

Where To Obtain Additional Information

If you are interested in obtaining additional information regarding this project, contact Joan Holloway, HIV/AIDS Bureau, HRSA, 5600 Fishers Lane, Room 7-13, Rockville, Maryland 20857 or telephone (301) 443-9530.

Dated: September 15, 1997.

Claude Earl Fox,

Acting Administrator.

[FR Doc. 97-25019 Filed 9-21-97; 8:45 am]

BILLING CODE 4160-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Notice of a Cooperative Agreement With the National Minority AIDS Council**

The Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau announces that it will enter into an umbrella cooperative agreement with the National Minority AIDS Council (NMAC). This cooperative agreement will establish the broad programmatic framework in which specific projects can be funded.

The purpose of this cooperative agreement is to assist NMAC in expanding and enhancing its HIV training and technical assistance to Ryan White Comprehensive AIDS Resources Emergency (CARE) Act providers servicing racial and ethnic minority populations, with the ultimate goal of improving the health status of minorities and disadvantaged people. HRSA will provide consultation, including administrative and technical assistance as needed, for the execution and evaluation of all aspects of this cooperative agreement. Activities will include but not be limited to developing materials, guides, and conferences for HRSA's Ryan White programs. HRSA will also participate and/or collaborate with the NMAC in any workshops or symposia to exchange current information, opinions, and research findings during this agreement.

Authorizing Legislation

This cooperative agreement is authorized under Section 2692 of the PHS Act.

Background

Assistance will be provided to the National Minority AIDS Council. No other applications are solicited. NMAC is the only organization capable of administering this cooperative agreement because it has:

1. Developed, expanded, and managed an infrastructure to coordinate

and implement various programs within local communities and organizations that deal extensively with HIV in each of the ethnic minority populations served by the Ryan White CARE Act programs of HRSA. The Council established national initiatives—e.g., conferences, public policy education program (including policy forums), technical assistance programs and publications (including newsletters, action alerts and training manuals) that provide a foundation upon which to develop, promote, and manage HIV-related health programs aimed at preventing and reducing unnecessary morbidity and mortality rates among racial and ethnic minority populations.

2. Established itself and its members as a national association of professionals who serve as leaders and experts in planning, developing, implementing, promoting and evaluating HIV-related education and policy campaigns, both nationally and locally, aimed at reducing the impact of HIV in minority populations and improving the minority community's overall well being.

3. Developed a base of critical knowledge, skills, and abilities related to serving minority individuals and organizations with a range of HIV-related health and social problems. Through the collective efforts of its members, community-based organizations, and volunteers, NMAC has demonstrated (1) the ability to work with minority and non-minority organizations, the Federal Government, academic institutions, and health groups on mutually beneficial education, research, and health endeavors relating to the goal of health promotion and disease prevention among racial and ethnic minority populations; (2) the national leadership necessary to focus the nation's attention on minority-related HIV issues; and (3) the leadership needed to assist Ryan White health care professionals to work more effectively with racial/ethnic minority communities.

4. Developed a national network of individuals, community-based organizations, and state, regional, and national health and civil rights organizations committed to addressing the HIV service, treatment, and research needs of individuals effected and infected by HIV and AIDS.

Approximately \$200,000 is available in fiscal year (FY) 1997 for a 12-month budget period within a project period of 3 years. Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.

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Dated: September 15, 1997.

Claude E. Fox,

Acting Administrator.

[FR Doc. 97-25017 Filed 9-19-97; 8:45 am]

BILLING CODE 4160-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Health Resources and Services Administration****Proposed Review Criteria for Grants for the National Research Service Awards: Primary Care Research for Fiscal Year 1998**

The Health Resources and Services Administration (HRSA) National Research Service Awards: Primary Care Research (NRSA) institutional training grants (T32) are provided to accredited public or private nonprofit schools of medicine, osteopathy, dentistry, or a public or private nonprofit hospital or other entity which is affiliated with an entity that has received grants or contracts under section 747, 748, or 749 of the PHS Act, agrees to use the funding for research in primary medical care, and is located in a State. The NRSA program is authorized by Title IV, Section 487(d)(3)(A) of the Public Health Service Act.

Proposed Review Criteria

The following criteria are proposed for National Research Service Awards in primary care research:

1. Program Characteristics

Objectives, design, and direction of the research training program—including the probability of achieving stated goals.

Substantive and methodological content of the proposed program and its relevance to the Program Objectives noted above, including relevant descriptions of courses and experiential opportunities offered and/or required.

The extent to which proposed approaches address areas in need of research given changes in the health care delivery system.

2. Program Support and Organizational Structure and Plans

The institutional training environment, including the level of

institutional commitment, quality of the facilities, availability of appropriate courses, and availability of research support.

Caliber of preceptors as researchers, including successful research support.

Organizational structure of the proposed training program, including delineation of administrative responsibilities for planning, oversight, and evaluation.

Demonstration of cooperation by any proposed collaborating facilities, institutions, or departments in providing research experiences and/or sites for trainees, including (where applicable) documentation of mechanisms by which trainees will be integrated into the ongoing primary medical care research activities of other entities.

When appropriate, the concomitant research training of health-professional postdoctorates (e.g., individuals with the M.D., D.O., D.D.S./D.M.D., etc.) with basic science postdoctorates (e.g., individuals with a Ph.D., etc.) or linkages with basic science department.

Demonstration of extent to which and ways in which HRSA support will be (has been in the past) leveraged through the use of other Federal and private resources to maximize primary medical care research training within the institution.

Availability of other relevant support.

3. Trainee Recruitment & Retention Plans

Recruitment and selection plans for trainees and the availability of high-quality candidates, including minority trainees (see below for details).

When appropriate, record of the research training program in retaining health-professional postdoctoral trainees for at least 2 years in research training or other research activities.

4. Program Record and Evaluation Plans

Past research training record of both the program and the designated preceptors as determined by the success of former trainees in seeking further career development and in establishing productive scientific careers. Evidence of further career development can include receipt of fellowships, career awards, a prestigious training appointment, and similar accomplishments. Evidence of a productive scientific career can include a record of successful competition for individual research grants, receipt of special honors, a record of publications, receipt of patents, promotion to prestigious positions in academe, industry, or health policy and any other appropriate measure of success

consistent with the nature and duration of the training received.

Record of the research training program in recruiting and retaining trainees, noting past annual success rates in filling committed slots.

Proposed methods for monitoring and evaluating performance of trainees and the overall program, record of trainees in obtaining individual research awards or fellowships following training, and in establishing careers in primary medical care research.

5. Budget

Reasonableness of the proposed budget, including number and levels of trainees, in relation to the research training.

An announcement will be made in the *HRSA Preview* for the competitive cycle in FY 1998.

The comment period is 30 days. All comments received on or before October 22, 1997 will be considered before the final review criteria are established. Written comments should be addressed to: Enrique Fernandez, M.D., Division of Medicine, Bureau of Health Professions, Health Resources and Services, Administration, Parklawn Building, Room 9A-20, 5600 Fishers Lane, Rockville, Maryland 20857. Telephone: (301) 443-1467, FAX: (301) 443-8890.

All comments received will be available for public inspection and copying at the Division of Medicine, at the above address, weekdays (Federal holidays excepted) between the hours of 8:30 a.m. and 5:00 p.m.

Dated: September 15, 1997.

Claude Earl Fox,

Acting Administrator.

[FR Doc. 97-25018 Filed 9-19-97; 8:45 am]

BILLING CODE 4160-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Federal Workplace Drug Testing Programs and Associated Forms: Extension of OMB Approval

The Office of Management and Budget (OMB) has approved the use of the Federal Custody and Control Form (CCF) until July 31, 2000, for Federal agency and federally regulated drug testing programs which must comply with the HHS Mandatory Guidelines for Federal Workplace Drug Testing Programs (59 FR 29908) dated June 9, 1994, and for the information provided by laboratories for the National

Laboratory Certification Program (NLCP).

The OMB approval requires that OMB Number 0930-0158 must be displayed in the upper right hand corner of the Federal Custody and Control Form, but the expiration date does not need to appear on the CCF. Additionally, the following Paperwork Reduction Act Notice must appear on the back of each copy of the CCF: Paperwork Reduction Act Notice (as required by 5 CFR 1320.21). Public reporting burden for this collection of information, including the time for reviewing instructions, gathering and maintaining the data needed, and completing and reviewing the collection of information is estimated for each respondent to average: 5 minutes/donor; 4 minutes/collector; 3 minutes/laboratory; and 3 minutes/Medical Review Officer. Send comments regarding these burden estimates or any other aspect of this collection of information, including suggestions for reducing this burden, to the SAMHSA Reports Clearance Officer, Paperwork Reduction Project (0930-0158), Room 16-105, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0158.

Until current supplies are exhausted, Federal agencies and federally regulated industries are permitted to use Federal Custody and Control Forms that display the previous OMB Number, expiration date (6/30/97), and paperwork reduction act statement.

Send comments to Beatrice Rouse, SAMHSA Reports Clearance Officer, Room 16-105, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857.

Dated: September 15, 1997.

Richard Kopanda,

Executive Officer, SAMHSA.

[FR Doc. 97-25113 Filed 9-19-97; 8:45 am]

BILLING CODE 4162-20-P

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-4263-N-25]

Notice of Proposed Information Collection for Public Comment

AGENCY: Office of the Assistant Secretary for Housing, HUD.

ACTION: Notice.

SUMMARY: The proposed information collection requirement described below