

Purpose: The Health Care for the Homeless (HCH) program is designed to increase the homeless populations access to cost-effective, case managed, and integrated primary care and substance abuse services provided by existing community-based programs/providers. Assuming the availability of sufficient appropriated funds in FY 1998, it is the intent of HRSA to continue to support health services to the homeless populations in these areas/locations given the continued need for cost-effective, community-based primary care services for these medically underserved populations within these geographic areas. Nine HCH grantees will reach the end of their project periods during FY 1998.

Deadline: Current grant expiration dates vary by area throughout FY 1998. Applications for competing continuation grants are normally due 120 days prior to the expiration of the current grant award. The nine service areas listed are for projects with an application deadline on or before January 31, 1998.

Limited Competition: Applicants are limited to currently funded programs whose project periods expire in FY 1998 and new organizations proposing to serve the same populations currently being served by these existing programs.

Field Office

Communication with Field Office staff is essential for interested parties in deciding whether to pursue Federal funding as an HCH. Detailed information about each service area, such as census tracts, can be obtained by contacting the appropriate HRSA Field Office listed below:

State	City	Project end date
HRSA FIELD OFFICE II (212) 264-2664		
NY	New York	10/31/97
HRSA FIELD OFFICE IV (404) 331-0250		
FL	Miami	10/31/97
HRSA FIELD OFFICE V (312) 353-1715		
OH	Columbus	01/31/98
HRSA FIELD OFFICE VI (214) 767-3872		
OK	Tulsa	12/1/97
HRSA FIELD OFFICE VII (816) 426-5296		
NE	Omaha	10/1/97
HRSA FIELD OFFICE VIII (303) 844-3203		
SD	Rapid City	01/31/98

State	City	Project end date
WY	Cheyenne	10/31/97
HRSA FIELD OFFICE IX (415) 437-8090		
NV	Las Vegas	12/31/97
HRSA FIELD OFFICE X (206) 615-2491		
WA	Seattle	10/31/97

Additional HRSA Program Notes

Loan Repayment Program

HRSA is soliciting applications from individuals for the Nursing Education Loan Repayment program for Fiscal (FY) 1997. Under section 846 of the Public Health Service (PHS) Act, approximately \$2,197,000 will be available and the HRSA estimates that approximately 195 loan repayment awards may be made. The program will repay up to 85 percent of the nursing education loans of registered nurses who agree to serve for not less than 2 years as nurse employees in certain health facilities. Additional information and application materials with a list of counties (parishes) with the greatest shortage of nurses may be obtained by calling or writing to: Sharley Chen, 4350 East-West Highway, 10th Floor, Bethesda, MD 20814, (301) 594-4400, (301) 594-4981 (FAX).

The 24-hour toll-free phone number is 1-800-435-6464.

Health Professions Programs

Competitive cycles for Fiscal Year FY 1998 are not anticipated for the following Health Professions Programs: CFDA 93.884—Residency Training in General Internal Medicine and/or General Pediatrics
CFDA 93.884—Predoctoral Training in General Internal Medicine and/or General Pediatrics
CFDA 93.900—Faculty Development in General Internal Medicine and/or General Pediatrics

Maternal and Child Health Programs

Girl Neighborhood Power is a Secretarial Initiative designed to help encourage and empower 9-14 year old girls. For information, contact Samuel Kessel, MD, 5600 Fishers Lane, Parklawn Bldg, Room 18A55, Rockville, MD 20857. Telephone (301) 443-2340 or e-mail at wkessel@hrsa.dhhs.gov.

BETWEEN ISSUES—DON'T FORGET TO CHECK THE FEDERAL REGISTER FOR GRANT ANNOUNCEMENTS THAT MAY APPEAR AFTER THE HRSA PREVIEW IS ISSUED.

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BILLING CODE 4160-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Federal Set-Aside Program; Special Projects of Regional and National Significance; Girl Neighborhood Power Cooperative Agreements

AGENCY: Health Resources and Services Administration (HRSA).

ACTION: Notice of availability of funds.

SUMMARY: The HRSA announces that approximately \$1.0 million in fiscal year (FY) 1997 funds is available for five cooperative agreements: one National Consortium of Girl Neighborhood Power Partners and four Community-Based Girl Neighborhood Power Partners Programs. All awards will be made under the program authority of section 502(a) of the Social Security Act, the MCH Federal Set-Aside Program. The Girl Neighborhood Power (GNP) Program will be administered through HHS intra-agency agreements as a Maternal and Child Health (MCH) Special Project of Regional and National Significance (SPRANS) initiative. Awards will be made for 5-year periods. Funds for GNP cooperative agreements are appropriated by Public Law 104-208. Within the HRSA, SPRANS awards are administered by the Maternal and Child Health Bureau (MCHB).

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a PHS-led national activity for setting priority areas. The MCH Block Grant Federal Set-Aside Program addresses issues related to the Healthy People 2000 objectives of improving maternal, infant, child and adolescent health and developing service systems for children with special health care needs. 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, Government Printing Office, Washington, DC 20402-9325 (telephone: 202-512-1800).

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: Federal Register notices and application guidance for MCHB programs 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 GNP 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) may 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@ix.netcom.com. Completed applications should be returned to: Grants Management Officer (CFDA #93.110X), HRSA Grants Application Center, 40 West Gude Drive, Suite 100, Rockville, Maryland 20850.

DATES: The application deadline date is August 26, 1997. Applications will be considered to have met the deadline 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 applications will be returned to the applicant.

FOR FURTHER INFORMATION CONTACT: Requests for technical or programmatic information should be directed to: Trina Menden Anglin, M.D., Ph.D., Maternal and Child Health Bureau, HRSA, Parklawn Building, Room 18A-39, 5600 Fishers Lane, Rockville, MD 20857, telephone: 301-443-5599. Requests for information concerning business management issues should be directed to: Sandra Perry, Grants Management Officer (GMO), Maternal and Child Health Bureau, 5600 Fishers Lane,

Room 18-12, Rockville, Maryland 20857, telephone: 301-443-1440.

SUPPLEMENTARY INFORMATION:

Program Background and Objectives

Girl Neighborhood Power!: Building Bright Futures for Success is a collaborative, multi-phase, effort by the Department of Health and Human Services (HHS) and America's communities to help encourage and empower 9 to 14 year-old girls to make the most of their lives. As part of the Secretary's Girl Power Campaign and the Administration's strategy to prevent teen pregnancy, and as a response to the President's charge to promote volunteerism and forge coalitions for America's children, the Secretary of HHS is challenging America's communities to become active partners in assisting 9 to 14 year-old girls to successfully navigate adolescence by: Rejecting tobacco, alcohol, and illicit drugs; and embracing physical activity, nutrition, abstinence, education, mental health, social development, and strong futures. Major objectives of GNP include: To give girls the information and clear messages they need to stay away from risky behaviors, to avoid teen pregnancy and to make responsible decisions about their lives; help support and guide parents, peers, siblings, neighbors, and other adults involved with the lives of America's girls; and teach skills that build confidence for girls and help them develop and sustain a broad range of interests in academics, arts, sports, music, volunteerism, and other positive activities that help build healthy girls and communities.

The GNP program addresses the unique needs, interests, and challenges faced by 9 to 14 year-old girls. The initiative takes a comprehensive approach by looking at the many challenges girls face and addressing them not only with targeted health messages about behaviors they should avoid, but also by giving them positive messages, meaningful opportunities, and skills to move through adolescence and build healthy futures. To accomplish this, the initiative will build strong partnerships that galvanize parents, schools, communities, religious organizations, media, health providers, businesses, local governments, and other caring adults. It will also challenge Americans to organize both at the national level and in local neighborhoods.

The GNP initiative will support challenge grants and create "power partners" who will enter into cooperative efforts with public, private and community organizations that have

a demonstrated commitment to: contributing to strengthening career and family roles; providing opportunities for community service; fostering access to diverse communities; including participants in the planning and implementation of efforts; and involving key leaders who are in a position to make a difference in effecting positive change.

Challenge grants will take the form of cooperative agreements to support special projects that: Plan and implement innovative and cost-effective approaches for directing resources to promote community-defined preventive health, educational, social, and developmental objectives; foster and promote cooperation among volunteers, community organizations, individuals, agencies, businesses, and families; and build community and statewide partnerships among volunteers, professionals in health, education, social services, government, and business to achieve self-sustaining programs. Within the broad scope of improving the well-being of girls and their families, a multitude of project foci may be acceptable. It is expected that the issues to be addressed as well as the specific approaches to be used will be selected by the applicant. However, each grantee will be expected to support at least four neighborhood programs for girls.

Eligible Applicants

Any public or private entity, including an Indian tribe or tribal organization (as defined at 25 U.S.C. 450(b)), is eligible to apply for cooperative agreements covered by this announcement.

Funding

Two categories of GNP special projects are open for competition in FY 1997: (1) One cooperative agreement for a National Consortium of Girl Neighborhood Power Partners; and (2) four cooperative agreements for Community-Based Girl Neighborhood Power Partners projects. Awards will be made for 5-year periods.

No first-year award in either category requires grantee matching. In the second through the fifth years Community-Based Girl Neighborhood Power Partners Project grantees will be required to provide matching equal to 25 percent, 50 percent, 75 percent and 100 percent, respectively, of the amount of the federal grant in order to demonstrate sustainability of project effort.

It is anticipated that substantial Federal programmatic involvement will be required in these cooperative

agreements. This means that after award, awarding office staff provide technical assistance and guidance to, or coordinate and participate in, certain programmatic activities of award recipients beyond their normal stewardship responsibilities in the administration of grants. Federal involvement may include, but is not limited to, planning, guidance, coordination and participation in programmatic activities. Periodic meetings, conferences, and/or communications with the award recipient are held to review mutually agreed upon goals and objectives and to assess progress. Details on the scope of Federal programmatic involvement in cooperative agreements included in this Notice, consistent with HRSA grants administration policy, are included in the application kit for each cooperative agreement category.

Category 1: National Consortium of Girl Neighborhood Power Partners

- **Narrative Description of this Competition:** The purpose of this cooperative agreement is to assemble Federal, State, and local governments, professional organizations, social and religious institutions, schools and universities, community groups, foundations, media, corporate leaders, families, and young people as an ongoing "national neighborhood caucus." The mission of this body is to provide overall direction and galvanize a national commitment to the initiative. Participants will collaborate, share knowledge and expertise, serve as advisors to the Community-based Girl Neighborhood Power Partners Projects, and secure resources sufficient to plan, organize, implement, staff, and otherwise support the consortium, establish a framework for mutual problem solving, and attain program goals.

- **Estimated Amount of this Competition:** \$200,000.

- **Number of Expected Awards:** 1.

- **Funding Priorities and/or Preferences:** Preference for funding will be given to a single national nonprofit organization or a coalition of organizations with a history of service to young people, particularly girls 9 to 14 years of age.

- **Evaluation Criteria:** See Criteria for Review; applications will be reviewed, in addition, on the basis of the extent to which: (a) The project will contribute to the improvement to the health, education, and well being of 9 to 14 year old girls; and (b) the project is responsive to HHS policy concerns applicable to the GNP program.

Category 2: Community-Based Girl Neighborhood Power Partners Projects

- **Narrative Description of this Competition:** The purpose of these projects is to combine public and private resources at the community level to implement neighborhood efforts addressing the health, education, and psychosocial needs of girls 9 to 14 years of age. These local efforts will include community service and at least two of the following additional program elements: mentoring; before/after school activities; health education; and career development. Projects are challenged to achieve a lasting and sustained investment by enabling communities to use existing resources, including, volunteers, in a collaborative and mutually supportive way.

- **Estimated Amount of this Competition:** \$800,000.

- **Number of Expected Awards:** 4.

- **Funding Priorities and/or Preferences:** Priority for funding in this category, in the form of a 1.0 point favorable adjustment in the priority score in a 4.0 point range, will be given to projects serving low income communities. An additional 0.5 point favorable adjustment will be given to projects serving any federally designated Empowerment Zone or Enterprise Community area and coordinating with the local Empowerment Zone or Enterprise Community lead entity organization. (A list of the Empowerment Zone and Enterprise Community sites will be included with the program guidance.) In addition, preference for funding will be given to national/regional/local, nonprofit organizations, with a successful history of both service to young people, particularly girls 9 to 14 years of age, and local community presence and commitment.

- **Evaluation Criteria:** See Criteria for Review; applications will be reviewed, in addition, on the basis of the extent to which: (a) The project will contribute to the improvement to the health, education, and well being of 9 to 14 year old girls; (b) the project is responsive to the mission of the GNP program; and (c) the project will be integrated with the administration of other federal community grants in addition to the MCH Block Grant, State primary care plans, public health, and prevention programs, ACF's Community Schools programs, the Empowerment Zone and Enterprise Community Initiative and other related programs in the respective communities.

Special Concerns

HRSA places special emphasis on improving service delivery to women,

children and youth from communities with limited access to comprehensive care. To assure access and cultural competence, projects will involve individuals from the populations to be served in the planning and implementation of the project. The intent is to ensure that the broadest possible representation of culturally distinct and historically under-represented groups is assured through programs and projects sponsored by the MCHB. This same emphasis applies to improving service delivery to children with special health care needs.

Evaluation Protocol

All SPRANS projects, including any project awarded as part of the GNP initiative, are expected to incorporate a carefully designed protocol capable of 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. 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 may not be funded.

Data Reporting Requirements

All SPRANS grantees are required to report annually to HHS (under OMB No. 0915-0169) the number of persons served or trained (by race and ethnicity), evaluations performed, Healthy People 2000 Objectives addressed, and related information. Data forms for this purpose are sent to all grantees during the first grant year, and annually thereafter.

Project Review and Funding

The GNP special projects will be administered as SPRANS cooperative agreements under the MCH Block Grant's SPRANS authority. Program policy, grantee selection, program oversight, and evaluation will be carried out by MCHB/HRSA with full participation by the following HHS agencies: Office of the Assistant Secretary for Planning and Evaluation (OS); Office of Public Health and Science (OS); Office of Population Affairs (OS); Office on Women's Health (OS); Administration on Children and Families; Bureau of Primary Health Care (HRSA); National Center for Chronic Disease Prevention and Health Promotion (CDC); National Institute of Child Health and Human Development (NIH); and the Health Care Financing Administration.

Criteria for Review

The criteria which follow are used, as pertinent, to review and evaluate applications for awarding all SPRANS grants and cooperative agreements. Further guidance regarding review criteria specific to the GNP program is supplied in application materials, which will specify final criteria.

- The quality of the project plan or methodology.
- The extent to which the project will contribute to the advancement of maternal and child health and/or improvement of the health of children with special health care needs.
- The extent to which the project is responsive to policy concerns applicable to MCH grants and to program objectives, requirements, priorities and/or review criteria for specific project categories, as published in program announcements or guidance materials.
- The extent to which the estimated cost to the Government of the project is reasonable, considering the anticipated results.
- The extent to which the project personnel are well qualified by training and/or experience for their roles in the project and the applicant organization has adequate facilities and personnel.
- The extent to which, insofar as practicable, the proposed activities, if well executed, are capable of attaining project objectives.
- The adherence of the project's evaluation plans to the requirements of the Evaluation Protocol.
- The extent to which the project will be integrated with the administration of the Maternal and Child Health Services block grants, State primary care plans, public health and prevention programs, State and local Medicaid agencies, and other related programs in the respective State(s).
- The extent to which the application is responsive to the special concerns and program priorities specified in this notice.

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, the community-based nongovernmental applicant 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 (PHS 5161-1).
- (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 and local health agencies.

Executive Order 12372

The MCH Federal set-aside program has been determined to be a program which is not subject to the provisions of Executive Order 12372 concerning intergovernmental review of Federal programs. The OMB Catalog of Federal Domestic Assistance number is 93.110X.

Dated: July 22, 1997.

Claude Earl Fox,

Acting Administrator.

[FR Doc. 97-19711 Filed 7-25-97; 8:45 am]

BILLING CODE 4160-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Grants to Family Resources, Inc., Bettendorf, Iowa, and PACE/Orchard Place-Child Guidance, Inc., Des Moines, Iowa

AGENCY: Center for Substance Abuse Prevention (CSAP), Substance Abuse and Mental Health Services Administration (SAMHSA), DHHS.

ACTION: Planned awards to prevent substance use among youth at risk for gang/juvenile court involvement in Davenport and Des Moines, Iowa.

SUMMARY: This notice is to provide information to the public concerning planned awards by CSAP/SAMHSA to Family Resources, Inc., Bettendorf, Iowa, and PACE/Orchard Place-Child Guidance, Inc., Des Moines, Iowa, to fund the "Iowa Youth Substance Abuse Prevention Community-Based Initiative." This initiative is designed to educate and enable Iowa's youth at risk for gang involvement and/or first involvement in juvenile court to reject illegal drugs as well as the underage use

of alcohol and tobacco. It is intended to provide these youth, early in life, positive messages, role models, and opportunities to learn and achieve.

Upon receipt of satisfactory applications that are recommended for approval by an Initial Review Group and the CSAP National Advisory Council, up to \$417,500 in Federal funds may be awarded to each organization for a 12-month project period.

This is not a formal request for applications. Grant funds will be provided only to the two organizations named above.

AUTHORITY/JUSTIFICATION: These grants will be made under the authority of Section 501(d)(5) of the Public Health Service Act (42 U.S.C. 290aa).

The Catalog of Federal Domestic Assistance (CFDA) number is 93.144.

Iowa is presently serving as a national model for coordinating Federal substance abuse prevention funds and activities with the Iowa Departments of Education, Human Rights, Human Services, Public Safety, the Iowa Governor's Alliance on Substance Abuse and three State universities. It is one of very few States with this level of coordination. Iowa also presents unique opportunities to exploit this Federal and State-level coordination in relation to substance abuse prevention service directed at substance abuse among youthful gang members due to the previously established activities of two service providers in the cities of Des Moines and Davenport. It is believed the experiences in these two cities in addressing substance abuse among gang members will serve as a relatively confined model, not possible in larger problem areas, of what benefits can accrue when multi-level State collaboration and Federal participation merge in addressing this subgroup. It is noted that community poverty and delinquency are believed to be the two strongest characteristics of youth who join gangs and are also important to youth involvement in substance abuse. CSAP expects that the multi-faceted collaborative approach in providing innovative strategies in addressing factors in multiple domains which is possible in Iowa through these service providers will provide evidence of the utility of such approaches. CSAP anticipates the Iowa model will become even more useful to other States if this juvenile gang connection to substance abuse is further developed as a result of the funds provided by this initiative.

Eligibility to apply for funds under this initiative in Iowa is limited to Family Resources, Inc., in Bettendorf,