the HCFA Paperwork Clearance Officer designated at the following address: HCFA, Office of Financial and Human Resources, Management Analysis and Planning Staff, Attention: John Rudolph, Room C2–25–05, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

Dated: January 15, 1997.

Edwin J. Glatzel,

Director, Management Analysis and Planning Staff, Office of Financial and Human Resources.

[FR Doc. 97–1917 Filed 1–24–97; 8:45 am]

BILLING CODE 4120–03–P

Health Resources and Services Administration

Healthy Start Cooperative Agreements

AGENCY: Health Resources and Services Administration (HRSA).

ACTION: Notice of availability of funds.

SUMMARY: The HRSA announces that approximately $54 million dollars in fiscal year (FY) 1997 funds will be available for cooperative agreements to communities for the replication phase of the Healthy Start Initiative, hereafter called Healthy Start-Phase II. The Healthy Start Initiative is a program of projects which, since FY 1991, has developed and implemented community-based strategies to reduce infant mortality in areas with a high incidence of infant mortality. The purpose of Healthy Start-Phase II is 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 Healthy Start-funded project). Competition is open to community-based entities interested in replicating or adapting existing Healthy Start models with assistance from selected Healthy Start projects already in operation. The project period is four years, subject to continuing availability of funds.

Within the HRSA, the Healthy Start Initiative is administered by the Maternal and Child Health Bureau (MCHB). Cooperative agreements for Healthy Start-Phase II will be made under the program authority of Section 301 of the Public Health Service Act. Funds for these awards were appropriated under Public Law 104–208.

The 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 Healthy Start-Phase II program will directly address the Healthy People 2000 objectives related to maternal and infant health, and especially health status objective 14.1, to reduce the infant mortality rate to no more than 7 per 1000 live births. Potential applicants may obtain a copy of Healthy People 2000 (Full Report: Stock No. 017–001–00474–0) or Healthy People 2000 (Summary Report: Stock No. 017–001–00473–1) through the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402–9325 (telephone 202 783–3238).

The PHS strongly encourages all grant 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.

ADDRESSES: The Federal Register notices and application guidance for the Healthy Start program are available on the World Wide Web via the Internet at address: http://www.os.dhhs.gov/hrsa/mchb. Click on the file name you want to download to your computer. It will be saved as a self-extracting Macintosh or WordPerfect 5.1 file. To decompress the file once it is downloaded, type in the file name followed by a <return>. The file will expand to a WordPerfect 5.1 file.

For applicants for Healthy Start cooperative agreements who are unable to access application materials electronically, a hard copy (Revised PHS form 5161–1, approved under OMB clearance number 0937–0189) must be obtained from the HRSA Grants Application Center. Requests should specify the category or categories of activities for which an application is requested so that the appropriate forms, information and materials may be provided. The Center may be contacted by: Telephone Number: 1–888–300–HRSA, FAX Number: 301–309–0579, E-mail Address: HRSA.GAC@x.netcom.com. Completed applications should be returned to: Grants Management Officer (CFDA #93.926), HRSA Grants Application Center, 40 West Gude Drive, Suite 100, Rockville, Maryland 20850.

DATES: The application deadline date is April 15, 1997. Applications will be considered to be on time if they are either: (1) Received on or before the deadline date, or (2) postmarked on or before the deadline date and received in time for orderly processing. Applicants should request a legibly dated receipt from a commercial carrier or the U.S. Postal Service, or obtain a legibly dated U.S. Postal Service postmark. Private metered postmarks will not be accepted as proof of timely mailing. Late competing applications or those sent to an address other than that specified in the **ADDRESSES** section will be returned to the applicant.

FOR FURTHER INFORMATION: Requests for technical or programmatic information should be directed to Thurma McCann, M.D., M.P.H., Director, Division of Healthy Start, Maternal and Child Health Bureau, HRSA, 5600 Fishers Lane, Room 11–A–05, Rockville, Maryland 20857, telephone 301–443–0543. Requests for information concerning administration and business management issues should be directed to Sandy Perry, Chief, Grants Management Branch, Maternal and Child Health Bureau, 5600 Fishers Lane, Room 18–12, Rockville, Maryland, 20857, telephone 301–443–1440.

SUPPLEMENTARY INFORMATION:

Program Background and Objectives

The Healthy Start Initiative was established as a demonstration program in 1991, based on the premise that new community-based strategies were needed to attack the causes of infant mortality and low birthweight especially among high risk populations.

Currently, there are 22 Healthy Start demonstration projects that have developed strategies to reduce infant mortality in their respective communities. Several of these strategies have been highly effective in achieving project objectives.

Approved applicants for this competition must agree to receive peer mentoring from existing Healthy Start grantees regarding the replication or adaptation of one or more of the strategies identified below. These strategies are categorized into nine intervention models (one organizational and eight service):

1. *Community-Based Consortium*—Establishment of a local community-based consortium/advisory board/coalition (consortium) of consumers (i.e., recipients of project services within the catchment area), providers, and others in an advisory capacity for program planning, operations, monitoring, and evaluation.

2. *Family Resource Center*—Provision of a community driven comprehensive array of client services at a single site at an accessible community location.

3. *Enhanced Clinical Services*—Enhancement of quality, access, utilization, and/or client satisfaction of clinical services that are provided by providers such as health department clinics, hospitals, and community clinics.

4. *Risk Prevention and Reduction*—Provision of specialized services which address population based and/or system oriented issues to reduce, modify, and/or eliminate medical/psycho-social stressors or unhealthy behaviors that threaten or affect childbearing women and their families.

5. *Care Coordination/Case Management*—Provision of services in a coordinated approach through client assessment, monitoring, facilitation and follow-up of utilization of needed services.

6. *Outreach/Client Recruitment*—Provision of case finding services which actively reach out into the community to recruit perinatal clients.

7. *Facilitating Services*—Provision of enabling services such as translation, transportation, and child care to assist clients to receive services and participate in infant mortality reduction programs.

8. *Education and Training*—Provision of planned education and public information to address risk factors associated with infant mortality, and to improve individual and community health.

9. *Adolescent Programs*—Provision of services which focus on the unique needs of adolescents to help them understand the need for pregnancy prevention and the complexities of childbearing.

Eligible Applicants

Applicants for Healthy Start-Phase II cooperative agreements must be public or nonprofit private organizations, or tribal and other organizations representing American Indians, Alaskan Natives, 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 overlapping project areas or more than one applicant for the same project area, only one application will be considered for funding. Applicants must be in partnership with a current consortium which has been: (1) In operation at least the last 2 years prior to date of the application; and (2) involved in MCH activities (e.g. health fairs, support groups) in the project area. A consortium which has organized as a community-based organization may apply if it has demonstrable management and administrative experience.

Eligible Project Areas

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 of 1991–1993 (unless other wise specified), 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 birth weight 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 22 percent for 1993 only.

Funding Category

The single category open for competition this year will be cooperative agreements with new communities seeking funds to replicate or adapt successful Healthy Start strategies to reduce infant mortality, in conjunction with individual programs already underway. Approximately $54,000,000 is available to fund up to 30 new communities, with awards ranging from $250,000 up to $2,000,000 per project for one year. The project period is up to four years, subject to continuing availability of funds.

Consideration for funding will be given to projects which operationalize and replicate one or more of the identified service intervention models, whose implementation appears reasonable and appropriate, which can be accomplished within the project period, and which are linked to a perinatal system of care.

In addition, Healthy Start-Phase II funds may be used only to supplement, and not to supplant or replace, either existing State or local funds, or State or local funds that would otherwise be made available to the project. Any appearance of supplantation will disqualify the application.

It is anticipated that intensive Federal programmatic involvement and substantial consultation will be required with grantees and mentoring organizations in these cooperative agreements. Federal involvement may include planning, guidance, coordination and participation in programmatic activities. Periodic meetings, conferences, and/or communications with the award recipients are held to review mutually agreed upon goals and objectives and to assess progress. The outcome of Federal oversight activities could lead to adjustments in priority tasks for a project.

A separate, limited competition among existing Healthy Start projects will complement these new Healthy Start-Phase II grants. It will provide funding for: (1) continued support of successful strategies and interventions; and (2) peer mentoring of health care providers, including managed care organizations and the new Healthy Start communities. This limited competition will be conducted separately and apart from the open competition announced in this notice.

Special Concerns

HRSA's Maternal and Child Health Bureau places special emphasis on improving service delivery to women, infants, children and youth from communities with limited access to comprehensive care. In order to assure access and cultural competence, it is expected that projects will involve individuals from the populations to be served in the planning and implementation of the project. The Bureau's intent is to ensure that project interventions are responsive to the cultural and linguistic needs of special populations, that services are accessible to consumers, and that the broadest possible representation of culturally distinct and historically underrepresented groups is supported through programs and projects sponsored by the MCHB. This same special emphasis applies to improving

service delivery to children with special health care needs.

In keeping with the goals of advancing the development of human potential, strengthening the Nation's capacity to provide high quality education by broadening participation in MCHB programs of institutions that may have perspectives uniquely reflecting the Nation's cultural and linguistic diversity, and increasing opportunities for all Americans to participate in and benefit from Federal public health programs, HRSA will place a funding priority on projects from Historically Black Colleges and Universities (HBCU) or Hispanic Serving Institutions in all categories and subcategories in this notice for which applications from academic institutions are encouraged. This is in conformity with the Federal Government's policies in support of White House Initiatives on Historically Black Colleges and Universities (Executive Order 12876) and Educational Excellence for Hispanic Americans (Executive Order 12900). An approved proposal from a HBCU or Hispanic Serving Institution will receive a 0.5 point favorable adjustment of the priority score in a 4 point range before funding decisions are made.

Evaluation Protocol

All Healthy Start projects, must incorporate a carefully designed and well planned evaluation protocol capable of demonstrating and documenting measurable progress toward achieving the project's stated goals. The protocol should be based on a clear rationale relating the grant activities, the project goals, and the evaluation measures. Wherever possible, the measurements of progress toward goals should focus on health outcome indicators, rather than on intermediate measures such as process or outputs. A project lacking a complete and well-conceived evaluation protocol as part of the planned activities will not be funded.

Review Process

Because of the anticipated overwhelming response to this announcement and the inability to fund all that may be approved, applications for the Healthy Start-Phase II will be reviewed in two stages. Stage 1 will consist of a competitive review by an Objective Review Committee (ORC) of all of the applications that have been determined eligible. Once the ORC has completed this initial review, those applicants determined to be highly competitive will receive a Stage 2 pre-award validation site visit to reaffirm the information contained in the applications and the applicant's ability to replicate the chosen model(s). There will be separate ORC panels for urban and rural applicants.

Five pre-application conferences for interested and potential applicants will be held February, 1997. These conferences will present the Healthy Start Initiative and its models of intervention, as well as answer questions relevant to the solicitation and review of applications. These conferences are planned for the metropolitan areas of Washington, D.C., (February 10), Atlanta, GA (February 12), Los Angeles, CA (February 20), Kansas City, MO (February 24), and Rockville, MD (February 28).

Interested parties should complete the registration form located within the application kit and return it via fax by February 1, 1997 to the National Center for Education in Maternal and Child Health (NCEMCH). An eletronic version of the registration form is also available through the Healthy Start eletronic mail addresss listed below. The completed registration form should be faxed to NCEMCH at (703) 524–9335.

For more information, please refer to the guidance or contact NCEMCH's Healthy Start Project via electronic mail, healthystart@list.ncemch.org or telephone 703–524–6537.

Review Criteria for Applicants

The following factors will be used, to review and evaluate applications for awards announced in this notice:

Stage 1

- Factor I (Weight-5 percent): The soundness of the application, as measured by the logical flow of the narrative, the quality of its content and its proposed methodology.
- Factor II (Weight-35 percent): The extent to which the proposed project is adequately described, as measured by the following:

—The extent to which the demonstrated need(s) of the target population to be served is adequately described and supported in the needs assessment and summarized in the problem statement.
—The extent to which the proposed project plan addresses the appropriate documented need(s) of the targeted population, including attention to the cultural and linguistic needs of consumers.
—The extent to which the proposed project plan is congruent with the scope of one or more of the eight service models of intervention.
—The extent to which the proposed project plan is adequately described. This description should delineate the specific model strategies included in the proposed project plan, and identify the actual or anticipated agencies and resources that will be used to implement those strategies.
—The extent to which the proposed project plan will enhance existing infant mortality reduction activities already underway within the community.
—The extent to which the project plan's objectives incorporate performance based indicators that are measurable, logical, and appropriate in relation to the specific problems and Healthy Start model(s) identified.
—The extent to which the activities involved in each proposed model appear feasible and likely to contribute to the achievement of the project's objectives within each budget period.

- Factor III (Weight-20 percent): The applicant's fiscal and program management capability and/or capacity, as measured by:

—The extent of the applicant's capability to carry out the replication or adaptation of the proposed model(s) within the project area and to play a substantive role in carrying out project activities associated with the model(s).
—The extent to which the applicant has demonstrated an ability to maximize and coordinate existing resources and acquire additional resources.
—The extent to which the plan to measure program performance is well organized, adequately described, and complies with MCHB's evaluation protocol for its discretionary grants and cooperative agreements.

- Factor IV (Weight-10 percent): Evidence of support from and linkage to the State and local perinatal systems, as measured by:

—The extent to which the project is linked to an existing perinatal system of care and enhances the applicant's infant mortality reduction program already in operation.
—The extent of actual or planned involvement of the State and local MCH and/or the Indian Health Service Area MCH Coordinator (as appropriate) and other agencies is clearly evident.
—The extent to which the project is consonant with overall State efforts to develop comprehensive community based systems of services, and focuses on service needs identified in the State's MCH Services Block Grant Plan.

- Factor V (Weight-15 percent): Structure and Role of Applicant's Consortium, as measured by:

—The effectiveness of the consortium activities during its years of existence, as demonstrated by evidence that the consortium has an ongoing advisory role in the project community's MCH activities.
—The extent to which the consortium includes appropriate representation of project area consumers, providers, and other key stake holders.
—The role and plan of action of the consortium in the implementation of the proposed project plan is adequately described.

• Factor VI (Weight-15 percent): The appropriateness of the budget, as measured by:

—The extent to which the proposed budget is realistic, adequately justified, and consistent with the proposed project plan.
—The extent to which the costs of administration and evaluation are reasonable and proportionate to the costs of service provision.
—The degree to which the costs of each model are economical in relation to the proposed service utilization.

Stage 2

• Validation Site Visit (Weight-100 percent):

—Reaffirmation of the applicant's information, consortium's structure and activities, and existing service systems and operations, based on a pre-award site visit to those applicants for whom the objective review committee has scored as highly competitive. The site visit will include assessments of the following:

I. Grantee Capability
II. Consortium Role and Structure
III. State and Local Perinatal System Linkage
IV. Other Factors As Appropriate

Preference

Preference for funding will be given to projects which: (1) Help to achieve an equitable geographical distribution of projects across all States and territories; or (2) show strong evidence of sustainability beyond the period of federal Healthy Start funding, such as those in Enterprise Zones/ Empowerment Communities or with other substantial commitments of public or private sector resources.

Allowable Costs

The Health Resources and Services Administration will support reasonable and necessary costs of Healthy Start-Phase II grants within the scope of approved activities. Allowable costs may include salaries, equipment and supplies, travel, contractual, consultants, and others, as well as indirect costs. HRSA adheres to administrative standards reflected in the Code of Federal Regulations 45 CFR Part 92 and 45 CFR Part 74. All other sources of funding to support this project must be accurately reflected in the applicant's budget.

Reports

A successful applicant under this notice will submit reports in accordance with the provisions of the general regulations which apply under 45 CFR Part 74, Subpart J, Monitoring and Reporting of Program Performance, with the exception of State and local governments, to which 45 CFR Part 92, Subpart C reporting requirements will apply. Financial reporting will be required in accordance with 45 CFR Part 74, Subpart H, with the exception of State and local governments, to which 45 CFR 92.20 will apply.

Public Health System Reporting Requirements

This program is subject to the Public Health System Reporting Requirements (approved under OMB No. 0937–0195). Under these requirements, community-based nongovernmental applicants must prepare and submit a Public Health System Impact Statement (PHSIS). The PHSIS is intended to provide information to State and local health officials to keep them apprised of proposed health services grant applications submitted by community-based nongovernmental organizations within their jurisdictions. Community-based, nongovernmental applicants are required to submit the following information to the head of the appropriate State and local health agencies in the area(s) to be impacted no later than the Federal application receipt due date:

(a) A copy of the face page of the application (SF 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.

Executive Order 12372

This program has been determined to be a program which is subject to the provisions of Executive Order 12372 concerning intergovernmental review of Federal programs by appropriate health planning agencies, as implemented by 45 CFR Part 100. Executive Order 12372 allows States the option of setting up a system for reviewing applications from within their States for assistance under certain Federal programs. The application packages to be made available under this notice will contain a listing of States which have chosen to set up such a review system and will provide a single point of contact (SPOC) in the States for review. Applicants (other than federally-recognized Indian tribal governments) should contact their State SPOCs as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC of each affected State. The due date for State process recommendations is 60 days after the application deadline for new and competing awards. The granting agency does not guarantee to ''accommodate or explain'' for State process recommendations it receives after that date.

The OMB Catalog of Federal Domestic Assistance number is 93.926.

Dated: January 22, 1997.

Ciro V. Sumaya,

Administrator.

[FR Doc. 97–1928 Filed 1–24–97; 8:45 am]

BILLING CODE 4160–15–P

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR–4200–N–11]

Submission for OMB Review: Comment Request

AGENCY: Office of Administration, HUD.

ACTION: Notice.

SUMMARY: The proposed information collection requirement described below has been 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 date: February 26, 1997.

ADDRESSES: Interested persons are invited to submit comments regarding this proposal. Comments must be received within thirty (30) days from the date of this Notice. Comments should refer to the proposal by name and/or OMB approval number and should be sent to: Joseph F. Lackey, Jr., OMB Desk Officer, Office of Management and Budget, Room 10235, New Executive Office Building, Washington, DC 20503.

FOR FURTHER INFORMATION CONTACT: Kay F. Weaver, Reports Management Officer, Department of Housing and Urban Development, 451 7th Street,