 8,000,000 (based on 1990 census data) are eligible to apply.

The ELC program was initiated in 1995 with Program Announcement 543 and expanded in 1997 with Program Announcement 720. A total of 30 grantees has been funded to date. This announcement is a further expansion of the ELC program and is intended to add new States, counties, and/or cities not already funded in the program and to competitively renew those current grantees with project periods expiring in 1999. Thus, the following current ELC grantees, which do not have project periods expiring in 1999, are ineligible to apply for funds under this announcement: Illinois, Indiana, Kentucky, Michigan, Montana, Nebraska, New Mexico, Ohio, Rhode Island, South Dakota, Tennessee, Texas, Utah, Vermont, and Wisconsin.

Note: Public Law 104-65 states that an organization described in section 501(c)(4) of the Internal Revenue Code of 1986 that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant, cooperative agreement, contract, loan, or any other form.

C. Availability of Funds

Approximately \$4,600,000 is available in FY 1999 to fund approximately fifteen competing continuation and three new awards. Although only three new awards are currently projected for FY 1999, should additional funding become available, CDC may fund additional new awards from this

competition. All eligible applicants are, therefore, encouraged to submit an application. It is expected that the average award (total direct and indirect costs) will be \$255,000, ranging from \$100,000 to \$300,000. It is expected that the awards will begin on or about July 1, 1999, and will be made for a 12-month budget period within a project period of up to four years. The funding estimate may change.

Continuation awards within an approved project period will be made on the basis of satisfactory progress as evidenced by required reports and the availability of funds.

Funding Preferences

Funding preference will be given to competing continuation applications over new applications. Current grantees have implemented important capacity-building activities and continued cooperative agreement support is required to continue building and for maintaining these capacities.

Recipient Financial Participation

Although a requirement for matching funds is not a condition for receiving an award under this cooperative agreement program, applicants must document the non-Federal human and fiscal resources that will be available to conduct activities outlined in the proposal. Federal funds cannot be used to replace or supplant existing State and local support. See Evaluation Criteria (paragraph 6: Budget) for additional information.

D. Program Requirements

In conducting activities to achieve the purpose of this program, the recipient shall be responsible for the activities under Recipient Activities and CDC shall be responsible for the activities under CDC Activities below:

Recipient Activities

1. Enhance local capacity for gathering and evaluating infectious disease surveillance data, detecting and investigating outbreaks, and using surveillance data for public health practice and clinical follow-up.

2. Ensure appropriate representation to planning and priority-setting meetings organized for recipients of this cooperative agreement.

CDC Activities

1. Provide consultation and assistance in enhancing local epidemiologic and laboratory capacity for surveillance and response for infectious diseases.

2. Assist in monitoring and evaluating scientific and operational accomplishments and progress in achieving the purpose of this program.

3. Provide national coordination of activities where appropriate.

A. Application Content

Information in the Program Requirements, Other Requirements, and Evaluation Criteria sections should be used to develop the application content. Applications will be evaluated on the criteria listed in Section G., below, so it is important that narratives follow the criteria in the order presented.

Provide a brief (no more than two pages) abstract of the application. The narrative should be no more than 12 double-spaced pages (excluding abstract, budget, and appendices), printed on one side, with one inch margins and un-reduced font on white 8.5" x 11" paper. All pages must be clearly numbered, a complete index to the application and its appendices must be included, and the required original and two copies must be submitted unstapled and unbound.

A detailed budget with a line-item justification and any other information to demonstrate that the request for assistance is consistent with the purpose and objectives of this cooperative agreement program.

Although matching funds are not a condition for receiving an award under this program, include in the budget, a separate line-item accounting of non-Federal contributions (funding, personnel, and other resources) that will be directly allocated to the proposed activities. Identify any non-applicant sources of these contributions.

If requesting funds for any contractual activities, provide the following information for each contract: (1) Name of proposed contractor, (2) breakdown and justification for estimated costs, (3) description and scope of activities to be performed by contractor, (4) period of performance, and (5) method of contractor selection (e.g., sole-source or competitive solicitation).

This program is designed to support core epidemiologic and laboratory capacity in a variety of ways. In health departments where gaps in personnel and equipment are identified as major

barriers to effective surveillance and response, the program can provide resources to hire staff or purchase necessary equipment. Funds can also be used to initiate or enhance ongoing activities. Examples of such activities are provided below. These examples are not meant to serve as templates for proposals. Rather, recipients are urged to analyze their current surveillance infrastructure, identify gaps in core epidemiologic and laboratory capacity, and develop proposals that address the needs of their respective health jurisdictions.

Examples

1. Enhanced communicable disease surveillance and response. Activities would include improving surveillance in such areas as foodborne diseases, influenza, antimicrobial resistant organisms and vaccine-preventable diseases. Applicants are encouraged to discuss proposed activities in advance with relevant branches within CDC and, where appropriate, to coordinate those activities with CDC or other public health agencies.

2. Acquisition of molecular diagnostic and subtyping technologies. Activities might include:

- (a) purchasing necessary equipment and supplies;
- (b) training of laboratory personnel; and

(c) support of personnel to perform these activities. Recipients should plan to adhere to existing standards where appropriate, such as in PFGE-subtyping of *E. coli* O157:H7 isolates. Recipients should clearly specify how they plan to use information gained from these technologies to augment their existing surveillance activities.

3. Training of epidemiology and laboratory personnel.

4. Improved use of information technology. Activities could include:

- (a) development of innovative methods of communicating public health information to clinicians, public health practitioners, and the public;
- (b) development of local area networks (LANs) or wide area networks (WANs) to improve communications between divisions of a health department (e.g., between the epidemiology and laboratory divisions) or between local, county, and State health departments; or

(c) development of electronic laboratory-based reporting systems to automate communicable disease reporting from clinical laboratories. State and local health jurisdictions developing electronic laboratory-based reporting are encouraged to develop systems that are compliant with

emerging standards and to work with CDC and with other States that are in the process of developing such systems.

F. Submission and Deadline

Letter of Intent (LOI)

In order to assist CDC in planning for and executing the evaluation of applications submitted under this program announcement, all parties intending to submit an application are requested to inform CDC of their intention to do so at their earliest convenience prior to the application due date. Notification should include name and address of the institution and name, address, and telephone number of the contact person. Notification can be provided by facsimile, postal mail, or E-mail to Deborah A. Deppe, M.P.A., National Center for Infectious Diseases, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, N.E., Mailstop C-12, Atlanta, Georgia 30333, Facsimile: (404) 639-4197 E-mail address: <dad1@cdc.gov>.

Application

Submit the original and two copies of PHS 5161-1 (OMB Number 0937-0189) on or before April 1, 1998. (Forms are in the application kit.) Submit all applications to: Oppie Byrd, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement 99032, Centers for Disease Control and Prevention (CDC), 2929 Brandywine Road, Mailstop E-18, Atlanta, Georgia 30341.

Applications that do not arrive in time for submission to the independent review group, will not be considered in the current competition unless proof is provided package was mailed on or before the deadline (i.e., receipt from U.S. Postal Service or a commercial carrier; private metered postmarks are not acceptable).

G. Evaluation Criteria

Each application will be evaluated individually against the following criteria by an independent review group appointed by CDC.

1. Description of the population under surveillance, either the State or other appropriate jurisdiction (if an applicant is a county, city, or other agency) (5 points). Extent to which the application provides information on the population size, demographic characteristics, geographic distribution, racial/ethnic makeup, and health care delivery systems.

2. Description of existing public health infectious disease epidemiology and laboratory capacity (15 points).

Extent to which the applicant:

1. Describes existing infectious disease surveillance and response activities, including reporting requirements, spectrum of laboratory specimen testing performed, degree of automation of laboratory and epidemiologic information management, and public health response capacity.

b. Provides information on existing staffing, management, material and equipment investment, training, space, and financial support of laboratory and epidemiologic capacity for public health surveillance and response for infectious diseases.

c. Describes current collaboration between its epidemiology and laboratory programs in surveillance and response including the existence of, or potential for, integrated uses of surveillance data;

d. Describes current or previous collaborative relationships with clinical laboratories, local health agencies, academic medicine groups, and health care practitioners, including Health Maintenance Organizations (HMOs) or managed care providers; and demonstrates the potential of these relationships for enhanced surveillance and public health response activities.

3. Identification of areas of need (gaps) in surveillance and response for infectious diseases and understanding of the objectives of this cooperative agreement program (20 points).

Extent to which the application:

a. Outlines State and local needs in epidemiology and laboratory capacity for public health surveillance and response for infectious diseases.

b. Identifies specific important diseases or conditions (e.g., notifiable diseases, foodborne and waterborne diseases, vaccine-preventable diseases and drug-resistant infections) which will be addressed and outlines why these are important.

4. Operational Plan (Note: Provide a detailed description of first year activities only and briefly describe future year activities) (45 points). Extent to which the proposed plan:

a. Outlines activities that clearly address the identified needs in capacity and the specific diseases and conditions to be addressed.

b. Describes steps to be taken to facilitate and strengthen collaboration between epidemiology and laboratory practice.

c. Includes current letters of support from participating agencies, institutions, and organizations indicating their willingness to participate in the activities.

d. Is consistent with, and adequate to achieve, the needs identified and the purpose and objectives of this program.

e. If any research involving human subjects is proposed, has met the CDC Policy requirements regarding the inclusion of women, ethnic, and racial groups in any proposed research. This includes:

(1) The proposed plan for the inclusion of both sexes and racial and ethnic minority populations for appropriate representation.

(2) The proposed justification when representation is limited or absent.

(3) A statement as to whether the design of the study is adequate to measure differences when warranted.

(4) A statement as to whether the plans for recruitment and outreach for study participants include the process of establishing partnerships with community(ies) and recognition of mutual benefits.

5. Plan for monitoring and evaluation (15 points). The extent to which the applicant describes a detailed plan for monitoring the implementation of the activities and evaluating the extent to which the proposed activities strengthen local and national epidemiologic and laboratory capacity for infectious diseases.

6. Budget (not scored).

The extent to which the budget request is clearly explained, adequately justified, reasonable, and sufficient for the proposed project activities.

7. Human Subjects: (Not Scored).

If any research involving human subjects is proposed, does the application adequately address the requirements of Title 45 CFR Part 46 for the protection of human subjects?

Yes _____ No _____

Comments: _____

H. Other Requirements

Technical Reporting Requirements

Provide CDC with original plus two copies of:

1. annual progress reports, no more than 90 days after the end of the budget period;

2. annual Financial Status Report (FSR), no more than 90 days after the end of the budget period; and

3. Final FSR and performance reports, no more than 90 days after the end of the project period.

Send all reports to: Oppie Byrd, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 2929 Brandywine Road, Mailstop E-18, Atlanta, Georgia 30341.

The following additional requirements are applicable to this

program. For a complete description of each, see Attachment I in the application kit.

AR-1 Human Subjects Requirements

AR-2 Requirements for Inclusion of Women and Racial and Ethnic Minorities in Research

AR-7 Executive Order 12372 Review

AR-10 Smoke-Free Workplace Requirements

AR-11 Healthy People 2000

AR-12 Lobbying Restrictions

I. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under the Public Health Service Act Sections 301(a)[42 U.S.C. 241(a)], 317(k)(1)[42 U.S.C. 247b(k)(1)], and 317(k)(2)[42 U.S.C. 247b(k)(2)], as amended. The Catalog of Federal Domestic Assistance number is 93.283.

J. Where To Obtain Additional Information

Please refer to Program Announcement 99032 when you request information. For a complete program description, information on application procedures, an application package, and business management technical assistance, contact Oppie Byrd, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office Announcement 99032, Centers for Disease Control and Prevention (CDC), 2929 Brandywine Road, Mailstop E-18, Atlanta, GA 30341, Telephone: (404) 842-6546, E-mail Address: <oxb3@cdc.gov>. See also the CDC home page on the Internet: <<http://www.cdc.gov>>.

For program technical assistance, contact Deborah A. Deppe, M.P.A., National Center for Infectious Diseases, Centers for Disease Control and Prevention (CDC), Mailstop C-12, 1600 Clifton Road, N.E., Atlanta, Georgia 30333, Telephone: (404) 639-4668, E-mail Address: <dad1@cdc.gov>.

For written information and to request an application kit, call 1-888-GRANTS4 (1-888 472-6874). You will be asked to leave your name and address and will be instructed to identify the Announcement number of interest. (Application forms are also available on the CDC Home Page of the Internet.)

Dated: January 25, 1999.

John L. Williams,

*Director, Procurement and Grants Office
Centers for Disease Control and Prevention (CDC).*

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