compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for review, call the HRSA Reports Clearance Office on (301) 443–1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

Proposed Project: Deferment Request Form for NHSC and NHH Scholarship Programs (OMB NO. 0915–0179) Extension, No Change

We are requesting an extension of the OMB clearance for the Deferment Request Form and associated reporting requirements for the National Health Service Corps (NHSC) Scholarship Program and the Native Hawaiian Health (NHH) Scholarship Program. The NHSC/NHH Scholarship Programs are authorized by Section 338A and Section 338K of the Public Health Service (PHS) Act. The requirements for obligated service, found in Section 338C of the PHS Act, include provisions for deferment of the service obligation under certain circumstances.

Under these programs, allopathic physicians, osteopathic physicians, dentists, nurse practitioners, nurse midwives, physician assistants, and, if needed by the NHSC or NHH program, students of other health professions (including mental health professionals) are offered the opportunity to enter into a contractual agreement with the Secretary under which the Public Health Service agrees to pay the total school tuition, required fees and a stipend for living expenses. In exchange, the scholarship recipient agrees to provide full-time clinical services at a site in a federally designated Health Professions Shortage Areas (HPSA) of the United States. NHH scholarship recipients must be native Hawaiians and are assigned to sites in Hawaii. The minimum service obligation is 2 years.

Once scholarship recipients have completed their academic requirements, the law requires that selected types of recipients be allowed to defer their service obligation in order to complete an approved internship, residency, or other advanced clinical training.

The Deferment Request Form provides the information necessary for considering the period and type of training for which deferment of the service obligation will be approved for physicians and dentists.

In addition, these programs have two other reporting requirements for which no forms have been developed, including:

(1) Individuals who are in a deferment status are required to submit requests in writing for modifications to the deferment (e.g., extension of deferment or change of residency programs); and (2) Dentists, who can either begin their service obligation immediately after graduation or can be deferred for up to three years, are required to notify the program in writing of their *intent* to request deferment.

The estimated burden on respondents is as follows:

Type of report	Number of respondents	Responses per respondent	Hours per response	Total burden hours
Deferment Form	600	1	.5	300
Requests for Change of Deferment and Letters of Intent	100	1	1	100
Total	700			400

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

Dated: November 21, 1997.

Jane Harrison,

Acting Director, Division of Policy Review and Coordination.

[FR Doc. 97–31209 Filed 11–26–97; 8:45 am]

BILLING CODE 4160–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Final Program Requirements and Review Criteria for a Cooperative Agreement for a Center for Health Workforce Distribution Studies: A Federal-State Partnership Cooperative Agreement Program for Fiscal Year 1997

The Health Resources and Services Administration (HRSA) announces that applications will be accepted for a fiscal year (FY) 1997 Cooperative Agreement for a Center for Health Workforce Distribution Studies: A Federal-State Partnership Cooperative Agreement Program. The cooperative agreement will be funded under the authority of section 792 (42 USC 295k) of the Public Health Service Act, which authorizes research on health professions personnel.

Research and studies for this cooperative agreement program will focus on the workforce distributional aspects of the legislation at the state (one or a few states) level for allied health personnel, dentists, nurses, physicians, and public health personnel as specified below.

Purpose

The purpose of this cooperative agreement for a Center for Health Workforce Distribution Studies is to support research and analysis at the State level for one State or a few States only, including issues regarding the impact of federal initiatives aimed at improving the training of health professionals and meeting national workforce goals pertaining to:

(1) Allied health data and distributional issues consistent with the (1995) recommendations of the National Commission on Allied Health and in close coordination with the activities of the Allied Health Data Collaborative Project;

(2) Distribution of dentists, with emphasis on trends relating to educational background (for example, those with postdoctoral training in advanced general dentistry and/or public health dentistry) and practice in settings principally serving residents of medically-underserved communities;

(3) The designation of nursing shortage areas at the State level and, through a pilot exploration of a model approach, build a methodologic bridge to other states for applicability across the Nation;

(4) The distribution of physicians, with emphasis on underserved areas and specialty services, including, for example OB/GYN, maternal and child health, general surgery, emergency medicine, and mental health; and addressing issues of substitution, using available tools such as the HRSA/ Bureau of Health Professions (BHPr) Integrated Requirements Model (IRM), as applicable; and

(5) The establishment of collaboration(s) between schools of public health and state and local public health agencies to assess public health workforce supply and distribution and to develop educational strategies to address imbalances; and to develop the nature of workforce planning for public health personnel at the State level.

The cooperative agreement is to fund either the establishment and the operation of a new research center, or the operation of an existing research center, for the conduct of such research. The center must conduct high-quality research and disseminate findings to colleagues and policymakers at the institutional, Federal and State levels.

The successful applicant must have or establish the Center for Health Workforce Distribution Studies as an identifiable entity. This must be more than a set of discrete, investigator-initiated research projects proposed in one application. The center must have a director, a coherent, widely-recognized research agenda and researchers who function as a team. The principal investigator must be an experienced researcher who will be primarily responsible for the organization and operation of the center and will provide research leadership. The center's researchers must collectively possess multidisciplinary skills, and have experience in health services research. There must be sufficient core staff with significant time commitments to the center, although the center will of necessity share common resources with other components of the applicant institution, including technical, clerical, and administrative personnel, and library and computer resources.

The cooperative agreement funds will be available to provide basic support for the center, including: the development and implementation of the center's research agenda, administrative and research staff support, researcher time (although not necessarily 100% of researcher time), and dissemination of center research products through articles in peer-reviewed journals as well as center-sponsored publications. This cooperative agreement must not be the sole source of support for this type of enterprise. The applicant institution must demonstrate a commitment (including a matching contribution—see ''Program Requirements'' below) to support the organizational and management structure of the center, and its investigators should seek other funds for support of its research agenda.

Eligibility

Eligible applicants include public and non-profit private entities. The applicant must bring together allied/ dental/ medical/nursing/public health schools and State agencies, must have experience in all five component areas, the assessment and evaluation of unmet need/underserved areas, and in issues of non-physician provider substitution, and must have access to the allied and public health workforce data base in the State. Development of a methodology for the assessment of nursing shortage areas and of public health requirements and supply in a State must involve a State agency.

A notice was published in the **Federal Register** at 62 FR 39532 on July 23, 1997, proposing program requirements and review criteria for this program. No comments were received within the 30 day comment period. Therefore, the program requirements and review criteria remain as proposed.

Final Program Requirements

The award recipient's institution must share in the cost of the program as follows: For each year funds are awarded under this program, the matching contribution shall be at least one-third of the amount of the Federal award for that year. Up to 50% of the recipient's matching contribution may be in the form of in-kind donations of faculty time, staff time, use of computers or other shared resources.

Applicants are urged to submit applications that address specific objectives of HRSA/BHPr. Health workforce surveillance reveals significant gaps in the Nation's health workforce ability to meet the population's needs. In some cases, these gaps are exacerbated by market forces. The BHPr attempts to address these in its four health workforce goals to improve the distribution, diversity, supply, and competence/quality. Specifically:

Distribution: there has been little progress in reducing the number of underserved areas, and access to generalist providers varies widely across states and counties;

Diversity: few health professions reflect the diversity of the Nation's population, also there is strong evidence that underrepresented minority providers are more likely to serve vulnerable populations;

Supply: shortages of some allied and public health providers coincide with a surfeit of specialist physicians;

Competence: most training is hospital-based and ill-suited to ambulatory health care delivery, which occurs in an increasingly managed care environment and requires skills in providing cost-effective quality care. Also, an aging population created an unmet need for geriatric training.

Final Review Criteria

Applications for this cooperative agreement will be evaluated on the basis of the following criteria:

(1) The qualifications and achievements of the proposed center's principal investigator and senior researchers, including level of productivity and quality of research in health workforce issues;

(2) Demonstration of an understanding of the particular subject areas of health professions workforce research that are relevant to Federal policies and evidence of ability to manage research in such areas;

(3) The appropriateness of the time commitments of the principal investigator and senior researchers;

(4) The strength of the applicant's plan to actively promote dissemination of research findings to all health professionals involved in health services research and to relevant national and state policymakers;

(5) The appropriateness of the proposed budget;

(6) The planned level of commitment to the center from the applicant institution, as evidenced by specific plans for the type of financial support that will be offered, and for support of the organizational structure of the center. Evidence of a prior institutional commitment to generalizable research in health workforce studies will also be sought;

(7) The past success and future potential of the proposed center's researchers in receiving funding from other sources; and

(8) The likely effectiveness of the organizational and management arrangements to operate the proposed center.

Additional Information

If additional programmatic information is needed, please contact:

Herbert Traxler, Ph.D., Office of Research and Planning, Bureau of Health Professions, Health Resources and Services Administration, Parklawn Building, Room 8–47, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone: (301) 443–6662 or 3148, FAX: (301) 443–8003, EMAIL: htraxler@hrsa.dhhs.gov.

Dated: November 21, 1997.

Claude Earl Fox,

Acting Administrator.

[FR Doc. 97–31224 Filed 11–26–97; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

HIV Care Grant Program

AGENCY: Health Resources and Services Administration.

ACTION: Notice of grants made to States and territories.

SUMMARY: The Health Resources and Services Administration (HRSA) announces that fiscal year 1997 funds have been awarded to States and territories (hereinafter States) for the HIV Care Grant Program. Although these funds have already been awarded to the States, HRSA is publishing this notice to inform the general public of the existence of the funds. In addition, HRSA determined that it would be useful for the general public to be aware of the structure of the HIV Care Grant Program and the statutory requirements governing the use of the funds.

Funds will be used by the States to improve the quality, availability, and organization of health care and support services for individuals and families with HIV disease. The HIV Care Grant Program is authorized by Title II of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990, Public Law 101–381, as amended by the Ryan White CARE Act amendments of 1996, Public Law 104–146, which amended Title XXVI of the Public Health Service Act. Funds were appropriated under Public Law 104–208.

FOR FURTHER INFORMATION CONTACT: Individuals interested in the HIV Care Grant Program should contact the appropriate office in their State, and may obtain information on their State contact by calling Anita Eichler, M.P.H., Director, Division of Service Systems, at (301) 443–6745.

SUPPLEMENTARY INFORMATION:

Availability of Funds

A total of $230,895,000 was made available for the Title II HIV Care Grant Program. These funds have been allotted to the States according to a formula that is determined by multiplying the amount appropriated for Title II, less any set-asides, by the distribution factor determined for the State. In addition to the Care Grants, $167,000,000 was also awarded for the AIDS Drug Assistance Program (ADAP) to help States increase the number of HIV patients receiving drugs, including combination therapies and new drugs, and to help pay for their increasing costs. Below are two tables. The first shows the distribution of funds for the Care Grant Program by State. The second shows the distribution of funds for the ADAP by State.

CARE GRANT AWARDS

State	Amount
Alabama	$2,838,265
Alaska	250,000
Arizona	2,045,462
Arkansas	1,395,995
California	31,548,137
Colorado	2,127,037
Connecticut	3,330,036
Delaware	1,322,724
District of Columbia	2,877,431
Florida	23,416,364
Georgia	7,214,630
Hawaii	1,158,830
Idaho	250,000
Illinois	6,606,747
Indiana	2,928,889
Iowa	624,726
Kansas	997,168
Kentucky	1,415,277
Louisiana	4,252,105
Maine	489,755
Maryland	5,923,285
Massachusetts	4,217,542
Michigan	3,405,961
Minnesota	1,037,082
Mississippi	1,879,965
Missouri	2,620,796
Montana	136,900
Nebraska	499,395
Nevada	2,043,859
New Hampshire	314,204
New Jersey	11,931,930
New Mexico	805,975
New York	34,972,364
North Carolina	4,803,070
North Dakota	100,000
Ohio	4,739,289
Oklahoma	1,554,105
Oregon	1,601,172
Pennsylvania	7,686,648
Rhode Island	1,054,708
South Carolina	4,509,988
South Dakota	100,000
Tennessee	3,906,471
Texas	14,636,207
Utah	852,251
Vermont	250,000
Virginia	5,235,047
Washington	2,830,277
West Virginia	492,843
Wisconsin	1,755,689
Wyoming	100,000
Guam	11,608
Puerto Rico	7,605,266
Virgin Islands	191,525

CARE GRANT AWARDS—Continued

AIDS DRUG ASSISTANCE PROGRAM AWARDS

[State/Territory—FY 1997 Grant Award]

Alabama	$1,329,706
Alaska	112,917
Arizona	1,450,752
Arkansas	654,013
California	26,371,892
Colorado	1,607,932
Connecticut	2,790,394
Delaware	619,686
District of Columbia	2,613,341
Florida	17,898,632
Georgia	5,125,509
Hawaii	542,903
Idaho	112,917
Illinois	5,427,222
Indiana	1,372,162
Iowa	292,680
Kansas	568,196
Kentucky	663,046
Louisiana	2,717,224
Maine	229,446
Maryland	5,025,239
Massachusetts	3,310,714
Michigan	2,408,285
Minnesota	841,003
Mississippi	880,749
Missouri	1,965,652
Montana	64,137
Nebraska	233,963
Nevada	975,533
New Hampshire	214,993
New Jersey	9,448,859
New Mexico	377,593
New York	29,381,796
North Carolina	2,250,201
North Dakota	24,390
Ohio	2,577,208
Oklahoma	728,086
Oregon	1,148,136
Pennsylvania	5,258,299
Rhode Island	494,123
South Carolina	2,112,895
South Dakota	38,843
Tennessee	1,830,152
Texas	11,061,308
Utah	399,273
Vermont	92,140
Virginia	2,881,631
Washington	2,067,728
West Virginia	247,513
Wisconsin	823,839
Wyoming	37,940
Guam	N/A
Puerto Rico	5,315,209
Virgin Islands	N/A
Total	$167,000,000