

other support. These funds should not be used to supplant existing efforts.

V.2. Review and Selection Process

Applications will be reviewed for completeness by the Procurement and Grants Office (PGO) staff, and for responsiveness by NCIPC. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance through the review process. Applicants will be notified that their application did not meet submission requirements.

A Special Emphasis Panel will evaluate your application according to the criteria listed in the "V.1. Criteria" section above.

V.3. Anticipated Announcement and Award Date

August 15, 2004

VI. Award Administration Information

VI.1. Award Notices

Successful applicants will receive a Notice of Grant Award (NGA) from the CDC Procurement and Grants Office. The NGA shall be the only binding, authorizing document between the recipient and CDC. The NGA will be signed by an authorized Grants Management Officer, and mailed to the recipient fiscal officer identified in the application.

Unsuccessful applicants will receive notification of the results of the application review by mail.

VI.2. Administrative and National Policy Requirements

45 CFR Parts 74 or 92

For more information on the Code of Federal Regulations, see the National Archives and Records Administration at the following Internet address: <http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>.

The following additional requirements apply to this project:

- AR-10 Smoke-Free Workplace Requirements
- AR-11 Healthy People 2010
- AR-12 Lobbying Restrictions
- AR-13 Prohibition on Use of CDC Funds for Certain Gun Control Activities
- AR-15 Proof of Non-Profit Status

Additional information on these requirements can be found on the CDC web site at the following Internet address: <http://www.cdc.gov/od/pgofunding/ARs.htm>.

Projects that involve the collection of information from ten or more individuals and funded by cooperative agreement will be subject to review by the Office of Management and Budget

(OMB) under the Paperwork Reduction Act.

VI.3. Reporting Requirements

You must provide CDC with an original, plus two copies of the following reports:

1. Interim progress report, no less than 90 days before the end of the budget period. The progress report will serve as your non-competing continuation application, and must contain the following elements:

- a. Current Budget Period Activities Objectives.
- b. Current Budget Period Financial Progress.
- c. New Budget Period Program Proposed Activity Objectives.
- d. Detailed Line-Item Budget and Justification.
- e. Additional Requested Information.
- f. Measures of Effectiveness.

2. Financial status report, no more than 90 days after the end of the budget period.

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

These reports must be mailed to the Grants Management or Contract Specialist listed in the "Agency Contacts" section of this announcement.

VII. Agency Contacts

For general questions about this announcement, contact: Technical Information Management Section, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341, Telephone: 770-488-2700.

For program technical assistance, contact: Margaret Brome, Project Officer, 4770 Buford Hwy., NE, MS-K60, Atlanta, GA 30341-3724, Telephone: 770-488-1721, E-mail: MBrome@cdc.gov.

For financial, grants management, or budget assistance, contact: Angie Tuttle, Grants Management Specialist, CDC Procurement and Grants Office, 2920 Brandywine Road, Suite 3000, Atlanta, GA 30341, Telephone: 770-488-2719, E-mail: Angie.Nation@cdc.hhs.gov.

Dated: May 4, 2004.

William P. Nichols,

Acting Director, Procurement and Grants Office, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 04147]

First National Congress on Public Health Preparedness; Notice of Intent To Fund Single Eligibility Award

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the intent to fund fiscal year (FY) 2004 funds for a cooperative agreement program for convening a meeting of leaders in medicine and public health to exchange critical information and discuss successful programs for ensuring public health readiness for terrorism events or other emergencies. The Catalog of Federal Domestic Assistance number for this program is 93.283.

B. Eligible Applicant

Assistance will be provided only to University of Georgia Center for Leadership in Education and Applied Research in Mass Destruction Defense (CLEARMADD). The University of Georgia (UGA) CLEARMADD is currently working with the Centers for Disease Control and Prevention (CDC), the Medical College of Georgia (MCG), the American Medical Association (AMA), and other academic centers who are developing curricula for health professionals regarding weapons of mass destruction (WMD). This multi-organizational collaboration was developed to ensure coordinated training for medical and public health professionals. The original cooperative agreement number with UGA is U90/CCU421862. The cooperative agreement was legislatively earmarked, in FY2002, and the House of Representatives Conference Report accompanying the Department of Labor, Health and Human Services, Education, and related agencies Appropriations Bill ending September 30, 2002 recognized UGA's unique qualifications in conducting the activities associated with this cooperative agreement. Consistent with the activities of the congressionally earmarked cooperative agreement, the UGA, is uniquely qualified for the proposed activity in convening a forum of medical and public health professionals. The UGA has an internationally recognized research program at Chernobyl and more than 50 years of continuous research experience at Georgia's Savannah River site which has established UGA as a national academic leader in environmental

radioactivity. The UGA has already collaborated with the AMA through the MCG and with other academic centers for public health preparedness in developing national standards for frontline clinicians through the Basic Disaster Life Support (BDLS) and the Advanced Disaster Life Support (ADLS) training curricula. UGA has become a national leader in coordinating efforts to upgrade medical readiness of medical and public health professionals and is a CDC Specialty Center for Public Health Preparedness. UGA has conducted extensive collaborations with other academic medical centers, including the Medical College of Georgia, the University of Texas Southwestern Medical Center, Dallas and the University of Texas at Houston, as well as the American Medical Association, in their ongoing work to develop programs to bridge public health and clinical medicine. UGA has a recognized track record on teaching and research in toxicology, the environmental effects of radioactivity on human and ecosystem health, public policy regarding terrorism preparedness and response, and related distance learning. The past experience of UGA, ongoing association with AMA, its unique collaborations in the past and for this activity, and the training protocols already in development, make UGA unique in recommending UGA for single eligibility for this award.

C. Funding

Approximately \$1,000,000 is available in FY 2004 to fund this award. It is expected that the award will begin on or before March 15, 2004, and will be made for a 12-month budget period within a project period of up to one year. Funding estimates may change.

D. Where To Obtain Additional Information

For general comments or questions about this announcement, contact: Technical Information Management, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341-4146, Telephone: 770-488-2700.

For technical questions about this program, contact: Lynn Steele, Senior Advisor, Education and Training, CDC, Office of the Director, Office of Terrorism, Preparedness and Emergency Response, 1600 Clifton Road, Mailstop D-44, Atlanta, GA 30333, Telephone: 404-639-7142.

Dated: May 4, 2004.

William P. Nichols,

Acting Director, Procurement and Grants Office, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 04132]

Organ Transplant Infection Detection and Prevention Program

Announcement Type: New.
Funding Opportunity Number: 04132.
Catalog of Federal Domestic Assistance Number: 93.283.

Key Dates: Letter of Intent Deadline: May 25, 2004.

Application Deadline: June 24, 2004.
Executive Summary: The Organ Transplant Infection Detection and Prevention (OTIP) Program will rapidly assess the public health impact of new infection prevention programs in organ transplant recipients through a program of sentinel surveillance, applied research and collaborative prevention studies. Such assessments would be the basis for national prevention programs to eliminate or minimize invasive fungal disease and related mortality in this population. In addition, the program would create a repository of clinically relevant isolates and specimens with relevant patient information from which applied research can further scientific knowledge regarding novel diagnostics and emerging antimicrobial resistance.

I. Funding Opportunity Description

Authority: This program is authorized under the Public Health Service Act, section 317(k)(2) [42 U.S.C. 247b(k)(2)].

Purpose

The purpose of the OTIP Program is to support organ transplant centers participating in existing surveillance or research networks to develop a consortium of centers of excellence in surveillance, infection prevention, and applied public health research involving solid organ and stem-cell transplant recipients. The OTIP should be designed to develop, implement, and evaluate effectiveness of epidemiologic-based strategies to reduce infectious outcomes among organ-transplant recipients. Examples of existing networks include The Centers for Disease Control and Prevention (CDC) Program of Surveillance for Invasive

Fungal Infections in Transplant Recipients (TransNet), CDC's Prevention Epicenter Program, and National Marrow Donor Program's Infection Pilot Project.

The goals of the OTIP program are: (1) Support activities at participating transplant centers for enhanced surveillance for fungal infections during the post-transplant period, using similar methods and intensity of case-ascertainment, with development of valid, useful, simple surveillance methods for exportation to non-program transplant centers; (2) support activities at participating transplant centers related to epidemiologic assessments and improved descriptions of established infectious syndromes through a repository of clinical samples (e.g., serial serum, bronchial-alveolar lavage) and identification of novel risk factors for disease (e.g., role of home environment in late onset aspergillosis); and (3) be a national resource for assessing effectiveness of new infection prevention strategies in this population. As invasive fungal infections represent the highest infection-related mortality in this population, initial activities should focus exclusively on these pathogens; other pathogens may be incorporated into later years of the program.

This program addresses the "Healthy People 2010" focus area(s) of Immunization and Infectious Diseases. For the conference copy of "Healthy People 2010", visit the Internet site: <http://www.health.gov/healthypeople>.

Measurable outcomes of the program will be in alignment with the performance goal for the National Center for Infectious Diseases (NCID): To protect Americans from infectious diseases by planning, directing, and coordinating a national program to improve the identification, investigation, diagnosis, prevention, and control of infectious diseases in the United States and throughout the world.

Research Objectives

Roughly 18,000 bone marrow/stem cell transplants (SCCs) and over 23,000 solid organ transplants (SOTs) are performed annually within the U.S. Approximately 10-15 percent of recipients will develop an invasive fungal infection post-transplant. In this population, the mortality of invasive aspergillosis can exceed 90 percent; the mortality of invasive candidiasis is approximately 40 percent. The OTIP Program will provide the foundation for applied research designed to fulfill current gaps in scientific knowledge regarding surveillance and prevention of invasive fungal infections in the post-transplant period. Such knowledge