

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Availability of the HRSA Competitive Grants Preview

**AGENCY:** Health Resources and Services Administration.

**ACTION:** General Notice.

**SUMMARY:** HRSA announces the availability of the HRSA Competitive Grants Preview publication for Fall 1997. This edition of the Preview is a comprehensive review of HRSA's Fiscal Year 1998 programs.

The purpose of the Preview is to provide the general public with a single source of program and application information related to the Agency's annual grant planning review. The Preview is designed to replace multiple **Federal Register** notices which traditionally advertised the availability of HRSA's discretionary funds for its various programs. In this edition of the Preview, HRSA's programs which provide funding for loan repayments and scholarships to individuals have been included in the section "Additional HRSA Programs." It should be noted that other program initiatives responsive to new or emerging issues in the health care area and unanticipated at the time of publication of the Preview, may be advertised through the **Federal Register** mechanism from time-to-time. Deadlines or other requirements appearing in the **Federal Register** are not changed by this notice.

The Preview contains a description of competitive and additional programs scheduled for review in Fiscal Year 1998 and includes instructions on how to access the Agency for information and receive application kits for all programs announced. Specifically, the following information is included in the Preview: Program Title, Legislative Authority, Purpose, Eligibility, Estimated Amount of Competition, Estimated Number of Awards, Funding Priorities and/or Preferences, Projected Award Date, Application Deadline, Application Kit Availability, Catalog of Federal Domestic Assistance (CFDA) program identification number, and programmatic contact.

This Fall 1997 issue of the Preview relates to funding under HRSA discretionary authorities and programs as follows:

#### HIV/AIDS Programs

- Ryan White Title III Outpatient Early Intervention.

- Ryan White Title III HIV Planning Grants.
- Ryan White Title IV Coordinated HIV Services and Access to Research—Geographic Areas With Currently Funded Title IV Projects.
- Ryan White Title IV Coordinated HIV Services and Access to Research—New Geographic Areas.
- Ryan White Title IV Adolescent Services
- Ryan White HIV Service Delivery Models.

#### Health Professions Programs

- Nurse Anesthetists: (1) Program Grants; (2) Traineeships; and (3) Fellowships.
- Nursing Education Opportunities for Individuals from Disadvantaged Backgrounds.
- Nurse Practitioner/Nurse Midwife.
- Professional Nurse Traineeships.
- Advanced Nurse Education.
- Nursing Special Projects.
- Predoctoral Training in Family Medicine.
- Departments of Family Medicine.
- Allied Health Project Grants.
- Residencies and Advanced Education in the Practice of General Medicine.
- Residency Training in Preventive Medicine.
- Physician Assistants Training.
- Geriatric Education Centers.
- Health Careers Opportunity Program.
- Centers of Excellence.
- State-Supported Model Area Health Education Centers.
- Basic Core Area Health Education Centers.
- Minority Faculty Fellowship Program.

#### Rural Health Programs

- Rural Outreach Grant Program.
- Rural Network Development Grant Program.

#### Maternal and Child Health Programs

- Maternal and Child Health Research Cycle.
- Genetic Services.
- Children with Special Health Care Needs (CSHCN) Medical Home/Family Professional Partnership Initiative.
- Managed Care for Children with Special Health Care Needs.
- Children with Special Health Care Needs—Adolescent Transition.
- Sudden Infant Death Syndrome (SIDS)/Other Infant Death (OID) Program.
- Long Term Training in Nursing.
- Long Term Training in Nutrition.
- Long Term Training in Leadership Education in Neurodevelopmental and Related Disabilities.

- Continuing Education and Development.
- Healthy Tomorrows Partnership for Children.
- State Mortality Morbidity Review Support Program.
- Community Integrated Service Systems to Support Children In/Out of Home Care.
- Emergency Medical Services for Children, Implementation Grants.
- Emergency Medical Services for Children, Partnership Grants.
- Emergency Medical Services for Children, Targeted Issue Grants.
- Traumatic Brain Injury State Implementation Grants.
- Traumatic Brain Injury State Planning Grants.

#### Primary Health Care Programs

- Community and Migrant Health Centers.
- Public Housing Primary Care.
- Grants to States for Loan Repayment Programs.
- Grants to States for Community Scholarship Programs.

#### Additional HRSA Programs

- Scholarships for Disadvantaged Students Program.
- Faculty Loan Repayment Program.
- Nurse Education Loan Repayment Program.

Certain other information including, how to obtain and use the Preview, and grant terminology also may be found in the Preview.

**ADDRESSES:** Individuals may obtain the HRSA Preview by calling toll free number, 1-888-333-HRSA. The HRSA Preview may also be accessed on the World Wide Web on the HRSA Home Page at: <http://www.hrsa.dhhs.gov>.

Dated: October 2, 1997.

**Claude Earl Fox,**  
*Acting Administrator.*

#### Attachment A

Message from our Acting Administrator . . .

The symbols illustrated on the cover and throughout the Preview represent ACCESS. In this Preview, we are increasing ACCESS for you by including scholarship and loan repayment announcements and providing e-mail addresses for programmatic technical assistance.

HRSA means ACCESS. ACCESS to . . .

- Quality health care for underserved and vulnerable populations.
- Primary care education and practice.
- A comprehensive system of health care resources.

- The systems of care for mothers, children and their families.
- The trained provider.
- The expert consultant through telemedicine reaching rural areas.

HRSA has only one reason to be \* \* \* somewhere there is a community, somewhere there is an individual who needs our services and we are here to help fill that need. For those in need of health care, the Health Resources and Services Administration provides support to programs that place health care services and health professionals where they are least available.

At HRSA, the individual and the community are our first priority. Please join with us as we strive to provide

ACCESS to quality health services for all Americans.  
Claude Earl Fox.

#### **DHHS Service Standards for Partnership With Grantees**

The Department of Health and Human Services (HHS) and its grantees (primarily States, local governments, academic institutions, non-profit community organizations, and Indian tribes and tribal organizations) are partners in delivering quality services and supporting research to improve the lives of the American people. The following initial standards express our commitment to making this partnership as cooperative and effective as possible. We look forward to your suggestions as we develop these standards and improve our partnership.

We will:

- (1) Invite our partners to collaborate in the development of HHS program policies and procedures.
- (2) Emphasize program outcomes rather than process.
- (3) Create no new unfunded mandates through policy or process changes.
- (4) Provide prompt, courteous service and accessible information.
- (5) Process waiver requests from States as quickly as possible, generally within 120 days.
- (6) Provide technical assistance to help our partners meet program goals.
- (7) Work with our partners to assure integrity in the use of public funds.
- (8) Assist our partners to develop their own standards of customer service.

#### **PROGRAMS AT A GLANCE**

Program	Deadline
<b>HIV/AIDS Programs</b>	
Ryan White Title III Outpatient Early Intervention .....	10/10/97
Ryan White Title III HIV Planning Grants .....	05/01/98
Ryan White Title IV Coordinated HIV Services and Access to Research—Geographic Areas With Currently Funded Title IV Projects .....	04/01/98
Ryan White Title IV Coordinated HIV Services and Access to Research—New Geographic Areas .....	04/01/98
Ryan White Title IV Adolescent Services .....	04/01/98
Ryan White HIV Service Delivery Models .....	04/01/98
<b>Health Professions Programs</b>	
Nurse Anesthetist Program Grants .....	02/02/98
Traineeships, and Fellowships .....	12/01/97
Nursing Education Opportunities for Individuals from Disadvantaged Backgrounds .....	11/24/97
Nurse Practitioner/Nurse Midwifery .....	12/19/97
Professional Nurse Traineeships .....	11/03/97
Advanced Nurse Education .....	02/02/98
Nursing Special Projects .....	01/16/98
Predoctoral Training in Family Medicine .....	11/07/97
Departments of Family Medicine .....	03/16/98
Allied Health Project Grants .....	02/17/98
Residencies and Advanced Education in the Practice of General Dentistry .....	12/01/97
Residency Training in Preventive Medicine .....	12/15/97
Physician Assistants Training .....	12/22/97
Geriatric Education Centers .....	12/19/97
Health Careers Opportunity Program .....	01/30/98
Centers of Excellence .....	03/27/98
State-Supported Model AHEC .....	01/09/98
Basic Core Area Health Education Centers .....	01/09/98
Minority Faculty Fellowship Program .....	01/30/98
<b>Rural Health Programs</b>	
Rural Outreach Grant Program .....	03/16/98
Rural Network Development Grant Program .....	03/16/98
<b>Maternal and Child Health Programs</b>	
Maternal and Child Health Research .....	03 and 08/01/98
Genetic Services .....	04/30/98
Children with Special Health Care Needs (CSHCN) Medical Home/Family Professional Partnership Initiative .....	04/01/98
Managed Care for CSHCN .....	03/10/98
CSHCN Adolescent Transition .....	04/01/98
Sudden Infant Death Syndrome (SIDS)/Other Infant Death (OID) Program .....	02/27/98
Long Term Training in Nursing .....	03/16/98
Long Term Training in Nutrition .....	03/16/98
Long Term Training in Leadership Education, in Neurodevelopmental and Related Disabilities .....	03/16/98

## PROGRAMS AT A GLANCE—Continued

Program	Deadline
Continuing Education and Development .....	07/01/98
Healthy Tomorrows Partnership for Children .....	04/30/98
State Mortality Morbidity Review Support Program .....	03/31/98
Community Integrated Service Systems to Support Children In/Out of Home Care .....	04/30/98
Emergency Medical Services for Children, Implementation Grants .....	04/13/98
Emergency Medical Services for Children, Partnership Grants .....	04/13/98
Emergency Medical Services for Children, Targeted Issue Grants .....	04/13/98
Traumatic Brain Injury State Implementation Grants .....	03/30/98
Traumatic Brain Injury State Planning Grants .....	03/30/98
<b>Primary Health Care Programs</b>	
Community and Migrant Health Centers .....	Varies
Public Housing Primary Care .....	Varies
Grants To States For Loan Repayment Programs .....	04/01/98
Grants To States For Community Scholarship Programs .....	05/01/98
<b>Additional HRSA Programs</b>	
Scholarships for Disadvantaged Students Program .....	04/15/98
Faculty Loan Repayment Program .....	06/30/98
Nurse Education Loan Repayment Program .....	08/31/98

**How to Obtain and Use the Preview**

It is recommended that you read the introductory materials, terminology section, and individual program category descriptions before contacting the general number 1-888-333-HRSA. Likewise, we urge applicants to fully assess their eligibility for grants before requesting kits. This will greatly facilitate our ability to assist you in placing your name on the mailing list and identifying the appropriate application kit(s) or other information you may wish to obtain. As a general rule, no more than one kit per category will be mailed to applicants. However, applicants may reproduce kit materials to meet their needs.

**To Obtain a Copy of the Preview**

To have your name and address added to, or deleted from, the Preview mailing list, please call the toll free number 1-888-333-HRSA or e-mail us at [hrsa.gac@ix.netcom.com](mailto:hrsa.gac@ix.netcom.com)

**To Obtain an Application Kit**

Upon review of the program descriptions, please determine which category or categories of application kit(s) you wish to receive and contact the 1-888-333-HRSA number to register on the specific mailing list. Application kits are generally available 60 days prior to application deadline. If kits are already available, they will be mailed to you right away.

**World Wide Web Access**

The Preview is available on the HRSA Home Page via World Wide Web at: <http://www.hrsa.dhhs.gov> Application materials are currently available for

downloading in the current cycle for some HRSA programs. HRSA's goal is to post application forms and materials for all programs.

You can download this issue of the Preview in Adobe Acrobat format (.pdf) from HRSA's web site at: <http://www.hrsa.dhhs.gov/preview.htm>. Also, you can register on-line to be sent specific grant application materials by following the instructions on the web page. Your mailing information will be added to our database and material will be sent to you when it becomes available.

**Grant Terminology****Application Deadlines**

Applications will be considered "on time" if they are either received on or before the established deadline date or sent on or before the deadline date given in the program announcement or in the application kit materials.

**Authorizations**

These are provided immediately preceding groupings of program categories. They are the citations of provisions of the laws authorizing the various programs.

**CFDA Number**

The Catalog of Federal Domestic Assistance (CFDA) is a government-wide compendium of Federal programs, projects, services, and activities which provide assistance.

**Cooperative Agreement**

A financial assistance mechanism used when substantial Federal programmatic involvement with the

recipient during performance is anticipated by the awarding office.

**Eligibility**

Authorizing legislation and programmatic regulations specify eligibility for individual grant programs. In general, assistance is provided to nonprofit organizations and institutions, State and local governments and their agencies, and occasionally to individuals. For-profit organizations are eligible to receive awards under financial assistance programs unless specifically excluded by legislation.

**Estimated Amount of Competition**

The amount listed is provided for planning purposes and is subject to the availability of funds.

**Funding Priorities and/or Preferences**

Special priorities or preferences are those which the individual programs have identified for the funding cycle. Some programs give preference to organizations which have specific capabilities such as telemedicine networking, or established relationships with managed care organizations. Preference may be given to achieve an equitable geographic distribution.

**Matching Requirements**

Several HRSA categories require a matching amount, or percentage of the total project support to come from sources other than Federal funds. Matching requirements are generally mandated in the authorizing legislation for specific categories. Also, matching requirements may be administratively required by the awarding office.

### *Review Criteria*

The following are generic review criteria applicable to HRSA programs:

- That the estimated cost to the Government of the project is reasonable considering the anticipated results.
  - That project personnel or prospective fellows are well qualified by training and/or experience for the support sought and the applicant organization or the organization to provide training to a fellow, has adequate facilities and manpower.
  - That, insofar as practical, the proposed activities (scientific or other), if well executed, are capable of attaining project objectives.
  - That the project objectives are identical with or are capable of achieving the specific program objectives defined in the program announcement.
  - That the method for evaluating proposed results includes criteria for determining the extent to which the program has achieved its stated objectives and the extent to which the accomplishment of objectives can be attributed to the program.
  - That, in so far as practical, the proposed activities, when accomplished are replicable, national in scope and include plans for broad dissemination.
- The specific review criteria used to review and rank applications are included in the individual guidance material provided with the application kits. Applicants should pay strict attention to addressing these criteria as they are the formal basis upon which their applications will be judged.

### *Technical Assistance*

All programs provide technical assistance. There are also programs which have scheduled workshops and conference calls as indicated by the "magnifying glass". A contact person is listed for each program and their e-mail address provided. If you have questions concerning individual programs, please contact the person listed.

### **HIV/AIDS Programs**

The HRSA HIV/AIDS Bureau consolidates activities authorized under the Ryan White Comprehensive AIDS Resources (CARE) Act which were previously carried out within all of the agency's bureaus. The CARE Act programs now conducted through the HIV/AIDS Bureau are designed to improve the quality and ensure availability of access to health care and other support services for individuals and families affected by HIV disease, especially those who would otherwise be unable to receive care.

The programs of the HRSA HIV/AIDS Bureau include the following:

Funding to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic (Title I). Last year, 49 eligible metropolitan areas received formula funding determined by the seriousness of the epidemic, and were eligible to compete for supplementary funding;

Formula funding to States and territories to improve the quality, availability, and organization of health care and support services for people living with HIV disease (Title II). Title II also includes the AIDS Drug Assistance Program (ADAP), which funds efforts to make available existing and new drug therapies for people living with HIV in every State and territory;

Competitive funding to public and private nonprofit entities for outpatient early intervention and primary care services (Title III). Grants were made to Community Health Centers/Migrant Health Centers, hospitals and city and county health departments, family planning clinics, and programs for the homeless;

Funding to public and private nonprofit entities for demonstration projects to coordinate services to, and provide enhanced access to research, for children, youth, women, and families (Title IV); and

Support for the Special Projects of National Significance (SPNS) program which includes the development and assessment of innovative service delivery models; the Dental Reimbursement Program which provides retrospective funding for dental schools providing services to people living with AIDS during the previous year, and AIDS Education and Training Centers which train health professionals to provide care to people living with HIV.

### *Technical Assistance*

The HRSA HIV/AIDS Bureau provides several types of technical assistance to prospective applicants and ongoing technical assistance to grantees. This technical assistance includes contact with Project Officers, meetings carried out on local, regional, and national levels, telephone conference calls, and simplified information on grants applications and procedures.

### **Outpatient Early Intervention Services With Respect to HIV Disease (Ryan White Title III)**

#### *Authorization*

Sections 2651-2667 of the Public Health Service Act, 42 U.S.C. 300ff-51-330ff-67.

### *Purpose*

The purpose of Title III funding is to provide on an outpatient basis, high quality early intervention services/primary care to individuals with HIV infection. This is accomplished by increasing the present capacity and capability of eligible ambulatory health service entities. These expanded services become a part of a continuum of HIV prevention and care for individuals who are at risk for HIV infection or are HIV infected. All Title III programs must provide HIV counseling and testing, counseling and education on living with HIV, appropriate medical evaluation and clinical care, and other essential services such as oral health care, outpatient mental health services and nutritional services, and appropriate referrals for specialty services.

### *Eligibility*

Eligible applicants are Migrant Health Centers, Community Health Centers, Health Care for the Homeless Programs, Family Planning Organizations, Comprehensive Hemophilia Diagnostic and Treatment Centers, Federally Qualified Health Centers, and Public or non-profit private entities that currently provide comprehensive primary care services to people living with HIV/AIDS.

### *Limited Competition*

Applicants are limited to currently funded Ryan White Title III programs whose project periods expire in FY 1998 and new organizations proposing to serve the same populations currently being served by these existing Title III programs. Applications are also requested from new organizations that propose to serve new areas. These will be considered for FY 1998, should new funding become available.

### *Review Criteria*

The criteria are justification of need, organizational capabilities and expertise, adequacy of proposed program plan, coordination with other programs, program evaluation, appropriateness and justification of the budget, adherence to program guidance.

### *Estimated Amount of Competition*

\$35,000,000

### *Estimated Number of Awards*

97

*Projected Award Date:* FY 1998

*Contact:* 1-888-333-HRSA

*Application Availability:* 7/10/97

*Application Deadline:* 10/10/97

*CDFA Number:* 93.918

Contact Person: Deborah Parham,  
dparham@hrsa.dhhs.gov

Existing Ryan White Title III Service  
Areas \*

AZ:

Phoenix  
Tucson

AR:

Pine Bluff

AL:

Mobile  
Anniston  
Montgomery

AK:

Anchorage

CA:

Santa Cruz  
San Francisco  
Los Angeles (2)  
San Fernando  
Santa Ana  
San Bernardino  
San Jose  
Fremont  
San Marcos  
LaMont

CT:

Bridgeport (2)  
New Haven

DC:

Washington

FL:

Key West  
Miami (2)  
Pompano Beach  
Palm Beach  
Immokalee

GA:

Atlanta (2)  
Savannah  
Waycross  
Augusta

IA:

Des Moines

IL:

Chicago (4)  
Rockford

IN:

Indianapolis

KS:

Wichita

MA:

Northampton  
Provincetown  
Dorchester  
Worcester  
New Bedford  
Boston

MI:

Detroit (2)

MO:

Springfield  
Kansas City

MT:

Billings

NC:

Asheville  
Durham

NJ:

Newark  
Paterson  
New Brunswick

NM:

Albuquerque

NV:

Reno  
Las Vegas

NY:

New York City (6)  
Bronx (2)  
Brooklyn (2)  
Rochester  
Buffalo  
Queens  
Peekskill  
Syracuse  
Albany

OH:

Cincinnati

OK:

Tulsa

PA:

Philadelphia (3)  
Allentown  
Pittsburgh  
Chester  
York

PR:

Humacao  
San Juan  
Mayaguez  
Lares  
Gurabo

RI:

Providence

TX:

Houston  
Dallas  
Fort Worth  
Austin  
San Antonio

UT:

Salt Lake City

\* Applications are also requested from new organizations that propose to serve new areas. These will be considered for FY 1998 should new funding become available.

### **Ryan White Title III HIV Planning Grants**

#### *Authorization*

Part C of Title XXVI of the Public Health Service as Amended by the Ryan White Care Act Amendments of 1996, Public Law 104-146, 42 U.S.C. 300ff-51 —300ff-67.

#### *Purpose*

Ryan White Title III HIV Planning Grants are discretionary grants to support communities and health care service entities in their preparations to provide a high quality and comprehensive scope of primary health care services for people in underserved areas who are living with HIV or at risk of infection. Funds are to be used to

mobilize and organize community resources, and to strengthen their organizational capacity so that HIV primary health care services can be established or strengthened. Grant recipients are expected to: engage and coordinate with suitable community organizations to plan for HIV primary care services; conduct an assessment for the proposed service area; develop a plan of action to address priority needs; and undertake the necessary preparations to become operational.

The Ryan White Title III HIV Planning Grants are intended to assist health care service entities to qualify for grant support under the Ryan White Title III Early Intervention Services Program.

#### *Eligibility*

Eligible applicants are public or private, nonprofit entities who are not currently grant recipients of the Ryan White Title III Early Intervention Services Program and are current primary care service providers to populations at risk for HIV disease; community health centers under Section 330 or the PHS Act; migrant health centers under Section 330 (g) of the PHS Act; health care for the homeless grantees under section 330(h) of the PHS Act; family planning grantees under Section 1001 of the PHS Act, other than States; comprehensive hemophilia diagnostic and treatment centers; or federally qualified health centers under Section 1905 (1)(2)(B) of the Social Security Act.

#### *Funding Priorities and/or Preferences*

In awarding the grants, preference will be given to entities that provide primary care services in rural or underserved communities and in communities where other Ryan White funds are not available.

#### *Review Criteria*

Final criteria are included in the application kit.

#### *Estimated Amount of This Competition*

\$700,000

#### *Estimated Number of Awards*

15

*Projected Award Date:* 08/98

*Contact:* 1-888-333-HRSA

*Application Availability:* 03/02/98

*Application Deadline:* 05/01/98

*CFDA Number:* 93.918

*Contact Person:* Deborah Parham  
dparham@hrsa.dhhs.gov

**Ryan White Title IV Grants for Coordinated HIV Services and Access to Research for Infants, Children, Youth, Women and Families—Geographic Areas With Currently Funded Title IV Projects**

*Authorization*

Section 2671 of the Ryan White Care Act, as amended by Public Law 104-146, 42 U.S.C. 300ff-51-330ff-67.

*Purpose*

The purpose of the Title IV funding is to improve access to primary medical care, research, and support services for children, youth, women and families infected with HIV. Funded projects will link clinical research and other research with comprehensive care systems, and improve and expand the coordination of a system of comprehensive care for women, infants, children and youth who are infected/affected by HIV. Funds will be used to support programs that (1) cross establish systems of care to coordinate service delivery, HIV prevention efforts, and clinical research and other research activities; and (2) address the intensity of service needs, high costs, and other complex barriers to comprehensive care and research experienced by underserved, at-risk and limited populations. Activities under these grants should address the goals of enrolling and maintaining clients in HIV primary care; increasing client access to research by linking HIV/AIDS clinical research trials and activities with comprehensive care; fostering the development and support of comprehensive, community-based and family centered care infrastructures, and emphasizing prevention within the care system including the prevention of perinatal HIV transmission.

*Eligibility*

Eligible organizations are public or private non-profit entities that provide or arrange for primary care.

*Limited Competition*

Applicants are limited to currently funded Title IV programs whose project periods expire in FY 1998 and new organizations in geographic areas currently served by Title IV that are proposing to serve the same areas currently being served by these existing projects. These areas are: Brooklyn(2), NY; Bronx, NY; Manhattan, NY; Washington, DC; Atlanta, GA; Tampa/St. Petersburg, FL; Dallas, TX; St. Louis, MO; Denver, CO; Los Angeles, CA; and Wisconsin.

*Review Criteria*

Final criteria are included in the application kit.

*Estimated Amount of This Competition*  
\$10,000,000

*Estimated Number of Awards*  
12

*Funding Priorities and/or Preferences*

Funding in this category will be given to projects that support a comprehensive, coordinated system of HIV care serving either infants, children, youth, women or families and are linked with or have initiated activities to link with clinical trials or other research.

*Projected Award Date:* 08/01/98

*Contact:* 1-888-333-HRSA

*Application Availability:* 02/02/98

*Application Deadline:* 04/01/98

*CFDA Number:* 93.153A

*Contact Person:* Michael Kaiser,  
mkaiser@hrsa.dhhs.gov

**Ryan White Title IV Grants for Coordinated Services and Access to Research for Infants, Children, Youth, Women and Families—New Geographic Areas**

*Authorization*

Section 2671 of the Ryan White Care Act, as amended by Public Law 104-146, 42 U.S.C. 300ff-51-330ff-67.

*Purpose*

Organizations should be able to demonstrate expertise in the coordination or provision of comprehensive medical and social services to children, youth, women and families. The purpose of the Title IV funding is to improve access to primary medical care, research, and support services for children, youth, women and families infected with HIV. Funded projects will link clinical research and other research with comprehensive care systems, and improve and expand the coordination of a system of comprehensive care for women, infants, children and youth who are infected/affected by HIV. Funds will be used to support programs that (1) cross establish systems of care to coordinate service delivery, HIV prevention efforts, and clinical research and other research activities; and (2) address the intensity of service needs, high costs, and other complex barriers to comprehensive care and research experienced by underserved, at-risk and limited populations. Activities under these grants should address the goals of: enrolling and maintaining clients in HIV primary care; increasing client access to

research by linking HIV/AIDS clinical research trials and activities with comprehensive care; fostering the development and support of comprehensive, community-based and family centered care infrastructures; and emphasizing prevention within the care system including the prevention of perinatal HIV transmission.

*Eligibility*

Eligible organizations are public or private non-profit entities that provide or arrange for primary care.

*Limited Competition*

This initiative is targeted to applicants in geographic areas not currently served by Title IV. Geographic areas that are currently receiving Ryan White Title IV support are listed below. Title IV projects located in the underlined cities are approaching the end of their project period therefore, applicants may submit applications for these geographic areas in response to preceding announcement (CFDA 93.153A), for FY 1998 expiring Title IV projects.

State	City
AL .....	Birmingham/Montgomery.
CA .....	Los Angeles. La Jolla/San Diego. Oakland. San Francisco.
CO .....	Denver.
CT .....	Hartford/New London/New Haven/Bridgeport/Stamford.
DC .....	Washington.
FL .....	Tampa/St. Petersburg. Ft. Lauderdale. Miami. Orlando.
GA .....	Atlanta.
IL .....	Chicago.
LA .....	New Orleans.
MA .....	Statewide. Roxbury/Boston.
MD .....	Statewide.
MI .....	Detroit.
MO .....	St. Louis.
NC .....	Charlotte.
NH .....	Statewide.
NJ .....	Statewide.
NY .....	Bronx. Brooklyn(2). Manhattan. Elmhurst/Queens. Stony Brook.
OH .....	Columbus.
PA .....	Philadelphia.
PR .....	Statewide.
RI .....	Providence.
SC .....	Statewide.
TX .....	Dallas. Fort Worth. Houston. San Antonio.
WA .....	Seattle.

**Funding Preference and/or Priorities**

Preference for funding may be given to applicants which help to achieve an equitable geographical distribution of programs across all States and territories, especially programs that provide services in rural or underserved communities where the HIV/AIDS epidemic is increasing.

**Review Criteria**

Final criteria are included in the application kit.

**Estimated Amount of This Competition**

\$1,200,000

**Estimated Number of Awards**

4

**Projected Award Date:** 08/98

**Contact:** 1-888-333-HRSA

**Application Availability:** 02/02/98

**Application Deadline:** 04/01/98

**CFDA Number:** 93.153B

**Contact Person:** Michael Kaiser,  
mkaiser@hrsa.dhhs.gov

**Ryan White Title IV Grants for Adolescent Services****Authorization**

Section 2671 of the Ryan White Care Act, as amended by Public Law 104-146, 42 U.S.C. 300ff-51—300ff-67.

**Purpose**

The purpose of this initiative is to foster and expand systems of health care and social support services for youth (age 13-24) at risk for or infected with HIV infection in order to identify infected youth and enroll them in HIV primary care. Grantees will identify additional HIV infected youth and develop, coordinate and provide support services to enroll and maintain them in primary medical care. Adolescent clients should be enrolled into care early in the spectrum of disease and managed throughout the infection. In partnership with other Ryan White funded programs or other agencies, applicants will integrate youth services into existing systems of care to provide access to comprehensive, coordinated primary care, research and social support services.

**Eligibility**

Eligible organizations are public or private, non-profit organizations that provide or arrange for primary care, with expertise in the care of youth.

**Review Criteria**

Final criteria are included in the application kit.

**Estimated Amount of This Competition**

\$1,000,000

**Estimated Number of Awards**

3-5

**Funding Priorities and/or Preferences**

Priority will be given to applicants with a history of working with youth, especially youth infected with HIV. Priority will be given to projects proposed in geographic areas where epidemiologic data demonstrate high numbers of infected youth.

**Projected Award Date:** 08/01/98

**Contact:** 1-888-333-HRSA

**Application Availability:** 02/02/98

**Application Deadline:** 04/01/98

**CFDA Number:** 93.153C

**Contact Person:** Michael Kaiser,  
mkaiser@hrsa.dhhs.gov

**Ryan White HIV Service Delivery Models****Authorization**

Section 2691 of the Public Health Service Act, 42 U.S.C. 300ff-51-330ff-67.

**Purpose**

The goal of the Special Projects of National Significance Program is to advance knowledge about the care and treatment of people with HIV. Each project is responsible for the implementation and evaluation of its model of care. Results from individual projects and cross-site evaluations are used by AIDS service providers and others to improve and enhance the quality of care. The program will support innovative and potentially replicable HIV service delivery models. Projects must: (1) Assess the effectiveness of particular models of care; (2) support innovative program design; and (3) promote replication of effective models of care.

**Eligibility**

Eligible applicants are public and non profit entities including community-based organizations.

**Evaluation Criteria**

Final criteria are included in the application kit

**Estimated Amount of This Competition**

\$4,212,000

**Estimated Number of Awards**

12

**Project Award Date:** 07/98

**Contact:** 1-888-333-HRSA

**Application Availability:** 01/05/98

**Application Deadline:** 04/01/98

**CFDA Number:** 93.928

**Contact Person:** Barney Singer,  
bsinger@hrsa.dhhs.gov

**Health Professions Programs**

Underlined areas provide additional information to the Summer 97 Preview.

**Nurse Anesthetist Program; (1) Program Grants (2) Traineeships; and (3) Fellowships****Authorization**

Section 831 of the Public Health Service Act, 42 U.S.C. 297-1.

**Purpose**

This program is to assist grantees to meet the costs of: (a) projects for the education of nurse anesthetists; (b) traineeships for licensed registered nurses to become nurse anesthetists; and (c) fellowships to enable Certified Registered Nurse Anesthetist (CRNA) faculty members to obtain advanced education relevant to their teaching functions.

**Eligibility**

Eligible applicants are public or private nonprofit institutions which provide registered nurses with full-time nurse anesthetist training and are accredited by an entity or entities designated by the Secretary of Education.

**Funding Priorities and/or Preferences****Statutory Funding Preference**

As provided in Section 860(e) of the Public Health Service Act, preference will be given to qualified applicants that: (A) Have a high rate for placing graduates in practice settings having the principal focus of serving residents of medically underserved communities; or (B) have achieved, during the 2-year period preceding the fiscal year for which such an award is sought, a significant increase in the rate of placing graduates in such settings. This preference will only be applied to applications that rank above the 20th percentile of applications recommended for education program applications recommended for approval by the peer review group.

*"High rate" is defined as a minimum of 30 percent of graduates in academic years 1994-95, 1995-96 or 1996-97 who spend at least 50 percent of their work time in clinical practice in the specified setting. Graduates who are providing care in a medically underserved community as a part of a fellowship or other educational experience can be counted.*

*"Significant increase in the rate" means that, between academic years 1995-96 and 1996-97, the rate of placing graduates in the specified settings has increased by a minimum of 50 percent and that not less than 15*

percent of graduates from the most recent year are working in these settings.

#### Statutory Rural Preference for Traineeship Program

A preference is given to those applicants carrying out traineeships whose participants gain significant experience in providing health service in rural health facilities.

#### Established Funding Priority for Traineeship and Education Program Grants

A funding priority will be given to programs which demonstrate either substantial progress over the last three years or a significant experience of 10 or more years in enrolling and graduating students from those minority populations identified as at-risk of poor health outcomes.

#### Established Funding Preference for Faculty Fellowship Grants

A funding preference will be given first to faculty who will be completing degree requirements before or by the end of the funded budget year, second to faculty who are full-time students, and third to faculty who are part-time students.

#### Review Criteria

Final criteria are included in the application kit.

#### Estimated Amount of This Competition

\$1,800,000

Traineeships—\$1,220,000

Program—300,000

Fellowships—280,000

#### Estimated Number of Awards

79 (70 Traineeships\*, 2 Programs and 7 Fellowships)

\*Formula Program—all eligible entities will receive traineeship support.

#### Projected Award Date: 03/98

Fellowships & Traineeship Program; 05/98 Program Grants

Contact: 1-888-333-HRSA

Application Availability: 07/15/97

Application Deadline: 12/01/97

Fellowships & Traineeships; 02/02/98 Program Grants

CFDA Number: 93.124, 93.907 & 93.916

Contact Person: Marcia Starbecker  
mstarbecker@hrsa.dhhs.gov

#### Nursing Education Opportunities for Individuals From Disadvantaged Backgrounds

##### Authorization

Section 827 of the Public Health Service Act, 42 U.S.C. 296r.

##### Purpose

This program provides funds to meet the costs of special projects to increase nursing education opportunities for individuals from disadvantaged backgrounds by: (a) Identifying, recruiting and selecting such individuals; (b) facilitating the entry of such individuals into schools of nursing; (c) providing services designed to assist such individuals to complete their nursing education; (d) providing preliminary education, prior to entry into the regular course of nursing, designed to assist in completion of the regular course of nursing education; (e) paying such stipends as the Secretary may determine; (f) publicizing, especially to licensed vocational or practical nurses, existing sources of financial aid; and (g) providing training, information, or advice to the faculty on encouraging such individuals to complete their nursing education.

##### Eligibility

Public and nonprofit private schools of nursing and other public or nonprofit private entities are eligible for grant support.

##### Funding Priorities and/or Preferences

None.

##### Review Criteria

Final criteria are included in the application kit.

##### Estimated Amount of This Competition

\$1,400,000

##### Estimated Number of Awards

8

Projected Award Date: 05/98

Contact: 1-888-333-HRSA

Application Availability: 07/15/97

Application Deadline: 11/24/97

CFDA Number: 93.178

Contact Person: Ernell Spratley,  
espratley@hrsa.dhhs.gov

#### Nurse Practitioner/Nurse Midwifery

##### Authorization

Section 822 of the Public Health Service Act, 42 U.S.C. 296m.

##### Purpose

This program provides funds to meet the costs of projects to plan, develop and operate new programs, maintain, or significantly expand existing programs for the education of nurse practitioners and nurse-midwives to effectively provide primary health care in settings such as homes, ambulatory care and long term care facilities and other health care institutions. Programs must adhere to regulations and guidelines for nurse

practitioner and nurse-midwifery education as prescribed by the Secretary of Health and Human Services which require at a minimum that each program extend for at least one academic year and consist of supervised clinical practice directed toward preparing nurses to deliver primary health care; and at least four months (in the aggregate) of classroom instruction that is so directed; and have an enrollment of not less than six full-time equivalent students.

##### Eligibility

Eligible applicants are public and nonprofit private schools of nursing or other public and nonprofit private entities. Eligible applicants must be located in a State.

##### Funding Priorities and/or Preferences

##### Statutory Program Specific Preference

Preference will be given to any qualified applicant that agrees to expend the award to plan, develop, and operate new programs or to significantly expand existing programs.

##### Statutory General Preference

As provided in Section 860(e)(1) of the PHS Act, preference will be given to any qualified applicant that: (A) Has a high rate for placing graduates in practice settings having the principal focus of serving residents of medically underserved communities; or (B) during the 2-year period preceding the fiscal year for which such an award is sought, has achieved a significant increase in the rate of placing graduates in such settings. This preference will only be applied to applications that rank above the 20th percentile of proposals recommended for approval by the peer review group.

"High rate" is defined as a minimum of 30 percent of graduates in academic years 1994-95, 1995-96 or academic year 1996-97, who spend at least 50 percent of their worktime in clinical practice in the specified settings. Graduates who are providing care in a medically underserved community as a part of a fellowship or other educational experience can be counted.

"Significant increase in the rate" means that, between academic years 1995-96 and 1996-97, the rate of placing graduates in the specified settings has increased by a minimum of 50 percent and that not less than 15 percent of graduates from the most recent year are working in these settings.

##### Statutory Special Considerations

Special consideration will be given to qualified applicants that agree to



expend the award to educate individuals as nurse practitioners and nurse-midwives who will practice in health professional shortage areas designated under Section 332 of the Public Health Service Act.

#### **Established Funding Priority**

Funding priority will be given to applicant institutions which demonstrate either substantial progress over the last three years or a significant experience of ten or more years in enrolling and graduating trainees from those minority or low-income populations identified as at risk of poor health outcomes.

#### **Review Criteria**

Final criteria are included in the application kit.

#### **Estimated Amount of this Competition**

\$3,000,000

#### **Estimated Number of Awards**

11

*Projected Award Date:* 04/98

*Contact:* 1-888-333-HRSA

*Application Availability:* 07/15/97

*Application Deadline:* 12/19/97

*CFDA Number:* 93.298

*Contact Person:* Audrey Koertvelyessy,  
akoertvelyessy@hrsa.dhhs.gov

#### **Professional Nurse Traineeships**

##### **Authorization**

Section 830 of the Public Health Service Act, 42 U.S.C. 297.

##### **Purpose**

Grants are awarded to meet the cost of traineeships for individuals in advanced degree nursing education programs. Traineeships are awarded to individuals by the participating educational institutions offering master's and doctoral degree programs to serve in and prepare for practice as nurse practitioners, nurse midwives, nurse educators, public health nurses, or in other clinical nursing specialties determined by the Secretary to require advanced education.

##### **Eligibility**

Eligible applicants are public or private nonprofit entities which provide: (1) Advanced-degree programs to educate individuals as nurse practitioners, nurse-midwives, nurse educators, public health nurses or as other clinical nursing specialists; or (2) nurse-midwifery certificate programs that conform to guidelines established by the Secretary under Section 822(b). Applicants must agree that: (a) In providing traineeships, the applicant will give preference to individuals who

are residents of health professional shortage areas designated under Section 332 of the Act; (b) the applicant will not provide a traineeship to an individual enrolled in a master's of nursing program unless the individual has completed basic nursing preparation, as determined by the applicant; and (c) traineeships provided with the grant will pay all or part of the costs of the tuition, books, and fees of the program of nursing with respect to which the traineeship is provided and reasonable living expenses of the individual during the period for which the traineeship is provided.

##### **Funding Priorities and/or Preferences**

###### **Statutory Preference**

As provided in Section 860(e) of the Public Health Service Act, preference will be given to any qualified applicant that: (A) Has a high rate for placing graduates in practice settings having the principal focus of serving residents of medically underserved communities; or (B) during the 2-year period preceding the fiscal year for which such an award is sought, has achieved a significant increase in the rate of placing graduates in such settings.

*"High rate" is defined as a minimum of 30 percent of graduates in academic year 1994-95, 1995-96 or academic year 1996-97, who spend at least 50 percent of their work time in clinical practice in the specified settings. Public health nurse graduates can be counted if they identify a primary work affiliation at one of the qualified work sites. Graduates who are providing care in a medically underserved community as a part of a fellowship or other educational experience can be counted.*

*"Significant increase in the rate" means that, between academic years 1995-96 and 1996-97 the rate of placing graduates in the specified settings has increased by a minimum of 50 percent and that not less than 15 percent of graduates from the most recent year are working in these settings.*

###### **Statutory Special Consideration**

Special consideration will be given to applications for traineeship programs for nurse practitioner and nurse midwife programs which conform to guidelines established by the Secretary under Section 822(b)(2) of the PHS Act.

###### **Established Funding Priority**

A funding priority will be given to programs which demonstrate either substantial progress over the last three years or a significant experience of ten or more years in enrolling and graduating students from those minority

populations identified as at-risk of poor health outcomes.

##### **Review Criteria**

Awards are determined by formula.

##### **Estimated Amount of This Competition**

\$15,600,000

##### **Estimated Number of Awards**

270

(Formula Program—All eligible schools will receive awards)

*Projected Award Date:* 03/97

*Contact:* 1-888-333-HRSA

*Application Availability:* 07/15/97

*Application Deadline:* 11/03/97

*CFDA Number:* 93.358

*Contact Person:* Marcia Starbecker,  
mstarbecker@hrsa.dhhs.gov

#### **Advanced Nurse Education**

##### **Authorization**

Section 821 of the Public Health Service Act, 42 U.S.C. 296-1.

##### **Purpose**

This grant program assists eligible institutions to meet the costs of projects that plan, develop and operate new programs, or significantly expand existing programs leading to advanced degrees that prepare nurses to serve as nurse educators or public health nurses, or in other clinical nurse specialties determined by the Secretary to require advanced education.

##### **Eligibility**

Eligible applicants are public and non profit Collegiate Schools of Nursing.

##### **Funding Priorities and/or Preferences**

###### **Statutory General Preference**

As provided in Section 860(e)(1) of the Public Health Service Act, preference will be given to any qualified applicant that: (1) Has a high rate for placing graduates in practice settings having the principal focus of serving residents of medically underserved communities; or (2) during the 2-year period preceding the fiscal year for which such an award is sought, has achieved a significant increase in the rate of placing graduates in such settings. This preference will only be applied to applications that rank above the 20th percentile of applications recommended for approval by the peer review group.

*"High rate" is defined as a minimum of 30 percent of graduates in academic year 1994-95, 1995-96 or academic year 1996-97, who spend at least 50 percent of their work time in clinical practice in the specified settings. Public health nurse graduates can be counted if they*

identify a primary work affiliation at one of the qualified work sites. Graduates who are providing care in a medically underserved community as a part of a fellowship or other educational experience can be counted.

"Significant increase in the rate" means that, between academic years 1995-96 and 1996-97 the rate of placing graduates in the specified settings has increased by a minimum of 50 percent and that not less than 15 percent of graduates from the most recent year are working in these settings.

#### Established Funding Priorities

A funding priority will be given to applications which develop, expand or implement courses concerning ambulatory, home health care and/or inpatient case management services for individuals with HIV disease.

In determining the order of funding of approved applications, a funding priority will be given to applicant institutions which demonstrate either substantial progress over the last three years or a significant experience of ten or more years in enrolling and graduating trainees from those minority or low-income populations identified as at risk of poor health outcomes.

#### Review Criteria

Final criteria are included in the application kit.

#### Estimated Amount of This Competition

\$4,500,000

#### Estimated Number of Awards

22

Projected Award Date: 05/98

Contact: 1-888-333-HRSA

Application Availability: 10/01/97

Application Deadline: 02/02/98

CFDA Number: 93.299

Contact Person: Madeleine Hess,  
mhess@hrsa.dhhs.gov

#### Nursing Special Projects

##### Authorization

Section 820 of the Public Health Service Act, 42 U.S.C. 295K.

##### Purpose

The purpose of this program is to improve nursing practice through projects that increase the knowledge and skills of nursing personnel, enhance their effectiveness in primary health care delivery, and increase the number of qualified professional nurses.

Grant support may be sought under four separate individual purposes: (a) Expand Enrollment in Professional Nursing Programs; (b) Primary Health Care in Noninstitutional Settings; (c) Continuing Education for Nurses in

Medically Underserved Communities; and (d) Long-Term Care Fellowships for Certain Paraprofessionals.

##### Eligibility

Eligible applicants for projects under Section 820(a) are public and nonprofit private schools of nursing with programs of education in professional nursing.

Eligible applicants for projects under Section 820(b) are public and nonprofit private schools of nursing. To receive support under 820(b) the program proposed must be operated and staffed by the faculty and students of the school and must be designed to provide at least 25 percent of the students of the school with a structured clinical experience in primary health care.

Eligible applicants for projects under Section 820(c) are public and nonprofit private entities.

Eligible applicants for projects under Section 820(d) are public and nonprofit private entities that operate accredited programs of education in professional nursing, or State-board approved programs of practical or vocational nursing. To receive support under 820(d), the applicant must agree that, in providing fellowships, preference will be given to eligible individuals who are economically disadvantaged individuals, particularly such individuals who are members of a minority group that is under represented among registered nurses; or are employed by a nursing facility that will assist in paying the costs or expenses. The applicant must also agree that the fellowships provided will pay all or part of the costs of the tuition, books, and fees of the program of nursing with respect to which the fellowship is provided; and reasonable living expenses of the individual during the period for which the fellowship is provided.

##### Funding Priorities and/or Preferences

##### Statutory Funding Preferences

In making awards of grants under Section 820(a), preference will be given to any qualified school that provides students of the school with clinical training in the provision of primary health care in publicly-funded: (A) urban or rural outpatient facilities, home health agencies, or public health agencies; or (B) rural hospitals.

In making awards of grants under Section 820(d), preference will be given to any qualified applicant operating an accredited program of education in professional nursing that provides for the rapid transition to status as a professional nurse from status as a nursing paraprofessional.

##### Established Funding Priorities

A priority will be given to schools that offer generic baccalaureate programs. A priority will also be given to schools that offer both generic baccalaureate nursing programs and RN completion programs. These priorities apply to applications for grants under Section 820(a).

A funding priority will be given to programs which demonstrate either substantial progress over the last three years or a significant experience of 10 or more years in enrolling and graduating trainees from those minority or low-income populations identified as at-risk of poor health outcomes. This priority applies to applications for grants under Sections 820(a), 820(b), and 820(d).

Finally, a funding priority will be given to applications for continuing education programs for nurses from medically underserved communities to increase their knowledge and skills in care of persons who are HIV positive or who have AIDS. This priority applies to applications for grants under Section 820(c).

##### Matching Requirement

To receive support under 820(a) the school must agree to make available non-Federal contributions in an amount that is at least 10 percent of the project costs for the first fiscal year, at least 25 percent of the project costs for the second fiscal year, at least 50 percent of the project costs for the third fiscal year, and at least 75 percent of the project costs for the fourth or fifth fiscal years.

##### Review Criteria

Final criteria are included in the application kit.

#### Estimated Amount of This Competition

\$3,790,000

#### Estimated Number of Awards

12

Projected Award Date: 05/98

Contact: 1-888-333-HRSA

Application Availability: 10/01/97

Application Deadline: 01/16/98

CFDA Number: 93.359

Contact Person: Janet Clear  
jclear@hrsa.dhhs.gov

#### Predoctoral Training in Family Medicine

##### Authorization

Section 747(a) of the Public Health Service Act, 42 U.S.C. 293k

##### Purpose

This program provides funds to promote the predoctoral training of allopathic and osteopathic medical

students in the field of family medicine. Supported programs emphasize the provision of longitudinal, preventive, and comprehensive care to families. The program assists schools in meeting the cost of planning, developing and operating or participating in approved predoctoral training programs in the field of family medicine. Support may be provided both for the program and for the trainees. Assistance may be requested for any of the following purposes: curriculum development, clerkships, preceptorships, and/or student assistantships. The programs should be part of an integrated institutional strategy to provide education and training in family medicine. The intent is to design programs which encourage graduates to seek residency training in family medicine and eventually to enter a career in family medicine.

#### *Eligibility*

Public, or private nonprofit, accredited schools of medicine or osteopathic medicine are eligible for grant support.

#### *Funding Priorities and/or Preferences*

As provided in Section 791(a) of the Public Health Service Act, statutory preference will be given to any qualified applicant that: (A) Has a high rate for placing graduates in practice settings having the principal focus of serving residents of medically underserved communities; or (B) during the 2-year period preceding the fiscal year for which such an award is sought, has achieved a significant increase in the rate of placing graduates in such settings. This statutory general preference will only be applied to applications that rank above the 20th percentile of applications recommended for approval by the peer review group.

In FY 1998, "high rate" means that a minimum of 20 percent of the medical school's (or osteopathic) graduates from academic year 1992-93 or 1993-94, whichever is greater, are spending at least 50 percent of their work time in clinical practice in the specified settings. Graduates who are providing care in an underserved area as part of a fellowship or other educational experience can be counted.

"Significant increase in the rate" means that, between academic years 1995 and 1996, the rate of placing the 1992-1993 graduates in the specified settings has increased by at least 50 percent and not less than 15 percent of graduates from the most recent year are working in such settings.

#### *Review Criteria*

Final criteria are included in the application kit.

#### *Estimated Amount of This Competition*

\$4,450,000

#### *Estimated Number of Awards*

41

*Projected Award Date:* 03/98

*Contact:* 1-888-333-HRSA

*Application Availability:* 07/15/97

*Application Deadline:* 11/07/97

*CFDA Number:* 93.896

*Contact Person:* Betty M. Ball,

bball@hrsa.dhhs.gov

#### **Departments of Family Medicine**

##### *Authorization*

Section 747(b) of the Public Health Service Act, 42 U.S.C. 293k

##### *Purpose*

This program provides funding for the following purposes: to establish, maintain, or improve family medicine academic administrative units to provide clinical instruction in family medicine; to plan and develop model educational predoctoral, faculty development, and graduate medical education programs in family medicine which will meet the requirements of Section 747(a) by the end of the project period of Section 747(b) support; to support academic and clinical activities relevant to the field of family medicine; and, to strengthen the administrative base and structure responsible for the planning, direction, organization, coordination, and evaluation of all undergraduate and graduate family medicine activities.

##### *Eligibility*

Public, or private non-profit accredited schools of medicine or osteopathic medicine are eligible for grant support.

##### *Funding Priorities and/or Preferences*

As provided in Section 791(a) of the Public Health Service Act, statutory preference will be given to any qualified applicant that: (A) Has a high rate for placing graduates in practice settings having the principal focus of serving residents of medically underserved communities; or (B) during the 2-year period preceding the fiscal year for which such an award is sought, has achieved a significant increase in the rate of placing graduates in such settings. This statutory general preference will only be applied to applications that rank above the 20th percentile of applications recommended for approval by the peer review group.

Under Section 747(b), a funding preference is provided for qualified applicants that agree to expend the award for the purpose of: (1) Establishing an academic administrative unit defined as a department, division, or other unit, for programs in family medicine; or (2) substantially expanding the programs of such a unit.

In FY 1998, "high rate" means that a minimum of 20 percent of the medical school's (or osteopathic) graduates from academic year 1992-93 or 1993-94, whichever is greater, are spending at least 50 percent of their work time in clinical practice in the specified settings. Graduates who are providing care in an underserved area as a part of a fellowship or other educational experience can be counted.

"Significant increase in the rate" means that, between academic years 1995 and 1996, the rate of placing the 1992-1993 graduates in the specified settings has increased by at least 50 percent and not less than 15 percent from the most recent year are working in such settings.

#### *Review Criteria*

Final criteria are included in the application kit.

#### *Estimated Amount of This Competition*

\$3,500,000

*Estimated Number of Awards*

19

#### *Technical Assistance Group Conference*

*Call:* February 3, 1998

*Contact:* Shelby Biedenbapp by January

6 to participate, 301-443-1467 or e-mail sbiedenbapp@hrsa.dhhs.gov.

*Projected Award Date:* 07/98

*Contact:* 1-888-333-HRSA

*Application Availability:* 10/01/97

*Application Deadline:* 03/16/98

*CFDA Number:* 93.984

*Contact Person:* Shelby Biedenbapp

sbiedenbapp@hrsa.dhhs.gov

#### **Allied Health Project Grants**

##### *Authorization*

Section 767 of the Public Health Service Act, 42 U.S.C. 294e.

##### *Purpose*

This grant program assists eligible entities in meeting the costs associated with expanding or establishing programs that will increase the number of individuals trained in the allied health professions and may include establishing community-based training programs that link academic centers to medically underserved or rural communities, develop curriculum relevant to the emerging health care system, provide interdisciplinary

training experiences, and expand or establish demonstration centers to emphasize innovative models to link allied health clinical practice, education, and research.

#### *Eligibility*

"Eligible entity" for the purpose of this grant program means: (1) Public or private nonprofit schools, universities, or other educational entities that provide for education and training in the allied health professions; or (2) other public or nonprofit private entities capable, as determined by the Secretary, of carrying out the purpose of the Allied Health Project Grants Program as described in the application; and (3) be located in a State.

#### *Funding Priorities and/or Preferences*

##### *Statutory Funding Preference*

As provided for in Sections 767(b) (2) and 791 (a) of the Public Health Service Act are set forth below. Applicants who meet one or more of the following criteria will receive funding preference. Greater priority will be given to applicants who qualify in two or three of the following preference categories: (A) Expand and maintain first-year enrollment by not less than 10 percent over enrollments in base year 1992; or (B) demonstrate that not less than 20 percent of the graduates of such training programs during the preceding 2-year period are working at least 50 percent of work time in clinical settings having the principal focus of serving residents of medically underserved communities; or (C) during the 2-year period preceding the fiscal year for which such an award is sought, has achieved a significant increase in the rate of placing graduates in such settings.

#### *Review Criteria*

Final criteria are included in the application kit.

#### *Estimated Amount of This Competition*

\$1,400,000

#### *Estimated Number of Awards*

12

#### *Technical Assistance Workshop:*

October 30–31, 1997

Contact Mita Hernandez by October 1 to participate, 301–443–6764, mhernandez@hrsa.dhhs.gov

*Projected Award Date:* 06/98

*Contact:* 1–888–333–HRSA

*Application Availability:* 10/01/97

*Application Deadline:* 02/17/98

*CFDA Number:* 93.191

*Contact Person:* Norman L. Clark, nclark@hrsa.dhhs.gov

### **Residencies and Advanced Education in the Practice of General Dentistry**

#### *Authorization*

Section 749 of the Public Health Service Act, 42 U.S.C. 293m.

#### *Purpose*

The intent of this grant program is to increase the number of training opportunities in postgraduate general dentistry, and to improve program quality, with emphasis on practice in underserved areas; provision of a broad range of clinical services; coordination and integration of care; and meeting the needs of special populations, such as the elderly and persons living with AIDS.

#### *Eligibility*

The applicant shall: Be a public or nonprofit private school of dentistry or an accredited postgraduate dental training institution (hospital, medical center, or other entity) and be accredited by the appropriate accrediting body.

#### *Funding Priorities and/or Preferences*

As provided in Section 791(a) of the Public Health Service Act, preference will be given to any qualified applicant that: (A) Has a high rate for placing graduates in practice settings having the principal focus of serving residents of medically underserved communities; or (B) during the 2-year period preceding the fiscal year for which such an award is sought, has achieved a significant increase in the rate of placing graduates in such settings. This preference will only be applied to applications that rank above the 20th percentile of applications recommended for approval by the peer review group.

"High rate" is defined as a minimum of 25 percent of combined graduates in academic years 1994–95, 1995–96, and 1996–97 who spend at least 50 percent of their work time in clinical practice in the specified settings. Graduates who are providing care in a medically underserved community as a part of a fellowship or other educational experience can be counted.

"Significant increase in the rate" means that, between academic years 1995–96 and 1996–97, the rate of placing graduates in the specified settings has increased by a minimum of 50 percent and that not less than 15 percent of graduates from the most recent year are working in these settings.

#### *Review Criteria*

Final criteria are included in the application kit.

*Estimated Amount of This Competition*  
\$1,800,000

#### *Estimated Number of Awards*

15

*Technical Assistance Group Conference*  
Call: October 23, 1997

Contact Kathy Hayes by October 10, fax 301–443–1164, khayes@hrsa.dhhs.gov

*Projected Award Date:* 03/98

*Contact:* 1–888–333–HRSA

*Application Availability:* 10/01/97

*Application Deadline:* 12/01/97

*CFDA Number:* 93.897

*Contact Person:* Kathy Hayes, khayes@hrsa.dhhs.gov

### **Residency Training in Preventive Medicine**

#### *Authorization*

Section 763 of the Public Health Service Act, 42 U.S.C. 294b.

#### *Purpose*

The grant program promotes postgraduate education of physicians in preventive medicine. Grants assist schools to: (1) maintain and improve existing residency training programs or plan and develop new programs, and (2) provide financial support to residents.

#### *Eligibility*

The applicant must be an accredited public or private nonprofit school of allopathic or osteopathic medicine or a school of public health. Also, an applicant must demonstrate that it has, or will have by the end of one year of grant support, full-time faculty with training and experience in the fields of preventive medicine and support from other faculty members trained in public health and other relevant specialties and disciplines.

#### *Funding Priorities and/or Preferences*

##### *Statutory Funding Preference*

As provided for in Section 791(a) of the Public Health Service Act, preference will be given to applicants that demonstrate a high rate of placing graduates in practice settings that serve residents of medically underserved communities, or that document a significant increase in the rate of placing graduates in such settings. "High rate" is defined as a minimum of 25 percent of combined graduates in academic year 1996–97 who spend at least 50 percent of their work time in clinical practice in the specified settings. "Significant increase in the rate" means that, between academic years 1994–95, 1995–96 and 1996–97, the rate of placing graduates in the specified settings increased by a minimum of 50 percent

and that not less than 15 percent of graduates from the most recent years are working in these settings. This preference will be applied to applications that rank above the 20th percentile of applications recommended for approval.

Funding priority will be given to projects that conduct residency training in the areas of general preventive medicine or public health.

#### *Review Criteria*

Final criteria are included in the application kit.

#### *Estimated Amount of this Competition*

\$1,800,000

#### *Estimated Number of Awards*

13

*Projected Award Date:* 03/98

*Contact:* 1-888-333-HRSA

*Application Availability:* 10/01/97

*Application Deadline:* 12/15/97

*CFDA Number:* 93.117

*Contact Person:* Ron Merrill,  
rmerrill@hrsa.dhhs.gov

### **Physician Assistants Training**

#### *Authorization*

Section 750 of the Public Health Service Act, 42 U.S.C. 293n.

#### *Purpose*

Grants are awarded under Section 750 of the Public Health Service Act to eligible entities: (1) for the training of physician assistants; and (2) for the training of individuals who will teach in programs of such training. The projects supported must meet the definition of a training program for physician assistants as defined under Section 799 of the Public Health Service Act. By legislation, no more than 10 percent of the yearly appropriation can be used for faculty development activities. Programs assisted are primary care oriented and stress educational experiences and practice location in health professional shortage areas. The program assists schools to meet the costs of projects to plan, develop and operate or maintain programs for the training of physician assistants or for the training of individuals who teach in programs of such training. Programs must develop and use methods designed to encourage graduates of the program to work in health professional shortage areas and methods for placing graduates in positions for which they have been trained.

#### *Eligibility*

Accredited schools of medicine or osteopathic medicine, or other public or private nonprofit entities are eligible

applicants. Eligible physician assistant programs are those which are either accredited by the American Medical Association's Committee on Allied Health Education and Accreditation (AMA-CAHEA) or its successor organization, the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

#### *Funding Priorities and or Preferences*

As provided in Section 791(a) of the Public Health Service Act, statutory preference will be given to any qualified applicant that: (A) Has a high rate for placing graduates in practice settings having the principal focus of serving residents of medically underserved communities; or (B) during the 2-year period preceding the fiscal year for which such an award is sought, has achieved a significant increase in the rate of placing graduates in such settings. This statutory general preference will only be applied to applications that rank above the 20th percentile of applications recommended for approval by the peer review group.

In FY 1998, "high rate" means that a minimum of 20 percent of all physician assistant training program graduates from academic years 1995-96 or 1996-97, whichever is greater, are spending at least 50 percent of their work time in clinical practice in the specified settings.

"Significant increase in the rate" means that, between academic years 1995-96 and 1996-97, the rate of placing physician assistant training program graduates in these settings has increased by at least 50 percent and not less than 15 percent of 1996-97 graduates are working in such settings

#### *Review Criteria*

Final criteria are included in the application kit.

#### *Estimated Amount of this Competition*

\$3,730,000

#### *Estimated Number of Awards*

28

#### *Technical Assistance Group Conference*

*Call:* November 6, 1997. Contact Ed Spirer by October 22 to participate at 301-443-3456 or e-mail  
espirer@hrsa.dhhs.gov

*Projected Award Date:* 05/98

*Contact:* 1-888-333-HRSA

*Application Availability:* 10/01/97

*Application Deadline:* 12/22/97

*CFDA Number:* 93.886

*Contact Person:* Edwin S. Spirer,  
espirer@hrsa.dhhs.gov

### **Geriatric Education Centers**

#### *Authorization*

Section 777(a) of the Public Health Service Act, 42 U.S.C. 294(o).

#### *Purpose*

This program supports the development of collaborative arrangements involving several health professions schools and health care facilities. Geriatric Education Centers (GECs), facilitate training of health professional faculty, students, and practitioners in the diagnosis, treatment, and prevention of disease, disability, and other health problems of the aged. Health professionals include allopathic physicians, osteopathic physicians, dentists, optometrists, podiatrists, pharmacists, nurse practitioners, physician assistants, chiropractors, clinical psychologists, health administrators, and allied health professionals. Projects supported under these grants must offer training involving four or more health professions, one of which must be allopathic or osteopathic medicine, and must address one or more of the following statutory purposes: (a) Improve the training of health professionals in geriatrics; (b) develop and disseminate curricula relating to the treatment of health problems of elderly individuals; (c) expand and strengthen instruction in methods of such treatment; (d) support the training and retraining of faculty to provide such instruction; (e) support continuing education of health professionals and allied health professionals who provide such treatment; and (f) establish new affiliations with nursing homes, chronic and acute disease hospitals, ambulatory care centers, and senior centers in order to provide students with clinical training in geriatric medicine.

#### *Eligibility*

Grants may be made to accredited health professions schools as defined by Section 799(1), or programs for the training of physician assistants as defined by Section 799(3), or schools of allied health as defined in Section 799(4), or schools of nursing as defined by Section 853(2) of the Public Health Service Act.

#### *Funding Priorities and/or Preferences*

None.

#### *Review Criteria*

Final criteria are included in the application kit.

#### *Estimated Amount of This Competition*

\$1,978,000

*Estimated Number of Awards*

12

*Technical Assistance Workshop Dates:*  
October 30–31, 1997*Contact:* Mita Hernandez by October 1  
on 301–443–6764 or by e-mail  
mhernandez@hrsa.dhhs.gov*Projected Award Date:* 04/98*Contact:* 1–888–333–HRSA*Application Availability:* 10/01/97*Application Deadline:* 12/19/97*CFDA Number:* 93.969*Contact Person:* Susan Klein,  
sklein@hrsa.dhhs.gov**Health Careers Opportunity Program  
(HCOP)***Authorization*Section 740 of the Public Health  
Service Act, 42 U.S.C. 293D.*Purpose*

The goal of this grant program is to increase the number of individuals from disadvantaged backgrounds in the health and allied health professions in order to meet the expanding health care needs of underserved populations. The HCOP program works to build diversity in the health fields by providing students from disadvantaged backgrounds an opportunity to enhance their academic skills and needed support to successfully compete, enter, and graduate from health professions schools. The legislative purposes for which HCOP funds may be awarded are: recruitment, preliminary education, facilitating entry, retention, and financial aid information dissemination.

Applicants should pay particular attention to statutory and administrative funding priorities/preferences and evaluation criteria included in the application materials.

*Eligibility*

Eligible applicants include schools of medicine, osteopathic medicine, public health, dentistry, veterinary medicine, optometry, pharmacy, podiatric medicine, allied health, chiropractic, public or non-profit private schools which offer graduate programs in clinical psychology, and other public or private non-profit health or educational entities.

*Funding Priorities and/or Preferences*

A statutory funding priority will be given to the following schools: (1) A school which previously received an HCOP grant and increased its first-year enrollment of individuals from disadvantaged backgrounds by at least 20 percent over that enrollment in the base year 1987 (for which the applicant must supply data) by the end of three

years from the date of the award of the HCOP grant; and (2) a school which had not previously received an HCOP grant that increased its first-year enrollment of individuals from disadvantaged backgrounds by at least 20 percent over that enrollment in the base year 1987 (for which the applicant must supply data) over any period of time (three consecutive years).

*Review Criteria*

Final criteria are included in the application kit.

*Estimated Amount of This Competition*

\$5,000,000

*Estimated Number of Awards*

28

*Projected Award Date:* 07/98*Contact:* 1–888–333–HRSA*Application Availability:* 10/01/97*Application Deadline:* 01/30/98*CFDA Number:* 93.822*Contact Person:* Mario Manecchi,  
mmanecchi@hrsa.dhhs.gov**Centers of Excellence (COE)***Authorization*Section 739 of the Public Health  
Service Act, 42 U.S.C. 293c.*Purpose*

The goal of this program is to assist health professions schools in supporting programs of excellence in health education for minority individuals in allopathic medicine, osteopathic medicine, dentistry, and pharmacy. Specifically, the program is to strengthen the national capacity to train minority students in these health professions. Applicants for a COE grant must address all of the following legislative purposes: Student Recruitment; Student Performance; Faculty Recruitment, Training and Retention; Information Resources, Curricula and Clinical Education; and Faculty and Student Research.

*Eligibility*

Eligible organizations are: allopathic medicine, osteopathic medicine, dentistry, and pharmacy.

*Funding Priorities and/or Preferences*

None.

*Evaluation Criteria*

Final criteria are included in the application kit.

*Estimated Amount of This Competition*

\$4,000,000

*Estimated Number of Awards*

3

*Projected Award Date:* 8/98*Contact:* 1–888–333–HRSA*Application Availability:* 10/01/97*Application Deadline:* 03/27/98*CFDA Number:* 93.157*Contact Person:* Roland Garcia,  
rgarcia@hrsa.dhhs.gov**State-Supported Model Area Health  
Education Centers***Authorization*Section 746(a)(3) of the Public Health  
Service Act, 42 U.S.C. 201.*Purpose*

Cooperative agreements are awarded for the Area Health Education Centers (AHEC) Program under Section 746(a)(3) of the Public Health Service Act. The program assists schools to improve the distribution, supply, and quality of health personnel in the health services delivery system, by encouraging the regionalization of educational responsibilities of health professions schools. Emphasis is placed on community-based training of primary care oriented students, residents, and providers. The AHEC program assists schools in the development, and operation of AHEC Centers to implement educational system incentives to attract and retain health care personnel in scarcity areas. By linking the academic resources of the university health science center with local planning, educational and clinical resources, the AHEC program establishes a network of health-related institutions to provide educational services to students, faculty and practitioners and ultimately, to improve the delivery of health care in the service area. These programs are collaborative partnerships which address current health workforce needs within a region of a State, or in an entire State.

*Eligibility*

Public, or private nonprofit, accredited schools of medicine or osteopathic medicine are eligible applicants.

*Funding Priorities and/or Preferences*

Funds shall be awarded to approved applicants in the following order: (1) Competing continuations; (2) new starts in States with no AHEC program; (3) other new starts; and (4) competing supplementals.

*Matching Requirement*

In Model State-Supported AHEC Programs, non-Federal contributions in cash shall consist of not less than 50 percent of the total costs of operating the program.

**Review Criteria**

Final criteria are included in the application kit.

**Estimated Amount of This Competition**

\$3,028,000

**Estimated Number of Awards**

12

**Projected Award Date:** 05/98

**Contact:** 1-888-333-HRSA

**Application Availability:** 10/01/97

**Application Deadline:** 01/09/98

**CFDA Number:** 93.107

**Contact Person:** Joseph West,  
jwest@hrsa.dhhs.gov

**Basic Core Area Health Education Centers****Authorization**

Section 746(a)(1) of the Public Health Service Act, 42 U.S.C. 293j.

**Purpose**

Cooperative agreements are awarded for the Area Health Education Centers (AHEC) Program under Section 746(a)(1) of the Public Health Service Act. The program assists schools to improve the distribution, supply and quality of health personnel in the health services delivery system, by encouraging the regionalization of educational responsibilities of health professions schools. Emphasis is placed on community-based training of primary care oriented students, residents, and providers. The AHEC program assists schools in the planning, development, and operation of AHEC Centers to initiate educational system incentives, to attract and retain health care personnel in scarcity areas. By linking the academic resources of the university health science center with local planning, educational and clinical resources, the AHEC program establishes a network of community-based training sites to provide educational services to students, faculty and practitioners in underserved areas and ultimately, to improve the delivery of health care in the service area. The program embraces the goal of increasing the number of health professions graduates who ultimately will practice in underserved areas.

**Eligibility**

Public, or private nonprofit, accredited schools of medicine or osteopathic medicine are eligible applicants.

**Funding Priorities and/or Preferences**

Funds shall be awarded to approved applicants in the following order: (1) Competing continuations; (2) new starts

in States with no AHEC program; (3) other new starts; and (4) competing supplementals.

**Matching Requirement**

In the Basic/Core AHEC Programs, the awardee must provide matching funds from non-Federal sources at a minimum of 25 percent of the total program expenditures.

**Review Criteria**

Final criteria are included in the application kit.

**Estimated Amount of This Competition**

\$4,728,000

**Estimated Number of Awards**

5

**Projected Award Date:** 05/98

**Contact:** 1-888-333-HRSA

**Application Availability:** 10/01/97

**Application Deadline:** 01/09/98

**CFDA Number:** 93.824

**Contact Person:** Louis D. Coccodrilli,  
lcoccodrilli@hrsa.dhhs.gov

**Minority Faculty Fellowship Program (MFFP)****Authorization**

Section 738(B) of the Public Health Service Act, 42 U.S.C. 293b.

**Purpose**

The purpose of the Minority Faculty Fellowship Program is to increase the number of under-represented minority faculty members in health professions schools.

**Eligibility**

Eligible applicants for this program are schools of medicine, osteopathic medicine, dentistry, veterinary medicine, optometry, podiatric medicine, pharmacy, public health, health administration, clinical psychology, and other public or private non-profit health or educational entities.

**Review Criteria**

Final criteria are included in the application kit.

**Estimated Amount of This Competition**

\$100,000

**Estimated Number of Awards**

3

**Funding Priorities and/or Preferences**

None.

**Projected Award Date:** 06/98

**Contact:** 1-888-333-HRSA

**FAX:** 1-301-309-0579

**Application Availability:** 10/01/97

**Application Deadline:** 03/27/98

**CFDA Number:** 93.923

**Contact Person:** Lafayette Gilchrist  
lgilchrist@hrsa.dhhs.gov

**Rural Health Programs****Rural Outreach Grant Program****Authorization**

Public Law 104-299, the Health Centers Consolidation Act of 1996, 42 U.S.C. 254(b).

**Purpose**

The purpose of this program is to expand access to, coordinate, restrain the cost of, and improve the quality of essential health care services, including preventive and emergency services, through the development of integrated health care delivery systems or networks in rural areas and regions. Funds are available for projects to support the direct delivery of health care and related services, to expand existing services, or to enhance health service delivery through education, promotion, and prevention programs. The emphasis is on the actual delivery of specific services rather than the development of organizational capabilities. Projects may be carried out by networks of the same providers (e.g. all hospitals) or more diversified networks. There must be a memorandum of agreement or other formal arrangement between members of a network.

**Eligibility**

Rural public or nonprofit entity that is or represents a network or potential network that includes three or more health care providers or other entities that provide or support the delivery of health care services. The administrative headquarters of the organization must be located in a rural county or in a rural census tract of an urban county, or an organization constituted exclusively to provide services to migrant and seasonal farmworkers in rural areas and supported under Section 330G of the Public Health Service Act. These organizations are eligible regardless of the urban or rural location of the administrative headquarters.

**Funding Preferences and/or Priorities****Statutory Preference**

Funding preference may be given to applicant networks that include: (1) A majority of the health care providers serving in the area or region to be served by the network; (2) any federally qualified health centers, rural health clinics, and local public health departments serving in the area or region; (3) outpatient mental health providers serving in the area or region; or (4) appropriate social service

providers, such as agencies on aging, school systems, and providers under the women, infant, and children program (WIC) to improve access to and coordination of health care services.

#### *Review Criteria*

Final criteria are included in the application kit.

#### *Estimated Amount of This Competition*

\$2,500,000

#### *Estimated Number of Awards*

10-12

*Group Conference Call Date:* January 15, 1998

*Contact:* Lilly Smetana by January 5 on 301-443-0835 or by e-mail at lsmetana@hrsa.dhhs.gov

*Projected Award Date:* 09/30/98

*Contact:* 1-888-333-HRSA

*Application Availability:* 12/15/97

*Application Deadline:* 03/16/98

*CFDA Number:* Outreach 93.912A

*Contact Person:* Arlene Granderson, agranderson@hrsa.dhhs.gov

### **Rural Network Development Grant Program**

#### *Authorization*

Public Law 104-299, the Health Centers Consolidation Act of 1996, 42 U.S.C. 254(b).

#### *Purpose*

The purpose of this program is to support the planning and development of vertically integrated health care networks in rural areas. Vertically integrated networks must be composed of three different types of providers. There must be a memorandum of agreement or other formal arrangement between members of a network. The emphasis of the program is on projects to develop the organizational capabilities of these networks. The network is a tool for overcoming the fragmentation of health care delivery services in rural areas. As such, the network provides a range of possibilities for structuring local delivery systems to meet health care needs of rural communities.

#### *Eligibility*

Rural public or nonprofit private entity that is or represents a network which includes three or more health care providers or other entities that provide or support the delivery of health care services. The administrative headquarters of the organization must be located in a rural county or in a rural census tract of an urban county, or an organization constituted exclusively to provide services to migrant and seasonal

farmworkers in rural areas and supported under Section 330G of the Public Health Service Act. These organizations are eligible regardless of the urban or rural location of the administrative headquarters.

#### *Funding Priorities and/or Preferences*

##### *Statutory Preference*

Funding preference may be given to applicant networks that include: (1) A majority of the health care providers serving in the area or region to be served by the network; (2) any federally qualified health centers, rural health clinics, and local public health departments serving in the area or region; (3) outpatient mental health providers serving in the area or region; or (4) appropriate social service providers, such as agencies on aging, school systems, and providers under the women, infants, and children program (WIC) to improve access to and coordination of health care services.

#### *Review Criteria*

Final criteria are included in the application kit.

#### *Estimated Amount of this Competition*

\$3,000,000

#### *Estimated Number of Awards*

10-15

*Group Conference Call Date:* January 22, 1998

*Contact:* Lilly Smetana by January 9 on 301-443-0835 or by e-mail at lsmetana@hrsa.dhhs.gov

*Projected Award Date:* 09/30/98

*Contact:* 1-888-333-HRSA

*Application Availability:* 12/15/97

*Application Deadline:* 03/16/98

*CFDA Number:* Network 93.912B

*Contact Person:* Jake Culp, jculp@hrsa.dhhs.gov

### **Maternal and Child Health Programs**

#### *Eligibility*

42 CFR Part 51a.3 \*

(a) With the exception of training and research, as described in paragraph (b) of this section, any public or private entity, including Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b) is eligible to apply for Federal funding under this Part.

(b) Only public or nonprofit private institutions of higher learning may apply for training grants. Only public or nonprofit institutions of higher learning and public or private non-profit agencies engaged in research or in programs relating to maternal and child health and/or services for children with special health care needs may apply for

grants, contracts or cooperative agreements for research in maternal and child health services or in services for children with special health care needs.

### **Maternal and Child Health Research**

#### *Authorization*

Title V of the Social Security Act, 42 U.S.C. 701.

#### *Purpose*

This program encourages applied research in maternal and child health which has the potential for ready transfer of findings to health care delivery programs.

#### *Eligibility*

42 CFR Part 51a.3 \*

#### *Funding Priorities and/or Preferences*

Special consideration for funding will be given in FY 1998 to projects which: (1) Seek to develop measures of racism and study its consequences for the health of mothers and children; (2) investigate the role that fathers play in caring for and nurturing the health, growth, and development of children; and (3) evaluate the impact of health care reform and managed care on access to, use of, and quality of maternal and child health services.

#### *Review Criteria*

Final criteria are included in the application kit.

#### *Estimated Amount of This Competition*

\$1,900,000

#### *Number of Expected Awards*

10

*Projected Award Date:* September and January

*Contact:* 1-888-333-HRSA

*Application Availability:* Continuous

*Application Deadline:* March 1 and August 1

*CFDA Number:* 93.110RS

*Contact Person:* Gontran Lamberty, glamberty@hrsa.dhhs.gov

### **Genetic Services**

#### *Authorization*

Title V of the Social Security Act, 42 U.S.C. 701.

#### *Purpose*

This program supports genetic services demonstrations in managed care environments, with Sickle Cell children, patients and families affected by Thalassemia, genetic services networks of provider and consumers for purposes of regional coordination and dissemination, projects for people with cultural barriers to care, projects to



bring clinical genetics and new National Institutes of Health findings to primary care practitioners, and regional teratogen information services.

#### *Eligibility*

42 CFR Part 51a.3\*

*Funding Priorities and/or Preferences*  
None.

#### *Review Criteria*

Final criteria are included in the application kit.

*Estimated Amount of This Competition*  
\$3,572,000

*Estimated Number of Awards*  
25

*Projected Award Date:* 09/98  
*Contact:* 1-888-333-HRSA  
*Application Availability:* 02/27/98  
*Application Deadline:* 04/30/98  
*CFDA Number:* 93.110A  
*Contact Person:* Michele Lloyd-Puryear,  
mpuryear@hrsa.dhhs.gov

#### **Children With Special Health Care Needs (CSHCN) Medical Home/Family Professional Partnership Initiative**

#### *Authorization*

Title V of the State Social Security Act, 42 U.S.C. 701.

#### *Purpose*

The purpose of this competition is to expand the CSHCN Medical Home/Family Professional Partnership Initiative in the areas of: (1) Development and demonstration of innovative medical home models for serving CSHCN, (2) development and dissemination of national models for CSHCN, and (3) demonstration of strategies for monitoring and measuring community service integration for CSHCN and their families.

#### *Eligibility*

42 CFR Part 51a.3\*

#### *Funding Priorities and/or Preferences*

Priority will be given to models included in managed care settings which demonstrate expertise and capacity in providing medical homes for CSHCN, and evidence of leadership in promoting family/professional partnerships.

#### *Review Criteria*

Final criteria are included in the application kit.

*Estimated Amount of This Competition*  
\$1,600,000

*Estimated Number of Awards*

8

*Projected Award Date:* 07/98  
*Contact:* 1-888-333-HRSA  
*Application Availability:* 01/02/98  
*Application Deadline:* 04/01/98  
*CFDA Number:* 93.110F  
*Contact Person:* Diana Denboba,  
ddenboba@hrsa.dhhs.gov

#### **Managed Care for Children With Special Health Care Needs (CSHCN)**

#### *Authorization*

Title V of the Social Security Act, 42 U.S.C. 701.

#### *Purpose*

This competition expands the existing CSHCN managed care initiative, which implements the National Agenda for CSHCN Needs: Achieving the Goals 2000. The purpose is to design and implement: (1) Financing options for extending coverage for comprehensive specialty services for CSHCN who have health insurance with limited coverage, (2) new approaches for identifying and tracking CSHCN in managed care organizations, (3) improved systems of quality assurance within managed care organizations (4) improved systems of specialty provider network organization, and (5) other managed care practice innovations to serve CSHCN more effectively.

#### *Eligibility*

42 CFR Part 51a.3\*

#### *Funding Priorities and/or Preferences*

Preference will be given to partnerships with clearly demonstrated expertise and capacity in providing care for CSHCN and their families.

#### *Review Criteria*

Final criteria are included in the application kit.

*Estimated Amount of This Competition*  
\$3,250,000

*Estimated Number of Awards*  
10

*Projected Award Date:* 09/98  
*Contact:* 1-888-333-HRSA  
*Application Availability:* 01/02/98  
*Application Deadline:* 03/10/98  
*CFDA Number:* 93.110C  
*Contact Person:* Diane Rodill,  
drodill@hrsa.dhhs.gov

#### **Children With Special Health Care Needs (CSHCN) Adolescent Transition**

#### *Authorization*

Title V of the Social Security Act, 42 U.S.C. 701.

#### *Purpose*

This competition will fund a cooperative agreement to support the

activities of the MCHB "Healthy and Ready to Work", Adolescent Transition Initiative. The purpose of this agreement is to (1) provide support efforts to grantees, agencies, and organizations regarding policy initiatives related to Supplemental Security Income (SSI) recipients and adolescents with special health care needs, (2) establish and implement a dissemination and education strategy to enhance timely interactive communication, including telecommunication efforts between community leaders and policy-makers concerned with transition, employment, and other issues related to adolescents with special health care needs, and (3) expand and enhance the capacity to collect, analyze and use quantitative and qualitative data to promote independence and employment of SSI recipients and adolescents with special health care needs.

#### *Eligibility*

42 CFR Part 51a.3\*

#### *Funding Priorities and/or Preferences*

Preference will be given to entities with clearly demonstrated expertise and capacity in addressing issues related to SSI, State Systems Development Initiative (SSDI), managed care/CSHCN, and integrated services for CSHCN.

#### *Review Criteria*

Final criteria are included in the application kit.

*Estimated Amount of This Competition*  
\$600,000

*Estimated Number of Awards*

1

*Projected Award Date:* 07/98  
*Contact:* 1-888-333-HRSA  
*Application Availability:* 01/02/98  
*Application Deadline:* 04/01/98  
*CFDA Number:* 93.110D  
*Contact Person:* Bonnie Strickland,  
bstrickland@hrsa.dhhs.gov

#### **Sudden Infant Death Syndrome (SIDS)/Other Infant Death (OID) Program**

#### *Authorization*

Title V of the Social Security Act, 42 U.S.C. 701.

#### *Purpose*

The purpose of this program is to increase the capacity of Title V programs to design, implement and evaluate culturally competent service delivery systems for those at risk or impacted by Sudden Infant Death Syndrome and Other Infant Death.

*Eligibility*

42 CFR Part 51a.3 \*

*Funding Priorities and/or Preferences*

None.

*Review Criteria*

Final criteria are included in the application kit.

*Estimated Amount of This Competition*

\$125,000

*Estimated Number of Awards*

1

Projected Award Date: 04/98

Contact: 1-888-333-HRSA

Application Availability: 12/31/97

Application Deadline: 02/27/98

CFDA Number: 93.110O

Contact Person: Paul S. Rusinko,  
prusinko@hrsa.dhhs.gov

**Long Term Training in Nursing***Authorization*

Title V of the Social Security Act, 42 U.S.C. 701.

*Purpose*

The purpose of this program is to provide graduate training of nurses for leadership roles in the care of women, infants, children, and adolescents in: (a) Community/public health programs providing maternal and child health services, including those for children with special health care needs; or (b) academia.

*Eligibility*

42 CFR Part 51a.3 \*

*Funding Priorities and/or Preferences*

Preference will be given to graduate programs in maternal and pediatric nursing in an accredited school of nursing.

*Review Criteria*

Final criteria are included in the application kit.

*Estimated Amount of This Competition*

\$1,050,000

*Estimated Number of Awards*

7

Projected Award Date: 07/98

Contact: 1-888-333-HRSA

Application Availability: 01/15/98

Application Deadline: 03/16/98

CFDA Number: 93.110TE

Contact Person: Shelley Benjamin,  
sbenjamin@hrsa.dhhs.gov

**Long Term Training in Nutrition***Authorization*

Title V of the Social Security Act, 42 U.S.C. 701.

*Purpose*

This program provides graduate training of nutrition professionals for leadership roles in public health nutrition with emphasis on maternal and child health including children with special health care needs.

*Eligibility*

42 CFR Part 51a.3 \*

*Funding Priorities and/or Preferences*

Accredited institutions with an established public health nutrition graduate program will be given preference.

*Review Criteria*

Final criteria are included in the application kit.

*Estimated Amount of This Competition*

\$927,000

*Estimated Number of Awards*

7

Projected Award Date: 07/98

Contact: 1-888-333-HRSA

Application Availability: 01/15/98

Application Deadline: 03/16/98

CFDA Number: 93.110TG

Contact Person: Shelley Benjamin,  
sbenjamin@hrsa.dhhs.gov

**Long Term Training in Leadership Education in Neurodevelopmental and Related Disabilities (LEND)***Authorization*

Title V of the Social Security Act, 42 U.S.C. 701.

*Purpose*

The purpose of the Maternal and Child Health Interdisciplinary Leadership Education in Neurodevelopmental and Related Disabilities (LEND) program is to improve the health status of infants, children, and adolescents with, or at risk for, neurodevelopmental and related disabilities, including mental retardation, neurodegenerative and acquired neurological disorders, and multiple handicaps. The educational curricula emphasize the integration of services supported by States, local agencies, organizations, private providers and communities. The LEND programs will prepare health professionals to assist children and their families to achieve their developmental potentials by forging a community-based partnership of health resources and community leadership.

*Eligibility*

42 CFR Part 51a.3 \*

*Funding Priorities and/or Preferences*

None.

*Review Criteria*

Final criteria are included in the application kit.

*Estimated Amount of This Competition*

\$8,019,000

*Estimated Number of Awards*

17

Projected Award Date: 07/98

Contact: 1-888-333-HRSA

Application Availability: 01/15/98

Application Deadline: 03/16/98

CFDA Number: 93.110TM

Contact Person: Shelley Benjamin,  
sbenjamin@hrsa.dhhs.gov

**Continuing Education and Development***Authorization*

Title V of the Social Security Act, 42 U.S.C. 701.

*Purpose*

The purpose of this program is to support and strengthen Maternal and Child Health programs through (1) short-term, non-degree related courses, workshops, conferences, symposia, institutes, and distance learning strategies and or; (2) curricula, guidelines, standards of practice, and educational/tools strategies designed to assure quality health care for the MCH population. The goal is to improve the health status of the MCH population through enhancing the leadership capabilities and practices of professionals in MCH and related services and through modifying the systems that deliver services.

*Eligibility*

42 CFR Part 51a.3 \*

*Funding Priorities and/or Preferences*

None.

*Review Criteria*

Final criteria are included in the application kit.

*Estimated Amount of This Competition*

\$1,068,000

*Estimated Number of Awards*

20

Projected Award Date: 09/98

Contact: 1-888-333-HRSA

Application Availability: 02/27/98

Application Deadline: 07/01/98

CFDA Number: 93.110TO

Contact Person: Shelley Benjamin,  
sbenjamin@hrsa.dhhs.gov

**Healthy Tomorrows Partnership for Children***Authorization*

Title V of the Social Security Act, 42 U.S.C. 701.

*Purpose*

The purpose of this program is to support projects for mothers and children that improve access to health services and utilize preventive strategies. The initiative encourages additional support from the private sector and from foundations to form community-based partnerships to coordinate health resources for pregnant women, infants and children.

*Eligibility*

42 CFR Part 51a.3 \*

*Funding Priorities and/or Preferences*

In the interest of equitable geographic distribution, special consideration for funding will be given to projects from States without a currently funded project in this category. These States are: Arizona, Arkansas, Colorado, Delaware, Florida, Indiana, Iowa, Louisiana, Mississippi, Montana, Nebraska, Nevada, North Carolina, North Dakota, Oklahoma, Pennsylvania, South Dakota, Tennessee, Utah, West Virginia, and Wyoming.

*Review Criteria*

Final criteria are included in the application kit.

*Estimated Amount of This Competition*  
\$300,000

*Estimated Number of Awards*

6

*Projected Award Date:* 09/98  
*Contact:* 1-888-333-HRSA  
*Application Availability:* 01/31/98  
*Application Deadline:* 04/30/98  
*CFDA Number:* 93.110V  
*Contact Person:* Latricia C. Robertson,  
lrobertson@hrsa.dhhs.gov

**State Mortality Morbidity Review Support Program***Authorization*

Title V of the Social Security Act, 42 U.S.C. 701.

*Purpose*

The purpose of this program is to enable State Maternal and Child Health programs to stimulate, promote, coordinate, and sustain mortality and morbidity review programs at state and local levels in order to enhance needs assessment capacity, policy development, and quality improvement efforts. Examples of relevant processes

include: child fatality review, fetal and infant mortality review, SIDS, and adverse pregnancy outcome reviews.

*Eligibility*

42 CFR Part a.3 \*

*Funding Priorities and/or Preferences*

Preference will be given to State Title V programs or their designees.

*Review Criteria*

Final criteria are included in the application kit.

*Estimated Amount of This Competition*  
\$600,000

*Estimated Number of Awards*

4

*Projected Award Date:* 09/98  
*Contact:* 1-888-333-HRSA  
*Application Availability:* 12/01/97  
*Application Deadline:* 03/31/98  
*CFDA Number:* 93.110Y  
*Contact Person:* Ellen Hutchins,  
ehutchins@hrsa.dhhs.gov

**Community Integrated Service Systems To Support Health of Children in Out of Home Care***Authorization*

Title V of the Social Security Act, 42 U.S.C. 701.

*Purpose*

The purpose of this program is to identify, analyze, and disseminate successful State and local approaches for implementing the Model Standards for Children in Foster Care as developed by the Child Welfare League of America and the American Academy of Pediatrics. The program will evaluate and determine the transferability of successful approaches in varied settings.

*Eligibility*

42 CFR Part 51A.3 \*

*Funding Priorities and/or Preferences*  
None.

*Review Criteria*

Final criteria are included in the application kit.

*Estimated Amount of This Competition*  
\$400,000

*Estimated Number of Awards*

1-5

*Projected Award Date:* 08/98  
*Contact:* 1-888-333-HRSA  
*Application Availability:* 02/01/98  
*Application Deadline:* 04/30/98  
*CFDA Number:* 93.110Z  
*Contact Person:* Audrey M. Yowell,  
ayowell@hrsa.dhhs.gov

**Emergency Medical Services for Children (EMSC), Implementation Grants***Authorization*

Section 1910, Public Health Service Act as Amended, 42 U.S.C. 300W-9.

*Purpose*

This program provides funding to improve the capacity of a State's Emergency Medical System program to address the particular needs of children. Implementation grants are used to assist States in integrating research-based knowledge and state-of-the-art systems development approaches into the existing State EMS, MCH, and CSHCN systems, using the experience and products of previous EMSC grantees.

*Eligibility*

Eligible applicants are States and Accredited Schools of Medicine.

*Funding Priorities and/or Preferences*  
None.

*Review Criteria*

Final criteria are included in the application kit.

*Estimated Amount of This Competition*  
\$1,000,000

*Estimated Number of Awards*

4

*Projected Award Date:* 08/98  
*Contact:* 1-888-333-HRSA  
*Application Availability:* 01/17/98  
*Application Deadline:* 04/13/98  
*CFDA Number:* 93.127A  
*Contact Person:* Jean Athey,  
jathey@hrsa.dhhs.gov

**Emergency Medical Services for Children (EMSC), Partnership Grants***Authorization*

Section 1910 of the Public Health Service Act as Amended, 42 U.S.C. 300W-9.

*Purpose*

This grant program supports activities that represent the next logical step or steps to take to institutionalize EMSC within EMS and to continue to improve and refine EMSC. Proposed activities should be consistent with documented needs in the State and should reflect a logical progression in enhancing pediatric capabilities; for example: to increase the involvement of families in EMSC; to improve linkages between local, regional, or State agencies; or to assure effective field triage of the child in physical or emotional crisis to appropriate facilities and/or other resources.

**Eligibility**

Eligible applicants are States and Accredited Schools of Medicine.

**Funding Priorities and/or Preferences**

None.

**Review Criteria**

Final criteria are included in the application kit.

**Estimated Amount of this Competition**

\$480,000.

**Estimated Number of Awards**

8

*Projected Award Date:* 09/98

*Contact:* 1-888-333-HRSA

*Application Availability:* 01/17/98

*Application Deadline:* 04/13/98

*CFDA Number:* 93.127C

*Contact Person:* Jean Athey,

jathey@hrsa.dhhs.gov

**Emergency Medical Services for Children (EMSC), Targeted Issue Grants****Authorization**

Section 1910 of the Public Health Service Act as Amended, 42 U.S.C. 300W-9.

**Purpose**

This program addresses specific, focused issues related to the development of Emergency Medical Services Children knowledge and capacity. Targeted issue priorities are based on the Emergency Medical Services Children Five Year Plan. Proposals may be submitted on emerging issues that are not included in the identified priorities, any such proposals must demonstrate relevance to the Plan.

**Eligibility**

Eligible applicants are States and Accredited Schools of Medicine.

**Funding Priorities and/or Preferences**

Targeted issues which will receive a priority include: cost-benefit analyses related to EMSC; implications of managed care for EMSC; evaluations of EMSC components; risk-taking behaviors of children and adolescent; models for improving the care of culturally distinct populations; and/or children's emergencies in disasters.

**Review Criteria**

Final criteria are included in the application kit.

**Estimated Amount of This Competition**

\$520,000

**Estimated Number of Awards**

4

*Projected Award Date:* 09/98

*Contact:* 1-888-333-HRSA

*Application Availability:* 01/17/98

*Application Deadline:* 04/13/98

*CFDA Number:* 93.127D

*Contact Person:* Jean Athey,

jathey@hrsa.dhhs.gov

**Traumatic Brain Injury (TBI) State Implementation Grants****Authorization**

Section 1242 of the Public Health Service Act, 42, U.S.C. 300D-52 et seq.

**Purpose**

The purpose of this grant program is to improve health and other services for people who have sustained a traumatic brain injury (TBI). Implementation grants provide funding to assist States in moving toward Statewide systems that assure access to comprehensive and coordinated TBI services.

**Eligibility**

Only State governments are eligible for funding under the TBI program demonstration grant program.

**Funding Priorities and/or Preferences**

None.

**Matching Requirement**

The State is required to contribute, in cash, not less than \$1 for each \$2 of Federal funds provided under the grant.

**Review Criteria**

Final criteria are included in the application kit.

**Estimated Amount of This Competition**

\$850,000

**Estimated Number of Awards**

4

*Projected Award Date:* 08/98

*Contact:* 1-888-333-HRSA

*Application Availability:* 01/30/98

*Application Deadline:* 03/30/98

*CFDA Number:* 93.234A

*Contact Person:* Stuart Swayze,

sswayze@hrsa.dhhs.gov

**Traumatic Brain Injury (TBI) State Planning Grants****Authorization**

Section 1242 of the Public Health Service Act, 42, U.S.C. 300d-52 et seq.

**Purpose**

The purpose of this grant program is to improve health and other services for people who have sustained a traumatic brain injury (TBI). The State planning grant program provides funds to assist States in establishing infrastructure as a prerequisite to implementation

activities which will move States toward Statewide systems that assure access to comprehensive and coordinated TBI services.

**Eligibility**

Only State governments are eligible for funding under the TBI program demonstration grant program.

**Funding Priorities and/or Preferences**

None.

**Matching Requirement**

The State is required to contribute, in cash, not less than \$1 for each \$2 of Federal funds provided under the grant.

**Review Criteria**

Final criteria are included in the application kit.

**Estimated Amount of This Competition**

\$375,000

**Estimated Number of Awards**

5

*Projected Award Date:* 08/98

*Contact:* 1-888-333-HRSA

*Application Availability:* 01/30/98

*Application Deadline:* 03/30/98

*CFDA Number:* 93.234B

*Contact Person:* Stuart Swayze,

sswayze@hrsa.dhhs.gov

**Primary Health Care Programs****Community and Migrant Health Centers****Authorization**

Section 330 of the Public Health Service Act, 42 U.S.C 254b and 254b(g).

**Purpose**

The Community Health Center and Migrant Health Center (C/MHC) programs are designed to promote the development and operation of community-based primary health care service systems in medically underserved areas for medically underserved populations. Assuming the availability of sufficient appropriated funds in FY 1998, it is the intent of HRSA to continue to support health services in these areas, given the unmet need inherent in their provision of services to a medically underserved population. HRSA will open competition for awards under Section 330 of the PHS Act (U.S.C. 254b for CHCs and U.S.C. 254b (g) for MHCs) to support health services in the areas currently served by these grants. Eighty-two C/MHC grantees will reach the end of their project periods during FY 1998.

**Estimated Amount of This Competition**

\$68,000,000

*Estimated Number of Awards*

82

CFDA Number: 93.224 Community Health Centers Program; 93.336 Migrant Health Centers Program

*Deadline*

Current grant expiration dates vary by area throughout FY 1998. Applications for competing continuation grants are normally due 120 days prior to the expiration of the current grant award.

*Limited Competition*

Applicants are limited to currently funded programs whose project periods expire in FY 1998 and new organizations proposing to serve the same populations currently being served by these existing programs.

*Field Office*

Communication with Field Office staff is essential for interested parties in deciding whether to pursue Federal funding as a C/MHC. Technical assistance and detailed information about each service area, such as census tracts, can be obtained by contacting the appropriate HRSA Field Office listed.

State	City	Application deadline
-------	------	----------------------

**HRSA Field Office I (617) 565-1482**

ME	Bethel	10/01/97
	Eastport	12/01/97
MA	Springfield	03/01/98
	Roxbury	10/01/97
NH	Berlin	03/01/98
RI	Pawtucket	09/01/97

**HRSA Field Office II (212) 264-2664**

NY	Bronx	10/01/97
	Bronx	10/01/97
	Buffalo	09/01/97
PR	Rio Grande	03/01/98

**HRSA Field Office III (215) 596-6122**

PA	Philadelphia	08/01/97
	Chester	10/01/97
	Hyndman	10/01/97
	Philadelphia	02/01/98
VA	Axton	10/01/97
	St. Charles	02/01/98
WV	Rainelle	08/01/97
	Grafton	02/01/98

**HRSA Field Office IV (404) 331-0250**

AL	Tuscaloosa	08/01/97
	Tuscaloosa	10/01/97
	Huntsville	08/01/97
	Birmingham	10/01/97
FL	W. Palm Beach	09/01/97
	Pompano Beach	09/01/97
	Avon Park	10/01/97
	Wewahitchka	12/01/97
	St. Petersburg	02/01/98
	Jacksonville	03/01/98

State	City	Application deadline
GA	Morganton	08/01/97
	Decatur	09/01/97
	Columbus	03/01/98
KY	Prestonburg	10/01/97
MS	Mound Bayou	08/01/97
	Biloxi	09/01/97
	Clarksdale	02/01/98
NC	Lexington	03/01/98
	Snow Hill	08/01/97
	Yanceyville	02/01/98
SC	Greenville	10/01/97
	Eastover	10/01/97
	Rock Hill	10/01/97
	Winnsboro	10/01/97
	Fairfax	12/01/97
	McClellanville	12/01/97
TN	Wartburg	09/01/97

**HRSA Field Office V (312) 353-1715**

IL	Chicago	10/01/97
	Chicago	03/01/98
MI	Sparta	09/01/97
	Detroit	10/01/97
	Detroit	02/01/98
	Pullman	12/01/97
	Detroit	03/01/98
OH	Akron	08/01/97
	Youngstown	09/01/97
WI	Milwaukee	09/01/97
	Milwaukee	10/01/97

**HRSA Field Office VI (214) 767-3872**

AR	Corning	03/01/98
	Marshall	03/01/98
LA	Opelousas	03/01/98
	Greensburg	03/01/98
OK	Tulsa	12/01/97
TX	Houston	09/01/97
	Rio Grande Cy	10/01/97
	Newton	12/01/97
	Wichita Falls	03/01/98

**HRSA Field Office VII (816) 426-5226**

KS	Kansas City	03/01/98
NE	Omaha	10/01/97
	Lincoln	12/01/97

**HRSA Field Office VIII (303) 844-3203**

CO	Denver	09/01/97
ND	Fargo	03/01/98
SD	Rapid City	10/01/97
UT	East Carbon	03/01/98

**HRSA Field Office IX (415) 437-8090**

AZ	Tucson	09/01/97
CA	Los Angeles	08/01/97
	Los Angeles	10/01/97
	Los Angeles	10/01/97
	Fresno	08/01/97
NV	Las Vegas	09/01/97

**HRSA Field Office X (206) 615-2491**

OR	Klamath County	10/15/97
WA	Tacoma	02/01/98
	Pasco	02/01/98
	Bermerton	03/01/98

**Public Housing Primary Care***Authorization*

Section 330(i) of the Public Health Service Act, 42 U.S.C. 254d.

*Purpose*

This program is designed to increase access to health care and improve the health status of public housing residents by providing comprehensive primary health care services in or near public housing projects, directly or through collaborative arrangements with existing community based programs/providers. It is the intent of HRSA to continue to support health services to the public housing populations in the same areas/locations.

*Deadline*

Current grant expiration dates vary by area throughout FY 1998. Application for competing continuation grants are normally due 120 days prior to the expiration of the current grant award. The 15 service areas are listed with application deadline dates.

*Limited Competition*

Applicants are limited to currently funded programs whose project period expire in FY 1998, and new organizations proposing to serve the same populations currently being served by these existing programs.

*Estimated Amount of This Competition*

\$6,900,000

*Estimated Amount of Awards*

15

CFDA Number: 93.927

Contact Person: Charles Woodson, cwoodson@hrsa.dhhs.gov

*Field Office*

Communications with Field Office staff is essential for interested parties in deciding whether to pursue Federal funding. Technical assistance and detailed information about each service area can be obtained by contacting the appropriate HRSA Field Office.

*Existing Public Housing Service Areas*

State	City	Application deadline
-------	------	----------------------

**HRSA Field Office I (617) 565-1482**

MA	Roxbury	10/01/97
MA	Roxbury	10/01/97
MA	Worcester	02/01/98

**HRSA Field Office II (212) 264-2664**

NY	Buffalo	09/01/97
NY	New York	07/01/97

State	City	Application deadline
<b>HRSA Field Office III (215) 596-6122</b>		
PA .....	Philadelphia .....	06/01/98
<b>HRSA Field Office IV (404) 331-0250</b>		
GA .....	Atlanta .....	02/01/98
GA .....	Marietta .....	06/01/98
GA .....	Savannah .....	08/01/98
TN .....	Rogersville .....	12/01/97
<b>HRSA Field Office V (312) 353-1715</b>		
IL .....	Chicago .....	06/01/98
OH .....	Cleveland .....	06/01/98
<b>HRSA Field Office VI (214) 767-3872</b>		
TX .....	San Antonio .....	10/01/97
<b>HRSA Field Office VII (816) 426-5226</b>		
MO .....	St. Louis .....	10/01/97
<b>HRSA Field Office VIII (303) 844-3203</b>		
CO .....	Denver .....	07/01/97

#### **Grants to States for Loan Repayment Programs**

##### *Authorization*

Section 338I of the Public Health Service Act, 42 U.S.C. 254Q-1.

##### *Purpose*

The purpose of these grant funds is to assist States in operating programs for the repayment of educational loans of health professionals in return for their practice in federally designated health professional shortage areas to increase the availability of primary health services in health professionals shortage areas.

##### *Eligibility*

Any State is eligible to apply for funding.

##### *Funding Priorities and/or Preferences*

None.

##### *Matching Requirements*

States seeking support must provide adequate assurance that, with respect to the costs of making loan repayments under contracts with health professionals, the State will make available (directly or through donations from public or private entities) non-Federal contributions in cash in an amount equal to not less than \$1 for \$1 of Federal funds provided in the grant. In determining the amount of non-Federal contributions in cash that a State has to provide, no Federal funds may be used in the State's match.

##### *Review Criteria*

The following criteria will be used to evaluate applications: (a) extent of State's need; (b) special consideration given to health professional shortage areas with large minority populations; (c) number/type of providers to be placed; (d) appropriateness of proposed placements; (e) qualifications of staff; (f) suitability of approach and degree of coordination with Federal, State and other programs; (g) source and plans for use of State match; (h) adequacy and appropriateness of proposed budget.

##### *Estimated Amount of This Competition*

\$1,000,000

##### *Estimated Number of Awards*

6

##### *Projected Award Date:* 09/98

*Contact:* 1-888-333-HRSA

*Application Availability:* 02/01/98

*Application Deadline:* 04/01/98

*CFDA Number:* 93.165

*Contact Person:* Susan Salter,  
ssalter@hrsa.dhhs.gov

#### **Grants to States for Community Scholarship Programs**

##### *Authorization*

Section 338L of the Public Health Service Act, 42 U.S.C. 254T.

##### *Purpose*

The purpose of these grant funds is to assist States to increase the availability of primary health care in urban and rural Federally designated health professional shortage areas by assisting public or private non-profit community organizations to provide scholarships for education of individuals to serve as health professionals in these communities.

##### *Eligibility*

Any State is eligible to apply for funding.

##### *Funding Priorities and/or Preferences*

None.

##### *Matching Requirements*

States seeking support must agree (directly or through donations from public or private non-profit entities) that 60 percent of the total costs of the scholarships will be paid from non-Federal contributions made in cash by the State and community organization. The State must make available through cash contributions not less than 15 percent nor more than 25 percent of the costs. The community organization must make available not less than 35 percent nor more than 45 percent of the costs.

##### *Review Criteria*

Final criteria are included in the application kit.

##### *Estimated Amount of This Competition*

\$100,000

##### *Estimated Number of Awards*

3

*Project Award Date:* 9/98

*Contact:* 1-888-333-HRSA

*Application Availability:* 02/01/98

*Application Deadline:* 05/01/98

*CFDA Number:* 93.931

*Contact Person:* Kay Cook,  
kcook@hrsa.dhhs.gov

#### **Additional HRSA Programs**

Telephone Symbol: Program information and application materials may be obtained by calling or contacting the specific telephone number provided.

#### **Scholarships for Disadvantaged Students (SDS) Program**

##### *Authorization*

Section 737 of the Public Health Service Act, 42 U.S.C. 293a.

##### *Purpose*

The Scholarships for Disadvantaged Students program contributes to the diversity of the health professions student and practitioner populations. The program provides funding to eligible health professions and nursing schools for scholarships to students from disadvantaged backgrounds who are enrolled, or accepted for enrollment, as full-time students.

##### *Eligibility*

Schools of allopathic medicine, osteopathic medicine, dentistry, optometry, pharmacy, podiatry, veterinary medicine, clinical psychology, public health, nursing, and allied health are eligible for awards.

##### *Review Criteria*

Final criteria are included in the application kit.

##### *Estimated Amount of This Competition*

\$18,300,000

##### *Estimated Number of Awards*

450

##### *Funding Priorities and/or Preferences*

Special consideration is given to eligible schools that have enrollments of under-represented minorities above the national average for the discipline. Also, among nursing schools, special consideration is given to baccalaureate nursing programs.

*Projected Award Date:* 05/98

Contact: 1-301-443-4776  
 FAX: 1-301-443-0846  
 Application Availability: 02/17/98  
 Application Deadline: 04/15/98  
 CFDA Number: 93.925  
 Contact Person: Bruce Baggett,  
 bbaggett@hrsa.dhhs.gov

### **Faculty Loan Repayment Program (FLRP)**

#### *Authorization*

Section 738M of the Public Health Service Act, 42 U.S.C. 293b.

#### *Purpose*

The Faculty Loan Repayment Program encourages disadvantaged representation in health professions faculty positions. The program provides loan repayment of up to 20 percent of the outstanding principal and interest on an individual's educational loans, not to exceed \$20,000 for each year of service, for individuals from disadvantaged backgrounds who agree to serve as members of the faculties of eligible health professions and nursing schools. The school and the Secretary pay equal amounts, unless the Secretary determines that the repayment will impose an undue financial hardship on the school, in which case the Secretary may pay up to the entire 20 percent. Each recipient of loan repayment must agree to serve as a faculty member for at least two years.

An individual is eligible to compete for participation in the FLRP if the individual is from a disadvantaged background and: (1) Has a degree in allopathic medicine, osteopathic medicine, dentistry, pharmacy, podiatric medicine, optometry, veterinary medicine, public health, clinical psychology, or nursing; or (2) is enrolled in an approved graduate training program in one of the health professions listed above; or (3) is enrolled as a full-time student in the final year of health professions training, leading to a degree from an eligible school.

The individual must be from a disadvantaged background, and must

not have served as a faculty member at any school at any time over the eighteen month period prior to June 30, 1997.

#### *Review Criteria*

Final criteria are included in the application kit.

*Estimated Amount of This Competition*  
 \$800,000

*Estimated Number of Awards*  
 25

#### *Funding Priorities and/or Preferences*

None.

*Projected Award Date:* 09/98

*Contact:* 1-301-443-1700

*FAX:* 1-301-443-0846

*Application Availability:* 01/02/98

*Application Deadline:* 06/30/98

*CFDA Number:* 93.923

*Contact Person:* Shirley Zimmerman,  
 szimmerman@hrsa.dhhs.gov

### **Loan Repayment Program**

#### *Authorization*

Section 846(h) of the Public Health Service Act, 42 U.S.C. 297.

#### *Purpose*

Under the Nursing Education Loan Repayment Program (NELRP), registered nurses are offered the opportunity to enter into a contractual agreement with the Secretary, under which the Public Health Service agrees to repay up to 85 percent of the nurse's indebtedness for nursing education loans. In exchange, the nurse agrees to serve for a specified period of time in certain types of health facilities identified in statute.

#### *Eligibility*

Applicants must have completed all of their training requirements for registered nursing and be licensed prior to beginning service. Individuals eligible to participate must: (a) 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; (b) have unpaid educational loans obtained for

nurse training; (c) be a citizen or national of the U.S.; (d) have a current unrestricted license in the State in which they intend to practice; and (e) agree to be employed for not less than two years in a full-time clinical capacity in an Indian Health Service health center; a Native Hawaiian health center, a public hospital (operated by a State, county, or local government); a health center funded under Section 330 of the Public Health Service Act (including migrant, homeless, and public housing health centers), 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.

#### *Funding Priorities and/or Preferences*

In making awards under this Section, preferences will be given to qualified applicants: (1) Who have the greatest financial need and (2) who agree to serve in the types of health facilities described above, that are located in geographic areas determined by the Secretary to have a shortage of and need for nurses.

#### *Review Criteria*

Awards are determined by formula.

#### *Estimated Amount of Competition*

\$2,251,000

#### *Estimated Number of Awards*

200

*Project Award Date:* 09/30/98

*Contact:* (301) 594-4400; (301) 594-4981 (FAX) 1-800-435-6464

*Application Availability:* 11/01/97

*Application Deadline:* 08/31/98

*CFDA Number:* 93.908

*Contact Person:* Sharley Chen, 4350 East-West Highway, 10th Floor, Bethesda, Maryland 20814, schen@hrsa.dhhs.gov

[FR Doc. 97-26645 Filed 10-8-97; 8:45 am]

BILLING CODE 4160-15-U