

subject to the intergovernmental review requirements of Executive Order 12372, as implemented through DHHS regulations at 45 CFR Part 100. E.O. 12372 sets up a system for State and local government review of applications for Federal financial assistance. Applicants (other than Federally recognized Indian tribal governments) should contact the State's Single Point of Contact (SPOC) as early as possible to alert them to the prospective application(s) and to receive any necessary instructions on the State's review process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC of each affected State. A current listing of SPOCs is included in the application guidance materials. The SPOC should send any State review process recommendations directly to: Office of Extramural Activities Review, Substance Abuse and Mental Health

Services Administration, Parklawn Building, Room 17-89, 5600 Fishers Lane, Rockville, Maryland 20857.

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

Dated: February 4, 1997.
Richard Kopanda,
Executive Officer, SAMHSA.
[FR Doc. 97-3193 Filed 2-7-97; 8:45 am]
BILLING CODE 4162-20-P

Fiscal Year (FY) 1997 Funding Opportunities for Knowledge Development and Application Grants and Cooperative Agreements

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

ACTION: Notice of funding availability.

SUMMARY: The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS) and Center for Substance Abuse Treatment (CSAT) announce the availability of FY 1997 funds for Knowledge Development and Application grants and cooperative agreements for the following activities. These activities are discussed in more detail under Section 4 of this notice. This notice is not a complete description of the activities; potential applicants must obtain a copy of the Guidance for Applicants (GFA) before preparing an application.

Activity	Application deadline	Estimated funds available (million)	Estimated number of awards	Project period (years)
Community Action Grants	04/11/97	\$1.2	10	1
Criminal Justice Diversion	04/11/97	6.0	10-14	3
Adolescent Managed Care	04/11/97	3.0	6-7	3

Note: SAMHSA published a notice of available funding opportunities in FY 1997 in the Federal Register (Vol. 62, No. 16) on Friday, January 24, 1997. It anticipates publishing additional notices of available funding opportunities in the coming weeks.

The actual amount available for awards and their allocation may vary, depending on unanticipated program requirements and the volume and quality of applications. Awards are usually made for grant periods from one to three years in duration. FY 1997 funds for activities discussed in this announcement were appropriated by the Congress under Public Law No. 104-208. SAMHSA's policies and procedures for peer review and Advisory Council review of grant and cooperative agreement applications were published in the Federal Register (Vol. 58, No. 126) on July 2, 1993.

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a PHS-led national activity for setting priority areas. The SAMHSA Centers' substance abuse and mental health services activities address issues related to Healthy People 2000 objectives of Mental Health and Mental Disorders; Alcohol and Other Drugs; Clinical Preventive Services; HIV Infection; and Surveillance and Data Systems.

Potential applicants may obtain a copy of Healthy People 2000 (Full Report: Stock No. 017-001-00474-0) or Summary Report: Stock No. 017-001-00473-1) through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325 (Telephone: 202-512-1800).

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

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

The PHS 5161-1 is also available electronically via SAMHSA's World Wide Web Home Page (address: <http://www.samhsa.gov>). Click on SAMHSA Funding Opportunities for instructions. You can also click on the address of the

forms distribution Web Page for direct access.

The full text of each of the activities (i.e., the GFA) described in Section 4 is available electronically via the following:

SAMHSA's World Wide Web Home Page (address: <http://www.samhsa.gov>) and SAMHSA's Bulletin Board (800-424-2294 or 301-443-0040).

APPLICATION SUBMISSION: Applications must be submitted to: SAMHSA Programs, Division of Research Grants, National Institutes of Health, Suite 1040, 6701 Rockledge Drive MSC-7710, Bethesda, Maryland 20892-7710*

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

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

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

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

FOR FURTHER INFORMATION CONTACT:

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

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

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

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

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1. Program Background and Objectives

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

Reinventing government, with its emphases on redefining the role of

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

The agency has transformed its demonstration grant programs from service-delivery projects to knowledge acquisition and application. For FY 1997, SAMHSA has developed an agenda of new programs designed to answer specific important policy-relevant questions. These questions, specified in this and subsequent Notices of Funding Availability, are designed to provide critical information to improve the Nation's mental health and substance abuse treatment and prevention services.

The agenda is the outcome of a process whereby providers, services researchers, consumers, National Advisory Council members and other interested persons participated in special meetings or responded to calls for suggestions and reactions. From this input, each SAMHSA Center developed a "menu" of suggested topics. The topics were discussed jointly and an agency agenda of critical topics was agreed to. The selection of topics depended heavily on policy importance and on the existence of adequate research and practitioner experience on which to base studies. While SAMHSA's FY 1997 programs will sometimes involve the evaluation of some delivery of services, they are services studies and application activities, not merely evaluation, since they are aimed at answering policy-relevant questions and putting that knowledge to use.

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

2. Special Concerns

SAMHSA's FY 1997 Knowledge Development and Application activities discussed below do not provide funds for mental health and substance abuse treatment and prevention services except for costs required by the particular activity's study design. Applicants are required to propose true knowledge application or knowledge development and application projects. Applications seeking funding for services projects will be considered nonresponsive. Applications that are incomplete or nonresponsive to the GFA will be returned to the applicant without further consideration.

3. Criteria for Review and Funding

Consistent with the statutory mandate for SAMHSA to support activities that will improve the provision of treatment, prevention and related services, including the development of national mental health and substance abuse goals and model programs, competing applications requesting funding under the specific project activities in Section 4 will be reviewed for technical merit in accordance with established PHS/SAMHSA peer review procedures.

3.1 General Review Criteria

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

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

3.2 Funding Criteria for Scored Applications

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

Other funding criteria will include:

- Availability of funds.

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

4. Special FY 1997 Substance Abuse and Mental Health Services Activities

4.1 Grants

4.1.1 Community Action Grants for Service Systems Change

- Application Deadline: April 11, 1997.
- Purpose: The Action Grant Program is intended to stimulate the adoption of exemplary practices through convening partners, building consensus, aiding in eliminating barriers, decision-support and adaptation of service models to meet local needs. Grants will not support direct funding of service delivery.

The Program is designed to encourage communities to identify and build consensus around exemplary service delivery practices that meet their own needs. A Program will be successful if a grantee can develop consensus among key stakeholders on the adaptations of the chosen exemplary practice needed for that community and on a plan for implementing the adapted practice.

The term "exemplary practice" is used instead of "best practice" to avoid the implication that any particular practice is best. The term exemplary practice connotes that the proposed practice has a reliable record of improving outcomes for those receiving the service. A proven outcome-based record of success will be a prerequisite to Federal support for adoption of a proposed exemplary practice.

Exemplary practices are limited to those that involve service delivery or the organization of services or supports and are limited to practices which are consistent with the concept of "systems of care." Grant funds may be used for any activity that is a part of the consensus building and decision-support process.

- Priorities: There are two subgroups in the target population. A project may focus on both of them, but CMHS anticipates that it generally will make sense to limit a project to only one. The subgroups are: (a) Adults with serious mental illness; and (b) children and adolescents with serious emotional disturbances and their families. It is recognized that many individuals who are in these categories suffer from, or are at risk of HIV infection, substance abuse and/or homelessness. Children and adolescents transitioning into adulthood often "fall through the cracks" in service systems, and it is the intent here to include them. In some cases, it may

be appropriate to focus only on those in transition to adulthood.

- Eligible Applicants: Applications for grants will be accepted from public and private entities. Public entities include State and local government agencies, and federally designated Indian tribes and tribal organizations. Private entities include those organized as not-for-profits and those organized as for-profits. Such organizations include, but are not necessarily limited to, those responsible for service delivery policy, those representing consumers and families, those providing services to the target population, and those responsible for training and accrediting service providers. Applicants must demonstrate that they are in a position to engage all the key stakeholders in the proposed consensus building/decision making process. CMHS encourages applications from consumer and family organizations.

- Grants/Amounts: An estimated \$1.2 million is available under the Action Grant Program. Award amounts will range from approximately \$50,000 to not more than \$150,000. These funds will support approximately 10 or more grant awards in FY 1997. Actual funding levels will depend upon the availability of appropriated funds.

- Catalog of Federal Domestic Assistance Number: 93.230
- Program Contact: For programmatic or technical information regarding Adult Serious Mentally Ill Populations, contact: Neal B. Brown or Santo (Buddy) Ruiz, Community Support Programs Branch, Division of Knowledge Development and Systems Change, Center for Mental Health Services, SAMHSA, 5600 Fishers Lane, Room 11C-22, Rockville, MD 20857, (301) 443-3653.

For programmatic or technical information regarding Homeless Populations, contact: Jim Morrow, Homeless Program Branch, Division of Knowledge Development and Systems Change, Center for Mental Health Services, SAMHSA, 5600 Fishers Lane, Room 11C-05, Rockville, MD 20857, (301) 443-3706.

For programmatic or technical information regarding Children and Adolescents with Serious Emotional Disorders and their Families, contact: William Quinlan, Child, Adolescents and Family Services Branch, Division of Knowledge Development and Systems Change, Center for Mental Health Services, SAMHSA, 5600 Fishers Lane, Room 18-49, Rockville, MD 20857, (301) 443-1333.

- Grants Management Contact: For business management assistance contact: LouEllen Rice, Division of

Grants Management, OPS, SAMHSA, Parklawn Building, Room 15C-05, 5600 Fishers Lane, Rockville, Maryland 20857, (301) 443-4456.

- Application Kits: Application kits are available from: Knowledge Exchange Network (KEN), P.O. Box 42490, Washington, DC 20015, Voice: (800) 789-2647, TTY: (301) 443-9006, FAX: (301) 984-8796.

The full text of the GFA only is available electronically via the CMHS' World Wide Web Home Page (<http://www.mentalhealth.org>); and the CMHS KEN Bulletin Board (800-790-2647).

4.2 Cooperative Agreements

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

4.2.1 Cooperative Agreements on Criminal Justice Diversion Interventions for Individuals With Co-occurring Mental Illness and Substance Abuse Disorders

- Application deadline: April 11, 1997.
- Purpose: Cooperative agreements will be awarded to support Study Sites and a Coordinating Center to evaluate the relative effectiveness of a variety of pre- and post-arrest police diversion and criminal justice intervention models for individuals with co-occurring serious mental illnesses and alcohol or other drug use disorders (hereafter abbreviated as substance use disorders). The primary outcomes to be assessed include, but are not limited to: criminal recidivism, time incarcerated, psychiatric status, functional status, continuity of participation in treatment, homelessness, emergency treatment utilization, and frequency of substance abuse.

The primary goal of this CMHS/CSAT collaborative program is to answer the following questions:

- Are there differences in outcomes for non-diverted individuals compared to diverted individuals?

- What is the relative effectiveness of pre- and post-booking diversion program models for individuals with co-occurring disorders?

Secondary goals of the collaborative program are to document and evaluate established police diversion and criminal justice intervention programs in order to determine:

- To what extent diversion affects public safety as measured by criminal recidivism?
- What is the relative impact of specific components of the various diversion models?
- What are the direct costs of the intervention?
- What individual characteristics are related to intervention effectiveness?
- Priorities: None.
- Eligible Applicants: *For Project Sites*: Public entities, including State and local government agencies, communities, cities, federally designated Indian tribes and Indian organizations, and domestic private nonprofit and for-profit organizations are eligible to apply. Entities that are interested in beginning new programs are not eligible to apply under this announcement. Existing contracts or memoranda of agreement or letters of commitment from each partner agency/provider are also required. Each applicant, if not the criminal justice system itself, must include the criminal justice system as a partner. This partnership will ensure that the entity primarily responsible for the management and disposition of criminal cases will be intimately involved in the project.

For Coordinating Center: Applications may be submitted by public organizations, such as units of State, county, or other local governments, and by domestic private nonprofit and for-profit organizations. Public entities include federally designated Indian tribes and tribal organizations. Communities (i.e., cities, towns, counties, boroughs, parishes, or equivalent local governments) are eligible to apply. Private entities include those organized as not-for-profit community-based organizations, colleges, universities and consumer operated organizations.

Applicants may apply for either a Study Site or the Coordinating Center, but not both.

- Cooperative Agreements/Amounts: Approximately \$6 million dollars will be available to support 10–14 project Study Sites and one Coordinating Center in FY 1997. The amount of all awards, including the Coordinating Center, will range from \$350,000 to \$500,000. Actual funding levels will

depend on the availability of appropriated funds.

- Catalog of Federal Domestic Assistance Number: 93.230
- Program Contact: For programmatic or technical assistance contact: Neal B. Brown, M.P.A., Chief, or Mary L. Westcott, Ph.D., Community Support Programs Branch, Division of Knowledge Development and Systems Change, Center for Mental Health Services, SAMHSA, 5600 Fishers Lane, Room 11C–22, Rockville, Maryland 20857, 301–443–3653.
- Susan Salasin, Director of Mental Health and Criminal Justice Program, Special Programs Development Branch, Division of Program Development, Special Populations and Projects, Center for Mental Health Services, SAMHSA, 5600 Fishers Lane, Room 18C–05, Rockville, Maryland 20857, (301) 443–7790.
- Patricia Rye, J.D., M.S.W., Systems Integration and Development Branch, Division of Practice and Systems Integration, Center for Substance Abuse Treatment, SAMHSA, Rockwall II, 7th floor, 5600 Fishers Lane, Rockville, Maryland 20857, (301) 443–6256.
- Grants Management Contact: For business management assistance contact: LouEllen Rice, Division of Grants Management, OPS, SAMHSA, Parklawn Building, Room Number 15C–05, 5600 Fishers Lane, Rockville, Maryland 20857, (301) 443–4456.
- Application Kits: Application Kits are available from: Knowledge Exchange Network (KEN), P.O. Box 42490, Washington, DC 20015, Voice: (800) 789–2647, TTY: (301) 443–9006, FAX: (301) 984–8796.

The full text of the GFA only is available electronically via the CMHS' World Wide Web Home Page (<http://www.mentalhealth.org>); and the CMHS KEN Bulletin Board (800–790–2647).

4.2.2 Cooperative Agreements for Managed Care and Adolescents

- Application Deadline: April 11, 1997.
- Purpose: This program is to enhance knowledge about how different managed care models in the public sector affect the provision of substance abuse (alcohol and other drugs) treatment services for adolescents, ages 12–18. This is a re-issuance of a previous Guidance for Applicants (GFA) that focused on managed care for adults who are substance abusers, individuals with severe mental illness, and categorically-eligible women and children. This new GFA includes adolescent substance abusers who in addition may be involved with the

juvenile justice system and/or may be receiving services in the mental health system.

The purpose of this cooperative agreement program is to generate knowledge on:

- The types of substance abuse treatment services that are provided in managed care environments for adolescents who are eligible for treatment in a publicly-funded adolescent substance abuse treatment program; and
 - The effects of managed care on the use, cost, and outcomes of substance abuse treatment services for high-priority, publicly-funded (in the Welfare system, Medicaid, etc.) adolescents.
- Applications are being solicited for Study Sites to conduct an investigation on a single well-defined approach to managed care for the provision of substance abuse treatment services and to collaborate with other program participants within this population and across populations in developing generalized findings across sites.

An application is also being solicited from the Human Services Research Institute (HSRI) to serve as the Coordinating Center for this program.

The following types of questions should be considered by applicants:

- What is the impact of managed care on utilization, outcomes and costs for substance abuse treatment of adolescents? Does the impact vary for important subgroups within the target population (e.g., racial/ethnic minority populations, adolescents involved with the juvenile justice system, dually diagnosed adolescents, adolescents with physical and/or mental disabilities)?
- What is the experience of providers, families, and adolescent consumers with managed care plans, e.g., how satisfied are they with their managed care plans?

- Are there different patterns of services provided to adolescent enrollees under managed care arrangements than in fee-for-service plans? For example, are there differences in the early intervention, rehabilitation, or wrap around services being provided to adolescents?
- Are there differences in contacts with the juvenile justice system and use of mental health services for adolescent enrollees under managed care arrangements than in fee-for-service plans?

These questions should all be addressed relative to the experiences of some comparison group.

Across Study Sites, additional questions should be considered.

- Priorities: The managed care plan to be studied must already be in place and

in full operation for the selected target population. That is, applicants must be engaged in, or have a binding agreement with, an operational, fully funded managed care program. CSAT is interested in examining whether some strategies for organizing providers are better than others. At a minimum, applicants must document access (either directly or through a formal written agreement) to a comparison group of publicly-funded adolescent clients receiving substance abuse treatment services in a non-managed care environment.

- **Eligible Applicants:** Applications for Study Sites may be submitted by organizations, such as units of State, county or local governments, and by domestic private nonprofit and for-profit organizations such as community-based organizations, universities, colleges and hospitals.

Eligibility for the Coordinating Center has been limited to Human Services Research Institute (HSRI). HSRI is in a unique position to operate the Coordinating Center described in this announcement. As the current Coordinating Center for SAMHSA's Managed Care for Vulnerable Populations study, HSRI has worked collaboratively with current grantees on design issues and common protocols within and across populations, developed a managed care typology, developed data collection and verification processes that ensure the quality of data, assisted grantees in redesigning plans as necessary, and has in place a structure for data analysis and report writing. HSRI will integrate the new adolescent Study Sites into this ongoing process.

It is critical to CSAT and SAMHSA that the new projects for managed care and adolescent substance abusing populations be integrated into the existing study in a short period of time. In order for cross-site analyses to benefit from the data and information developed by the new projects, grantees will need to receive guidance and technical assistance in developing study designs, sampling plans, and data collection and verification processes that mirror the existing study. A typology for the characterization of the managed care interventions at each site has been under formulation by HSRI and the existing grantees. The new adolescent projects will be at a significant disadvantage if they are not able to utilize the framework and methodologies that have already been developed. Because of the crucial short timeframe involved, and because HSRI has been central in the development of the current Managed Care for

Vulnerable Populations study, they are the only organization that can meet the requirements for integrating the new adolescent projects into the already ongoing process.

- **Cooperative Agreements/Amounts:** It is estimated that approximately \$3 million will be available to support 5–6 Study Site awards and one Coordinating Center in FY 1997. Each Study Site cooperative agreement is estimated to be approximately \$450,000 per year in total costs. The Coordinating Center award is estimated to be approximately \$300,000 per year in total costs. Actual funding levels will depend on the availability of appropriated funds.

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

- **Program Contact:** For programmatic or technical assistance contact: Janice Berger, ACSW, MPH, Program Analyst, Office of Managed Care Center for Substance Abuse Treatment, SAMHSA, Rockwall II, 7th Floor, (301) 443–6534; or Mady Chalk, Ph.D., Director, Office of Managed Care, Center for Substance Abuse Treatment, SAMHSA, Rockwall II, 6th Floor, (301) 443–8796

- **Grants Management Contact:** For business management assistance contact: Ms. Peggy Jones, Division of Grants Management, OPS, SAMHSA, Rockwall II, 6th Floor, (301) 443–9360.

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

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

5. Public Health System Reporting Requirements

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

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

- a. A copy of the face page of the application (Standard form 424).
- b. A summary of the project (PHSIS), not to exceed one page, which provides:

- (1) A description of the population to be served.

- (2) A summary of the services to be provided.

- (3) A description of the coordination planned with the appropriate State or local health agencies.

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

Application guidance materials will specify if a particular FY 1997 activity described above is/is not subject to the Public Health System Reporting Requirements.

6. PHS Non-Use of Tobacco Policy Statement

The PHS strongly encourages all grant and contract recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. In addition, Public Law 103–227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care, or early childhood development services are provided to children. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

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

7. Executive Order 12372

Applications submitted in response to all FY 1997 activities listed above are subject to the intergovernmental review requirements of Executive Order 12372, as implemented through DHHS regulations at 45 CFR Part 100. E.O. 12372 sets up a system for State and local government review of applications for Federal financial assistance. Applicants (other than Federally recognized Indian tribal governments) should contact the State's Single Point of Contact (SPOC) as early as possible to alert them to the prospective application(s) and to receive any necessary instructions on the State's review process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC of each affected State. A current listing of SPOCs is included in the application guidance materials. The SPOC should send any State review process recommendations directly to: Office of Extramural Activities Review, Substance Abuse and Mental Health Services Administration, Parklawn

Building, Room 17-89, 5600 Fishers Lane, Rockville, Maryland 20857.

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

Dated: February 4, 1997.

Richard Kopanda,

Executive Officer, SAMHSA.

[FR Doc. 97-3194 Filed 2-7-97; 8:45 am]

BILLING CODE 4162-20-P

DEPARTMENT OF THE INTERIOR

Fish and Wildlife Service

Endangered and Threatened Species Permit Applications

AGENCY: Fish and Wildlife, Interior.

ACTION: Notice of permits issued.

SUMMARY: Notice is hereby given that between January 1 and December 31, 1996, Region 1 of the U.S. Fish and Wildlife Service issued the following permits pursuant to section 10(a)(1)(A)

of the Endangered Species Act of 1973, as amended (Act) for take or interstate commerce of endangered species for scientific purposes or to enhance the propagation or survival of the affected species. Each permit was issued only after it was determined that the application was submitted in good faith, and was consistent with the Act and applicable regulations.

Name	Permit No.	Issuance date
Gibson & Skordal Wetlands Consultants	795935	1/30/96
Dr. Rudolph Mattoni	685022	2/9/96
Mary V. Price	802453	3/6/96
Dr. Sonja I. Yoerg	803610	3/7/96
Tierra Madre Consultants	785108	4/29/96
Hydrozoology	796280	5/20/96
Daniel E. Varland	790136	5/20/96
Clifford M. Anderson	793646	5/24/96
Pacific Southwest Biological Services	778100	5/28/96
Assistant Regional Director-Ecological Services, Region, U.S. Fish and Wildlife Service	702631	6/17/96
Idaho Power Company	799558	6/19/96
Mark A. Holmgren	814216	7/3/96
Richard D. Friesen	775869	7/10/96
William Haas	779910	7/16/96
Dr. Phillip Brylski	787041	7/16/96
Resource Management International, Inc	677215	7/17/96
Harmsworth Associates	810768	7/17/96
Dr. Philip Behrends	756268	7/17/96
Scott Tremor	787716	7/17/96
Elaine K. Harding-Smith	802445	7/25/96
Robin Church	812206	7/25/96
Michael W. Skenfield	798015	7/25/96
Dr. Leroy McClenaghan	809230	7/31/96
Kimberly Miller	802447	8/2/96
Franklin Gress	766018	8/2/96
Robert Hamilton	799557	8/6/96
Chris Wilcox	797259	8/9/96
California Department of Transportation	783010	8/9/96
Thomas Leslie	781384	8/9/96
Kern River Research Center	801821	8/9/96
Peter Famolaro	813431	8/9/96
Michelle Caruana	810193	8/12/96
Peter H. Bloom	787376	8/14/96
H. T. Harvey and Associates	797267	8/14/96
Resource Conservation District of the Santa Monica Mountains	811188	8/19/96
Ingri Quon	812740	8/19/96
William J. Vanherweg	787644	8/21/96
Kootenai Tribe of Idaho	798744	8/23/96
Anita Hayworth	781084	8/29/96
Brock Ortega	813545	8/29/96
Harold Wier	813548	8/29/96
Jeffrey Wells	780565	8/30/96
Lisa Embree	780692	8/30/96
Julie Vanderwier	812792	8/30/96
Sonoma County Water Agency	808241	9/6/96
Bureau of Land Management, Las Vegas District	811081	9/6/96
Michael Dole Bumgardner	785564	9/6/96
Scott Cameron	808242	9/20/96
Pruett, Lawrence, & Associates	745284	9/26/96
Rosemary Ann Thompson	815144	10/4/96
Mark Webb	794783	10/7/96
Peregrine Fund, Incorporated	686387	10/7/96
Santa Barbara Museum of Natural History	799679	10/7/96
Dr. Douglas Kelt	816204	10/10/96
Dr. Clifford Morden	811049	10/21/96
Kathleen Keane	787484	10/21/96