

scheduled for the meeting; or you may contact the Board's Web site at <http://www.bog.frb.fed.us> for an electronic announcement that not only lists applications, but also indicates procedural and other information about the meeting.

Dated: November 19, 1997.

Jennifer J. Johnson,

Deputy Secretary of the Board.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Office of Minority Health; Availability of Funds for Grants for the Minority Community Health Coalition Demonstration Program

AGENCY: Office of the Secretary, Office of Minority Health.

ACTION: Notice of availability of funds and request for applications for the Minority Community Health Coalition Demonstration Grant Program.

Authority

This program is authorized under section 1707(d)(1) of the Public Health Service Act, as amended by Public Law 101-527, the Disadvantaged Minority Improvement Act of 1990.

Purpose

The purpose of this Fiscal Year 1998 Minority Community Health Coalition Demonstration Program is to issue grants to improve the health status of targeted minority populations through health promotion and disease risk reduction intervention programs. This program is intended to demonstrate the effectiveness of community-based coalitions in:

(1) Developing, implementing and conducting demonstration projects which coordinate integrated community-based screening and outreach services, and include linkages for access and treatment to minorities in high-risk, low-income communities; and

(2) Addressing sociocultural and linguistic barriers to health care.

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a PHS-led national activity to reduce morbidity and mortality and to improve the quality of life. Potential applicants may obtain a copy of the Healthy People 2000 (Full Report: Stock No. 017-001-00474-0) or Healthy People 2000

Midcourse Review and 1995 Revisions (Stock No. 017-001-00526-6) through the Superintendent of Documents, Government Printing Office, Washington, D.C. 20402-9325 or telephone (202) 783-8238.

Background

This program is based on the hypothesis that the community coalition approach to health promotion and risk reduction can be effective in reaching minority target populations—especially those most at risk or hard to reach. Among the merits of using coalitions is the higher likelihood that: (1) the intervention will be culturally sensitive, credible and more acceptable to the target population; (2) the project will address the health problem(s) within the context of related socio-economic issues; and (3) the effort will contribute to overall community empowerment by strengthening indigenous leadership and organizations. The OMH is continuing, through this announcement, to promote the utilization of community coalitions to develop and implement health promotion/disease risk reduction programs.

In FY 1998 the Minority Community Health Coalition Demonstration Program continues to focus on health problem areas identified in the 1995 OMH Report to Congress. These health areas are commonly referred to as the "7+4" health issue areas: (1) cancer; (2) cardiovascular disease and stroke; (3) chemical dependency; (4) diabetes; (5) homicide, suicide and unintentional injuries; (6) infant mortality; and (7) HIV/AIDS; plus, access to health care; health professions personnel development; improved data collection and analysis; and cultural competency. Flexibility for communities to define their own health problem priorities (e.g., asthma, sexually transmitted diseases [STDs], tuberculosis, female genital mutilation, immunization and tobacco use) is also encouraged.

Eligible Applicants

Public and private, nonprofit minority community-based organizations which represent an established community coalition of at least three discrete organizations. (See Definitions of Minority Community-Based Organizations and Community Coalition found in this announcement.) The minority community-based organization will: serve as the lead agency for the grant; be responsible for management of the project; and serve as the fiscal agent for the Federal grant awarded. The coalition must include a health care facility such as a community health center, migrant health center, health

department or medical center to provide follow-up treatment services. The coalition membership must be documented as specified under the project requirements described in this announcement.

National organizations are not eligible to apply, however, local affiliates of such organizations which meet the definition of minority community-based organization are eligible. Currently funded OMH Bilingual/Bicultural Service Demonstration Program (Managed Care) grantees are not eligible to apply. Organizations are not eligible to receive funding from more than one OMH grant program.

Deadline

To receive consideration, grant applications must be received by the Office of Minority Health (OMH) Grants Management Office by January 20, 1998. Applications will be considered as meeting the deadline if they are: (1) received on or before the deadline date, or (2) postmarked on or before the deadline date and received in time for orderly processing. A legibly dated receipt from a commercial carrier or U.S. Postal Service will be accepted in lieu of a postmark. Private metered postmarks will not be accepted as proof of timely mailing. Applications submitted by facsimile transmission (FAX) or any other electronic format will not be accepted. Applications which do not meet the deadline will be considered late and will be returned to the applicant unread.

Addresses/Contacts

Applications must be prepared using Form PHS 5161-1 (Revised July 1992 and approved by OMB under control Number 0937-0189). Application kits and technical assistance on budget and business aspects of the application may be obtained from Ms. Carolyn A. Williams, Grants Management Officer, Division of Management Operations, Office of Minority Health, Rockwall II Building, Suite 1000, 5515 Security Lane, Rockville, MD 20852, telephone (301) 594-0758. Completed applications are to be submitted to the same address.

Questions regarding programmatic information and/or requests for technical assistance in the preparation of grant applications should be directed to Ms. Cynthia H. Amis, Director, Division of Program Operations, Office of Minority Health, Rockwall II Building, Suite 1000, 5515 Security Lane, Rockville, MD 20852, telephone (301) 594-0769.

Technical assistance is also available through the OMH Regional Minority Health Consultants (RMHCs). A listing

of the RMHCs and how they may be contacted will be provided in the grant application kit. Additionally, applicants can contact the OMH Resource Center (OMH-RC) at 1-800-444-6472 for health information.

Availability of Funds

Approximately \$2.5 million is expected to be available for award in FY 1998. It is projected that awards of up to \$150,000 total costs (direct and indirect) for a 12 month period will be made to approximately 16 to 18 competing applicants. Of the total amount obligated, at least \$750,000 will be awarded to projects that include HIV/AIDS as one of the targeted health problem areas.

Period of Support

The start date for the Minority Community Health Coalition Demonstration Program grants is July 1, 1998. Support may be requested for a total project period not to exceed 3 years. Noncompeting continuation awards of up to \$150,000 will be made subject to satisfactory performance and availability of funds.

Project Requirements

Each applicant to this demonstration grant program must:

(1) Address at least one, but no more than three (3) health problem areas which significantly impact the local targeted community. At least one must be from Part A ("7+4") of the definition of health problem area found in this announcement.

(2) Have an established coalition capable of ensuring that the target population is provided with a continuum of appropriate health care services and support. The coalition must have the capacity to plan and coordinate services which reduce existing sociocultural and/or linguistic barriers to health care and carry out screening, outreach and enabling services to ensure that clients follow up with treatment and treatment referrals.

(3) Detail/specify the roles and resources that each coalition member will bring to the project, and state the duration and terms of the agreement, as confirmed by a signed agreement between the applicant organization and each coalition member. The document must be signed by individuals with the authority to represent the organization (e.g., president, chief executive officer, executive director).

Use of Grant Funds

Budgets of up to \$150,000 total cost (direct and indirect) per year may be requested to cover costs of: personnel,

consultants, supplies (including screening and outreach supplies), equipment, and grant related travel. Funds may not be used for medical treatment, construction, building alterations, or renovations. All budget requests must be fully justified in terms of the proposed goals and objectives and include a computational explanation of how costs were determined.

Criteria for Evaluating Applications

Review of Application

Applications will be screened upon receipt. Those that are judged to be incomplete, nonresponsive to the announcement or nonconforming will be returned without comment. Each organization may submit no more than one proposal under this announcement. If an organization submits more than one proposal, all will be deemed ineligible and returned without comment. Accepted applications will be reviewed for technical merit in accordance with PHS policies. Applications will be evaluated by an Objective Review Panel chosen for their expertise in minority health, experience relevant to this program, and their understanding and knowledge of the health problems and risk factors confronting racial and ethnic minorities in the United States.

Applications are advised to pay close attention to the specific program guidelines and general instructions provided in the application kit.

Application Review Criteria

The technical review of applications will consider the following generic factors, which are listed in descending order of priority.

Factor 1: Methodology (35%)

Appropriateness of proposed approach and specific activities for each objective. Logic and sequencing of the planned approaches in relation to the objectives and program evaluation. Extent to which the applicant demonstrates access to the target population. Soundness of the established linkages.

Factor 2: Evaluation (20%)

Thoroughness, feasibility and appropriateness of the evaluation design, and data collection and analysis procedures. Potential for replication of the project for similar target populations and communities.

Factor 3: Background (15%)

Adequacy of demonstrated knowledge of the problem at the local level; demonstrated need within the proposed community and target population;

demonstrated support and established linkages in order to conduct proposed model; and extent and documented outcome of past efforts/activities with the target population.

Factor 4: Goals and Objectives (15%)

Merit of the objectives, their relevance to the program purpose and stated problem, and their attainability in the stated time frames.

Factor 5: Management Plan (15%)

Applicant organization's capability to manage and evaluate the project as determined by: the qualifications of proposed staff or requirements for "to be hired" staff; proposed staff level of effort; management experience of the lead agency; and experience of each coalition member as it relates to its defined roles and the project.

Award Criteria

Funding decisions will be determined by the Deputy Assistant Secretary for Minority Health, Office of Minority Health and will take under consideration: recommendations/ratings of the review panels; geographic and racial/ethnic distribution; and health problem areas having the greatest impact on minority populations. Consideration will also be given to projects proposed to be implemented in Empowerment Zones and Enterprise Communities.

Definitions

For purposes of this grant announcement, the following definitions are provided:

Community-Based Organization—Public and private, non-profit organizations which are representative of communities or significant segments of communities, and which address health and human services.

Community Coalition—At least three (3) discrete organizations and institutions in a community which on specific community concerns, resolution of those concerns through a formalized relationship documented by written memoranda of understanding/agreement signed by individuals with the authority to represent the organizations (e.g., president, chief executive officer, executive director).

Cultural Competency—A set of interpersonal skills that allow individuals to increase their understanding and appreciation of cultural differences and similarities within, among and between groups. This requires a willingness and ability to draw on community-based values, traditions and customs, and to work with knowledgeable persons of and

from the community in developing focused interventions, communications and other supports. (Orlandi, Mario A., 1992)

Health Care Facility—A public nonprofit facility that has an established record for providing comprehensive health care services to a targeted, racial/ethnic minority community. Facilities providing only screening and referral activities are not included in this definition. A health care facility may be a hospital, outpatient medical facility, community health center, migrant health center, or a mental health center.

Health Problem Area—(a) One of the "7 + 4" health areas: cancer; cardiovascular disease and stroke; chemical dependency; diabetes; homicide, suicide and unintentional injuries; infant mortality; HIV/AIDS; access to health care; health professional personnel development; improved data collection and analysis; and cultural competency; or (b) a disease or health condition which has a demonstrated impact on morbidity rates among the minority population, for example, asthma, sexually transmitted diseases (STDs), tuberculosis, female genital mutilation, immunization and tobacco use.

Intervention—A combination of clinical preventive services (e.g., blood pressure screening), information dissemination, environmental modifications, educational activities, and coordinated networking activities among health and human service related programs (e.g., referral for child care services, job placement, literacy programs) designed to alter or modify a condition or outcome, or to change behavior to reduce the likelihood of a preventable health problem occurring or progressing further.

Minority Community-Based Organizations—Public and private nonprofit community-based minority organization or a local affiliate of a national minority organization that has: a governing board composed of 51 percent or more racial/ethnic minority members, a significant number of minorities in key program positions, and an established record of service to a racial/ethnic minority community.

Minority Populations—American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, and Native Hawaiian or Other Pacific Islander. (OMB Statistical Policy Directive No. 15)

Risk Factor—The environmental and behavioral influences capable of causing

ill health with or without predisposition.

Sociocultural Barriers—Policies, practices, behaviors and beliefs that create obstacles to health care access and service delivery (e.g., immunization requirements, cultural differences between individuals and institutions, cultural differences of beliefs about health and illness, customs and lifestyles, cultural differences in languages or nonverbal communication styles).

Reporting and Other Requirements

General Reporting Requirements

A successful applicant under this notice will submit: (1) semi-annual progress reports; (2) an annual Financial Status Report; and (3) a final progress report and Financial Status Report in the format established by the Office of Minority Health, in accordance with provisions of the general regulations which apply under CFR 74.50–74.52, with the exception of State and local governments to which 45 CFR Part 92, Subpart C reporting requirements apply.

Provision of Smoke-Free Workplace and Non-Use of Tobacco Products by Recipients of PHS Grants

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

Public Health System Reporting Requirements

This program is subject to Public Health Systems Reporting Requirements. Under these requirements, a community-based nongovernmental applicant must prepare and submit a Public Health System Impact Statement (PHSIS). The PHSIS is intended to provide information to State and local health officials to keep them apprised of proposed health services grant applications submitted by community-based organizations within their jurisdictions.

Community-based nongovernmental applicants are required to submit, no later than the Federal due date for receipt of the application, the following

information to the head of the appropriate State and local health agencies in the area(s) to be impacted: (a) a copy of the face page of the application (SF 424), and (b) a summary of the project (PHSIS), not to exceed one page, which provides: (1) a description of the population to be served, (2) a summary of the services to be provided, and (3) a description of the coordination planned with the appropriate State or local health agencies. Copies of the letters forwarding the PHSIS to these authorities must be contained in the application materials submitted to the Office of Minority Health.

State Reviews

This program is subject to the requirements of Executive Order 12372 which allows States the option of setting up a system for reviewing applications from within their States for assistance under certain Federal programs. The application kit to be made available under this notice will contain a listing of States which have chosen to set up a review system and will include a State Single Point of Contact (SPOC) in the State for review. Applicants (other than federally recognized Indian tribes) should contact their SPOCs as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC of each affected State. The due date for State process recommendations is 60 days after the application deadline established by the Office of Minority Health's Grants Management Officer. The Office of Minority Health does not guarantee that it will accommodate or explain its responses to State process recommendations received after that date. (See "Intergovernmental Review of Federal Programs" Executive Order 12372 and 45 CFR Part 100 for a description of the review process and requirements).

OMB Catalog of Federal Domestic Assistance

The OMB Catalog of Federal Domestic Assistance number for the Minority Community Health Coalition Demonstration Program is 93–137.

Clay E. Simpson, Jr.,

Deputy Assistant Secretary for Minority Health.

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