

through three strategies: (1) Support of CBOs to deliver HIV prevention services; (2) community coalition development (CCD) projects to increase access to a linked network of HIV, STD, TB, and substance abuse services; and (3) capacity-building assistance (CBA) to sustain, improve, and expand HIV prevention services.

CDC requires MAI grantees to evaluate their programs. CDC has the responsibility to support these evaluation efforts by assisting grantees in the design and implementation of their program evaluation activities,

including the provision of evaluation forms and conducting an overall evaluation of the MAI. The data collected during this evaluation will allow CDC to (1) Address accountability needs, (2) provide necessary information to the MAI grantees for improving their programs, and (3) provide a context for understanding the effectiveness of programs targeting African Americans and other racial and ethnic minorities.

Data collection will include self-administered questionnaires, which will be submitted quarterly, document

reviews, and interviews with directors of community-based organizations, collaborating organizations, other community organizations, and community members served by these organizations. The first wave of data collection is planned for the summer of 2003. Subsequent waves of data collection are planned for 2004.

Total cost to respondents is their time to submit the requested data. The total burden in hours is estimated at 255.

Data collection forms	Number of respondents	Number of responses per respondent	Average burden response (in hours)	Total burden per response (in hours)
Community-Based Organization Questionnaire	136	1	60/60	136
HIV Counseling, Testing, and Referral Questionnaire:				
Part I	54	1	10/60	9
Part II	54	4	10/60	36
Capacity-Building Assistance Questionnaire:				
Part I	1	1	5/60	.08
Part II	16	1	10/60	3
Part III	17	1	20/60	6
Part IV	17	4	15/60	17
Community Coalition Development Questionnaire:				
Part I	16	1 per year	60/60	16
Part II	16	4 per year	30/60	32
Total				255

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 03021]

Fetal Alcohol Syndrome Prevention; Notice of Availability of Funds

Application Deadline: June 30, 2003.

A. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under section 301 and 317(C) of the Public Health Service Act, (42 U.S.C. 241 and 247b-4, as amended). The Catalog of Federal Domestic Assistance number is 93.283.

B. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2003 funds for a cooperative agreement program for Fetal Alcohol Syndrome

(FAS) Prevention. This program addresses the "Healthy People 2010" focus areas of Substance Abuse and Maternal, Infant, and Child Health.

The purpose of the program is to develop, implement, and evaluate population-based and targeted prevention programs for FAS including the identification of high prevalence geographic areas and/or selected subpopulations of childbearing-age women at high-risk for an alcohol exposed pregnancy; establishing or enhancing prenatal and preconceptional intervention programs to serve these populations; and establishing or utilizing existing systems for monitoring the impact of prevention programs. Monitoring programs must include a plan for ensuring that children identified with FAS have access to appropriate services within the community.

Measurable outcomes of the program will be in alignment with FAS-related performance goals for the National Center for Birth Defects and Developmental Disabilities (NCBDDD) that include establishing new, or enhancing, prevention programs that reduce the prevalence of FAS, reduce prenatal exposure to alcohol, and improve and/or link children currently affected by FAS to health services.

C. Eligible Applicants

Assistance will be provided only to the health departments of states or their bona fide agents, including the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, the Republic of Palau, and federally recognized Indian tribal governments.

If the applicant is not the state health agency, the applicant must provide a letter from the appropriate state health agency designating the applicant as a bona fide agent. This information should be placed directly behind the cover letter of the application. Applications that fail to submit the evidence requested above will be considered non-responsive and returned without review.

Only one application from each organization may be submitted for this announcement.

To be eligible, applicants must:

1. Identify a geographic area with high proportions of childbearing-age women at risk for an alcohol-exposed pregnancy (a minimum of five percent of the prenatal population reporting frequent or binge drinking); a minimum of 15 percent of non-pregnant, childbearing-age women (aged 12-44 years) reporting