

national organizations in order to try to better respond to the health needs of individual communities.

Through its first round, the Extramural Prevention Research Program (EPRP), then known as the Prevention Research Initiative, provided \$12.5 million in funding annually to support 56 three-year research projects based in states and localities throughout the country. The topics of these research projects were as diverse as asthma, traumatic brain injuries, tobacco control, workplace safety, and health disparities. All of the projects were community-based, and approximately one-third used a participatory approach in which, rather than just having community members be subjects of the research as is the usual case, researchers

were to engage members of the community being studied (*i.e.*, those who were expected to be the users of the research findings) in the research process itself. It is believed that engaging the users in the research will make it more likely that the research undertaken will address their actual needs and that they will be more likely to apply the research findings.

Because of this commitment, CDC and many other federal and non-federal funding agencies are very interested in funding participatory research. Yet, anecdotal information and findings from an evaluation project conducted elsewhere at CDC by one EPRP staff member have suggested that funding programs may need to adjust their expectations, requirements, and

communication strategies if they want to attract and adequately support the conduct of participatory research projects, and if they want to best support the dissemination and translation into practice of research findings. Therefore, this project will involve conducting one-on-one, semi-structured, open-ended qualitative interviews with the principal investigators of the grants funded in the first round of the EPRP in order to learn how CDC can best support community-based and participatory research, and how it can best participate in the dissemination and translation of the studies' findings into practice. There is no cost to respondents.

Respondents	Number of respondents	Number of responses/respondent	Average burden/response (in hrs.)	Total burden (in hrs.)
Principal Investigators funded through the first round of the EPRP who self-report that they used a participatory research approach .....	30	1	45/60	23
Principal Investigators funded through the first round of the EPRP who self-report that they did not use a participatory research approach .....	26	1	30/60	13
Total .....	56	.....	.....	36

Dated: May 24, 2004.

**Joseph E. Salter,**

*Acting Director, Management Analysis and Services 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 04111]

**World Health Organization (WHO): Addressing Emerging Infectious Diseases; 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 improving infectious disease surveillance, building public health infrastructure, detecting and responding to infectious disease outbreaks worldwide, and implementing improved infectious disease prevention and control strategies. The Catalog of Federal Domestic Assistance number for this program is 93.283.

**B. Eligible Applicant**

Assistance will be provided only to World Health Organization (WHO). WHO is the only international/intergovernmental agency qualified to conduct the activities under this cooperative agreement because:

WHO is the lead technical agency for health within the United Nations with 192 member governments and is therefore the recognized authority for coordinating global and regional health efforts involving multiple countries and institutions.

WHO has a robust global infrastructure that gives it direct access to and enables it to work with multiple national ministries of health and other critical health institutions through its headquarters in Geneva, Switzerland and six regional offices: Regional Office for Africa in Brazzaville, Republic of Congo; Regional Office for Europe in Copenhagen, Denmark; Regional Office for South-East Asia in New Delhi, India; Regional Office for the Americas/Pan-American Health Organization in Washington DC, USA; Regional Office for the Eastern Mediterranean in Cairo, Egypt; and Regional Office for the Western Pacific in Manila, Philippines.

WHO is the recognized pinnacle worldwide health organization to which national governments and regional health authorities look to for guidance

and coordination of national, regional, and worldwide health programs. No other organization has the history, breadth of experience, existing worldwide infrastructure, and established relationship, stature, and authority among the world's national government health agencies that would allow it to successfully carry out activities under this cooperative agreement that require supervision, coordination, collaboration, and access to multiple governments and health organizations.

**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 July 1, 2004, and will be made for a 12-month budget period within a project period of up to five years. 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: Greg J. Jones, M.P.A., Project Officer, National Center for Infectious Diseases, CDC, Mailstop C-

12, Atlanta, Georgia 30333, Telephone: (404) 639-4180, E-mail: [GJJones@cdc.gov](mailto:GJJones@cdc.gov).

Dated: May 24, 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 04094]

#### Applied Research on Antimicrobial Resistance (AR): Estimates of Economic Cost for Antimicrobial Resistant Human Pathogens of Public Health Importance; Notice of Availability of Funds-Amendment

A notice announcing the availability of fiscal year (FY) 2004 funds for a grant Applied Research on Antimicrobial Resistance (AR): Estimates of Economic Cost for Antimicrobial Resistant Human Pathogens of Public Health Importance was published in the **Federal Register** April 30, 2004, Volume 69, Number 84, pages 23759-23763. The notice is amended as follows: Page 23759, third column, section I. Funding Opportunity Description, and Page 23760, second column, Research Objective II, change action item 30 to 33.

Dated: May 24, 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 04101]

#### Assessing Transmission and Prevention of Community-Associated MRSA Infection Among Children, Family Members, and Close Contacts; Notice of Availability of Funds—Amendment

A notice announcing the availability of fiscal year (FY) 2004 funds for a cooperative agreement Assessing Transmission and Prevention of Community-Associated MRSA Infection

Among Children, Family Members, and Close Contacts was published in the **Federal Register** April 26, 2004, volume 69, number 80, pages 22523-22527. The notice is amended as follows: Page 22524, second column, section II. Award Information, and page 22527, first column, section V.3. Anticipated Announcement and Award Dates, change Anticipated Award Date to July 30, 2004.

Dated: May 24, 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

#### Rapid Expansion of HIV/AIDS Activities by Ivorian Nongovernmental Organizations and Associations Serving Highly Vulnerable Populations in Cote d'Ivoire Under the President's Emergency Plan for AIDS Relief

*Announcement Type:* New.

*Funding Opportunity Number:* 04199.

*Catalog of Federal Domestic*

*Assistance Number:* 93.941.

*Key Dates:*

*Application Deadline:* July 16, 2004.

#### I. Funding Opportunity Description

*Authority:* This program is authorized under sections 307 and 317(k)(2) of the Public Health Service Act, (42 U.S.C. sections 242l and 247b(k)(2)), as amended, and under Public Law 108-25 (United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003) (22 U.S.C. 7601).

*Purpose:* President Bush's Emergency Plan for AIDS Relief (PEPFAR) has called for immediate action to turn the tide of HIV/AIDS in Africa and the Caribbean. Goals of the President's plan include: preventing seven million new HIV infections, treating at least two million HIV-infected people, and caring for ten million HIV-affected individuals and AIDS orphans.

Cote d'Ivoire-specific PEPFAR goals include the prevention of 265,000 new HIV infections, treating at least 77,000 HIV-infected individuals, and caring for 385,000 HIV-affected individuals, including orphans.

The primary purpose of this funding announcement is to increase the quality and coverage of HIV/AIDS prevention and care services targeting Highly

Vulnerable Populations (HVP) in Cote d'Ivoire. HVP includes, but is not limited to: displaced persons and refugees, transactional sex workers and their partners, street children, and other vulnerable women.

Services to be supported through this agreement may include, but are not limited to: comprehensive treatment for HIV/AIDS and sexually transmitted infections (STI), voluntary counseling and testing (VCT), prevention activities, support for people infected and affected by HIV/AIDS, peer education, outreach, job skills and literacy training, and legal counseling.

This will be accomplished by funding an international non-governmental organization (NGO) to provide expert technical assistance, training, and oversight to build the capacity of selected Ivorian NGOs and associations (subgrantees) to design, implement, and manage activities for HVPs. The international NGO grantee will also be responsible for helping the Ivorian NGOs and associations improve their ability to mobilize resources and manage the financial and administrative functions of their organizations. The Ivorian nongovernmental organizations and associations will be selected by the international NGO recipient of this award with input from the local CDC office. The selected Ivorian organizations will receive technical assistance and funding to assist them with rapid expansion and improvement activities serving highly vulnerable populations. The CDC office in Cote d'Ivoire will collaborate with the international NGO recipient of this award in the design and implementation of these activities.

These collaborative activities will lead to: (1) Reduction in transmission of HIV and sexually transmitted infections in both the target and general populations; (2) HVP who are living with HIV/AIDS receiving treatment; (3) HVP who are affected by HIV/AIDS receiving better care and support services; (4) promotion and protection of human and legal rights of HVP including protection against sex trafficking; (5) reducing stigma and discrimination against people infected or affected by HIV/AIDS; and (6) building national capacity to implement and manage quality services for HVP.

The measurable outcomes of the program will be in alignment with goals of the Global AIDS Program (GAP) to reduce HIV transmission and improve care of persons living with HIV. They also will contribute to the goals of PEPFAR, which are: within five years treat more than two million HIV-infected persons with effective