PHS mission to protect and advance the physical and mental health of the American people.

DATES: To receive consideration for funding, individuals must submit their applications by September 1, 1996. Applications shall be considered as meeting the deadline if they are either:

- (1) received on or before the deadline date; or
- (2) sent on or before the deadline and received in time for submission to the reviewing program official. (Applicants should request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing).

Late applications will not be considered for funding in FY 1996, but may be kept on file for consideration in FY 1997

ADDRESSES: Application materials with a list of counties (parishes) with the greatest shortage of nurses may be obtained by calling or writing to: Sharley Chen, Chief, Loan Repayment Programs Branch, Division of Scholarships and Loan Repayments, Bureau of Primary Health Care, HRSA, 4350 East-West Highway, 10th Floor, Bethesda, MD 20814, (301-594-4400). The 24-hour toll-free phone number is 1-800-435-6464 and the FAX number is (301) 594-4981. Completed applications should be mailed to the same address. The application form has been approved under Office of Management and Budget (OMB) Number 0915-0140.

FOR FURTHER INFORMATION CONTACT: For further program information and technical assistance, please contact the Branch Chief at the above address, phone or FAX number.

SUPPLEMENTARY INFORMATION: Section 846 of the PHS Act provides that the Secretary will repay a portion of an individual's educational loans incurred for nursing education costs if that individual enters into a contract with the Secretary to serve as a registered nurse for not less than 2 years in a variety of eligible health facilities or in a health facility determined by the Secretary to have a critical shortage of nurses. For an individual who is selected to participate in this program, repayment shall be on the following basis:

(1) By the completion of the first year of agreed service, the Secretary will have paid 30 percent of the principal of, and interest on, the outstanding balance on each qualified loan as of the beginning date of service;

- (2) By the completion of the second year of agreed service, the Secretary will have paid another 30 percent of the principal of, and interest on, the outstanding balance of each qualified loan as of the beginning date of service; and
- (3) By the completion of a third year of agreed service, if applicable, the Secretary will have paid another 25 percent of the principal of, and interest on, the outstanding balance of each qualified loan as of the beginning date of service (option for third year of service is dependent on the availability of funds).

No more than 85 percent of the principal balance of any qualified loan which was unpaid as of the beginning date of service will be paid under this program.

Prior to entering a contract for repayment of loans, other than Nursing Student Loans, the Secretary will require that satisfactory evidence be provided of the existence and reasonableness of the educational loans.

These loan repayment amounts are unrelated to any salary paid to the nursing education loan repayment recipient by the health facility by which he or she has been employed.

To be eligible to participate in this program, an individual must:

(I) Have received, prior to the start of service, a baccalaureate or associate degree in nursing, a diploma in nursing, or a graduate degree in nursing;

(2) Have outstanding educational loans for the costs of his/her nursing education;

(3) Agree to be employed full-time for not less than 2 years in any of the following types of eligible health facilities: an Indian Health Service health center; a Native Hawaiian health center; a public hospital (operated by a State, county, or local government); a community or migrant health center [Sections 330(a) and 329(a)(1) of the PHS Act]; a Federally Qualified Health Center receiving Sections 330 or 329 funding; a rural health clinic (Section 1861 (aa)(2) of the Social Security Act); or a public or nonprofit private health facility determined by the Secretary to have a critical shortage of nurses; and

(4) Currently be employed or plan to begin employment as a registered nurse no later than July 31, 1996.

Funding Preferences

As required under Section 846, the Secretary will give preference to qualified applicants:

- (1) Who have the greatest financial need; and
- (2) Who agree to serve in the types of health facilities described in paragraph

(3) above, that are located in geographic areas determined by the Secretary to have a shortage of and need for nurses.

Breach of Contract

Participants in this program who fail to provide health services for the period specified in their contract with the Secretary, shall be liable to the Federal Government for payments made by the Secretary during the service period pursuant to such contract, plus interest on this amount at the maximum legal prevailing rate, payable within 3 years from the date the contract with the Secretary is breached.

Waiver or Suspension of Liability

A waiver or suspension of liability may be granted by the Secretary if compliance with the contract with the Secretary by the individual participant is impossible, or would involve extreme hardship to the individual, and if enforcement of the contract with respect to the individual would be unconscionable.

Other Award Information

This program is not subject to the provisions of Executive Order 12372, Intergovernmental Review of Federal Programs, since payments to individuals are not covered. In addition, this program is not subject to the submission of a Public Health System Impact Statement.

The OMB *Catalog of Federal Domestic Assistance* number for this program is 93.908.

Dated: June 3, 1996. Ciro V. Sumaya, Administrator. [FR Doc. 96–14306 Filed 6–7–96; 8:45 am] BILLING CODE 4160–15–P

Health Care Financing Administration [ORD-087-N]

New and Pending Demonstration Project Proposals Submitted Pursuant to Section 1115(a) of the Social Security Act: April 1996

AGENCY: Health Care Financing Administration (HCFA).

ACTION: Notice.

SUMMARY: No new proposals for Medicaid demonstration projects were submitted to the Department of Health and Human Services during the month of April 1996 under the authority of section 1115 of the Social Security Act. This notice lists proposals that were approved or are pending during the month of April. None were disapproved or withdrawn during this time period.

(This notice can be accessed on the Internet at HTTP://WWW.HCFA.GOV/ORD/ORDHP1.HTML.)

comments on these proposals. We will, if feasible, acknowledge receipt of all comments, but we will not provide written responses to comments. We will, however, neither approve nor disapprove any new proposal for at least 30 days after the date of this notice to allow time to receive and consider comments. Direct comments as indicated below.

ADDRESSES: Mail correspondence to: Susan Anderson, Office of Research and Demonstrations, Health Care Financing Administration, Mail Stop C3–11–07, 7500 Security Boulevard, Baltimore, MD 21244–1850.

FOR FURTHER INFORMATION CONTACT: Susan Anderson, (410) 786–3996.

SUPPLEMENTARY INFORMATION:

I. Background

Under section 1115 of the Social Security Act (the Act), the Department of Health and Human Services (HHS) may consider and approve research and demonstration proposals with a broad range of policy objectives. These demonstrations can lead to improvements in achieving the purposes of the Act.

In exercising her discretionary authority, the Secretary has developed a number of policies and procedures for reviewing proposals. On September 27, 1994, we published a notice in the Federal Register (59 FR 49249) that specified (1) The principles that we ordinarily will consider when approving or disapproving demonstration projects under the authority in section 1115(a) of the Act; (2) the procedures we expect States to use in involving the public in the development of proposed demonstration projects under section 1115; and (3) the procedures we ordinarily will follow in reviewing demonstration proposals. We are committed to a thorough and expeditious review of State requests to conduct such demonstrations.

As part of our procedures, we publish a notice in the Federal Register with a monthly listing of all new submissions, pending proposals, approvals, disapprovals, and withdrawn proposals. Proposals submitted in response to a grant solicitation or other competitive process are reported as received during the month that such grant or bid is awarded, so as to prevent interference with the awards process.

II. Listing of New, Pending, Approved, and Withdrawn Proposals for the Month of April 1996

A. Comprehensive Health Reform Programs:

1. New Proposals

No new proposals were received during the month of April.

2. Pending Proposals

Pending proposals for the month of April remain the same with the exception of the Medicaid Demonstration Project for Los Angeles County, California which was approved. See below 4. Approved Proposals for further description. Pending proposals for the month of November 1995 published in the Federal Register on January 23, 1996, 61 FR 1769, remain unchanged.

3. Approved Conceptual Proposals (Awards of Waivers Pending.)

No conceptual proposals were approved during the month of April.

4. Approved Proposals

The following comprehensive health reform proposal was approved during the month of April.

Demonstration Title/State: Medicaid Demonstration Project for Los Angeles County—California.

Description: The State demonstration will stabilize the County health care system and foster a restructuring process that is responsible to the needs of the community.

Date Received: February 29, 1996. Date Approved: April 26, 1996.

State Contact: John Rodriguez, Deputy Director, Medical Care Services, Department of Health Services, 714/744 P Street, P.O. Box 942732, Sacramento, CA 94234–7320, (916) 654–0391.

Federal Project Officer: Gina Clemons, Health Care Financing Administration, Office of Research and Demonstrations, Office of State Health Reform Demonstrations, Mail Stop C3–18–26, 7500 Security Boulevard, Baltimore, MD 21244–1850.

5. Disapproved Proposals

No proposals were disapproved during the month of April.

6. Withdrawn Proposals

No proposals were withdrawn during the month of April.

B. Other Section 1115 Demonstration Proposals

1. New Proposals

No new proposals were received during the month of April.

2. Pending, Approved, and Withdrawn Proposals

We did not approve or disapprove any Other Section 1115 Demonstration Proposals during April nor were any proposals withdrawn during that month. Pending proposals for the month of November 1995 published in the Federal Register on January 23, 1996, 61 FR 1769, and for the months of February and March 1996 published in the Federal Register on May 14, 1996, 61 FR 24318 remain unchanged.

III. Requests for Copies of a Proposal

Requests for copies of a specific Medicaid proposal should be made to the State contact listed for the specific proposal. If further help or information is needed, inquiries should be directed to HCFA at the address above.

(Catalog of Federal Domestic Assistance Program, No. 93.779; Health Financing Research, Demonstrations, and Experiments.)

Dated: May 28, 1996.

Barbara Cooper,

Acting Director, Office of Research and Demonstrations.

[FR Doc. 96–14596 Filed 6–7–96; 8:45 am] BILLING CODE 4120–01–P

Health Resources and Services Administration

Program Announcement and Review Criteria for a Cooperative Agreement To Support Innovative Projects Relating to Public Health Education and Services

The Health Resources and Services Administration (HRSA) announces that applications will be accepted for a Cooperative Agreement for fiscal year 1996 with a professional association located in the Washington, D.C. area with an established relationship with the accredited schools of public health. Such an association should be recognized as a National representative of schools of public health; have proprietary information concerning student enrollment, graduates, faculty and curricula in schools of public health; and have access to the leadership in schools of public health. The purpose of the Cooperative Agreement is to support a program of innovative projects which would demonstrate the sharing of expertise between public health faculty and public health practitioners in States and communities, to both improve public health and health care services at the State and community level and provide meaningful feedback to schools of public health concerning the efficacy of their curricula in educating and training