

hepatitis among health professionals, high-risk populations, and the general public.

These activities are part of a comprehensive, national educational strategy to prevent and control viral hepatitis by changing behaviors that put persons at risk for acquiring these infections and increasing behaviors that prevent these infections. This comprehensive approach includes, but is not limited to, print, video and web-based health education tools, multi-media activities directed at populations at increased risk of infection, and curricula to train health care providers and counselors. Applicants should include formative, process and outcome evaluation methodologies in their comprehensive application.

This announcement has four distinct Parts. Applicants wishing to apply for more than one Part must submit a complete application for each Part.

The objective of Part A is to support up to six applicants to develop, implement and evaluate comprehensive communication strategies that target (1) men who have sex with men (MSM) who are at risk for hepatitis A and B; (2) injection drug users (IDUs) who are in or out of treatment and who are at risk for hepatitis A, B, and C; (3) men, women and juveniles who are incarcerated and who are at risk for hepatitis A, B, and C; (4) minority populations disproportionately infected with hepatitis A, B, and/or C viruses; and (5) other populations at increased risk for viral hepatitis. Applicants for Part A may apply to develop educational activities for more than one primary target population, but must include justification that the applicant has expertise in working with each primary target population(s). The applicant must provide a complete application that addresses development, implementation and evaluation for each target population and the specific viral hepatitis infection(s) that the applicant chooses to address.

The objective of Part B is to support one applicant to further develop, implement and evaluate an existing curriculum that could be used nationally to train health professionals, including those in training programs, in the prevention, management, and control of viral hepatitis. This curriculum should contain client-centered counseling as a major component.

The objective of Part C is to support up to two applicants to develop, implement and evaluate training programs or activities (e.g., meetings, symposia, seminars, distance learning) for health professionals to prevent and

control viral hepatitis. The training format must address the integration of all aspects of viral hepatitis prevention into existing public health (e.g., STD, HIV/AIDS), substance abuse or clinical care (e.g., corrections, primary care) programs.

The objective of Part D is to support one applicant to develop, implement, and evaluate educational tools that promote hepatitis A and hepatitis B vaccination. These tools might include, but are not limited to, brochures, newsletters, fact sheets, reports, Web site information, and manuals that provide public and provider education relative to the importance of hepatitis A and hepatitis B vaccination practices.

Measurable outcomes of the program will be in alignment with one or more of the following performance goals for the National Center for Infectious Diseases (NCID): Protect Americans from infectious diseases.

### C. Eligible Applicants

Applications may be submitted by public and private nonprofit organizations and by governments and their agencies; that is:

- Universities
- Colleges
- Technical schools
- Research Institutions
- Hospitals
- Community-based organizations
- Faith-based organizations
- Federally recognized Indian tribal governments
- Indian Tribes
- Indian tribal organizations
- State and local governments or their bona fide agents (this includes the District of Columbia, 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, and the Republic of Palau)
- Political subdivisions of States (in consultation with States)

**Note:** Title 2 of the United States Code section 1611 states that an organization described in section 501(C)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting an award.

### D. Funding

#### *Availability of Funds*

Approximately \$800,000 is available in FY 2003 for Part A to fund approximately six awards, approximately \$300,000 is available in FY 2003 for Part B to fund one award, approximately \$300,000 is available in

FY 2003 for Part C to fund two awards, and approximately \$300,000 is available in FY 2003 for Part D to fund one award. It is expected that the average award for Part A will be \$130,000, ranging from \$50,000 to \$250,000 and it is expected that the average award for Part C will be \$150,000, ranging from \$100,000 to \$200,000. It is expected that the awards will begin on or about September 15, 2003 and will be made for a 12-month budget period within a project of up to five years for Parts A and D and up to three years for Parts B and C. Funding estimates may change.

Continuation awards within an approved project period will be made on the basis of satisfactory progress toward stated goals and objectives and the availability of funds.

#### *Recipient Financial Participation*

Matching funds are not required for this program.

#### *Funding Preferences*

Preference will be given to applicants currently involved in devoting all or some of their activities and resources to educating the public, patients, and/or health professionals about the prevention and control of viral hepatitis and viral-hepatitis-related liver disease, or currently are devoting a major portion of their activities to educating the public, patients, and/or health professionals about the prevention and control of other blood-borne viral infections, vaccine-preventable diseases, or sexually transmitted diseases, and could readily expand to address viral hepatitis.

### E. Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities listed in 1. Recipient Activities, and CDC will be responsible for the activities listed in 2. CDC Activities.

Applicants must indicate for which Part they intend to seek funding under this agreement and submit a complete application for each Part.

All educational activities developed through this cooperative agreement should incorporate information on viral hepatitis, which is consistent with current and future published CDC guidelines on prevention and control of hepatitis A, B, and C as contained in Attachment II (as posted on the CDC web site).

#### 1. Recipient Activities

##### Part A

a. Develop, implement, and evaluate educational activities that target (1) men who have sex with men (MSM) who are