

Three additional forms were previously approved under the OMB number cited above. These forms have been discontinued for the following reasons:

HRSA-514, HPSL & NSL Application to Participate: This form was used by schools to apply to participate in the programs. Because there have been no program appropriations for several years, and the schools are operating the program only with revolving loan funds, the application form is no longer used.

HRSA 518, Request for Postponement of Installment Payment, and HRSA 520, Request for Partial Cancellation of Loan: These forms, which were used by borrowers to request cancellation or postponement of their student loan payments in return for service as a Registered Nurse, are no longer needed. The NSL cancellation provision for service as a Registered Nurse has been repealed for loans made on or after September 29, 1979. There are now no students eligible for these benefits.

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Virginia Huth, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, D.C. 20503.

Dated: August 20, 1996.

J. Henry Montes,
Associate Administrator for Policy
Coordination.

[FR Doc. 96-22434 Filed 9-3-96; 8:45 am]

BILLING CODE 4160-15-P

Special Projects of National Significance; Adolescent-focused HIV Service Delivery and Care Demonstration Models

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice of limited competition.

SUMMARY: The Health Resources and Services Administration (HRSA) announces a limited competition to support the completion and dissemination of innovative programs to advance knowledge and skills in the delivery of health and support services for adolescents at high risk for infection or who are living with HIV disease. The purpose of the Special Projects of National Significance (SPNS) Program is to demonstrate innovative and replicable service delivery models of HIV care, to conduct rigorous evaluations on the models proposed, and to disseminate the project findings and lessons learned. Awards will be

made under the program authority of Section 2691 of the Public Health Service Act, as amended by the Ryan White CARE Act Amendments of 1996, Public Law 104-146, dated May 20, 1996.

HRSA is limiting competition among those ten (10) currently funded Special Projects of National Significance (SPNS) Program Adolescent-focused HIV Service Delivery and Care Demonstration Model grants that were initially funded in fiscal years (FY) 1992 and 1993 for three years; including: Bay Area Young Positives, San Francisco, CA; Children's Hospital of Boston, Boston HAPPENS Program, Boston, MA; Children's Hospital of Los Angeles, Division Of Adolescent Medicine, Los Angeles, CA; Greater Bridgeport Adolescent Pregnancy Project, TOPS Program, Bridgeport, CT; Health Initiatives for Youth, Youth Empowerment Services Project, San Francisco, CA; Indiana State Department of Health/Indiana Youth Access Project, Indianapolis, IN; University of Alabama at Birmingham, Division of Adolescent Medicine, Birmingham, AL; University of Minnesota Youth & AIDS Project, Minneapolis, MN; Walden House, Inc., Adolescent Planetree Program, San Francisco, CA; and YouthCare, Adolescent Health Promotion Program, Seattle, WA.

Experience has taught the SPNS Program that a minimum five year project period is required to maximize the opportunity to fully and comprehensively initiate, evaluate and disseminate the models of HIV care developed by SPNS Program grantees. In their first three years of funding, these ten (10) adolescent-focused SPNS Program grantees have successfully identified a set of core characteristics relating to the provision of services for young people.

GRANTS/AMOUNTS: This program announcement is a contingency action being taken to assure that should funds become available in fiscal year (FY) 1997 for this purpose, grants can be awarded in a timely fashion consistent with the needs of the program. It is anticipated that a maximum of ten (10) projects will be approved and funded for fiscal year (FY) 1997. All budget periods for funded projects will begin on December 1, 1996. Project periods will be for two years.

FOR FURTHER INFORMATION CONTACT: Additional information may be obtained from Mr. Russell E. Brady, Project Officer, SPNS Branch, Office of Science and Epidemiology, Bureau of Health Resources Development, Health

Resources and Services Administration, 5600 Fishers Lane, Room 7A-08, Rockville, MD 20857. The telephone number is (301) 443-3496 or (301) 443-9976 and the FAX number is (301) 594-2511.

OTHER GRANT INFORMATION:

Certification Regarding Environmental Tobacco Smoke: The Public Health Service strongly encourages all grant and contract recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. In addition, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

(OMB Catalog of Federal Domestic Assistance: The number for the Special Projects of National Significance is 93.928.)

Dated: August 27, 1996.

Ciro V. Sumaya,

Administrator.

[FR Doc. 96-22431 Filed 9-3-96; 8:45 am]

BILLING CODE 4160-15-P

Program Announcement for a Cooperative Agreement with a Professional Trade Association Representing Health Maintenance Organizations

The Health Resources and Services Administration (HRSA) announces that applications will be accepted for a fiscal year (FY) 1996 Cooperative Agreement with a professional trade association representing health maintenance organizations. This activity will be supported under the authority of Title III, Section 301, of the Public Health Service Act. Approximately \$125,000 is available to fund one competitive cooperative agreement in FY 1996. The project period will be three years.

Background

Several years ago the Health Resources and Services Administration (HRSA) in the Department of Health and Human Services (the Department) became aware of the low numbers of minority health administrators in health maintenance organizations and other managed care systems in the United States. In response to this concern, HRSA supported the development of a Health Management Training Institute for Minorities in Health Maintenance Organizations which has been demonstrated in the Baltimore-Washington area. Since July 1993, 28

Fellows have graduated from this management training program. Of these Fellows, less than one-third are of Hispanic or Asian American origin. Therefore, to increase the diversity of potential managers and administrators in the managed health care field, the Department proposes to expand minority management training to the southwest region of the United States.

Purpose

The principal objectives of the cooperative agreement are to support: (1) the continuation of the Minority Training Program in the Baltimore-Washington area; (2) the planning and implementation of a model managerial, fellowship training program in the southwest region of the United States, and (3) the development and field testing of a two to three week training module designed to strengthen the business communication and computer skills of Fellows entering management and administration positions in the coordinated health care field. The training module should be field tested with a managerial training program located in the Baltimore-Washington area.

The recipient will achieve these objectives using a two-phase approach. During year one, or the first phase of the project, the recipient will develop detailed strategies for implementing at least two approaches of the Minority Training Program in the southwest region of the United States. The plan must include, but not be limited to strategies for: recruiting health plans to host Fellows; recruiting and selecting Fellows; selecting preceptors and matching them with Fellows; selecting the faculty; coordinating activities with other health-related organizations and health professions schools; and obtaining funding to sustain the program when federal support ceases. The business communication and computer training module shall also be developed, implemented, and field tested during the first year of the project. The training module shall include strategies for acquiring a set of core competencies in computer usage and communication that are required for successful employment in management and administration positions in the managed health care field.

The second phase of the project will occur during years two and three of the project. The recipient will implement the minority management training program in the southwest region of the United States during the second phase of the project.

During phases one and two, the cooperative agreement shall be designed to include activities such as:

1. Continuation of the Minority Training program in the Baltimore-Washington area.
2. Continuation of an Advisory Board to monitor implementation of the training program.
3. Monitoring of the knowledge, skills and abilities/attitudes required of minority health managers working in the managed care field.
4. Assessment and refinement of the pedagogical methods used to implement the educational objectives of the management training program, e.g., didactic lectures, role playing, on-the-job training with an experienced mentor, etc.
5. Recruitment and matriculation of at least 12 Fellows for years two and three of the project according to the plans developed during the first year of the 3-year project period.
6. Assessment of health plans used for experiential learning rotations in the southwest region of the United States.
7. Development of working relationships with accredited health administration programs and health professions schools in the southwest region of the United States.
8. Development of relationships with health plans willing to hire Fellows upon completion of the training program.
9. Evaluation of the implemented training program with the intent of determining how to upgrade and refine the program, and appraising the overall impact of the program, including the extent to which the program succeeded in placing Fellows in management and administration positions in the managed health care field.
10. Efforts to obtain substantial private funding to support a Baltimore/Washington-based project, as well as the project in the southwest region of the United States.

Eligibility

An entity eligible to apply for funding under this Cooperative Agreement must:

1. Be a recognized professional association representing health maintenance organizations and other managed care plans, and
2. Be headquartered in the Washington, D.C. metropolitan area.

The Washington, D.C. area is specified because of the substantial involvement of Federal officials in developing the training program, proximity to Federal expertise, and scarce Federal resources for travel.

Substantial Federal Programmatic Involvement

The Cooperative Agreement mechanism is being used for this project to allow for substantial Federal programmatic involvement with the planning, development, administration, and evaluation of the minority management training program. Substantial Federal programmatic involvement will occur through Federal membership on the Advisory Board representing the Health Resources and Services Administration, including the Office of Minority Health and the Bureau of Health Professions. The Federal government will provide additional assistance and advice in the following areas:

1. Identification of emerging health management practice issues in managed care settings.
2. Identification of special needs of minority population using coordinated health care systems, and how this might be reflected in the management training program.
3. Identification of appropriate consultation for implementation of the training program.
4. Refinement of the educational objectives of the training program, including the business communication and computer skills training module.
5. Refinement of the educational methods to most appropriately convey the knowledge, skills, and attitudes contained in the educational objectives.
6. Development of appropriate linkages with academic institutions and professional associations in the southwest region of the United States.
7. Participation in the selection process for faculty, preceptors, and Fellows.
8. Participation in the review and selection of contracts and agreements developed in implementing the project.
9. Participation in all appropriate meetings, committees, sub-committees and working groups related to the project.

National Health Objectives for the Year 2000

The HRSA urges applicants to submit work plans that address specific objectives of *Healthy People 2000*. Potential applicants may obtain a copy of *Healthy People 2000* (Full Report; Stock No. 017-001-00474-0) or *Healthy People 2000* (summary Report; Stock No. 017-001000473-1) through the Superintendent of Documents, Government Printing Office, Washington, D.C. 20402-9325 (Telephone 202-783-3238).

Education and Service Linkage

As part of its long-range planning, HRSA will be targeting its efforts to strengthening linkages between HRSA education programs and programs which provide comprehensive primary care services to the underserved.

Smoke-Free Workplace

The HRSA strongly encourages all grant recipients to provide a smoke-free workplace; to promote the non-use of all tobacco products; and to promote Public Law 103-227, the Pro-Children Act of 1994, which prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, and early childhood development services are provided to children.

Review Criteria

The following criteria will be used when reviewing the applications:

1. The degree to which the proposal contains clearly stated, realistic, and measurable objectives;
2. The extent to which the proposal includes a methodology compatible with scope of project objectives, including collaborative agreements with relevant institutions and professional associations;
3. The administrative and management capability of the applicant to carry out the Cooperative Agreement, including the demonstrated ability to expand the project to the southwest of the United States;
4. The extent to which the budget justifications are complete, appropriate, and cost-effective; and
5. The extent to which the applicant can demonstrate the ability to obtain non-federal funding to continue the management training beyond the project period.

Application Request

Eligible entities interested in receiving materials regarding this program should notify HRSA. Materials will be sent only to those entities making a request. Requests for proposal instructions and questions regarding grants policy and business management issues should be directed to: Ms. Sandra Bryant, Health Resources and Services Administration, Bureau of Health Professions, Parklawn Building, Room 8C-26, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone: (301) 443-6857 FAX: (301) 443-6343.

Completed applications should be forwarded to the Grants Management Officer at the above address.

If additional programmatic information is needed, please contact:

Ms. Gwendolyn B. Clark, Office of Minority Health, Health Resources and Services Administration, Parklawn Building, Room 14-48, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone: (301) 443-2964 FAX: (301) 443-7853.

The standard application form PHS 6025-1, Competing Training Grant Application and General Instructions have been approved by the Office of Management and Budget under the Paperwork Reduction Act. The OMB Clearance Number is 0915-0060. (Insert deadline date that reflects 20 days from date of publication in the Federal Register.)

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 established deadline date and received in time for orderly processing. (Applicants should request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.)

Late applications not accepted for processing will be returned to the applicant. In addition, as indicated in the application kit, applications which exceed the page limitation, or do not follow format instructions, will not be accepted for processing and will be returned to the applicant.

This program is not subject to the provisions of Executive Order 12372, Intergovernmental Review of Federal Programs (as implemented through 45 CFR part 100). This program is not subject to the Public Health System Reporting Requirements.

Dated: August 28, 1996.

Ciro V. Sumaya,

Administrator.

[FR Doc. 96-22435 Filed 9-3-96; 8:45 am]

BILLING CODE 4160-15-P

Public Forum on Liver Allocation and Patient Listing Criteria for Liver, Kidney, and Kidney/Pancreas Transplantation

AGENCY: Health Resources and Services Administration (HRSA), HHS.

ACTION: Notice of public meeting and opportunity to provide written comments and oral testimony.

SUMMARY: On September 25-26, 1996, a public forum will be held as an adjunct to the United Network for Organ Sharing (UNOS) public comment

process. This forum will provide an opportunity for presentation of public and professional testimony with regard to the proposed modifications to the current UNOS policy on allocation of livers and patient listing criteria for liver, kidney, and kidney/pancreas transplantation. UNOS is under contract with the Health Resources and Services Administration, Bureau of Health Resources Development's Division of Transplantation to perform the requirements of the Organ Procurement and Transplantation Network (OPTN).

Participants may present written comments and brief oral testimony on these proposals to a forum hearing panel. Selection of participants will be determined on the basis of achieving an appropriate balance of patient, public, and professional testimony within the available time. All individuals and organizations interested in presenting testimony who are not selected to participate in the forum may still provide written testimony which will be considered by the hearing panel.

Interested participants should contact Douglas A. Heiney, Director, Department of Membership Services and Policy Development, United Network for Organ Sharing (UNOS) and indicate on which of the following topic areas they will provide comment: (1) Proposed amended policy on allocation of livers; (2) standard minimum patient listing criteria for liver transplantation; and/or (3) standardized patient listing criteria for kidney transplantation and combined kidney-pancreas transplantation.

Purpose: The meeting will provide a forum for presentation and discussion of proposed policy changes to the allocation of livers and patient listing criteria for transplantation.

Contact: For more information, contact Douglas A. Heiney, Director, Department of Membership Services and Policy Development, UNOS, 1100 Boulders Parkway, Suite 500, P.O. Box 13770, Richmond, VA 23225-8770. Telephone: (804) 330-8500 Fax: (804) 330-8517.

Date and Time: September 25, 1996—10 a.m. to 4:00 p.m. September 26, 1996—10 a.m. to 2:30 p.m.

Place: Airport Hilton Hotel, 10330 Natural Bridge Road, St. Louis, MO 63134 (314) 426-5500.

Dated: August 27, 1996.

Ciro V. Sumaya,

Administrator.

[FR Doc. 96-22432 Filed 9-3-96; 8:45 am]

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