Dated: June 25, 1997.
By order of the Maritime Administrator.

Joel C. Richard,

Secretary,

[FR Doc. 97–17062 Filed 7–1–97; 8:45 am]

BILLING CODE 4910–81–C

DEPARTMENT OF TRANSPORTATION

National Highway Traffic Safety Administration

Discretionary Planning Grants To Support the Demonstration and Evaluation of Pre-Driver Licensure Drug Testing Programs

AGENCY: National Highway Traffic Safety Administration (NHTSA), DOT.

ACTION: Announcement of the availability of funds and request for grant applications to support planning for the demonstration and evaluation of pre-driver licensure drug testing programs.

SUMMARY: The National Highway Traffic Safety Administration (NHTSA) announces the availability of Federal funds to support the planning effort necessary to demonstrate and evaluate the effectiveness of pre-driver licensure drug testing to deter drug use, reduce drug impaired driving, and promote public safety. Depending on availability of funds, up to $2 million will be made available for these planning grants.

The planning grants solicited by this announcement will allow interested states to carefully investigate the options and resolve the many complex practical and legal issues associated with developing a pre-driver licensure drug testing program and to develop a detailed proposal for federal funding to support implementation of the demonstration program.

NHTSA anticipates funding, under a separate announcement, two (2) to four (4) demonstration and evaluation projects for a period of two years for selected states to devise and test essential core elements of pre-driver licensure drug testing. The demonstration states would have considerable flexibility in implementing the program, which would be fully evaluated through a single, independent evaluation. Because of the many complex practical and legal issues associated with designing and implementing a program of this type, NHTSA intends to follow a two stage process to encourage states to participate in the demonstration program. The first step involves the issuance of planning grants (covered under this notice), followed by competitively awarded demonstration grants (covered under a separate announcement to be issued at a later date).

DATES: Applications must be received at the office designated below on or before August 12, 1997.

ADDRESSES: Applications must be submitted to the National Highway Traffic Administration, Office of Contracts and Procurement (NAD–30), ATTN: Joe Comella, 400 7th Street, SW., Room 5301, Washington, DC 20590. All applications submitted must include a reference to NHTSA Grant Program No. DTNH22–97–G–05277. Interested applicants are advised that no separate application package exists beyond the contents of this announcement.

FOR FURTHER INFORMATION CONTACT: General administrative questions may be directed to Joe Comella, Office of Contracts and Procurement, at (202–366–9568). Programmatic questions relating to this grant program should be directed to Dr. Richard P. Compton, Science Advisor, Traffic Safety Programs, NHTSA, Room 6240 (NTS–30), 400 7th Street, SW., Washington, DC 20590 (202–366–2699).

SUPPLEMENTARY INFORMATION:

President Clinton's Directive

President Clinton, in his weekly radio address to the nation on October 19, 1996, urged stronger measures to reduce the incidence of drug use by teens and reduce driving under the influence of drugs in general. That same day, the President asked the Director of National Drug Control Policy and the Secretary of Transportation to present recommendations to him within 90 days that would meet the two goals. The President's directive specifically requested that the recommendations consider drug testing for minors applying for driver licenses.

A task force, led by the Department of Transportation (DOT) and the Office of National Drug Control Policy (ONDCP), and including representatives from the Departments of Education (DOE), Health and Human Services (DHHS), and Justice (DOJ), studied the issues. The task force reviewed relevant background information, consulted with interested agencies, organizations, and constituencies (including youth in 27 states, the District of Columbia, the Cherokee Nation and the Virgin Islands), and drafted recommendations for consideration.

Those recommendations called for a Federally funded demonstration program, conducted by 2–4 states over two years, to devise and test essential core elements of pre-driver licensure drug testing. The demonstration states would have considerable flexibility in implementing the program, which would be fully evaluated through a single, independent evaluation.

The task force felt that pre-licensure testing would send an important message to America's youth that drugs and driving don't mix. It should be instituted as part of a systematic strategy to deter drug use and drugged driving. Pre-licensure testing, by itself, should reduce drug use and drugged driving by some youth. If combined with some form of unscheduled testing, after crashes or driving violations, its effects should be even greater and will promote public safety. Drug testing would also identify youth who are experimenting with or using drugs so that they can be referred to drug assessment and appropriate interventions as a condition of reapplying for a driver's license.

Many choices must be made in implementing a pre-driver licensure drug testing program: Who should be tested, when and by whom should they be tested, for what drugs, and under what circumstances. Some options raise substantial legal issues; some are quite expensive. Other options raise procedural or logistical issues or may have unexpected effects. Because of these complexities, it was felt that a 2–4 state demonstration program will encourage different approaches to be tested and evaluated, so that their strengths and weaknesses can be determined.

NHTSA aims to determine the effectiveness of pre-licensure drug testing on reducing drug use, drug impaired driving and promoting public safety, determine the impacts of promising program models, and address a range of implementation issues of importance to other states, the Federal Government, and the general driving public. Evaluation findings will be shared with State administrators to help them in their efforts to improve safety on their roads and reduce drug use in their states.

Planning grants made available under this announcement will be for a period not to exceed six (6) months. In FY 1998, the Federal Government will solicit proposals for federal support to implement pre-licensure drug testing programs. A separate application will be necessary to be considered for an implementation grant. States choosing not to participate in these planning grants may still apply for an implementation grant.

This program announcement consists of four parts. Part I provides background information on drug use by youth, drugs and driving, state laws regarding driving under the influence of drugs, drug

testing experience, methods of drug testing, drug testing procedures, drug testing costs, and intervention and treatment for drugs. Part II describes the activities supported by this announcement. Part III describes the application requirements and instructions for the development and submission of applications. Part IV describes the application review process.

Part I—Background Information

Drug Use by American Youth Is Increasing

In the last few years America has made significant progress against drug use and related crime. For example, the number of Americans who use cocaine has been reduced by 30% since 1992. However, the evidence is clear that drug use among American youth is increasing. Drug use by youth peaked in the late 1970s and then declined steadily through the next decade. It began to increase again in the early 1990s. These trends are documented in the 1996 *Monitoring the Future Study,* a self-reported survey of 49,000 8th, 10th, and 12th grade students which reports drug, alcohol, and tobacco use, along with attitudes toward drug use. This study has been conducted annually for 22 years by the University of Michigan. The proportion of 8th graders using illicit drugs (including LSD, other hallucinogens, amphetamines, stimulants and inhalants) in the past year more than doubled since 1991 (11% to 24%), and 12th grader use increased by more than one third (29% to 40%).

Marijuana use showed the sharpest increase (for example, the proportion of 8th graders using marijuana in the past year tripled since 1991, rising from 6% in 1991 to 18% in 1996). In addition, the perceived risk of using drugs declined throughout the 1990s (perceived ''great risk'' of occasional marijuana use among 12th graders dropped from 41% in 1991 to 26% in 1996).

These findings are confirmed by several other national surveys. The *National Household Survey of Drug Abuse* (1995), sponsored by the Department of Health and Human Services (DHHS), reported that marijuana use by 12–17 year olds increased from 1991 to 1994. The *Youth Risk Behavior Survey* (1995), sponsored by the Centers for Disease Control (CDC), found that 26% of 12th graders reported using marijuana within the past month. The *9th Annual Survey of Students* (1995–96), conducted by the National Parents' Resource Institute for Drug Education (PRIDE), found that the proportion of 9–12th graders who said they had used marijuana during the past year more than doubled, rising from 17% in 1991–92 to 34% in 1995–96.

The evidence is clear and consistent: While still well below the peak levels attained in the late 1970s, youth drug use has risen steadily in the 1990s.

Marijuana Is Harmful

Research shows that marijuana is harmful to the brain, heart, lungs, and immune system. It limits learning, memory, perception, judgment, and complex motor skills like those needed to drive a vehicle. Marijuana smoke typically contains over 400 compounds, some of which are carcinogenic. In addition, new evidence suggests that marijuana may be addictive and that, among heavy users, its harmful short-term effects on alertness and attention span last more than 24 hours.

Driving While Under the Influence of Drugs Is Not Uncommon

The nature and extent to which drugs other than alcohol are a serious highway safety problem among the general driving population cannot be specified with certainty. While good data exist on alcohol-involved crashes, data are limited regarding what drugs, at what levels, impair driving and cause crashes.

The available information from studies of drivers who have been involved in crashes indicates that many have used drugs. NHTSA estimates that drugs are used by approximately 10% to 22% of drivers involved in crashes, often in combination with alcohol. In a NHTSA study of 1,882 fatally injured drivers from seven states in 1990–91, alcohol was found in 51.5% and other drugs were found in 17.8% of the drivers. Of the 17.8 % of the drivers found to have used other drugs, alcohol was present in two-thirds (11.4%) and drugs alone in one-third (6.4%). Marijuana was found in 6.7% of the fatally injured drivers, cocaine in 5.3%, benzodiazepines in 2.9%, and amphetamines in 1.9%.

Studies of drivers injured in crashes or cited for traffic violations also show that many have used drugs. In an ongoing NHTSA study of non-fatally injured drivers in Rochester, New York, 12% of all drivers tested positive for drugs other than alcohol (43 out of 360 cases), and 23.5% of drivers under 21 years old tested positive for drugs other than alcohol (4 out of 17 cases). Studies of crash involved drivers taken for medical treatment to a hospital emergency room have shown positive drug rates ranging from below 10% to as high as 30% to 40%. Studies of drug incidence among drivers arrested for motor vehicle offenses have found drugs in 15% to 50% of drivers. The higher rates typically are more prevalent among drivers who have been arrested for impaired or reckless driving but who were not impaired by alcohol (as shown by low BAC levels).

Self-reported information confirms that teenagers use marijuana in driving situations. PRIDE's *9th Annual Survey of Students,* an annual self-administered questionnaire given to students in grades 6–12, sampled 129,560 students in 26 states during the 1995–1996 school year. Students in the 12th grade reported that 20.0% smoke marijuana in a car, 16.3% drink beer in a car, 12.5% drink liquor in a car, and 9.5% drink wine coolers in a car. When all senior high school students were asked if and where they use marijuana, they reported: 23.9% at a friend's house, 15.9% in a car, 11.6% at home, 6.5% at school, and 19.5% in other places.

In informal discussions with almost 6,000 teenagers conducted for this task force by youth-oriented organizations including Students Against Driving Drunk (SADD), PRIDE, the National 4-H, and the United National Indian Tribal Youth, about two-thirds reported that they personally know someone who has driven a car after using marijuana or another drug.

State Laws Regarding Driving Under the Influence of Drugs

It is illegal in all states to drive a motor vehicle under the influence of either alcohol, drugs other than alcohol, or a combination of alcohol and other drugs. The term ''drug'' (other than alcohol) varies from state to state. Some states include any substance that can impair driving performance while other states list specific substances. Forty-eight states and the District of Columbia have ''per se'' alcohol laws that make it illegal to drive with more than a specified alcohol concentration (Blood or Breath Alcohol Content, or BAC) in the driver's body, such as 0.08 or 0.10 BAC for adults. However, only seven states have a per se drug law that makes it illegal to drive with more than a specific amount of a controlled substance in the driver's body.

Most states have ''implied consent'' laws for drugs under which a driver implicitly consents to a chemical test if a law enforcement officer has arrested the driver for, or has probable cause to suspect that the driver has committed, a drugged driving offense. All states have implied consent laws for alcohol. Implied consent laws also allow law enforcement officers to request a physical skills test to obtain information

on the driver's level of impairment. Signs of impairment establish probable cause that a driver has been operating a motor vehicle under the influence of alcohol or other drug. Failure of a chemical test (with a BAC exceeding the state per se level), or the refusal to submit to a chemical test, results in a driver's license suspension or revocation. A few states have a ''one test'' rule which allows only a single chemical test (for alcohol or drugs).

Drug Testing Experiences

The Federal Government administers a drug testing program, including random testing, that covers about 467,000 Federal employees in safety- and security-sensitive positions. The program includes pre-employment, reasonable suspicion, accident or unsafe practice, random, return-to-duty, and follow-up testing. Tests are conducted under the Department of Health and Human Services's *Mandatory Guidelines for Federal Workplace Drug Testing Programs* (59 FR 29908: June 9, 1994). Under these guidelines, DHHS certifies commercial laboratories to conduct urine tests for five drug classes (marijuana, opiates, cocaine, amphetamines, and PCP). There are detailed protocols for testing, a chain of custody procedure, confirmation testing, and a review of the results by a Medical Review Officer (MRO). These protections are a major factor in the successful defense of the program against legal challenges.

DOT requires transportation employers to conduct drug and alcohol tests on the over 8 million safety-sensitive transportation workers. Covered employees include truck and bus drivers, transit vehicle operators, airline flight crews, shipboard personnel on a wide variety of vessels, railroad operating crews, and pipeline operators. For instance, the Federal Railroad Administration (FRA) drug testing rule applies to employees subject to the Hours of Service Act (train and engine crews, employees engaged in the communication of train orders, and employees engaged in maintenance of signal systems).

The Department of Defense (DOD) requires random urinalysis of military personnel. Each year the DOD conducts 2.8 million urinalysis tests on its military population of 1.5 million uniformed personnel. Approximately 0.5% to 1% of the individuals test positive for illegal substances. Additionally, the three Military Services administer drug tests to all recruits either at Military Entrance Processing Stations or Recruit Training Commands. Even though the recruits receive substantial advance notice that they will be drug tested, some 3.2%, or approximately 8,800 recruits, tested positive for illicit drugs in Fiscal Year 1996. DOD operates six drug-testing laboratories for the analysis of military personnel drug specimens.

In addition to these broad Federal programs, drug testing programs also are conducted in other contexts, such as for state, local and private employees; high school and professional athletes; and individuals who have been incarcerated in prison or who are on parole. If states were to develop drug testing programs for young people prior to their obtaining a driver's license, states should be sensitive to upholding constitutional standards under the Fourth Amendment (reasonable ''search'' in the procurement of the individual's blood, breath, urine, or other specimen), and under the equal protection clause and the due process clause. States also should take into account statutory requirements which may bear on the implementation of a drug testing program, such as the Age Discrimination Act and the Americans with Disabilities Act. Many drug testing programs have been challenged in court, and it is likely that drug testing programs that are developed in the future will be challenged as well. Generally, the courts have upheld drug testing programs that are reasonably designed to promote important government interests (such as protecting public safety), use proper collection procedures, and employ laboratory analysis procedures that ensure the accuracy of drug testing results.

Methods of Drug Testing

Urine testing is relatively inexpensive and represents the most widely accepted methodology for drug testing. It is scientifically reliable and, as a result, numerous state and federal courts have upheld urinalysis results. Laboratory-based urine testing is the methodology of choice for drug testing within the Federal government and the military, as well as in industry and workplace drug testing programs. On-site urinalysis is utilized on a more limited basis.

There also is an extensive body of literature on the use of blood testing. Blood testing is used in post mortem death investigations, by law enforcement officers to establish driving under the influence of drugs, in post-accident investigations conducted by the National Transportation Safety Board and the FRA, for clinical diagnosis for drug overdose purposes, and in research on pharmacologic agents. While the intrusion needed to obtain a sample is greater with blood than with other methods, the use of blood has been accepted and routinely upheld by the courts for both criminal and civil purposes.

Hair analysis has been accepted by a number of courts for cocaine testing. However, courts also have recognized some potential limitations of its use. For example, at least two courts have observed that hair analysis may not reliably indicate that an individual used a drug one time, or sporadically, as opposed to habitual or chronic use. There is some basis for questioning its use in detecting marijuana (the drug most commonly used by young people) because of methodological problems in detecting marijuana in hair. Also, the hair of a non-smoking individual could possibly absorb ambient marijuana smoke or other smokable drugs. In addition, the use of hair analysis may raise concerns of discrimination because test results reportedly may vary according to a subject's race, gender and hair length and color.

Sweat patches and saliva testing are emerging methods that are currently being used in limited situations. Sweat patches are used in the gaming industry for pre-employment testing and saliva testing is used by the criminal justice system for monitoring parolees and prisoners. To date, there have been no reported judicial decisions that address the reliability or admissibility of these testing methods.

Drug Testing Procedures

The DOT and DHHS programs for employees use well-established collection, testing, and reporting procedures that have consistently been upheld by the courts. Under these procedures, at the time of testing, employees are directed to specific locations that are capable of collecting urine to be used in the drug tests. Employees must provide positive identification when they appear at the location. Standardized procedures are used to ensure, for example, that privacy is protected and that specific specimens belong to specific employees.

Urine specimens are forwarded from the collection sites to laboratories certified by DHHS where the drug tests are performed. All samples are screened using FDA approved immunoassay for five drug classes—marijuana, cocaine, amphetamines, opiates, and PCP. Confirmation tests are conducted on all positive screened urine specimens and results are certified by a laboratory scientist. Laboratories have fixed testing levels for screening and confirmation to rule out non-drug use (i.e., to avoid a positive result due to passive inhalation or ambient exposure).

Test results are reported to physicians (Medical Review Officers, or MROs) and, in the case of a positive result, the MRO confers with the employee to determine whether the positive test result was caused by a legitimate use of medication. A positive laboratory test due to a legitimate alternative medical explanation is reported as a negative result; non-medical use is reported to the employer as a positive result.

Some programs, such as those for state, local or private employees and athletes, use procedures that are similar (urinalysis is still used), but more varied. For example, the employees may be permitted to be tested by any laboratory, rather than a DHHS-certified laboratory, and the laboratory may use procedures for the sample's collection, handling and transportation that are not standardized. These procedures may be quicker and easier to use, but they also may offer less credibility and may be less likely to withstand a legal challenge.

Drug Testing Costs and Time Requirements

It is estimated that conducting drug tests using DOT/DHHS-approved procedures for collection, testing, MRO review, and reporting would cost $35 to $45 per test, and results would be available (for both screening and confirmation tests) within 3 to 5 days. These procedures require standardized collection steps that are used at over 10,000 sites across the U.S., testing at any of the 69 DHHS-certified laboratories, and review of positive results by qualified physicians.

It is estimated that once facilities are constructed and operating, conducting drug tests ''on-site'' (i.e., at a state Division of Motor Vehicles facility) would cost $25 to $45, and more if positive-screened specimens are forwarded to a laboratory for confirmation. If the results of on-site screening tests are negative, these results would be available within a few hours. If the results of these screening tests are positive, confirmation would be required and the results would be available within 3 to 5 days.

Detection of drug use could be potentially enhanced by using random testing. Costs could be reduced by randomly testing only a portion of the applicants rather than testing every applicant. It is likely that test costs would increase if specimens other than urine are used. For example, according to DHHS, the cost range for a blood test is from $50–$200. Saliva test costs are similar to blood ($50–$200) and hair testing costs are $50–$100.

Intervention and Treatment for Drugs

Within appropriate legal limitations, those who test positive for drugs at the time of driver's license application should be given the opportunity to obtain counseling, treatment, or other appropriate interventions. Persons who test positive may only be experimenting with drugs or they may have a serious substance abuse problem. Those who test positive should be assessed and referred to appropriate interventions as a condition of reapplying for a driver's license.

It is beyond the scope of this announcement to address the complex issues regarding drug assessment and intervention for youth. These issues include the assessment instruments to be used, the authority to impose interventions, what agencies should be responsible, and how assessment and treatment should be funded. In addition, constitutional protections must be considered regarding the consent of minors, particularly in the area of the right to privacy and confidentiality of medical and court records. Youth substance abusers may have multiple diagnoses, dysfunctional families that cannot provide sufficient support, or suffer from emotional or physical abuse.

With these issues in mind, the following are examples of how drug interventions for youth could be incorporated within a drug testing program. After the first positive drug test, an assessment could be conducted to determine if the youth has a substance abuse problem. If the assessment indicates no addictive disorder, interventions would not include substance abuse treatment, but would include denial of the driver's permit and could also include participation in a drug education program or other interventions as a condition of reapplying for a driver's license. If the assessment indicates that there is an addictive disorder, the interventions could include referral for a more detailed assessment and then treatment, in addition to the denial of the driver's permit and other appropriate measures. If a youth has a subsequent positive drug test, he or she would be referred for assessment and treatment if a referral had not been made previously. Interventions at this point could include driver license suspension, revocation, or denial, and could also include a curfew, fines, or the execution of a contract between youths and their parents agreeing to participate together in a treatment program. This system could be implemented within a graduated driver licensing system.

Part II—Objectives

The purpose of this announcement is to solicit applications for planning grants to support a State agency to investigate, develop and plan the implementation of a pre-driver licensure drug testing program. Recipients will be expected to use the financial award to develop a detailed pre-driver licensure drug testing program implementation plan. A subsequent grant announcement will be made in FY 1998 to fund implementation of selected demonstration programs.

Key issues to be addressed in the pre-driver licensure drug testing program implementation plan are:

1. *Responsible state agency*—The state agency that will be responsible for administering the drug testing program must be determined. The program will certainly involve the Motor Vehicle Department in as much as it will have to determine that a driver license applicant has taken and passed a required drug test. It should involve the State Substance Abuse Agency in the response to a positive drug test result (assessment, referral, or intervention).

2. *Applicants to be tested*—First-time driver's license applicants under 18 must be tested. The states may choose to test others as well. For example, states could test all first-time applicants, regardless of age (this would increase costs only slightly, since most first-time applicants are teenagers, and it would reduce litigation risks based on charges of age discrimination). Each state should consider carefully how its testing program can best address its teenage drug use problems. States may test all license applicants or a randomly-selected sample of at least 25%. Large States may wish to pilot test the drug testing program in only a part of the State.

3. *Sample collection location*—Collection arrangements (for example, at a Motor Vehicle Department, a physician's office, or another site) and procedures can be left to the states if procedures are in place to ensure donor privacy and verify that a specific specimen belongs to a specific donor.

4. *Drugs included in tests*—Demonstration states must test for marijuana, the drug most commonly used by youth. Other drugs also may be tested at the states' discretion. In particular, states may test different drugs in different communities or at different times to address drugs in current use.

5. *Testing methods used*—The government-standard methodology of urine screening, with confirmation by Gas Chromatography/Mass

Spectrometry (GC/MS), is recommended. States may choose other methods if they can demonstrate that these methods are scientifically and legally supportable.

6. *Testing at times and places other than initial licensing*—As part of the demonstration program, it is hoped that states will include testing for cause (after a traffic violation or crash). Such testing requirements could be incorporated into a graduated licensing program for beginning drivers.

7. *Consequence of a positive test*—Driver license applicants should not be permitted to reapply for a specified period of time. States may wish to allow shorter suspension times for youth who are successfully carrying out assigned drug treatment programs.

8. *Medical Review Officer (MRO)*—It is recommended that a medical review officer be involved in reviewing all positive test results. Upon request of the applicant, all confirmed positive tests should be reported to an MRO to determine if legitimate medical reasons, under Federal law, exist to explain the positive test results. If a legitimate medical reason exists, the MRO should report the result as a negative test.

9. *Intervention and treatment*—All state demonstrations should include procedures to evaluate individuals who test positive for drugs and refer them to intervention and treatment programs where appropriate.

10. *Evaluation plan*—Each state demonstration must evaluate and report on its operations and results. The evaluations would analyze the effects of each demonstration on teenage drug use and would report on any unexpected effects. During implementation of the demonstration programs DOT will conduct an independent evaluation which will compare and report on all the demonstrations.

Consultant Support

Recipients are encouraged during the planning grant to obtain expertise in a variety of areas including: (1) Drug use patterns in their state; (2) legal issues pertaining to testing of minors and the relevant state laws pertaining to drug testing driver license applicants; (3) drug testing methodology and procedures; (4) drug testing costs and time requirements; (5) intervention and treatment programs for drugs; and (6) evaluation design and data requirements.

Planning Meeting

Shortly after initial awards have been made, recipients will be encouraged to attend a planning meeting in Washington, DC, during which NHTSA will bring together State and Federal (DOT, ONDCP, DHHS, DOE, and DOJ) staff and outside experts to discuss issues relevant to developing an effective, practical, and permissible pre-driver licensure drug testing program. Issues to be discussed at this meeting will include legal issues, drug testing methodology and procedures, costs, intervention and treatment options, positive drug test notification options, and evaluation design and data requirements. Funds to support travel of state staff to such a meeting should be included in the budgets submitted. For budget purposes, applicants should assume the meeting will be held over a two-day period.

NHTSA Involvement

NHTSA will:

1. Provide a Contracting Officer's Technical Representative (COTR) to participate in the planning and management of the Grant and to coordinate activities between the Grantee and NHTSA.

2. Serve as a liaison between DOT's Office of Drug and Alcohol Policy and Compliance, the Office of National Drug Control Policy, DHHS (including the Substance Abuse and Mental Health Services Administration—SAMHSA and the National Institute of Drug Abuse—NIDA), DOE, and DOJ and others (e.g., American Association of Motor Vehicle Administrators—AAMVA) interested in the pre-driver licensure drug testing approach and the activities of the grantee.

3. Provide information and technical assistance from government sources within available resources and as determined appropriate by the COTR.

4. Stimulate the transfer of information among grant recipients and others interested in grant activities.

Funding Support

The Presidential Initiative on Drugs, Driving and Youth calls for $16 million to be made available to fund the pre-driver licensure demonstration program. Subject to the availability of funds, up to $2 million of these funds would be used to support the planning grants covered by this announcement. It is anticipated that the balance of the funding for the implementation grants would be covered under a separate announcement and would be provided over the next three fiscal years (FY 1998 through FY 2000). These additional funds would be sufficient to cover two (2) to four (4) demonstration and evaluation projects for a period of two years. It is anticipated that each planning grant award made under this announcement will be in the $25,000 to $50,000 range, depending on the number of acceptable applications.

Period of Performance

The period of performance for this grant program will be six months from the effective date of award.

Additional Information

Subject to availability of funds, the Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Treatment (SAMHSA/CSAT), in its FY 1998 program to expand drug treatment for adolescents, plans to give priority to States participating in the pre-driver licensure drug testing demonstration program.

Part III—Application Requirements

Eligibility

Only applications received from a State agency will be considered. Applications may be submitted by state driver licensing agencies, health (substance abuse) agencies, or a combination of both. Collaboration during the pre-application phase is encouraged, however, only one application will be considered from a State.

Application Procedures and Contents

Each applicant must submit one original and five copies of the application package to: NHTSA, Office of Contracts and Procurement (NAD–30), ATTN: Joe Comella, 400 7th Street, SW, Room 5301, Washington, DC 20590. Applications shall be limited to 20 pages, typed on one side of the page only, and must include a reference to NHTSA Grant Program No. DTNH22–97–G–05277. Resumes or qualification statements are not included in the page count. *Only complete packages received on or before August 12, 1997 will be considered.*

Applications for this program must include the following:

1. *Standard Form 424 (Application for Federal Assistance)*—Application Cover Sheet

2. *Standard Form 424A (Budget Information—Non-Construction Programs)*—A separate budget justification should be included to explain fully and justify major items (e.g., personnel, fringe benefits, travel, equipment, supplies, sub-contracts, consultants, indirect charges)

3. *Standard Form 424B (Assurances—Non-Construction Programs)*—Required assurances.

4. *A Project Narrative Statement*—this should be clear, concise, and address the following topics:

a. A description of how the project will be managed, including how the

recipient intends to organize the planning process, and what state agencies will participate and the role they will play.

b. The application shall identify the proposed project manager and any support personnel considered critical to the successful accomplishment of this project. Resumes or qualification statements and a brief description of their respective organizational responsibilities should be included separately.

c. What issues will be addressed during the planning process (at a minimum these must include the issues listed under Part II—Objectives).

d. A schedule designed to meet the six month deadline for preparation of an implementation plan.

e. A description of the evaluation approach proposed to determine how well the program is implemented, the strengths and weakness of the proposed approach, and the effectiveness of the program in accomplishing its objectives.

Terms and Conditions of Award

1. Prior to award, each grantee must comply with the certification requirements of 49 CFR part 20, Department of Transportation New Restrictions on Lobbying, and 49 CFR part 29, Department of Transportation government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug Free Workplace (Grants).

2. Reporting Requirements and Deliverables:

A. A Progress Report to be submitted half-way through the grant period that should include a summary of the activities and accomplishments to-date, as well as the proposed activities to complete the planning process. Any decisions and actions required in the upcoming quarter should be included in the report. The grantee shall supply the progress report to the Contracting Officer's Technical Representative (COTR) three (3) months following date of award.

B. Final Report and Implementation Plan: The grantee shall prepare a Final Report and Implementation Plan that includes a description of the issues addressed during the planning process, the process followed, and how the issues were resolved. The Implementation Plan should address issues including: who should be tested, when and by whom should they be tested, for what drugs, and under what circumstances. It should also address the issue of how the grantee proposes to evaluate the program once implemented. This evaluation plan should include a description of the design, data elements, and how the effects of the program will be determined. The grantee shall submit the Final Report and Implementation Plan to the COTR by the end of the performance period.

3. Receipt of a planning grant under this announcement does not guarantee award of a Phase 2 Implementation Grant, though the advanced planning will clearly enhance the recipient's ability to prepare a detail proposal for the Phase 2 Implementation Grant.

4. During the effective performance period of grants awarded as a result of this announcement, the agreement as applicable to the grantee, shall be subject to the National Highway Traffic Safety Administration's General Provisions for Assistance Agreements.

Part IV—Application Review Process

Timely application packages from eligible applicants will be reviewed to confirm that they include all of the items specified in the Application Procedures and Contents section of this announcement. Each complete application from an eligible recipient will then be evaluated by an Evaluation Committee to determine whether the applicant demonstrates an adequate understanding of the requirements for a pre-driver licensure drug testing program, has proposed to use the federal funds in a manner consistent with the objectives specified in Part II, has provided a reasonable plan for accomplishing the objectives of the project within the time frame set out in this announcement, and has proposed an acceptable budget. Each of these criteria will be rated as acceptable or unacceptable. Only proposals rated acceptable on every criteria will be eligible for funding.

Issued on: June 26, 1997.

James Hedlund,

Associate Administrator for Traffic Safety Programs.

[FR Doc. 97–17306 Filed 7–1–97; 8:45 am]

BILLING CODE 4910–59–P

UNITED STATES INFORMATION AGENCY

Culturally Significant Objects Imported for Exhibition; Determinations

AGENCY: United States Information Agency.

ACTION: Notice; correction.

In notice document 97–15583, appearing on page 32405 in the issue of Friday, June 13, 1997, in the third column, in the seventh line, the text following the words ''exhibit objects at'' is incorrect. The corrected text reads as follows: ''the Jewish Museum of New York, NY, from June 14, 1997, to on or about October 31, 1997, is in the national interest.''

Dated: June 26, 1997.

Les Jin,

General Counsel.

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