

HCFA inadvertently excluded mention and description of revision to HCFA-484 in **Federal Register** Notices announcing agency and OMB review of the currently pending OMB submission 0938-0679, "Durable Medical Equipment Regional Carrier, Certificate of Medical Necessity", Forms HCFA-841 through HCFA-853. While all oxygen CMN related public comments received thus far on 0938-0679 will be considered by DHHS and OMB during this emergency approval process, public comment related to this proposed collection are still encouraged.

To obtain copies of the supporting statement and any related forms, E-mail your request, including your address and phone number, to Paperwork@hcf.gov, or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collection HCFA-484, OMB #0938-0534, should be sent within 30 days of this notice directly to the OMB Desk Officer designated at the following address: OMB Human Resources and Housing Branch, Attention: Allison Eydt, New Executive Office Building, Room 10235, Washington, D.C. 20503.

Dated: April 17, 1997.

Edwin J. Glatzel,

Director, Management Analysis and Planning Staff, Office of Financial and Human Resources, Health Care Financing Administration.

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BILLING CODE 4120-03-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Availability of The HRSA Competitive Grants Preview

AGENCY: Health Resources and Services Administration.

ACTION: General Notice.

SUMMARY: HRSA announces the availability of the HRSA Competitive Grants Preview publication (hereinafter referred to as The Preview) which constitutes a description of the Agency's competitive grant programs for Fiscal Year 1997. The purpose of the Preview is to provide the general public with a single source of program and application information related to the Agency's annual grant review cycle. The Preview is designed to replace multiple **Federal Register** notices which traditionally advertised the availability

of HRSA discretionary funds for its various programs. The HRSA Preview will appear annually in the **Federal Register**. The Fiscal Year 1997 Preview appears as Attachment A to this notice.

Although the Preview describes the majority of HRSA discretionary grant program areas, it should be noted that other program initiatives, responsive to new or emerging issues in the health care area, and unanticipated at the time of publication of the Preview, may be advertised through the **Federal Register** mechanism from time-to-time. Some programs described in the initial Preview have appeared in **Federal Register** announcements earlier this Fiscal Year. Deadlines or other requirements appearing in the **Federal Register** are not changed by this notice.

The Preview will contain a description of all competitive programs and will include instructions on how to access the Agency for information and how to receive application kits upon availability. Specifically, the following information for each competitive grant program area will be provided: (1) Program Title; (2) Legislative Authority; (3) Purpose; (4) Eligibility; (5) Estimated Amount of competition; (6) Estimated number of awards; (7) Funding Priorities and/or Preferences; (8) Projected Award Date; (9) Application Deadline; (10) Application kit availability; and (11) The Catalog of Federal Domestic Assistance (CFDA) program identification number.

The first issue of the Preview relates exclusively to funding under HRSA discretionary authorities and programs as follows:

Primary Health Care Programs

- Community and Migrant Health Centers
- Health Care For The Homeless
- Grants to States for Loan Repayment Programs
- Ryan White Title III Planning Grants
- Grants to States for Community Scholarship Programs

Maternal and Child Health Programs

- Genetic Services
- Managed Care Policy and Children with Special Health Care Needs
- Integrated Services For Children With Special Needs
- Partnership for Information and Communications
- State Fetal and Infant Mortality Review Support Centers
- Health, Mental Health and Safety for Schools
- Partners in Program Planning for Adolescent Health

- Sudden Infant Death Syndrome (SIDS) and Other Infant Death (OID) Program Support Center
- Health And Safety in Child Care Settings
- Data Utilization and Enhancement For State/Community Infrastructure Building and Managed Care
- Healthy Tomorrows Partnership for Children
- Community Integrated Service Systems (CISS) Research Grants
- Maternal and Child Health Provider Partnership Cooperative Agreement
- Community Integrated Services Systems (CISS)—Local/State Community Organization Grants
- Maternal and Child Health Research Cycle
- Long Term Training In Adolescent Health
- Long Term Training In Behavioral Pediatrics
- Long Term Training In Communication Disorders
- Long Term Training In Pediatric Dentistry
- Long Term Training In Pediatric Occupational Therapy
- Long Term Training In Pediatric Physical Therapy
- Long Term Training In Public Health Social Work
- Continuing Education and Development
- Emergency Medical Services for Children: Implementation Grants
- Emergency Medical Services for Children: Planning Grants
- Emergency Medical Services for Children: Partnership Grants
- Emergency Medical Services for Children: Targeted Issues Grants
- Ryan White Title IV; Grants for Coordinated HIV Services and Access To Research for Children, Youth, Women and Families
- Healthy Start Cooperative Agreements
- Traumatic Brain Injury Demonstration Grants

Rural Health Programs

- Rural Outreach, Network Development Grant Program
- Telemedicine Network

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

Dated: April 16, 1997.

Claude Earl Fox,

Acting Administrator.

Attachment A

The Health Resources and Services Administration Competitive Grants Preview

HRSA Announcements for Federal Fiscal Year 1997

The programs administered by the Health Resources and Services Administration (HRSA) are designed to improve the health of the Nation by assuring that quality health care is available to underserved and vulnerable populations and by promoting primary care education and practice. HRSA, in providing national leadership in health care and public health, believes that health care is a right. The diversity of programs supported by HRSA reflects this philosophy and unity of purpose.

This first issue of the HRSA *Competitive Grants Preview* will provide notice to the general public of its competitive grant programs and diverse funding opportunities, subject to availability of discretionary funds, during the Federal fiscal year, which begins each October 1 and ends September 30 of the next calendar year. The Preview is designed to replace the multiple **Federal Register** notices which HRSA has traditionally published during previous fiscal years. Because this initial issue of the Preview is being distributed during the second quarter of the fiscal year, it excludes those HRSA programs which have already been advertised and competed in the early part of FY 1997. The programs included in this issue have funding effective dates ranging from June 1 to September 30, 1997. Future issues will be available each fiscal year and will present a more complete spectrum of programs.

It should be noted, however, that separate **Federal Register** notices may be published to enable HRSA to respond to unanticipated issues in the health services arena, or to comply with specific Congressional directives.

For each program, the Preview provides a description of the program category, applicant eligibility, the application deadline, projected award date, the amount of funds available, funding priorities and/or preferences, and the phone number to obtain additional information on specific funding categories. Additionally, the Preview identifies a set of generic review criteria which represents HRSA's overall approach to competitive application review. Included in the individual application package are the

final review criteria specific to each program category.

We are confident that this new approach to advertising funding opportunities will facilitate easy access to HRSA's program information and grant materials.

Thank you for working in partnership with HRSA as we seek together to improve the health status of our citizens.

HRSA's Program Priorities

Academic and Community Partnerships in Health Care Professions Education

Training the next generation of health professionals through academic partnerships with communities, moving clinical education beyond hospital wards and into neighborhood sites.

Managed Care

Bringing poor, uninsured, rural and chronically ill people into the mainstream of managed care.

Administrative Simplification and Program Management

Improving services to our customers—the recipients of HRSA's programmatic efforts—by streamlining and consolidating administrative functions, developing and implementing automated systems, and assuring that the field offices are full partners.

State and Community Relationships

Working with States to better serve all populations, especially those unserved or underserved by the private health care system.

Community Infrastructure

Empowering communities to meet their own health care needs building coalitions of physicians, hospitals, clinics, health departments and residents to test, evaluate and replicate models of cooperative care.

Integrated HIV/AIDS Programs

Enhancing services provided through the Ryan White CARE Act for vulnerable populations including people living with HIV/AIDS.

School and Adolescent Health

Helping schools to keep children and adolescents healthy.

Border Health

Safeguarding the health of populations in the 51 U.S. counties along the U.S./Mexico border.

How To Obtain and Use the Preview

It is highly recommended that you carefully read the introductory materials, terminology section and

individual program category descriptions before contacting the general number 1-888-333-HRSA. Likewise, we urge applicants to fully assess their eligibility for grants before requesting kits. This will greatly facilitate our ability to assist you in placing your name on the mailing list, and identifying the appropriate application kit(s), or other information you may wish to obtain.

To Obtain a Copy of the Preview: To have your name and address added to, or deleted from the Preview mailing list, please call the toll free number 1-888*-333-HRSA. (* Call operator if experiencing difficulty)

E-mail Address:

HRSA.GAC@ix.netcom.com

To Obtain an Application Kit: Upon review of the program descriptions, please determine which category or categories of application kit or kits you wish to receive, and contact the 1-888-333-HRSA number to register on the specific mailing list. If kits are already available, they will be mailed to you right away.

World Wide Web Access: The Preview is available on the HRSA Home Page via World Wide Web at <http://www.hrsa.dhhs.gov>. Application materials are currently available for downloading in the current cycle for some HRSA programs. HRSA's goal is to post application forms and materials for all programs in future cycles.

Grant Terminology

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

Application Deadlines: Applications will be considered "on time" if they are either received on or before the established deadline date or sent on or before the deadline date given in the program announcement or in the application kit materials, unless they arrive too late for orderly processing.

CFDA Number: The relevant Catalog of Federal Domestic Assistance number for the program category or categories listed. The CFDA is a government-wide compendium of Federal programs, projects, services, and activities which provide assistance or benefits to the American public.

Cooperative Agreement: A financial assistance mechanism to be used in lieu of a grant when substantial Federal programmatic involvement with the recipient during performance is anticipated by the PHS awarding office.

Eligibility: Authorizing legislation and government programmatic regulations specify eligibility for individual grant

programs. In general, assistance is provided to nonprofit organizations and institutions, governments and their agencies, and occasionally to individuals. For-profit organizations are eligible to receive awards under financial assistance programs unless specifically excluded by legislation.

Funding Priorities and/or Preferences: Special priorities or preferences which the individual programs have identified for the funding cycle. For example, some programs give preference to organizations which have specific capabilities such as telemedicine networking, or established relationships with managed care organizations, and a preference may be given to either new or competing continuation applications.

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

Review Criteria:

The following are generic review criteria applicable to HRSA programs:

- * That the estimated cost to the Government of the project is reasonable considering the anticipated results.

- * That project personnel or prospective fellows are well qualified by training and/or experience for the support sought and the applicant organization, or the organization to provide training to a fellow, has adequate facilities and manpower.

- * That, insofar as practicable, the proposed activities (scientific or other), if well executed, are capable of attaining project objectives.

- * That the project objectives are identical with or are capable of achieving the specific program objectives defined in the program announcement.

The specific review criteria used to review and rank applications are reflected in the individual guidance material provided with the application kits. Applicants should pay strict attention to addressing these criteria as they are the formal basis upon which their applications will be judged.

HRSA Program Competition in 1997—Primary Health Care Programs

Community and Migrant Health Centers

Authorization: Section 330 of the Public Health Service Act, 42 U.S.C. 254b.

Purpose: To extend preventive and primary health services to populations currently without such services and to

improve the health status of medically underserved individuals by supporting the establishment of new health centers and/or new health centers service delivery sites for existing health centers.

Eligibility: Public and private nonprofit entities. Eligible applicants for health center expansions must be current recipients of Community and/or Migrant Health Center funding.

Evaluation Criteria: Final criteria are reflected in the application kit.

Estimated Amount of Competition: \$15,000,000 with applications selected so that the ratio of new users from rural areas to new users from urban areas is not less than 2 to 3, nor greater than 3 to 2.

Estimated Number of Awards: Approximately 30.

Funding Priorities and/or Preferences:

Special consideration will be given to applicants that: (1) Propose to serve a designated Empowerment Zone/Enterprise Community; (2) propose to train and/or hire former welfare recipients as part of the service delivery plan; (3) are a part of a developing or operating health center managed care network or plan in States with established or developing Medicaid managed care programs; (4) have a demonstrated capacity and ability to provide required primary health services under Section (b) of this act; or (5) are in a State that does not currently have any grantees receiving support under Section (g) of this Act for migratory and/or seasonal agricultural workers, if applying to serve migratory and/or season agricultural workers. Special consideration will also be given to organizations proposing to serve sparsely populated rural areas.

Projected Award Date: 09/97.

Contact: 1-888-333-HRSA.

Application Deadline: 06/01/97.

Application Availability: 03/97.

CFDA Numbers: 93.224 and 93.246.

Health Care for the Homeless

Authorization: Section 330 of the Public Health Service Act, 42 U.S.C. 254b.

Purpose: Provision of primary health and substance abuse services to homeless individuals.

Eligibility: Non-profit private organizations and public entities, including State and local governmental agencies. Grantees and organizations with whom they may contract for services under this program must have an agreement with a State under its Medicaid program.

Evaluation Criteria: Final criteria are reflected in the application kit.

Estimated Amount of Competition: \$1,000,000 to \$1,500,000.

Estimated Number of Awards: 3 to 5.

Funding Priorities and/or Preferences:

(1) Applicants located in those States and other distinct geographic areas (e.g., cities, counties) which have not previously received Health Care for the Homeless funds, and/or (2) applicants who have demonstrated unmet need for services in communities on the U.S./Mexico border with large numbers of homeless individuals and families.

Projected Award Date: 09/97.

Contact: 1-888-333-HRSA.

Application Deadline: 06/16/97.

Application Availability: 03/97.

CFDA Number: 93.151.

Grants to States for Loan Repayment Programs

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

Purpose: To assist States in repayment of educational loans to health professionals in return for their practice in federally designated health professional shortage areas (HPSAs) to increase the availability of primary health services in such areas. States must provide adequate assurance that they will provide not less than \$1 for each \$1 of Federal funds provided in the grant. The Federal and State funds will be used only for loan repayments for health professionals who have entered into contracts with States. No other federal funds may be utilized to meet the required State cash contribution.

Eligibility: Any State. These programs must be administered by a State agency.

Evaluation Criteria: Final criteria are reflected in the application kit.

Estimated Amount of Competition: \$3,000,000.

Estimated Number of Awards: 14.

Funding Priorities and/or Preferences: None.

Projected Award Date: 09/97.

Contact: 1-888-333-HRSA.

Application Deadline: 05/01/97.

Application Availability: 02/97.

CFDA Number: 93.165.

Ryan White Title III Planning Grants

Authorization: Subparts II and III of Part C of Title XXVI of the Public Health Service Act, 42 U.S.C. 300ff-54(c).

Purpose: To support the activities of a planning process that prepares organizations and communities to offer comprehensive HIV primary care services. To assist organizations and communities to prepare for a higher quality and broader scope of HIV primary care for a greater number of people in their service area who are HIV infected or at risk. Planning activities, leading to the establishment of HIV primary care services, must address the

requirements of the Ryan White Early Intervention Services Program. This grant is not an operational grant and does not support the care of patients.

Eligibility: Non-profit private and public entities, including local government agencies, that are not currently grant recipients of the Ryan White Title III program.

Evaluation Criteria: Final criteria are reflected in the application kit.

Estimated Amount of Competition: \$650,000, with a limit of \$50,000 per award.

Estimated Number of Awards: Up to 13.

Funding Priorities and/or Preferences: Applicants proposing to serve a rural or underserved community where emerging or ongoing HIV issues have not been adequately addressed.

Projected Award Date: 09/97.

Contact: 1-888-333-HRSA.

Application Deadline: 05/16/97.

Application Availability: 03/97.

CFDA Number: 93.918.

Grants to States for Community Scholarship Programs

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

Purpose: To assist States to increase the availability of primary health care in urban and rural federally designated health professional shortage areas by assisting public or private non-profit community organizations to provide scholarships for education of individuals to serve as health professionals in these communities. States seeking support must agree (directly or through donations from public or private non-profit entities) that 60% of the total costs of the scholarships will be paid from non-federal contributions made in cash by the State and community organization. The State must make available through cash contributions not less than 15% nor more than 25% of the costs. The community organization must make available not less than 35% nor more than 45% of the costs. These grants funds will be expended only for scholarships to qualified residents of the communities to become health professionals. No other federal funds may be used to meet the State and community share of costs.

Eligibility: Any State is eligible to apply. For purposes of this notice, the term "State" means each of the several States including the District of Columbia. These programs must be administered by a single State agency.

Evaluation Criteria: Final criteria are reflected in the application kit.

Estimated Amount of Competition: \$340,000.

Estimated Number of Awards: 12.

Funding Priorities and/or Preferences: None.

Projected Award Date: 09/97.

Contact: 1-888-333-HRSA.

Application Deadline: 05/15/97.

Application Availability: 02/97.

CFDA Number: 93.931.

Maternal and Child Health Programs

Genetic Services

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

***Eligibility:** 42 CFR Part 51a.3—(a) With the exception of training and research, as described in paragraph (b) of this section, any public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b) is eligible to apply for Federal funding under this Part. (b) Only public or nonprofit private institutions of higher learning may apply for training grants. Only public or nonprofit institutions of higher learning and public or private non-profit agencies engaged in research or in program relating to maternal and child health and/or services for children with special health care needs may apply for grants, contracts or cooperative agreements for research in maternal and child health services or in services for children with special health care needs.

Purpose: To improve the quality, availability, accessibility and utilization of genetic services as an integral component of comprehensive maternal and child health care. Grants will be awarded competitively to support projects on priority topics specified below.

Eligibility: 42 CFR Part 51a.3 *.

Evaluation Criteria: Final criteria are reflected in the application kit.

Estimated Amount of the Competition: \$3,600,000.00.

Number of Expected Awards: 21.

Funding Priorities and/or Preferences: Priority topics for projects include: (1) Genetics in primary care; (2) genetic services networks; (3) comprehensive care for Cooley's Anemia; (4) genetic services for populations with ethnocultural barriers to care; (5) comprehensive care for infants with Sickle Cell disease identified through State newborn screening programs; and (6) genetics in managed care.

Projected Award date: 09/97.

Contact: 1-888-333-HRSA.

Application Deadline: 04/28/97.

Application Availability: 02/97.

CFDA Number: 93.110A.

Managed Care Policy and Children with Special Health Care Needs

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

Purpose: To support a national policy center to implement strategic planning to assure the availability and accessibility of comprehensive, community-based, culturally competent, and family-centered care to CSHCN and their families in a managed care environment.

Eligibility: 42 CFR Part 51a.3 *.

Evaluation Criteria: Final criteria are reflected in the application kit.

Estimated Amount of the Competition: \$375,000.00.

Number of Expected Awards: 1.

Funding Priorities and/or Preferences: Preference will be given to organizations with proven national experience and an existing infrastructure for policy analysis at the national level on issues related to chronic care in the emerging managed care system.

Projected Award date: 09/97.

Contact: 1-888-333-HRSA.

Application Deadline: 04/11/97.

Application Availability: 02/97.

CFDA Number: 93.110C.

Integrated Services for Children With Special Health Care Needs

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

Purpose: To demonstrate innovative and nationally replicable models of community-based services in two areas: (1) Reduction of barriers to service integration for young children with special health care needs and their families; (2) Promoting the accessibility of "medical homes" (i.e., ongoing source of health/medical care) for CSHCN and their families through family/professional partnerships.

Eligibility: 42 CFR Part 51a.3 *.

Evaluation Criteria: Final criteria are reflected in the application kit.

Estimated Amount of the Competition: \$900,000.00.

Number of Expected Awards: 8-10.

Funding Priorities and/or Preferences: Preference will be given to public and private community-based providers and programs; community/State agency partnerships; and community coalitions.

Projected Award Date: 09/97.

Contact: 1-888-333-HRSA.

Application Deadline: 05/16/97.

Application Availability: 02/97.

CFDA Number: 93.110F.

Partnership for Information and Communications

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

Purpose: To enhance communication between the Maternal and Child Health Bureau and governmental, professional and private organizations representing leaders and policy makers concerned with issues related to maternal and

child health. It facilitates dissemination of new maternal and child health related information of these policy and decision makers and provides those individuals and organizations with a means of communicating issues directly to the Maternal and Child Health program and to each other.

Eligibility: 42 CFR Part 51a.3 *.

Evaluation Criteria: Final criteria are reflected in the application kit.

Estimated Amount of the

Competition: \$1,100,000.00.

Number of Expected Awards: 5.

Funding Priorities and/or Preferences: For FY 1997, preference for funding will be given to national membership organizations representing State Governors and their staffs; State Health Officers; nonprofit and for-profit managed care organizations; and coalitions of organizations promoting the health of mothers and infants.

Projected Award date: 09/97.

Contact: 1-888-333-HRSA.

Application Deadline: 04/15/97.

Application Availability: 02/97.

CFDA Number: 93.110G.

State Fetal and Infant Mortality Review Support Centers

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

Purpose: To support State MCH agencies, or their designees, to stimulate and promote Fetal and Infant Mortality Review Programs in communities in order to enhance needs assessment and quality improvement efforts. Projects will support training and technical assistance activities that would be targeted to the particular needs within the State.

Eligibility: 42 CFR Part 51a.3*.

Evaluation Criteria: Final criteria are reflected in the application kit.

Estimated Amount of the

Competition: \$600,000.00.

Number of Expected Awards: 5.

Funding Priorities and/or Preferences: Preference for funding will be given to Title V programs or their designees.

Projected Award date: 09/97.

Contact: 1-888-333-HRSA.

Application Deadline: 05/13/97.

Application Availability: 02/97.

CFDA Number: 93.110I.

Health, Mental Health and Safety for Schools

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

Purpose: The purpose of this cooperative agreement is to support a process that will result in development of advisory guidelines for assuring basic health and safety in Kindergarten-12 grade school settings. The standards will be developed through a consensus

process, which relies upon exchanges among groups of experts in specific topical areas to determine the state of the science and art. The guidelines will consolidate the best features of the array of guidelines, recommendations, and standards presently in existence.

Eligibility: 42 CFR Part 51a.3 *.

Evaluation Criteria: Final criteria are reflected in the application kit.

Estimated Amount of the

Competition: \$200,000.00.

Number of Expected Awards: 1.

Funding Priorities and/or Preferences:

Preference for funding will be given to organizations which have credibility in the education community and the capacity to address all aspects of health services, health education, and injury and violence prevention in the school environment.

Projected Award date: 09/97.

Contact: 1-888-333-HRSA.

Application Deadline: 06/03/97.

Application Availability: 02/97.

CFDA Number: 93.110M.

Partners in Program Planning for Adolescent Health

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

Purpose: To involve organizations having an historic interest in adolescent health in developing the programming of HRSA's Office of Adolescent Health (OAH). The OAH will collaborate with these organizations in seeking policy guidance from and providing programmatic information to their memberships.

Eligibility: 42 CFR Part 51a.3 *.

Evaluation Criteria: Final criteria are reflected in the application kit.

Estimated Amount of the

Competition: \$100,000.00.

Number of Expected Awards: 1.

Funding Priorities and/or Preferences:

For FY 1997, preference for funding will be given to national membership organizations representing the professional discipline of nursing. Other professional disciplines may be the focus of future competitions.

Projected Award date: 09/97.

Contact: 1-888-333-HRSA.

Application Deadline: 06/17/97.

Application Availability: 02/97.

CFDA Number: 93.110N.

Sudden Infant Death Syndrome(SIDS) and Other Infant Death (OID) Program Support Center

Authorization: Title V of the Public Health Service Act, 42 U.S.C. 701.

Purpose: This cooperative agreement will fund population-based activities (e.g., systems analysis, epidemiology, health promotion) in support of development of community-based

services to reduce as much as possible the risk of Sudden Infant Death Syndrome (SIDS) and Other Infant Deaths (OID), to appropriately support families when an infant death does occur, and will analyze standardized information about infant deaths in the hope of discovering factors which can be ameliorated to reduce the risk of a future infant death.

Eligibility: 42 CFR Part 51a.3 *.

Evaluation Criteria: Final criteria are reflected in the application kit.

Estimated Amount of the

Competition: \$350,000.00.

Number of Expected Awards: 1.

Funding Priorities and/or Preferences: None.

Projected Award date: 06/97.

Contact: 1-888-333-HRSA.

Application Deadline: 04/18/97.

Application Availability: 02/97.

CFDA Number: 93.110O.

Health and Safety in Child Care Settings

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

Purpose: This cooperative agreement supports the development and implementation of State-based programs to expand the number of public (public health nurses, nurse practitioners, physicians, nutritionists, dentists, mental health providers, and others) and private sector (managed care supported outreach staff and others) health professionals trained to serve as health care consultants to child care programs.

Eligibility: 42 CFR Part 51a.3 *.

Evaluation Criteria: Final criteria are reflected in the application kit.

Estimated Amount of the

Competition: \$175,000.00.

Number of Expected Awards: 1.

Funding Priorities and/or Preferences: None.

Projected Award date: 09/97.

Contact: 1-888-333-HRSA.

Application Deadline: 06/03/97.

Application Availability: 02/97.

CFDA Number: 93.110P.

Data Utilization and Enhancement for State/Community Infrastructure Building and Managed Care

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

Purpose: To enable State MCH and CSHCN programs to enhance the use of qualitative and quantitative analytic methods in local program solving for MCH populations. Awards are intended to supplement or complement existing data utilization activities and to foster and strengthen continuing collaboration among State and local public health agencies, private sector efforts and academic institutions.

Eligibility: 42 CFR Part 51a.3 *.

Evaluation Criteria: Final criteria are reflected in the application kit.

Estimated Amount of the

Competition: \$1,000,000.00.

Number of Expected Awards: 15–17.

Funding Priorities and/or Preferences:

Special consideration will be given to proposals seeking to identify and track emerging issues resulting from health care structural, financial, and demographic changes (e.g., health care and welfare reform, managed care waivers, population income shifts, etc.).

Projected Award date: 09/97.

Contact: 1–888–333–HRSA.

Application Deadline: 06/30/97.

Application Availability: 02/97.

CFDA Number: 93.110U.

Healthy Tomorrows Partnership for Children

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

Purpose: To improve access to health services and utilize preventive strategies. The initiative encourages additional support from the private sector and from foundations to form community-based partnerships to coordinate health resources for pregnant women, infants and children. Proposals are invited in the following program areas: (1) Local initiatives that are community-based, family-centered, comprehensive and culturally relevant and improve access to health services for infants, children, adolescents, or children with special health care needs (CSHCN), and (2) initiatives which show evidence of a capability to meet cost participation goals by securing funds for the second and sequential years of the project.

Eligibility: 42 CFR Part 51a.3 *.

Evaluation Criteria: Final criteria are reflected in the application kit.

Estimated Amount of the

Competition: \$500,000.00.

Number of Expected Awards: 10.

Funding Priorities and/or Preferences:

In the interest of equitable geographic distribution, special consideration for funding will be given to projects from States without a currently funded project in this category. These States are cited in the application guidance.

Projected Award date: 09/97.

Contact: 1–888–333–HRSA.

Application Deadline: 04/17/97.

Application Availability: 02/97.

CFDA Number: 93.110V.

Community Integrated Service Systems (CISS) Research Grants

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

Purpose: To support research on CISS-sponsored early intervention

services programs within the context of developing and expanding local service delivery systems. The intent is to generate new knowledge on early intervention services models and on how to integrate these models into existing systems of care at the community level while sustaining the essential nature and demonstrated effectiveness of the original prototypes.

Eligibility: 42 CFR Part 51a.3 *.

Evaluation Criteria: Final criteria are included in the application kit.

Estimated Amount of the

Competition: \$600,000.00.

Number of Expected Awards: 2.

Funding Priorities and/or Preferences: None.

Projected Award date: 09/97.

Contact: 1–888–333–HRSA.

Application Deadline: 07/01/97.

Application Availability: 01/97.

CFDA Number: 93.110AN.

Maternal and Child Health Provider Partnership Cooperative Agreement

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

Purpose: To support an effort to encourage private sector involvement and strengthen private-public partnerships to restructure and improve perinatal health services in communities and states and to improve coordination of an access to community health resources for women of reproductive age and infants. The awardee will be expected to analyze the current circumstances and obstacles to providers in the delivery of maternal and infant health services, develop strategies to improve maternal and infant health status and service systems through collaboration with national and state public health organizations, and disseminate and communicate concerns and information pertaining to the issues and strategies employed to their members and to other national organizations.

Eligibility: 42 CFR Part 51a.3 *.

Evaluation Criteria: Final criteria are reflected in the application kit.

Estimated Amount of the

Competition: \$200,000.00.

Number of Expected Awards: 1.

Funding Priorities and/or Preferences: Preference for funding will be given to national membership organizations representing providers of obstetrical and gynecological services.

Projected Award date: 09/97.

Contact Person: 1–888–333–HRSA.

Application Deadline: 05/13/97.

Application Availability: 02/97.

CFDA Number: 93.110AP.

Community Integrated Service Systems (CISS)—Local/State Community Organization Grants

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

Purpose: To support community organization activities in two areas: (1) Local level agencies; and (2) State MCH agencies. Funds may be used to hire staff to assist in consortium building and to function as community organizers, to help formulate a plan for integrated services systems, to obtain and/or provide technical assistance, and to convene community or State networking meetings for information dissemination and replication of systems integration programs.

Eligibility: 42 CFR Part 51a.3 *.

Evaluation Criteria: Final criteria are reflected in the application kit.

Estimated Amount of the

Competition: \$1,000,000.00.

Number of Expected Awards: 20.

Funding Priorities and/or Preferences: (1) Preference for funding of local level agencies will be given to local communities. In the interest of equitable geographical distribution, special consideration for funding will be given to projects from communities without a currently-funded CISS project. (2) Preference for State Community Organization Grants will be given to State MCH agencies.

Projected Award date: 09/97.

Contact 1–888–333–HRSA.

Application Deadline: 04/30/97.

Application Availability: 01/97.

CFDA Number: 93.110AR.

Maternal and Child Health Research Cycle

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

Purpose: To encourage research in maternal and child health which has the potential for ready transfer of findings to health care delivery programs. Of special interest are projects that address factors and processes that lead to disparities in health-status and the use of services among minority and other disadvantaged groups as well as health promoting behaviors, quality outcome measures, and system/integration reform.

Eligibility: 42 CFR Part 51a.3 *.

Evaluation Criteria: Final criteria are reflected in the application kit.

Estimated Amount of the

Competition: \$1,900,000.00.

Number of Expected Awards: 12.

Funding Priorities and/or Preferences: Within the issues/questions comprising the research agenda, preference for funding will be given to projects which: (1) seek to develop measures of racism

and/or study its consequences for the health of mothers and children; (2) investigate the role that fathers play in caring for and nurturing the health, growth, and development of children; and (3) address the factors and processes that enhance the quality, safety, access, and effectiveness of health care services provided to mothers and newborns, especially in light of the impact of managed care.

Projected Award date: 07/97 and 12/97.

Contact: 1-888-333-HRSA.

Application Deadline: 03/01/97 and 08/01/97.

Application Availability: 02/97 and 06/97.

CFDA Number: 93.110RS.

Long Term Training in Adolescent Health

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

Purpose: To provide interdisciplinary leadership training for several professional disciplines at the graduate and postgraduate levels to prepare them for leadership roles in training for, research on, or development of organized systems for delivery of services in programs providing adolescent health care.

Eligibility: 42 CFR Part 51a.3 *.

Evaluation Criteria: Final criteria are reflected in the application kit.

Estimated Amount of the Competition: \$2,200,000.00.

Number of Expected Awards: 6.

Funding Priorities and/or Preferences: Applications are encouraged from Departments of Pediatrics and Internal Medicine of accredited U.S. Medical Schools or certain pediatric teaching hospitals having formal affiliations with schools of medicine.

Projected Award date: 07/97.

Contact: 1-888-333-HRSA.

Application Deadline: 03/21/97.

Application Availability: 02/97.

CFDA Number: 93.110TA.

Long Term Training in Behavioral Pediatrics

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

Purpose: To enhance behavioral, psychosocial and developmental aspects of general pediatric care through support for fellows preparing for academic leadership roles in behavioral pediatrics and to provide pediatric practitioners, residents, and medical students with essential biopsychosocial knowledge and clinical expertise.

Eligibility: 42 CFR Part 51a.3 *.

Evaluation Criteria: Final criteria are reflected in the application kit.

Estimated Amount of the Competition: \$1,000,000.00.

Number of Expected Awards: 8.

Funding Priorities and/or Preferences:

Applications are encouraged from Departments of pediatrics with an identifiable behavioral pediatrics unit/program within accredited medical schools in the United States.

Projected Award date: 07/97.

Contact: 1-888-333-HRSA.

Application Deadline: 03/21/97.

Application Availability: 02/97.

CFDA Number: 93.110TB.

Long Term Training in Communication Disorders

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

Purpose: To provide leadership in communication disorders education through support of: (1) Graduate training of speech/language pathologists and/or audiologists to assume leadership roles in programs providing health and related services for populations of children, particularly those with special health care needs; (2) development and dissemination of curriculum resources to enhance pediatric content in communication disorders training programs; and (3) consultation technical assistance and continuing education in communication disorder geared to the needs of the MCH community.

Eligibility: 42 CFR Part 51a.3 *.

Evaluation Criteria: Final criteria are reflected in the application kit.

Estimated Amount of the Competition: \$400,000.00.

Number of Expected Awards: 3.

Funding Priorities and/or Preferences:

Applications are encouraged from departments or programs of audiology, communication disorders or speech and language pathology in institutions of higher learning that offer a graduate degree and are accredited for graduate education by the American Speech-Language-Hearing Association (ASHA) Council on Academic Accreditation.

Projected Award date: 07/97.

Contact: 1-888-333-HRSA.

Application Deadline: 03/14/97.

Application Availability: 01/97.

CFDA Number: 93.110TC.

Long Term Training in Pediatric Dentistry

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

Purpose: To provide leadership in pediatric dentistry education through support of: (1) postdoctoral training of dentists in the primary care specialty of pediatric dentistry to assume leadership roles related to oral health programs for populations of children, particularly those with special health care needs; (2) development and dissemination of

curriculum resources to enhance pediatric content in dentistry training programs; and (3) consultation, technical assistance and continuing education in pediatric dentistry geared to the needs of the MCH community.

Eligibility: 42 CFR Part 51a.3 *.

Evaluation Criteria: Final criteria are reflected in the application kit.

Estimated Amount of the Competition: \$400,000.00.

Number of Expected Awards: 3.

Funding Priorities and/or Preferences:

Applications are encouraged from advanced education programs in pediatric dentistry accredited by the Commission on Dental Accreditation (CODA) at institutions which offer graduate degrees at the Master's level and above.

Projected Award date: 07/97.

Contact: 1-888-333-HRSA.

Application Deadline: 03/14/97.

Application Availability: 01/97.

CFDA Number: 93.110TG.

Long Term Training in Pediatric Occupational Therapy

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

Purpose: To provide leadership in pediatric occupational therapy training through support of: (1) Post-professional graduate training of occupational therapists for leadership roles in programs providing health and related services for populations of mothers and children, particularly those with special health care needs; (2) development and dissemination of curriculum resources to enhance pediatric content in occupational therapy training programs; and (3) consultation, technical assistance and continuing education in occupational therapy geared to the needs of the MCH community.

Eligibility: 42 CFR Part 51a.3 *.

Evaluation Criteria: Final criteria are reflected in the application kit.

Estimated Amount of the Competition: \$400,000.00.

Number of Expected Awards: 3.

Funding Priorities and/or Preferences:

Applications are encouraged from schools or departments of occupational therapy accredited by the Accreditation Council for Occupational Therapy Education (ACOTE). Preference will be given to schools/departments with a pediatric focus or which are developing such a doctoral program.

Projected Award date: 07/97.

Contact: 1-888-333-HRSA.

Application Deadline: 03/14/97.

Application Availability: 01/97.

CFDA Number: 93.110TH.

Long Term Training in Pediatric Physical Therapy

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

Purpose: To provide leadership in pediatric physical therapy education through support of: (1) post-professional graduate training of physical therapists for leadership roles in programs providing health and related services for populations of mothers and children, particularly those with special health care needs; (2) development and dissemination of curriculum resources to enhance pediatric content in physical therapy training programs; and (3) consultation, technical assistance and continuing education in pediatric physical therapy geared to the needs of the MCH community.

Eligibility: 42 CFR Part 51a.3*.

Evaluation Criteria: Final criteria are reflected in the application kit.

Estimated Amount of the Competition: \$400,000.00.

Number of Expected Awards: 3.

Funding Priorities and/or Preferences: Applications are encouraged from post-professional-level graduate degree programs for physical therapists. Preference will be given to established doctoral programs with a pediatric focus or to advanced masters programs with a pediatric focus which are developing such a doctoral program.

Projected Award date: 07/97.

Contact: 1-888-333-HRSA.

Application Deadline: 03/14/97.

Application Availability: 01/97.

CFDA Number: 93.110TI.

Long Term Training in Public Health Social Work

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

Purpose: To provide leadership in public health social work education through support of: (1) graduate training of social workers for leadership roles in programs providing health and related services for populations of mothers and children, including those with special health care needs; (2) development and dissemination of curriculum resources to enhance MCH content in social work training programs; and (3) consultation, technical assistance and continuing education in public health social work geared to the needs of the MCH community. Category A programs provide a Master's degree in social work, while category B programs provide a Master's degree in public health following the MSW or combined with a doctoral degree in social work.

Eligibility: 42 CFR Part 51a.3*.

Evaluation Criteria: Final criteria are reflected in the application kit.

Estimated Amount of the Competition: \$400,000.00.

Number of Expected Awards: 3.

Funding Priorities and/or Preferences: For Category A grants, applications are encouraged from graduate programs of social work with a Master's Degree program which is fully accredited by the Council on Social Work Education (CSWE), and which have a concentration in health. For Category B grants, applications are encouraged from graduate schools of public health accredited by the Council on Education in Public Health (CEPH), or schools of social work (accredited by CSWE) offering a university-approved post-MSW program in public health social work leading to the MPH or combined MPH and PhD/DSW. The two programs must have a formal affiliation.

Projected Award date: 07/97.

Contact: 1-888-333-HRSA.

Application Deadline: 03/14/97.

Application Availability: 01/97.

CFDA Number: 93.110TL.

Continuing Education and Development

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

Purpose: To facilitate timely transfer and application of new information, research findings, and technology related to MCH through: 1) short-term, non-degree related courses, workshops, conferences, symposia, institutes, and distance learning strategies and/or; 2) development of curricula, guidelines, standards of practice and educational tools/strategies intended to assure quality health care for the MCH population. The goal is to improve the health status of the MCH population through enhancing the leadership capabilities and practices of professionals in MCH and related services and through modifying the systems that deliver services.

Eligibility: 42 CFR Part 51a.3*.

Evaluation Criteria: Final criteria are reflected in the application kit.

Estimated Amount of the Competition: \$1,000,000.00.

Number of Expected Awards: 15.

Funding Priorities and/or Preferences: None.

Projected Award Date: 09/97.

Contact: 1-888-333-HRSA.

Application Deadline: 07/01/97.

Application Availability: 04/97.

CFDA Number: 93.110TO.

* **Eligibility:** 42 CFR Part 51a.3-(a) With the exception of training and research, as described in paragraph (b) of this section, any public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b) is eligible to apply for federal funding under this Part. (b) Only public or nonprofit private institutions of

higher learning may apply for training grants. Only public or nonprofit institutions of higher learning and public or private nonprofit agencies engaged in research or in programs relating to maternal and child health and/or services for children with special health care needs may apply for grants, contracts or cooperative agreements for research in maternal and child health services or in services for children with special health care needs.

Emergency Medical Services for Children: Implementation Grants

Authorization: Section 1910 of the Public Health Service Act, 42 U.S.C. 300w-9.

Purpose: To improve the capacity of a State's EMS program to address the particular needs of children. Implementation grants are used to assist States in integrating research-based knowledge and state-of-the-art systems development approaches into the existing State EMS, MCH, and CSHCN systems, using the experience and products of previous EMSC grantees. Applicants are encouraged to consider activities that (1) Address identified needs within their State EMS system and that lay the groundwork for permanent changes in that system; (2) develop or monitor pediatric EMS capacity; (3) will be institutionalized within the State EMS system.

Eligibility: States and Accredited Schools of Medicine.

Evaluation Criteria: Final criteria are reflected in the application kit.

Estimated Amount of the Competition: \$1,000,000.00.

Number of Expected Awards: 4.

Funding Priorities and/or Preferences: None.

Projected Award date: 08/97.

Contact: 1-888-333-HRSA.

Application Deadline: 04/11/97.

Application Availability: 01/97.

CFDA Number: 93.127A.

Emergency Medical Services for Children: Planning Grants

Authorization: Section 1910 of the Public Health Service Act, 42 U.S.C. 300w-9.

Purpose: To enable a State to assess needs and develop a strategy to begin to address those needs. Funds may be used to hire staff to assist in the assessment of EMSC needs of the State; obtain technical assistance from national, State, regional or local resources; help formulate a State plan for the integration of EMSC services into the existing State EMS plan; and plan a more comprehensive grant proposal based upon a needs assessment performed during the planning grant project period. The proposal should provide evidence of the State's commitment to

improving pediatric emergency medical services and describe the method by which applicant will identify problems, assess needs, and develop a planning process for improving EMSC. A comprehensive approach, addressing physical, psychological, and social aspects of EMSC along the continuum of care, should be reflected in the proposed planning process.

Eligibility: States and Accredited Schools of Medicine.

Evaluation Criteria: Final criteria are reflected in the application kit.

Estimated Amount of the Competition: \$100,000.00.

Number of Expected Awards: 2.

Funding Priorities and/or Preferences: None.

Projected Award date: 07/97.

Contact: 1-888-333-HRSA.

Application Deadline: 04/11/97.

Application Availability: 01/97.

CFDA Number: 93.127B.

Emergency Medical Services for Children: Partnership Grants

Authorization: Section 1910 of the Public Health Service Act, 42 U.S.C. 300w-9.

Purpose: To support activities that represent the next logical step or steps to take to institutionalize EMSC within EMS and to continue to improve and refine EMSC. Proposed activities should be consistent with documented needs in the State and should reflect a logical progression in enhancing pediatric capabilities. For example, funding might be used to address problems identified in the course of a previous implementation grant; to increase the involvement of families in EMSC; to improve linkages between local, regional, or State agencies; to promulgate standards developed for one region of the State under previous funding to include the entire State; to devise a plan for coordinating and funding poison control centers; or to assure effective field triage of the child in physical or emotional crisis to appropriate facilities and/or other resources.

Eligibility: States.

Evaluation Criteria: Final criteria are reflected in the application kit.

Estimated Amount of the Competition: \$1,920,000.00.

Number of Expected Awards: 32.

Funding Priorities and/or Preferences: None.

Projected Award date: 09/97.

Contact: 1-888-333-HRSA.

Application Deadline: 04/11/97.

Application Availability: 01/97.

CFDA Number: 93.127C.

Emergency Medical Services for Children: Targeted Issue Grants

Authorization: Section 1910 of the Public Health Service Act, 42 U.S.C. 300w-9.

Purpose: To address specific, focused issues related to the development of EMSC knowledge and capacity, with the intent of advancing the state of the art of creating tools or knowledge that will be helpful nationally. Proposals must have a well-conceived methodology for analysis and evaluation. Targeted issue priorities have been identified based on the EMSC Five Year Plan. Proposals may be submitted on emerging issues that are not included in the identified priorities. However, any such proposals must demonstrate relevance to the Plan and must make a persuasive argument that the issue is particularly critical.

Eligibility: States and Accredited Schools of Medicine.

Evaluation Criteria: Final criteria are reflected in the application kit.

Estimated Amount of the Competition: \$1,050,000.00.

Number of Expected Awards: 7.

Funding Priorities and/or Preferences: Cost-benefit analyses related to EMSC, Implications of managed care for EMSC, Evaluations of EMSC components, Risk-taking behaviors of children and adolescent, Models for improving the care of culturally distinct populations, Children's emergencies in disasters.

Projected Award date: 09/97.

Contact: 1-888-333-HRSA.

Application Deadline: 04/11/97.

Application Availability: 01/97.

CFDA Number: 93.127D.

Ryan White Title IV: Grants for Coordinated HIV Services and Access to Research for Children, Youth, Women and Families

Authorization: Public Law 104-145, Title IV Ryan White CARE Act Amendments, 42 U.S.C. 300ff-71.

Purpose: To link clinical research and other research activities with comprehensive care systems, and to improve and expand the coordination of a system of comprehensive care for children, youth, women, and families who are infected/affected by HIV. Funds will be used to support programs that: (1) Cross established systems of care to coordinate service delivery HIV prevention efforts and clinical research and other research activities; and (2) creatively address the intensity of service needs high costs, and other complex barriers to comprehensive care and research experienced by underserved, at-risk and economically limited populations. Activities under these grants should address the goals of:

increasing client access by linking HIV/AIDS clinical research trials and activities with comprehensive care; fostering the development and support of comprehensive, culturally competent, community-based and family-centered care infrastructures; and emphasizing prevention within the care system.

Eligibility: All public and private entities, nonprofit and for profit.

Evaluation Criteria: Final criteria are reflected in the application kit.

Estimated Amount of the Competition: \$15,500,000.00.

Number of Expected Awards: 23.

Funding Priorities and/or Preferences: Preference for funding in this category will be given to projects that have: (1) Established and currently support a comprehensive, coordinated, system of HIV care serving either children, youth, women, or families; and (2) linked with or initiated activities to link with clinical trials or other research.

Projected Award date: 08/97.

Contact: 1-888-333-HRSA.

Application Deadline: 04/18/97.

Application Availability: 02/97.

CFDA Number: 93.153A.

Healthy Start Cooperative Agreements (Phase II)

Authorization: Section 301 of the Public Health Service Act, and Public Law 104-208, 42 U.S.C. 241(a).

Purpose: To operationalize successful infant mortality reduction strategies developed during the demonstration phase and to launch Healthy Start projects in new rural and urban communities (i.e., communities currently without a HSI-funded project). Competition is open to community-based entities interested in replicating or adapting existing Healthy Start models. All new HSI communities will be required to receive mentoring from one or more existing HSI projects.

Eligibility: Public or nonprofit private organizations, or tribal and other nonprofit organizations representing American Indians, Native Hawaiians, or Pacific Islanders, applying as or on behalf of an existing community-based consortium, and have infant mortality reduction initiatives already underway. In the case of applications with overlapping project areas or more than one applicant for the same project area, only one applicant will be considered for funding. Applicants must be in partnership with a current Consortium which has been: a) In operation at least the last two years prior to the date of application, and, b) involved in MCH activities (e.g. health fairs, support groups) in the project area. A consortium which has organized as community-based organization may

apply if it has demonstrable management and administrative experience.

New communities targeted under Healthy Start-Phase II are those in which infant mortality problems are most severe, resources can be concentrated, implementation is manageable, and progress can be measured. A project area is defined as a geographic area for which improvements have been planned and are being implemented. A project area must represent a reasonable and logical catchment area. The project consortium's responsibility for this catchment area includes the provision of ongoing advice to and oversight of the delivery of project services for the duration of the project period. Proposed activities should incorporate the Healthy Start principles of innovation, community commitment and involvement, increased access, service integration, and personal responsibility. Applicants are eligible for funding under Healthy Start Phase-II if, for the baseline three-year period 1991-1993, the proposed project area had the following verifiable characteristics:

An average infant mortality rate of at least 12.9 deaths per 1,000 live births, from vital statistics data, and at least three of the following:

- A percentage of births to teens which exceeded the national average of 5.0 percent of live births;
- A percentage of low birthweight births which exceeded the national average of 7.1 percent of live births;
- A rate of postneonatal mortality which exceeded the national average of 3.6 per 1,000 live births;
- A percentage of children under 18 with family incomes below the Federal Poverty level which exceeded the national average of 19.9% for 1990. (**Federal Register** dated 3/6/97).

Evaluation Criteria: Final criteria are reflected in the application kit.

Estimated Amount of the Competition: \$54,000,000.00.

Number of Expected Awards: 30.

Funding Priorities and/or Preferences: Preference for funding will be given to an approved applicant to achieve an equitable national geographic distribution across all States and territories.

Projected Award date: 08/97.

Contact: 1-888-333-HRSA.

Application Deadline: 04/15/97.

Application Availability: 01/97.

CFDA Number: 93.926B.

Traumatic Brain Injury Demonstration Grants

Authorization: Section 1252 of the Public Health Service Act, 42 U.S.C. 300d-52 *et seq.*

Purpose: Category 1, State Planning Grants—Planning grants are intended to support the development of core capacity components for Traumatic Brain Injury (TBI) services. Category 2, State Implementation Grants—Implementation grants are intended for States to have the core capacity components in place. These grants will support activities that represent the next logical step(s) in building a Statewide system to assure access to comprehensive and coordinated TBI services.

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

Evaluation Criteria: Category 1: The composition of the Board; commitments from all identified organizations or individuals; organizational and meeting arrangements; the adequacy of the State's proposed method for developing a Statewide needs assessment; the adequacy of the State's proposed method for linking its plan of action to the findings of the Statewide needs assessment; involvement of necessary public/private organizations and agencies to assure a comprehensive approach; the qualifications and experience established for the designated lead person for TBI; and, the reasonableness of the budget. Category 2: The adequacy of proposed methodology to assure full core capacity; the relevance of the goals and objectives to the identified needs assessment; and the adequacy of the plan for organizing and carrying out the project; involvement and participation of TBI survivors, families, and organizations; collaboration and coordination among the entities in the TBI continuum; project involvement in multidisciplinary and multisystem approach to TBI development; and sustainability of the proposed project. Matching requirement: Non-Federal cash contributions of not less than \$1.00 for each \$2.00 of Federal funds required.

Estimated Amount of the Competition: \$2,800,000.00.

Number of Expected Awards: 23.

Funding Priorities and/or Preferences: None.

Projected Award Date: 09/97.

Contact: 1-888-333-HRSA.

Application Deadline: 05/30/97.

Application Availability: 02/97.

CFDA Number: 93.TBA-1.

Rural Health Programs

Rural Outreach, Network Development Grant Program

Authorization: Public Law 104-299, The Health Centers Consolidation Act of 1996, 42 U.S.C. 254b.

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

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

Evaluation Criteria: Final criteria are reflected in the application kit.

Estimated amount of competition: \$16,000,000.

Number of expected awards: 80.

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

Projected award date: 09/97.

Contact: 1-888-333-HRSA.

Application Deadline: 03/31/97.
Application Availability: 12/96.
CFDA Number: 93.912.

Telemedicine Network

Authorization: Pub. L. 104-299, The Health Centers Consolidation Act of 1996, 42 U.S.C. 254b.

Purpose: To demonstrate how telemedicine can be used as a tool in developing integrated systems of health care, improving access to health services for rural citizens and reducing the isolation of rural health care practitioners, and to collect information for the systematic evaluation of the feasibility, costs, appropriateness and acceptability of rural telemedicine. Grantees may not use in excess of 40% of their federal grant funds each year for the purchase or lease and installation of equipment (i.e., equipment used inside the health care facility for providing telemedicine services such as codecs, cameras, monitors, computers, multiplexers, etc.). Grantees may not use federal funds to purchase or install transmission equipment (i.e., microwave towers, satellite dishes, amplifiers, or laying of telephone or cable lines). Grantees may not use federal funds to build or acquire real property or for construction, except to the extent that such funds are used for minor renovations related to the installation of telemedicine equipment. No more than 20% of the amounts provided under the grants can be used to pay for the indirect costs associated with carrying out the activities under the grant.

Eligibility: In general, any public (non-federal) or private-nonprofit entity that is: (1) A health care provider and a member of an existing or proposed telemedicine network, or (2) a consortium of providers that are members of an existing or proposed telemedicine network. The applicant must be a legal entity capable of receiving federal grant funds. The applicant may be located in either a rural or urban area. Other telemedicine network members may be public or private, nonprofit or for-profit. Health facilities operated by a federal agency may be members of the network but not the applicant. A telemedicine network shall, at a minimum, be composed of a multi-specialty entity that is located in an urban or rural area, which can provide 24-hour-a-day access to a range of specialty care services, and at least two rural health care facilities, which may include rural hospitals (fewer than 100 staffed beds), rural physician offices, rural health clinics, rural community health clinics and rural nursing homes.

Evaluation Criteria: Final criteria are reflected in the application kit.

Estimated Amount of Competition: \$4-5 Million.

Number of expected Awards: 10-14.

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

Projected Award Date: 09/97.

Contact: 1-888-333-HRSA.

Application Deadline: 06/97.

Application Availability: 04/97.

CFDA Number: 93.211.

[FR Doc. 97-10335 Filed 4-21-97; 8:45 am]

BILLING CODE 4160-15-P

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-4200-N-53]

Notice of Proposed Information Collection for Public Comment

AGENCY: Office of the Assistant Secretary for Housing—Federal Housing Commissioner, HUD.

ACTION: Notice.

SUMMARY: The proposed information collection requirement described below will be submitted to the Office of Management and Budget (OMB) for review, as required by the Paperwork Reduction Act. The Department is soliciting public comments on the subject proposal.

DATES: *Comments due:* June 23, 1997.

ADDRESSES: Interested persons are invited to submit comments regarding this proposal. Comments should refer to the proposal by name and/or OMB Control Number and should be sent to: Oliver Walker, Housing, Department of Housing and Urban Development, 451—7th Street, SW, room 9116, Washington, DC 20410.

FOR FURTHER INFORMATION CONTACT: Joseph McCloskey, telephone number (202) 708-1672 (this is not a toll-free number) for copies of the proposed forms and other available documents.

SUPPLEMENTARY INFORMATION: The Department will submit the proposed

information collection to OMB for review, as required by Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35, as amended).

The Notice is soliciting comments from members of the public and affecting agencies concerning the proposed collection of information to: (1) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (2) Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information; (3) Enhance the quality, utility, and clarity of the information to be collected; and (4) Minimize the burden of the collection of information on those who are to respond; including through the use of appropriate automated collection techniques or other forms of information technology, e.g., permitting electronic submission of responses.

This Notice also lists the following information:

Title of Proposal: Recertification of Family Income and Composition, Section 235(b) and Statistical Report Section 235 (b), (j) and (i).

OMB Control Number: 2502-0082.

Description of the need for the information and proposed use: This Notice requests to extend the use of Form HUD-93101 and HUD-93101A to be submitted by homeowners to mortgagees to determine their continued eligibility for assistance and to determine the amount of assistance a homeowner is to receive. The forms are also used by mortgagees to report statistical and general program data to HUD.

Agency forms, if applicable: HUD 93101 and HUD-93101A.

Members of affected public: An estimation of the total number of hours needed to prepare the information collection is 1, the number of respondents is 150,962, and frequency of responses is varied.

Status of the proposed information collection: Extension of a currently approved collection.

Authority: Section 3506 of the Paperwork Reduction Act of 1995, 44 U.S.C. Chapter 35, amended.

Dated: April 16, 1997.

Nicolas P. Retsinas,
Assistant Secretary for Housing—Federal Housing Commissioner.

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