

Type of respondent	No. of respondents	Responses per respondent	Total number of responses	Burden per response (minutes)	Total burden hours
Applicants	2,800	1	2,800	12	560
Lenders	9	311	2,800	30	1,400
Total	2,809	5,600	1,960

Send comments to Lyman Van Nostrand, HRSA Reports Clearance Officer, Room 14-33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: April 16, 1998.

Jane Harrison,

Acting Director, Division of Policy Review and Coordination.

[FR Doc. 98-10657 Filed 4-21-98; 8:45 am]

BILLING CODE 4160-15-U

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Advisory Council on Migrant Health; Notice of Meeting

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice of meeting.

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), announcement is made of the following National Advisory body scheduled to meet during the month of May 1998:

Name: National Advisory Council on Migrant Health.

Date and Time: Wednesday, May 13, 1998 at 9:00 am to Thursday, May 14, 1998 at 5:00 pm.

Place: Renaissance Houston Hotel, 6 Greenway Plaza East, Houston, TX 66046, 713/629-1200.

The meeting is open to the public.

Agenda: This will be a meeting of the Council. The agenda includes an overview of general Council business activities and priorities. Topics of discussion will include the State Children's Health Insurance Program, Worker Protection Standards, and the collaboration possibilities with other migrant health advocates organizations. In addition, the Council will review and discuss the 1997 NACMH Recommendations.

The Council meeting is being held in conjunction with the National Association of Community Health Centers (NACHC), 1998 National Farmworker Health Conference, May 15-18, 1998. Anyone requiring information regarding the subject Council

should contact Susan Hagler, Migrant Health Program, staff support to the National Advisory Council on Migrant Health, Bureau of Primary Health Care, Health Resources and Services Administration, 4350 East-West Highway, Bethesda, Maryland 20814, Telephone 301/594-4302.

Agenda Items are subject to change as priorities indicate.

Dated: April 16, 1998.

Jane M. Harrison,

Acting Director, Division of Policy Review and Coordination.

[FR Doc. 98-10656 Filed 4-21-98; 8:45 am]

BILLING CODE 4160-15-U

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Child Health and Human Development; Notice of Closed Meetings

Pursuant to Section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following National Institute of Child Health and Human Development Special Emphasis Panel (SEP) meetings:

Name of SEP: R03 Applications Review, Teleconference

Date: April 21, 1998

Time: 10:30 a.m.-adjournment

Place: 6100 Executive Boulevard, Room 5E01, Rockville, Maryland 20852

Contact Person: Gopal M. Bhatnagar, Ph.D., Scientific Review Administrator, NICHD, 6100 Executive Boulevard, Room 5E01, Rockville, MD 20852, Telephone: 301-496-1485

Name of SEP: Declining Sperm Counts: Autopsy Study, Teleconference

Date: April 22, 1998

Time: 11:00 a.m.-adjournment

Place: 6100 Executive Boulevard, Room 5E01, Rockville, Maryland 20852

Contact Person: Norman Chang, Ph.D., Scientific Review Administrator, NICHD, 6100 Executive Boulevard, Room 5E01, Rockville, MD 20852, Telephone: 301-496-1485

Purpose/Agenda: To evaluate and review research grant applications

These meetings will be closed in accordance with the provisions set forth

in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C. The discussion of these applications could reveal confidential trade secrets or commercial property such as patentable material and personal information concerning individuals associated with these applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

This notice is being published less than 15 days prior to the meetings due to the urgent need to meet timing limitations imposed by the review and funding cycle.

(Catalog of Federal Domestic Assistance Program Nos. [93.864, Population Research and No. 93.865, Research for Mothers and Children], National Institutes of Health, HHS)

Dated: April 20, 1998.

LaVeen Ponds,

Acting Committee Management Officer, NIH.

[FR Doc. 98-10836 Filed 4-20-98; 3:10 pm]

BILLING CODE 4140-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Fiscal Year (FY) 1998 Funding Opportunities

AGENCY: Substance Abuse and Mental Health Services Administration, HHS.

ACTION: Notice of funding availability.

SUMMARY: The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), Center for Substance Abuse Treatment (CSAT) and Center for Substance Abuse Prevention (CSAP) announce the availability of FY 1998 funds for cooperative agreements for the following activities. These activities are discussed in more detail under Section 4 of this notice. This notice is not a complete description of the activities; potential applicants must obtain a copy of the Guidance for Applicants (GFA) before preparing an application.

Activity	Application deadline	Estimated funds available	Estimated No. of awards	Project period
Aging, MH/SA and Primary Care	06/19/98	\$3.5-4M	11	1-4 yrs.
Project: Youth Connect	06/19/98	\$6.75M	11-13	3 yrs.

Note: SAMHSA also published notices of available funding opportunities for FY 1998 in the **Federal Register** on January 6, 1998, January 20, 1998, February 26, 1998, March 20, 1998, April 8, 1998, April 16, 1998, and on April 20, 1998.

The actual amount available for awards and their allocation may vary, depending on unanticipated program requirements and the volume and quality of applications. Awards are usually made for grant periods from one to three years in duration. FY 1998 funds for activities discussed in this announcement were appropriated by the Congress under Public Law 105-78. SAMHSA's policies and procedures for peer review and Advisory Council review of grant and cooperative agreement applications were published in the **Federal Register** (Vol. 58, No. 126) on July 2, 1993.

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 for setting priority areas. The SAMHSA Centers' substance abuse and mental health services activities address issues related to Healthy People 2000 objectives of Mental Health and Mental Disorders; Alcohol and Other Drugs; Clinical Preventive Services; HIV Infection; and Surveillance and Data Systems. Potential applicants may obtain a copy of Healthy People 2000 (Full Report: Stock No. 017-001-00474-0) or Summary Report: Stock No. 017-001-00473-1) through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325 (Telephone: 202-512-1800).

General Instructions: Applicants must use application form PHS 5161-1 (Rev. 5/96; OMB No. 0937-0189). The application kit contains the GFA (complete programmatic guidance and instructions for preparing and submitting applications), the PHS 5161-1 which includes Standard Form 424 (Face Page), and other documentation and forms. Application kits may be obtained from the organization specified for each activity covered by this notice (see Section 4).

When requesting an application kit, the applicant must specify the particular activity for which detailed information is desired. This is to ensure receipt of all necessary forms and information,

including any specific program review and award criteria.

The PHS 5161-1 application form and the full text of each of the activities (i.e., the GFA) described in Section 4 are available electronically via SAMHSA's World Wide Web Home Page (address: <http://www.samhsa.gov>).

Application Submission: Unless otherwise stated in the GFA, applications must be submitted to: SAMHSA Programs, Center for Scientific Review, National Institutes of Health, Suite 1040, 6701 Rockledge Drive MSC-7710, Bethesda, Maryland 20892-7710*

(*Applicants who wish to use express mail or courier service should change the zip code to 20817.)

Application Deadlines: The deadlines for receipt of applications are listed in the table above. Please note that the deadlines may differ for the individual activities.

Competing applications must be received by the indicated receipt dates to be accepted for review. An application received after the deadline may be acceptable if it carries a legible proof-of-mailing date assigned by the carrier and that date is not later than one week prior to the deadline date. Private metered postmarks are not acceptable as proof of timely mailing.

Applications received after the deadline date and those sent to an address other than the address specified above will be returned to the applicant without review.

FOR FURTHER INFORMATION CONTACT: Requests for activity-specific technical information should be directed to the program contact person identified for each activity covered by this notice (see Section 4).

Requests for information concerning business management issues should be directed to the grants management contact person identified for each activity covered by this notice (see Section 4).

SUPPLEMENTARY INFORMATION: To facilitate the use of this Notice of Funding Availability, information has been organized as outlined in the Table of Contents below. For each activity, the following information is provided:

- Application Deadline.
- Purpose.
- Priorities.

- Eligible Applicants.
- Grants/Cooperative Agreements/Amounts.
- Catalog of Federal Domestic Assistance Number.
- Contacts.
- Application Kits.

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1. Program Background and Objectives

SAMHSA's mission within the Nation's health system is to improve the quality and availability of prevention, early intervention, treatment, and rehabilitation services for substance abuse and mental illnesses, including co-occurring disorders, in order to improve health and reduce illness, death, disability, and cost to society.

Reinventing government, with its emphases on redefining the role of Federal agencies and on improving customer service, has provided SAMHSA with a welcome opportunity to examine carefully its programs and activities. As a result of that process, SAMHSA moved assertively to create a renewed and strategic emphasis on using its resources to generate knowledge about ways to improve the prevention and treatment of substance abuse and mental illness and to work with State and local governments as well as providers, families, and consumers to effectively use that knowledge in everyday practice.

SAMHSA's FY 1998 Knowledge Development and Application (KD&A) agenda is the outcome of a process whereby providers, services researchers, consumers, National Advisory Council

members and other interested persons participated in special meetings or responded to calls for suggestions and reactions. From this input, each SAMHSA Center developed a "menu" of suggested topics. The topics were discussed jointly and an agency agenda of critical topics was agreed to. The selection of topics depended heavily on policy importance and on the existence of adequate research and practitioner experience on which to base studies. While SAMHSA's FY 1998 KD&A programs will sometimes involve the evaluation of some delivery of services, they are services studies and application activities, not merely evaluation, since they are aimed at answering policy-relevant questions and putting that knowledge to use.

SAMHSA differs from other agencies in focusing on needed information at the services delivery level, and in its question-focus. Dissemination and application are integral, major features of the programs. SAMHSA believes that it is important to get the information into the hands of the public, providers, and systems administrators as effectively as possible. Technical assistance, training, preparation of special materials will be used, in addition to normal communications means.

SAMHSA also continues to fund legislatively-mandated services programs for which funds are appropriated.

2. Special Concerns

SAMHSA's legislatively-mandated services programs do provide funds for mental health and/or substance abuse treatment and prevention services. However, SAMHSA's KD&A activities do not provide funds for mental health and/or substance abuse treatment and prevention services except sometimes for costs required by the particular activity's study design. Applicants are required to propose true knowledge application or knowledge development and application projects. Applications seeking funding for services projects under a KD&A activity will be considered nonresponsive.

Applications that are incomplete or nonresponsive to the GFA will be returned to the applicant without further consideration.

3. Criteria for Review and Funding

Consistent with the statutory mandate for SAMHSA to support activities that will improve the provision of treatment, prevention and related services, including the development of national mental health and substance abuse goals and model programs, competing

applications requesting funding under the specific project activities in Section 4 will be reviewed for technical merit in accordance with established PHS/SAMHSA peer review procedures.

3.1 General Review Criteria

As published in the **Federal Register** on July 2, 1993 (Vol. 58, No. 126), SAMHSA's "Peer Review and Advisory Council Review of Grant and Cooperative Agreement Applications and Contract Proposals," peer review groups will take into account, among other factors as may be specified in the application guidance materials, the following general criteria:

- Potential significance of the proposed project;
- Appropriateness of the applicant's proposed objectives to the goals of the specific program;
- Adequacy and appropriateness of the proposed approach and activities;
- Adequacy of available resources, such as facilities and equipment;
- Qualifications and experience of the applicant organization, the project director, and other key personnel; and
- Reasonableness of the proposed budget.

3.2 Funding Criteria for Scored Applications

Applications will be considered for funding on the basis of their overall technical merit as determined through the peer review group and the appropriate National Advisory Council (if applicable) review process.

Other funding criteria will include:

- Availability of funds.

Additional funding criteria specific to the programmatic activity may be included in the application guidance materials.

4. Special FY 1998 SAMHSA Activities

4.1 Cooperative Agreements

Major activities for SAMHSA cooperative agreement programs are discussed below. Substantive Federal programmatic involvement is required in cooperative agreement programs. Federal involvement will include planning, guidance, coordination, and participating in programmatic activities (e.g., participation in publication of findings and on steering committees). Periodic meetings, conferences and/or communications with the award recipients may be held to review mutually agreed-upon goals and objectives and to assess progress. Additional details on the degree of Federal programmatic involvement will be included in the application guidance materials.

4.1.1 Cooperative Agreements to Document and Evaluate Mental Health/Substance Abuse Services for Older Adults Through Primary Health Care (Short Title: Aging, MH/SA and Primary Care, SM 98-009)

- **Application Deadline:** June 19, 1998.

- **Purpose:** The Substance Abuse and Mental Health Services Administration (SAMHSA), with the participation of the Health Resources and Services Administration (HRSA), announces the availability of cooperative agreements to support a multi-site evaluation of alternative models of delivering and financing mental health and/or substance abuse (MH/SA) services for older adults through primary health care. This Program seeks to identify differences in outcomes between models using a referral approach to providing specialty MH/SA services and an integrated approach to providing such services within the primary care setting itself. SAMHSA will provide limited supplemental funds for the purpose of enhancing services to support comparison groups for the study. HRSA's Bureau of Primary Health Care (BPHC) also supports this Program by making available funds for service enhancements for their Consolidated Health Centers (CHCs) which are selected to become Study Sites.

This announcement solicits applications for two types of cooperative agreements: Study Sites and a Coordinating Center. Study Site applicants must document their relationship to a primary health care entity which has provided older adults' MH/SA services (by either the referral approach or the integrated approach, or by both) for a minimum of one (1) year prior to the date of application.

The Program will have two phases: Phase I awards (Year 01) to Study Sites will involve the identification and documentation, through the development of manual, of service models using a referral or an integrated approach to providing MH/SA services through primary health care. This documentation will include the results of a process evaluation. Phase II will be an outcome evaluation comparing service utilization and service system outcomes, clinical outcomes, and costs among the most promising models under the referral and integrated approaches. Phase II awards (Years 02-04) will be selected from among the Phase I Study Sites by peer review.

Because older adults seek and receive MH/SA services more often from their primary care providers than from specialty MH/SA providers, SAMHSA

seeks answers to the following questions: (1) What are the most effective models for delivering MH/SA services for older adults within the framework of primary health care? (2) How do the location, type of provider, and type of health care financing, affect the level of older adults' actual utilization of MH/SA services and the outcomes of their treatment?

The immediate objectives of this Program are: (1) To identify, document and compare service models and financing mechanisms for providing older adults with MH/SA services through primary health care. (2) To identify the best screening/assessment and outcome instruments and methods which can be used in primary care settings with older adults with MH/SA problems. (3) To identify the prevention, early identification, early intervention, and treatment components in these models and to recognize the impact of these components on outcomes for the referral and integrated approaches. (4) To determine if the identification of staff training needs and training actually provided has an impact on system and provider proficiencies and on client outcomes. (5) To measure the relative effectiveness of these service models and financing models on (a) older adults' utilization of MH/SA services, (b) client (functional and psychiatric) outcomes, and (c) system outcomes. (6) To disseminate useful lessons learned quickly and continuously to the field.

- **Priorities:** None.

- **Eligible Applicants:** Applications may be submitted by public organizations, such as units of State or local government, and by domestic private nonprofit and for-profit organizations, such as group practice settings, Federally Qualified Health Centers (FQHCs), community health centers, other community-based organizations, universities, colleges, hospitals, family and/or consumer operated organizations, and various types of managed health care organizations.

- **Cooperative Agreements/Amounts:** For FY 1998, it is estimated that approximately \$3.5 to 4 million will be available to support up to ten (10) Study Site awards and one (1) Coordinating Center under this GFA. For Phase I in FY 1998, the average award to support each Study Site is expected to range from \$250,000 to \$350,000 in total costs (direct+indirect) per year, including service enhancements. The award to support the Coordinating Center is expected to be in the range of \$800,000 to \$900,000 in total costs (direct+indirect) per year. For Phase II

in FY 1999–2001, it is estimated that approximately the same total amount, \$3.5 to 4 million per year, will be available. Actual funding levels will depend upon the availability of appropriated funds.

- **Catalog of Federal Domestic Assistance Number:** 93.230.

- For programmatic or technical information regarding this program (not for application kits), contact: Paul Wohlford, Ph.D., Division of State and Community System Development, Center for Mental Health Services, SAMHSA, 5600 Fishers Lane, Room 15C–18, Rockville, MD 20857, Tel. 301–443–5850; Fax 301–594–0091, E-mail: pwohlfor@samhsa.gov.

HRSA-supported Consolidated Health Centers should contact: M. Carolyn Aoyama, C.N.M., M.P.H., Deputy Chief, Clinical Branch, Division of Community and Migrant Health, Bureau of Primary Health Care, HRSA, 4350 East West Highway, 7th Floor, Bethesda, MD 20814, Tel. 301–594–4294; Fax 301–594–4997, E-mail: caoyama@hrsa.dhhs.gov.

- For grants management assistance, contact: Stephen J. Hudak, Division of Grants Management, OPS, SAMHSA, 5600 Fishers Lane, Room 15C–05, Rockville, Maryland 20857, (301) 443–4456, E-mail: shudak@samhsa.gov.

- For application kits, contact: Knowledge Exchange Network (KEN), P.O. Box 42490, Washington, DC 20015, Voice: 800–789–2647; TTY 301–443–9006; Fax 301–984–8796.

4.1.2 Cooperative Agreements for Establishing a Mentoring/Advocacy Program for High Risk Youth and Their Families (Short Title: Project: Youth Connect, SP 98–005)

- **Application Deadline:** June 19, 1998.

- **Purpose:** The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) announces the availability of funds to support studies to determine the effectiveness of mentoring/advocacy models that focus on youth 9–15 years of age and their families. The primary purpose of the program is to prevent or reduce substance abuse or delay its onset by improving school bonding and academic performance; improving life management skills and improving family bonding and family functioning. The announcement solicits grant applications for 10–12 Project: Youth Connect Study Sites and a Coordinating Center. This study includes requirements for a rigorous evaluation. Community based organizations and schools wishing to apply under this

announcement, are encouraged to consult with organizations or universities in their communities, who can provide evaluation expertise. The Coordinating Center's primary responsibility will be for supporting effective evaluations and conducting secondary analyses of data across the study sites.

Through this program, SAMHSA/CSAP anticipates gaining additional knowledge about the relative effectiveness of providing this mentor/advocate service to the youth (Model I) or the youth and his/her family (Model II). The study should address the following questions: (1) Is the mentoring/advocacy model effective in preventing, delaying and/or reducing youth substance abuse? (2) If the mentoring/advocacy model is effective, are better outcomes achieved working with youth only, or with youth and families? (3) Which intervention, or combination of interventions, produce outcomes that meet the program objectives?

- **Priorities:** None.

- **Eligible Applicants:** Applications for the Study Sites and the Coordinating Center may be submitted by units of State or local government and by domestic private nonprofit and for-profit organizations such as community-based organizations, universities, colleges, and hospitals. Applicants cannot apply for both a Study Site and a Coordinating Center cooperative agreement. Applicants must choose to apply for one or the other to avoid any conflict of interest issues.

- **Cooperative Agreements/Amounts:** It is estimated that approximately \$6 million will be available to support approximately 10–12 Study Sites and \$750,000 (including direct and indirect costs) will be available to support the Coordinating Center in FY 1998. Up to 20% of funds available for Study Sites are being set aside for applications from grantees previously funded under the Community Schools Program administered by the Administration for Children and Families that are in the top half of scored applications, as Congress has directed SAMHSA to give priority consideration to these applicants. No Study Site award can exceed \$450,000, including indirect cost. Funding for the subsequent years may be at approximately the same levels.

- **Catalog of Federal Domestic Assistance Number:** 93.230.

- For programmatic or technical information regarding this grant, contact (not for application kits): Rose C. Kittrell, M.S.W., Division of Knowledge Development and Evaluation, Center for

Substance Abuse Prevention, SAMHSA, Rockwall II, Room 1075, 5600 Fishers Lane, Rockville, MD 20857, (301) 443-9104.

- For grants management assistance, contact: Peggy Jones, Division of Grants Management, OPS, SAMHSA, Rockwall II, Room 630, 5600 Fishers Lane, Rockville, Maryland 20857, (301) 443-3958.

- For application kits, contact: National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345, (800) 729-6686; (800) 487-4859 TDD.

5. Public Health System Reporting Requirements

The Public Health System Impact Statement (PHSIS) is intended to keep State and local health officials apprised of proposed health services grant and cooperative agreement applications submitted by community-based nongovernmental organizations within their jurisdictions.

Community-based nongovernmental service providers who are not transmitting their applications through the State must submit a PHSIS to the head(s) of the appropriate State and local health agencies in the area(s) to be affected not later than the pertinent receipt date for applications. This PHSIS consists of the following information:

- a. A copy of the face page of the application (Standard form 424).
- 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.
 - (3) A description of the coordination planned with the appropriate State or local health agencies.

State and local governments and Indian Tribal Authority applicants are not subject to the Public Health System Reporting Requirements.

Application guidance materials will specify if a particular FY 1998 activity described above is/is not subject to the Public Health System Reporting Requirements.

6. PHS Non-use of Tobacco Policy Statement

The PHS strongly encourages all grant and contract recipients to provide a smoke-free workplace and 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. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

7. Executive Order 12372

Applications submitted in response to all FY 1998 activities listed above are subject to the intergovernmental review requirements of Executive Order 12372, as implemented through DHHS regulations at 45 CFR Part 100. E.O. 12372 sets up a system for State and local government review of applications for Federal financial assistance.

Applicants (other than Federally recognized Indian tribal governments) should contact the State's Single Point of Contact (SPOC) as early as possible to alert them to the prospective application(s) and to receive any necessary instructions on the State's review process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC of each affected State. A current listing of SPOCs is included in the application guidance materials. The SPOC should send any State review process recommendations directly to: Office of Extramural Activities Review, Substance Abuse and Mental Health Services Administration, Parklawn Building, Room 17-89, 5600 Fishers Lane, Rockville, Maryland 20857.

The due date for State review process recommendations is no later than 60 days after the specified deadline date for the receipt of applications. SAMHSA does not guarantee to accommodate or explain SPOC comments that are received after the 60-day cut-off.

Dated: April 17, 1998.

Richard Kopanda,

Executive Officer, SAMHSA.

[FR Doc. 98-10654 Filed 4-22-98; 8:45 am]

BILLING CODE 4162-20-P

DEPARTMENT OF THE INTERIOR

Office of the Assistant Secretary—Water and Science

Notice of Intent To Negotiate an Operating Agreement Among the Central Utah Water Conservancy District, Ute Tribe—Uintah and Ouray Reservation, United States Bureau of Indian Affairs, and the Department of the Interior To Provide for the Construction, Rehabilitation, Operation, Maintenance, and Replacement of the Uintah Unit Replacement Project of the Central Utah Project

AGENCY: Office of the Assistant Secretary—Water and Science, Department of the Interior.

ACTION: Notice of intent to negotiate an agreement among the Central Utah Water Conservancy District, Ute Tribe—Uintah and Ouray Reservation, United States Bureau of Indian Affairs, and Department of the Interior to provide for the construction, rehabilitation, operation, maintenance, and replacement of the Uintah Unit Replacement Project of the Central Utah Project as provided in Section 201(c) of Pub. L. 102-575.

SUMMARY: Pub. L. 102-575, Central Utah Project Completion Act, Section 201(c), allows for the construction of the Uintah Unit Replacement Project as part of the Central Utah Project. An operating agreement will provide the terms associated with the construction, rehabilitation, operation, maintenance, and replacement of each of the features and activities associated with the Project. It will also establish the details associated with project reservoir water storage, accounting, and delivery. The agreement will establish the terms for the project operation to achieve the benefits of water development for Indians and non-Indians, protection of existing water rights, and establish a project operation to emphasize benefit to steam flows for fishery and other environmental enhancements.

The purpose of the negotiation sessions will be to determine the terms of the storage, accounting, and delivery of project water for the Uintah Unit and detail the protection of existing water rights on the associated river systems. The sessions will also determine responsibilities for construction, rehabilitation, operation, maintenance, and replacement of project facilities.

DATES: Dates for public negotiation sessions will be announced in local newspapers.

FOR FURTHER INFORMATION CONTACT: