

The following additional requirements apply to this project:

- AR-7 Executive Order 12372.
- AR-10 Smoke-Free Workplace

#### Requirements.

- AR-11 Healthy People 2010.
- AR-12 Lobbying Restrictions.
- AR-13 Prohibition on Use of CDC

Funds for Certain Gun Control Activities.

- AR-14 Accounting System

#### Requirements.

- AR-15 Proof of Non-Profit Status.
- AR-20 Conference Support.
- AR-23 States and Faith-Based

#### Organizations.

- AR-25 Release and Sharing of

Data.

Additional information on these requirements can be found on the CDC Web site at the following Internet address: <http://www.cdc.gov/od/pgofunding/ARs.htm>.

#### VI.3. Reporting Requirements

You must provide CDC with an original, plus two hard copies of the following reports:

1. Interim progress report, due no less than 90 days before the end of the budget period. The progress report will serve as your non-competing continuation application, and must contain the following elements:
  - a. Current Budget Period Activities Objectives.
  - b. Current Budget Period Financial Progress.
  - c. New Budget Period Program Proposed Activity Objectives.
  - d. Budget.
  - e. Measures of Effectiveness.
  - f. Additional Requested Information.
2. Financial status report no more than 90 days after the end of the budget period.
3. Final financial and performance reports, no more than 90 days after the end of the project period.

These reports must be mailed to the Grants Management or Contract Specialist listed in the "Agency Contacts" section of this announcement.

#### VII. Agency Contacts

We encourage inquiries concerning this announcement. For general questions, contact: Technical Information Management Section, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341, Telephone: 770-488-2700.

For program technical assistance, contact: Montrece M. Ransom, JD, Project Officer, Public Health Law Program, Centers for Disease Control and Prevention, 4770 Buford Highway, NE., Mail-stop K-36, Atlanta, GA 30341, Telephone: 770-488-8286, E-mail: [mransom@cdc.gov](mailto:mransom@cdc.gov).

For financial, grants management, or budget assistance, contact:

Mattie B. Jackson, Grants Management Specialist, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341, Telephone: 770-488-2696, E-mail: [mij3@cdc.gov](mailto:mij3@cdc.gov).

#### VIII. Other Information

This and other CDC funding opportunity announcements can be found on the CDC Web site, Internet address: [www.cdc.gov](http://www.cdc.gov). Click on "Funding" then "Grants and Cooperative Agreements."

Please visit our Web site at: <http://www.phppo.cdc.gov/od/phlp/index.asp>.

Dated: March 31, 2005.

**William P. Nichols,**

*Director, Procurement and Grants Office, Centers for Disease Control and Prevention.*

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**BILLING CODE 4163-18-P**

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

##### Centers for Disease Control and Prevention

##### Oak Ridge Y-12 Plant

**AGENCY:** Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

**ACTION:** Notice.

**SUMMARY:** The Department of Health and Human Services gives notice of a decision to evaluate a petition to designate a class of employees at the Y-12 Plant, also known as the Oak Ridge Y-12 Plant, in Oak Ridge, Tennessee to be included in the Special Exposure Cohort under the Energy Employees Occupational Illness Compensation Program Act of 2000 (42 CFR 83.12 (e)). The initial proposed definition for the class being evaluated, subject to revision as warranted by the evaluation, is as follows:

*Facility:* Y-12 Plant, Oak Ridge, Tennessee.

*Locations:* Building 9201-5 and the Beta Building at Y-12.

*Job Titles and/or Job Duties:* All Control Operators.

*Period of Employment:* January 1944 through December 1945.

**FOR FURTHER INFORMATION CONTACT:** Larry Elliott, Director, Office of Compensation Analysis and Support, National Institute for Occupational Safety and Health, 4676 Columbia Parkway, MS C-46, Cincinnati, OH 45226, Telephone 513-533-6800 (this is not a toll-free number). Information requests can also be submitted by e-mail to [OCAS@CDC.GOV](mailto:OCAS@CDC.GOV).

Dated: March 30, 2005.

**James D. Seligman,**

*Associate Director for Program Services, Centers for Disease Control and Prevention.*

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**BILLING CODE 4163-19-P**

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

##### Centers for Medicare & Medicaid Services

[CMS-5029-N]

##### Medicare Program; Rural Hospice Demonstration

**AGENCY:** Centers for Medicare & Medicaid Services (CMS), HHS.

**ACTION:** Notice.

**SUMMARY:** This notice provides interested parties with the information necessary to apply for participation in the rural hospice demonstration. The demonstration is designed to test whether hospice services provided by a demonstration hospice program to Medicare beneficiaries who lack an appropriate caregiver and who reside in rural areas results in wider access, improved hospice services, benefits to the rural community, and a sustainable pattern of care. A competitive application process will be used to select up to three hospice organizations or agencies to participate in this demonstration. The demonstration is planned for up to 5 years.

**DATES:** Applications will be considered timely if we receive them on or before June 6, 2005.

**ADDRESSES:** Mail applications to—Centers for Medicare & Medicaid Services, Attention: Cindy Massuda, Mail Stop: C4-17-27, 7500 Security Boulevard, Baltimore, Maryland 21244.

Because of staff and resource limitations, we cannot accept applications by facsimile (FAX) transmission or by e-mail.

**FOR FURTHER INFORMATION CONTACT:** Cindy Massuda at (410) 786-0652 or [RURALHOSPICEDEMO@cms.hhs.gov](mailto:RURALHOSPICEDEMO@cms.hhs.gov).

#### SUPPLEMENTARY INFORMATION:

##### I. Background

###### A. Legislative Authority

Section 409 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) (Pub. L. 108-173) authorizes the Secretary to conduct a demonstration project for the delivery of hospice care to Medicare beneficiaries in rural areas. Under the demonstration, Medicare beneficiaries who are unable to receive hospice care