

demand for vaccinations, appropriate screenings, and treatment); (4) helping health care providers implement effective office-based strategies, such as patient reminder systems, that help ensure timely and appropriate care.

This cooperative agreement is designed to establish community-based, coordinated, comprehensive health promotion, prevention, and control programs of sufficient intensity and durability to create sustainable change and thereby achieve the "Healthy People 2010" objectives shown in Attachment A. All referenced attachments are posted with this announcement on the CDC Web site (<http://www.cdc.gov>). Click on "Funding" then "Grants and Cooperative Agreements".

Resources useful to the preparation of applications and in support of program implementation are available in Attachment B.

Cooperative agreement recipients are expected to participate fully in coordinated monitoring and evaluation activities that include collecting and reporting common performance measures as well as participating in an independent, external evaluation to measure the impact of STEPS.

### C. Eligible Applicants

Cities, urban communities, states, and Tribes or Tribal consortia are eligible under this announcement. The District of Columbia, other large cities, and urban communities (defined as a contiguous geographic area (including counties) with a population exceeding 400,000 persons) with substantial expertise and infrastructure for the design, delivery and evaluation of chronic disease prevention and control interventions can apply directly under this announcement (hereafter referred to as "Large City and Urban Community" applicants). Federally recognized Tribal Governments, Regional Area Indian Health Boards, Urban Indian organizations, and Inter-Tribal Councils which serve 10,000 or more American Indians/Alaskan Natives in their catchment area(s) can apply directly under this announcement (hereafter referred to as "Tribal" applicants). All other communities, not otherwise included in the applications above, may be eligible for awards under state applications (hereafter referred to as "State-Coordinated Small City and Rural Community" applicants).

In determining eligibility, Large Community and Urban Community applicants must meet the criteria under number 1 below, Tribal applicants must meet the criteria under number 2 below, and State-Coordinated Small Cities and

Rural Community applicants must meet the criteria under number 3 below.

**Note:** Public Law 104-65 states that an organization described in section 501(c)(4) of the Internal Revenue Code of 1986 which engages in lobbying activities shall not be eligible for the receipt of Federal funds constituting an award, grant, contract, or any other form.

#### 1. Large City and Urban Community Applicants

The official local health department (or its bona fide agent), or its equivalent, as designated by the mayor, county executive, or other equivalent governmental official, will serve as the lead/fiduciary agent for a Large City and Urban Community application. For this announcement, the term "large cities and urban communities" is defined as any contiguous geographic area (including counties) with a population exceeding 400,000 persons. The District of Columbia is eligible to apply for funding under this section of the program announcement. Large City and Urban Community Applicants can specify an intervention area that is smaller than the entire city or community, but the intervention area must be geographically contiguous and must include a population of at least 150,000 residents, but not more than 500,000 residents. Only one application will be accepted from each eligible large city and urban community.

#### 2. Tribal Applicants

Federally recognized Tribal Governments, Regional Area Indian Health Boards, Urban Indian organizations, and Inter-Tribal Councils as designated by the Principal Tribal elected official or chief executive officer will serve as the lead/fiduciary agency for tribal applications. Each tribal application must include a minimum population of 10,000 American Indians/Alaskan Natives within a defined geographic area or set of areas that may or may not be geographically contiguous.

#### 3. State-Coordinated Small City and Rural Community Applicants

The official state health department (or its bona fide agent), or its equivalent, as designated by the Governor, is to serve as the lead/fiduciary agency for Small City and Rural Community applications. For this announcement, the term "State" includes the 50 states, 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. States must identify two to four communities of total resident size not to exceed 800,000 persons combined. Each selected community must be geographically contiguous and include a minimum population of 10,000 persons. Neighboring small or rural counties may be grouped together to form a single, contiguous "community." States are strongly encouraged to include diverse communities that vary in size and location. HHS anticipates funding some programs that encompass rural communities as well as small cities. Only one application will be accepted from each state.

### D. Funding

#### Availability of Funds

Approximately \$13,650,000 is available in FY 2003 to fund STEPS. Of this amount, approximately \$9,000,000 is available to fund 9 to 12 Large City and Urban Community applications. It is expected that the average award will be \$1,000,000 and will range from \$750,000 to \$1,250,000. Approximately \$250,000 is available to fund one Tribal application. Of the total amount available, approximately \$4,400,000 is available to fund up to four State-Coordinated Small City and Rural Community application. It is expected that the average award will be \$1,500,000 and will range from \$1,000,000 to \$2,000,000. State Health Departments must ensure that 75 percent of the total STEPS award is distributed on an annual basis to the identified communities in the state-coordinated application within four months of the award date, and that the remaining funds are used to support the funded communities through technical assistance and other means.

It is expected that awards will begin on or about September 22, 2003, and will be made for a 12-month budget period within a project period of up to five years. It is expected that projects will emphasize program assessment and evaluation during the first two years of funding. Continuation awards and level of funding within an approved project period (FY 2004 through FY 2007) will be based on the availability of funds and satisfactory progress in achieving performance measures as evidenced by required progress reports.

Funding for FY 2004 and beyond is expected to range from \$2,000,000 to \$3,000,000 for each Large City and Urban Community recipient; \$300,000 to \$1,000,000 for each Tribal recipient; and from \$4,000,000 to \$10,000,000 for each State-Coordinated Small City and Rural Community recipient. It is also anticipated that additional FY 2004