

North Dakota, Oregon, the Republic of Palau, Rhode Island, South Carolina, and Texas.

Current CORE Program grantees that apply for Basic Implementation Program funding in year two and are not funded will continue to receive funding for the CORE (Capacity Building) Program. To make this possible, currently funded CORE (Capacity Building) Program grantees must provide a separate CORE (Capacity Building) Program Logic Model, Work Plan, budget, and budget justifications that addresses CORE (Capacity Building) Program activities to expedite the award process.

Component 5—Arthritis: The only eligible applicants for Capacity Building Level B Funding during year one of this program announcement are the following 27 States which are currently funded under Program Announcement 01097, Reducing the Impact of Arthritis and Other Rheumatic Conditions: Alaska, Arizona, Arkansas, Colorado, Connecticut, Idaho, Indiana, Iowa, Kentucky, Maryland, Michigan, Nebraska, Nevada, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Vermont, Virginia, and Wisconsin. These States may not apply for Capacity Building Program Level A funding during year one of this announcement.

Eligible applicants for Capacity Building Program Level A are those currently funded under Program Announcement 99074 and health departments other than those listed above who meet the requirements outlined in the "Recipient Activities" section of this Component for Capacity Building Program Level B and Capacity Program Level A.

Component 6—Behavior Risk Factor Surveillance Systems (BRFSS): Assistance will be provided only to the existing 54 health departments funded under the Behavioral Risk Factor Surveillance, Program Announcement Number 99044.

Component 7—Genomics: Assistance will be provided only to the health departments of States or their bona fide agents. A *bona fide* agent is an agency/organization identified by the state as eligible to submit an application under the State eligibility in lieu of a State application.

D. Availability of Funds

Approximately \$91,700,000 is available in FY 2003 to fund approximately 194 awards.

It is expected that the awards will begin on or about June 30, 2003 and will be made for a 12-month budget period

within a project period of up to five years.

Pending availability of funds, beginning in year two and each of the remaining years for this program announcement (June 30, 2004 through June 30, 2008), there will be an open season for competitive applications. Specific guidance will be provided with exact due dates and funding levels each year.

Applications from all new applicants as well as all currently funded programs, whose project period have ended or will end in FY 2003, will be competitively reviewed by an independent Objective Review Panel.

Continuation awards for year two and beyond will be made on the basis of satisfactory progress made toward the attainment of the goals, objectives, and corresponding performance measures as evidenced by required reports, and based on the availability of funds. Additional information is listed on a component-by-component basis.

Component 1: Comprehensive State-Based Basic Tobacco Prevention and Control Programs

D.1. Availability of Funds

Approximately \$57 million is available in FY 2003 to fund 59 awards.

In year one, States and Territories currently funded under program announcement 99038 should apply for the same base amount that is currently received on a non-competitive basis. Applicants should refer to "Recipient Financial Participation" for information on required matching funds. The remaining unfunded Territory is Marshall Island that is eligible to apply for funds in the amount of \$100,000 to \$125,000. If Marshall Island submits an application, it will be reviewed under a competitive review process.

Continuation award amounts may be adjusted should a State receive lawsuit settlement funds, general funds, or excise tax funds for the State's comprehensive program.

Use of Funds

CDC funds cannot be used to supplant existing State funding. Applicants may not use these funds to supplant funds from Federal or State sources, the Preventive Health and Health Service Block Grant or Center for Substance Abuse Prevention funding for youth access enforcement. Applicants must maintain current levels of support dedicated to tobacco use prevention and control from Federal, State sources, or the Preventive Health and Health Services Block Grant.

Funds may not be used to conduct research. Surveillance and evaluation

activities are for the purposes of monitoring program performance, and are not considered research.

Cooperative agreement funds must be used for focused strategies to change systems, develop and implement policies, change the environment in which tobacco use occurs, and impact population groups rather than individuals. To this end, cooperative agreement funds may not be used to provide direct services such as individual and group cessation services, patient care, personal health services medications, patient rehabilitation, or other costs associated with the treatment of diseases caused by tobacco use. Funds may be used to support activities in line with CDC "Guidelines for School Health Program to Prevent Tobacco Use and Addiction" including curricula but may not be used for staff time to provide direct classroom instruction of students. Cooperative agreement funds may not be used to directly enforce tobacco control policies unless there are extenuating circumstances within the State. A justification must be provided and reviewed.

Recipient Financial Participation

Federal sources as follows. During the first year of the award, States receiving funding from another source(s) that is equal to or greater than the CDC award will match one dollar of direct cash match from non-Federal sources for every dollar of Federal funds. All other States and Territories that do not receive funds from non-Federal sources that are equal to or greater than the CDC award will provide one dollar of cash or in-kind match from non-Federal sources for every ten dollars of Federal funds.

Beginning in the second year and in each subsequent year of the award, all States and Territories will provide one dollar from non-Federal sources for every four dollars of Federal funding. The match may be cash, in-kind, or a combination from State and/or public and private sources.

Technical assistance will be available for potential applicants through the following means: a minimum of two conference calls to be held on or around December 12, 2002 and January 10, 2003.

E.1. Program Requirements

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