

programs to address the prevention of diabetes and its complications at the community level.

C. Eligible Applicants

Private, non-profit, health organizations with a national scope, that provide a comprehensive eye disease prevention program addressing diabetic retinopathy, glaucoma, cataracts, and age-related macular degeneration are eligible. The organization must provide proof of 501(c)(3) non-profit status and must have the ability to receive, manage, and account for federal funds.

Note: Public Law 104-65 states that an organization described in section 501(c)(3) 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, loan or any other form.

D. Funding

Availability of Funds

Approximately \$875,000 is available in FY 2003 to fund one award. It is expected that the award will be made on or about September 15, 2003 and will be made for a 12-month budget period with a project period of up to five years. The Funding estimate may vary depending on availability of funds.

Continuation awards in subsequent years will be based upon the availability of funds and satisfactory progress as evidenced by required reports and achievement of the objectives set forth under "Program Requirements".

Use of Funds

Cooperative agreement funds may be used to expand, enhance, or complement existing activities to accomplish the objectives of this program. Funds may be used to pay for, but are not limited to, the following: staffing, consultants, contractors, grants to affiliates, materials and supplies, equipment, travel, and other associated expenses to implement and evaluate intervention activities such as screenings for vision and risk assessment for eye disease, public outreach, referrals to health professions for follow-up, public education, professional education, and the collection of representative data to define the problem and evaluate the program.

Funding under this program announcement may not be used to: (1) Support direct patient care services, individual health services, or the treatment of diabetes; (2) duplicate existing efforts the federal system has established for outpatient diabetes education reimbursement for the

Medicare population through the Diabetes Education Program Recognition administered by the Centers for Medicaid and Medicare Services (CMS); or (3) supplant existing funding.

Recipient Financial Participation

Matching funds, that is, a specific percentage of program costs that must be contributed by the recipient in order to be eligible for this announcement, are not required. Applicants are encouraged, however, to identify financial and in-kind contributions from their own organizations and partners to support and sustain the activities of this program.

E. Program Requirements

The recipient funded under this program announcement will utilize, complement, and expand existing program activities and capabilities, but should not duplicate such activities. In conducting activities to achieve the purpose of this program announcement, the applicant will be responsible for the activities listed in 1. Recipient Activities, and CDC will be responsible for the activities listed in 2. CDC Activities:

1. Recipient Activities

The organization must demonstrate a national capacity through an affiliate organizational structure that has established organizational units at the state level. The organization must have demonstrated ability to acquire, implement, and manage a national database sufficient to describe the causes of blindness and vision loss.

(a) Leadership and Management

Establish and maintain an effective national leadership structure, an overall management structure that relies upon state-level affiliates to carry out the program activities, and an organization which is based upon a strategic plan. The overall management plan of the organization should include effective accountability of funds, plans for managing federal funds, and plans for disbursement of funds to affiliates. The management plan should also include strategies to collaborate with other similar national organizations and how the efforts of these other organizations will support the overall program.

(b) Screening

Build upon and expand existing screening activities to include children, the elderly, and other target populations such as racial and ethnic minorities disparately affected by vision loss. Screenings must be comprehensive, that is, you must screen for diabetic

retinopathy, glaucoma, cataracts, and age-related macular degeneration. Screenings should be community-based, involve other vision partners, and should be evaluated in terms of numbers screened, findings, and referrals. (No personally identifiable data shall be collected or maintained by the recipient of this program cooperative agreement).

The screening activity must also include appropriate training and certification of the screeners to assure the highest standards of competency are provided to the public.

(c) Outreach for Treatment and Rehabilitation

Implement and/or expand the screening activity with a comprehensive referral program to assure that persons identified with vision disorders will receive appropriate referrals to professionals for necessary follow-up, care and treatment. Such a referral program should include identification of appropriate services prior to screenings, appropriate education of the screened persons (or parents or guardians) of the results of the screening, appropriate education of the screened persons (or parents or guardians) regarding the community services available, and follow-up with referral and treatment services to determine the number of persons identified as at-risk from the screenings that are taking advantage of referral services. The referral program should also determine the outcome of the referral to determine the types of treatment utilized to serve the patient. (No personally identifiable data shall be collected or maintained by the recipient of this cooperative agreement).

(d) Public Health Assessment

Conduct an assessment of the current level of programs and services provided by the public health sector to determine program areas which are complementary, or duplicative, and where gaps in services exist. Assessments should be conducted in selected States and communities to gather representative data regarding the current capacity of public health to collaborate with national vision organizations in a comprehensive blindness and vision loss prevention program. The assessments should, at a minimum, include identification of all the public health programs with an element of screening or education, the level of resources devoted, funding sources, evaluation methods (if any), responsible organizations, gaps in services, and areas for collaboration. (No more than nine states and/or