

Type of respondent	Number of respondents	Responses per respondent	Hours per response	Annual burden hours
Nurses:				
Target group	1,393	1	.25	348
Others	783	1	.12	91
Dentists:				
Target group	850	1	.25	213
Others	1,579	1	.12	184
Dental hygienists:				
Target group	850	1	.25	213
Others	1,579	1	.12	184
Psychosocial/mental health professionals:				
Target Group	1,436	1	.25	359
Others	740	1	.12	86
Total	13,562	1	.19	2,557

*The target group includes those professionals currently serving or likely to serve persons with HIV/AIDS.

Send comments to Patricia Royston, HRSA Reports Clearance Officer, Room 14-36, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: April 2, 1996.

J. Henry Montes,
Associate Administrator for Policy
Coordination.

[FR Doc. 96-8686 Filed 4-8-96; 8:45 am]

BILLING CODE 4160-15-P

Substance Abuse and Mental Health Services Administration

Fiscal Year (FY) 1996 Funding Opportunities for Knowledge Development and Application Cooperative Agreements

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

ACTION: Notice of Funding Availability.

SUMMARY: The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS), Center for Substance Abuse Prevention (CSAP), and Center for Substance Abuse Treatment (CSAT) announce that they anticipate that FY 1996 funds will be available for Knowledge Development and Application cooperative agreements for the following activities. These activities are discussed in more detail under Section 4 of this notice.

Activity	Application deadline	Estimated funds available	Estimated No. of awards	Project period
Managed Care	06/10/96	\$10 million	21	3 yrs.
Homelessness Prevention	06/10/96	2.6 million	16	3 yrs.
Predictor Variables & Development	06/10/96	4.0 million	9	3 yrs.
Wrap Around Services	06/10/96	2.4 million	2	3 yrs.
Cannabis Dependence Treatment	06/10/96	1.2 million	5	3 yrs.

These programs are being announced prior to the full annual appropriation for FY 1996 for SAMHSA's programs. Applications are invited based on the assumption that sufficient funds will be appropriated for FY 1996 to permit funding of a reasonable number of applications being hereby solicited. These programs are being announced in order to allow applicants sufficient time to plan and to prepare applications. Solicitation of applications in advance of a final appropriation will also enable the award of appropriated grant funds in an expeditious manner and thus allow prompt implementation and evaluation of promising projects. *All applicants are reminded, however, that we cannot guarantee sufficient funds will be appropriated to permit SAMHSA to fund any applications.* Questions regarding the status of the appropriation of funds should be directed to the grants

management contacts listed in Section 4 of this notice.

SAMHSA will publish a notice in the Federal Register regarding the amount of funding available for its programs when the final appropriation is enacted.

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: 202-783-3238).

GENERAL INSTRUCTIONS: Applicants for grants and cooperative agreements must use application form PHS 5161-1 (Rev. 7/92; OMB No. 0937-0189). Application kits contain the PHS 5161-1, Standard Form 424 (Face Page) and *complete instructions* for preparing and submitting applications. 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.

APPLICATION SUBMISSION: Applications must be submitted to: SAMHSA Programs, Division of Research Grants, 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 categories of cooperative agreements.

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.
- Cooperative Agreements/Amounts.
- Catalog of Federal Domestic Assistance Number.

- Program Contact.
- Grants Management Contact.
- 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 is moving 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.

The agency has worked to transform its demonstration portfolio from service-based projects to true knowledge-acquisition studies. For FY 1996, SAMHSA has developed an agenda of new programs designed to answer specific important policy-relevant questions. These questions, specified in this and subsequent Notices of Funding Availability, are designed to provide critical information to improve the nation's mental health and substance abuse treatment and prevention services.

The new agenda is the outcome of a process whereby providers, services researchers, consumers, 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 1996 programs will sometimes involve the evaluation of some delivery of services, they are really services studies, not merely evaluation, since they are aimed at answering policy-relevant questions.

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

2. Special Concerns

SAMHSA's FY 1996 Knowledge Development and Application activities discussed below do not provide funds for mental health and substance abuse treatment and prevention services except for incremental costs required by the particular activity's study design. Applicants are required to propose true knowledge acquisition studies. Applications seeking funding for services projects will be considered nonresponsive. Applications that are incomplete or nonresponsive to the guidance for applicants 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 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 Approved Applications

Applications recommended for approval by the peer review group and the appropriate Advisory Council (if applicable) will be considered for funding on the basis of their overall technical merit as determined through the 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 1996 Substance Abuse and Mental Health Services Activities

4.1 Cooperative Agreements

Five 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 for Managed Care and Vulnerable Populations

- Application Deadline: June 10, 1996.
- Purpose: Cooperative agreements will be awarded for a program designed to enhance knowledge about how managed care in the public sector affects the provision of substance abuse (alcohol and other drugs—AOD) and

mental health (MH) services. Applications are being solicited for Study Sites to conduct research on a single well-defined approach to managed care for provision of AOD and MH services in comparison to a traditional, publicly-funded approach to care and to collaborate with other program participants in developing generalizable findings across sites. Applications are also being sought for a Coordinating Center to provide overall coordination of the program, to manage and analyze the common data collected across Study Sites, and to design and conduct a national survey of managed care organizations.

The following types of questions should be considered by applicants for Study Sites:

What is the impact of managed care on utilization, outcomes and costs for the defined population with mental health or substance use problems? Does the impact vary for important subgroups within the target population?

What is the experience of providers, families, and consumers with managed care; e.g., how satisfied are they with their managed care plan compared with other persons served in traditional, publicly-funded programs?

Are there different patterns of services provided to enrollees and their dependents under managed care than are provided in traditional programs? For example, are there differences in the prevention, rehabilitation, or wraparound services being provided?

Across Study Sites, the following types of questions should be considered:

What are the comparative costs and benefits of different approaches to managed care for AOD and MH services for specific target populations? Across populations?

Are there specific aspects of managed care (type of provider organization; level and type of financial risks; etc.) that produce better outcomes than others?

Funds will be awarded and cooperative agreements administered jointly by CMHS, CSAP and CSAT.

- Priorities: Applicants for Study Sites must propose to study one, and only one, of the specific target populations that follow. Applicants who wish to study more than one population must submit a separate complete application for each population group to be studied.

(1) Women and children who are categorically eligible for Medicaid. Within this broader population, families with children with serious emotional disturbances (SED) are of particular interest and will be oversampled when necessary.

(2) Adults who are seriously chemically dependent.

(3) Adults with serious mental illness (SMI).

- Eligible Applicants: Applications may be submitted by public and by private nonprofit and for-profit entities.
- Cooperative Agreements/Amounts: Approximately 20 individual Study Sites awards at an estimated \$450,000 each per year in total costs. One Coordinating Center award at an estimated \$1,250,000 per year in total costs. Actual funding levels will depend upon the availability of funds at the time of the award.

• Catalog of Federal Domestic Assistance Number: 93.230

• Program Contact: For programmatic or technical assistance, contact:

For substance abuse treatment issues: Mady Chalk, Ph.D., CSAT, Rockwall II, Room 840, (301) 443-8796.

For substance abuse prevention issues: Ms. Ulonda Shamwell, CSAP, Rockwall II, 9th Floor, (301) 443-9110.

For mental health issues: Roger B. Straw, Ph.D., CMHS, Parklawn, Room 11C-26, (301) 443-3606.

Questions related to the cross-site aspects of the Coordinating Center should be directed to Roger Straw (contact information above); questions related to the survey should be directed to: Nancy Kennedy, Dr. P.H., CSAP, Rockwall II, 9th Floor, (301) 443-9453.

Grants Management Contact: For business management assistance, contact: Ms. Mable Lam, CSAT, Rockwall II, 6th Floor, (301) 443-9360.

The mailing address for all of the individuals listed above is: 5600 Fishers Lane, Rockville, Maryland 20857.

- Application Kits: Application kits are available from: National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, Maryland 20847-2345, (800) 729-6686.

4.1.2 Cooperative Agreements for CMHS/CSAT Collaborative Program To Prevent Homelessness

- Application Deadline: June 10, 1996.
- Purpose: Cooperative agreements will be awarded to support projects that will document homelessness prevention interventions for individuals with serious mental illness and/or substance use disorders who are formerly homeless or at risk for homelessness, and who are engaged with the mental health and/or substance abuse treatment systems. A second goal is to evaluate appropriate homelessness prevention interventions for individuals with serious mental illnesses and/or substance use disorders that address the following four topic areas: housing

instability and eviction from housing; discharge planning from psychiatric and substance abuse treatment facilities; models of family respite services; and resource management and representative payee models.

This program is intended to answer the following question:

What is the relative effectiveness of alternate models for preventing homelessness among adults with serious mental illnesses and/or substance use disorders who are engaged with the treatment system?

Funds will be awarded and cooperative agreements administered jointly by CMHS and CSAT.

- **Priorities:** None.
- **Eligible Applicants:** Applications may be submitted by public and by private nonprofit and for-profit entities. Applicants must have an infrastructure in which the prevention program can be provided for the target population and must have provided prevention services for a minimum of two years prior to the date of the application. Applicants must also be licensed, accredited, certified, or chartered to provide substance abuse and mental health treatment services by appropriate certification or credentialing bodies.

- **Cooperative Agreements/Amounts:** Approximately 16 awards at an estimated \$165,000 in total costs each for the first year. Actual funding levels will depend upon the availability of funds at the time of the award.

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

- **Program Contact:** For programmatic or technical assistance, contact: Lawrence Rickards, Ph.D. or Walter Leginski, Ph.D., CMHS, Parklawn, Room 11C-05, (301) 443-3706. Hector Sanchez, M.S.W. or Joyce Johnson, D.O., M.A., CSAT, Rockwall II, 7th Floor, (301) 443-6534.

- **Grants Management Contact:** For business management assistance, contact: Stephen J. Hudak, CMHS, Parklawn, Room 15C-05, (301) 443-4456.

- **Application Kits:** Application kits are available from: Homeless Programs Branch, CMHS, Parklawn, Room 11C-05, (301) 443-3706.

The mailing address for all of the individuals/organizations listed above is: 5600 Fishers Lane, Rockville, Maryland 20857.

4.1.3 Cooperative Agreements for Prevention Intervention Studies on Predictor Variables by Developmental Stage

- **Application Deadline:** June 10, 1996.

- **Purpose:** Cooperative agreements will be awarded to support research studies to determine the most effective interventions to change the developmental course of early predictor markers for substance abuse in children at several defined developmental stages. The goal of this program is the generation of new empirical knowledge about effective approaches for changing the developmental trajectory of children at risk of substance abuse. This program is designed to elicit applications for research across identified age ranges that tests interventions designed to (1) build social competence; (2) build self-regulation and control; (3) enhance school bonding and cognitive development in children in the 3-5 age range, school bonding and academic achievement in children in the other age ranges; and (4) develop strong parental/care-giver involvement.

The research question intended to be answered is as follows:

At what developmental stage does enhancement of each of the variables being investigated prove most effective in preventing/reducing negative behaviors that are predictive of substance abuse?

Funds will be awarded and cooperative agreements administered by CSAP. Applications are solicited for two types of cooperative agreements: Research Sites and a Research Coordinating Center.

Funds to support the program are limited to 3 years. Applicants should plan data collection over a period of 2 years, with analysis planned for the last 6 months of the program. Depending on the availability of funds in subsequent years, it is hoped that long-term follow-up and the study of continuing interventions will be permitted.

- **Priorities:** This program is targeted to children in four different developmental stages—3-5 years, 6-8 years, 9-11 years, and 12-14 years. Children living in inner cities and in poor, rural areas within the age ranges defined are the populations of interest.

- **Eligible Applicants:** Applications may be submitted by public and by private nonprofit and for-profit entities.

- **Cooperative Agreements/Amounts:** Approximately 8 awards at an estimated \$500,000 each in total costs per year for Research Sites and approximately \$200,000 in total costs for a Research Coordinating Center for the first year. Funds for the Research Coordinating Center are expected to increase in years two and three. Actual funding levels will depend upon the availability of funds at the time of the award.

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

- **Program Contact:** For programmatic or technical assistance, contact: Mary A. Jansen, Ph.D., CSAP, Rockwall II, Room 9C-03, (301) 443-9136.

- **Grants Management Contact:** For business management assistance, contact: Ms. Mary Lou Dent, CSAP, Rockwall II, Room 640, (301) 443-3958.

The mailing address for all of the individuals listed above is: 5600 Fishers Lane, Rockville, Maryland 20857.

- **Application Kits:** Application kits are available from: National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, Maryland 20847-2345, (800) 729-6686.

4.1.4 Cooperative Agreements for Wrap Around Services for Clients in Non-Residential Substance Abuse Treatment Programs: Evaluating Utility and Cost Effectiveness in the Context of Changes in Health Care Financing

- **Application Deadline:** June 10, 1996.

- **Purpose:** Cooperative agreements will be awarded for the purpose of generating new knowledge about the relative impact of wrap around services on the success of the treatment of addictive disorders and the relative cost-effectiveness of these services in light of changes in health care financing, including managed care, as they relate to substance abuse treatment. The goal of this demonstration is to obtain information about the extent to which the provision of a range of wrap around services (matched to client needs) in conjunction with substance abuse treatment, improves outcome, and at what cost. For the purposes of this study, wrap around services include (1) vocational training; (2) educational services; (3) child care; (4) transportation; and (5) advisory legal services.

The following questions are of interest in assessing the impact of wrap around services as part of comprehensive substance abuse treatment:

(1) What impact on treatment outcome is attributable to the provision of various wrap around services matched to client needs?

(2) What are the unit costs for providing wrap around services matched to client needs?

Funds will be awarded and cooperative agreements administered by CSAT. Applications are solicited for Study Coordinating Center(s) with a consortium of 8-10 substance abuse treatment providers (i.e., Study Sites) each to provide overall study coordination.

- **Priorities:** The proposed target population is adults (18 years old or older); their primary drug of choice

must be cocaine, including crack-cocaine, or heroin, although the majority of clients are likely to be poly-drug users. To the extent that sampling constraints allow, the proposed sample should be representative of gender and racial/ethnic groups in the United States.

- **Eligible Applicants:** Applications may be submitted by public and by private nonprofit and for-profit entities.

- **Cooperative Agreements/Amounts:** Approximately 1–2 awards at an estimated \$1.2 million in total costs each for Study Coordinating Centers. Actual funding levels will depend upon the availability of funds at the time of the award. Funds cannot be used to pay for substance abuse treatment or wrap around services.

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

- **Program Contact:** For programmatic or technical assistance, contact: Mr. Randy Muck, CSAT, Rockwall II, Suite 618, (301) 443–6574.

- **Grants Management Contact:** For business management assistance, contact: Ms. Mable Lam, CSAT, Rockwall II, Suite 618, (301) 443–9665.

The mailing address for the individuals listed above is: 5600 Fishers Lane, Rockville, Maryland 20857.

- **Application Kits:** Application kits are available from: National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, Maryland 20847–2345, (800) 729–6686.

4.1.5 Cooperative Agreements for a Multisite Study of the Effectiveness of Brief Treatment for Cannabis (Marijuana) Dependency

- **Application Deadline:** June 10, 1996.

- **Purpose:** Cooperative agreements will be awarded to evaluate the effectiveness of brief interventions in the treatment of marijuana (cannabis) dependency. The purpose of the program is to test the efficacy of relatively brief treatments for adults from differing socio-economic and racial and ethnic backgrounds who meet criteria for marijuana dependence as currently defined by DSM-IV and are seeking treatment for this dependence.

The program is intended to provide answers to following questions:

- (1) Are brief interventions more effective for selected populations than a single assessment interview and deferred treatment (waiting list control) in reducing marijuana use?

- (2) How, for these populations, does a brief (3 sessions) intervention compare in outcome to a still brief but somewhat extended (up to 12 treatment sessions)

intervention and to the controls mentioned in number 1?

- (3) Are the effects of either of these interventions reflected in better social functioning among patients at follow up? In cognitive functioning (if funds are available)?

Funds will be awarded and cooperative agreements administered by CSAT. Applications are solicited for treatment sites and a coordinating center.

- **Priorities:** The target population for this program is adults (18 years old and older) dependent on cannabis as currently defined by DSM-IV. Because much of the published work on brief interventions for marijuana dependence was carried out on a largely Caucasian, largely employed patient population, CSAT is interested both in testing the replicability of these findings and in determining to what degree these techniques are applicable to populations with higher proportions of ethnic and racial minorities and/or a higher level of unemployment or under-employment.

- **Eligible Applicants:** Applications may be submitted by public and by private nonprofit and for-profit entities.

- **Cooperative Agreements/Amounts:** Approximately \$1.2 million will be available to support up to four treatment sites at approximately \$225,000 each and a coordinating center at approximately \$300,000. Actual funding levels will depend upon the availability of funds at the time of the award.

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

- **Program Contact:** For programmatic or technical assistance, contact: Mr. George Kanuck, CSAT, Rockwall II, Room 8A–131, (301) 443–6549.

- **Grants Management Contact:** For business management assistance, contact: Ms. Mable Lam, CSAT, Rockwall II, 6th Floor, (301) 443–9665.

The mailing address for all of the individuals listed above is: 5600 Fishers Lane, Rockville, Maryland 20857.

- **Application Kits:** Application kits are available from: National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, Maryland 20847–2345, (800) 729–6686.

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 1996 activity described above 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.

Specific application guidance materials may include more detailed guidance as to how a Center will implement SAMHSA's policy on promoting the non-use of tobacco.

7. Executive Order 12372

Applications submitted in response to all FY 1996 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 4, 1996.

Richard Kopanda,

Acting Executive Officer, SAMHSA.

[FR Doc. 96-8827 Filed 4-8-96; 8:45 am]

BILLING CODE 4162-20-P

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-3961-N-02]

Office of the Assistant Secretary for Community Planning and Development; Fiscal Year 1995 Notice of Funding Availability for the Early Childhood Development Program; Correction

AGENCY: Office of the Assistant Secretary for Community Planning and Development, HUD.

ACTION: Notice of funding availability (NOFA) for fiscal year 1995; correction.

SUMMARY: On March 28, 1996 (61 FR 13950), HUD published a NOFA that announced the availability of \$21 million to assist nonprofit organizations in providing early childhood development services for lower-income families who reside in public housing, and for homeless families or those at risk of becoming homeless. The purpose of this notice is to provide a Standard Form-424 (Application for Federal Assistance) that was inadvertently omitted from the March 28, 1996 NOFA.

FOR FURTHER INFORMATION CONTACT: Elizabeth A. Bulter, Office of Economic Development, Office of Community Planning and Development, Department of Housing and Urban Development, Room 7134, 451 Seventh Street, SW, Washington, DC 20410, fax (202) 708-7543. A telecommunications device for hearing- or speech-impaired persons (TTY) is available at 1-800-877-8339

(Federal Information Relay Service TTY). (Except for the "800" number, these are not toll-free numbers.)

SUPPLEMENTARY INFORMATION: A Notice of Funding Availability (NOFA) announcing HUD's Fiscal Year (FY) of \$21 million under the Early Childhood Development Program was published on March 28, 1996 (61 FR 13950). The Early Childhood Development Program is designed to determine the extent to which the availability of early childhood development Services in or near lower-income housing projects facilitates the employability of the parents or guardians of children who are residing in public housing. The program provides early childhood development services in or near low-income housing projects to families who are homeless or at risk of becoming homeless. These funds may be used for the operating expenses and/or for minor renovations of child care facilities located in or near public housing developments.

Attached to the March 28, 1996 NOFA was the application kit for FY 1995 assistance under the Early Childhood Development Program. A copy of the Standard Form-424 (Application for Federal Assistance) should have been included in the application kit. HUD, however, inadvertently failed to include this form in the March 28, 1996 NOFA. This notice provides a Standard Form-424 for use by applicants for FY 1995 assistance under the Early Childhood Development Program.

BILLING CODE 4210-29-M