

rooms accommodate approximately 50 people.

BACKGROUND: A Memorandum of Understanding (MOU) was signed in October 1990 and renewed in November 1992 between ATSDR and DOE. The MOU delineates the responsibilities and procedures for ATSDR's public health activities at DOE sites required under sections 104, 105, 107, and 120 of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA or "Superfund"). These activities include health consultations and public health assessments at DOE sites listed on, or proposed for, the Superfund National Priorities List and at sites that are the subject of petitions from the public; and other health-related activities such as epidemiologic studies, health surveillance, exposure and disease registries, health education, substance-specific applied research, emergency response, and preparation of toxicological profiles.

In addition, under an MOU signed in December 1990 with DOE, the Department of Health and Human Services (HHS) has been given the responsibility and resources for conducting analytic epidemiologic investigations of residents of communities in the vicinity of DOE facilities, workers at DOE facilities, and other persons potentially exposed to radiation or to potential hazards from non-nuclear energy production and use. HHS has delegated program responsibility to CDC.

Community involvement is a critical part of ATSDR's and CDC's energy-related research and activities and input from members of the ICHHP is part of these efforts. The ICHHP will work with the HHES to provide input on American Indian health effects at the Hanford, Washington site.

PURPOSE: The purpose of these meetings is to address issues that are unique to tribal involvement with the HHES, including considerations regarding a proposed medical monitoring program and explorations of options and alternatives to providing support for tribal involvement in HHES.

MATTERS TO BE DISCUSSED: Agenda items will include a dialogue on issues that are unique to tribal involvement with the HHES. This will include exploring options and alternatives to providing support for tribal involvement in HHES and a discussion of tribal representation on HHES.

Agenda items are subject to change as priorities dictate.

CONTACT PERSON FOR MORE INFORMATION: Linda A. Carnes, Health Council Advisor, ATSDR, 1600 Clifton Road, NE, M/S E-28, Atlanta, Georgia 30333, telephone 404/639-0730, FAX 404/639-0759.

Dated: February 7, 1997.

Carolyn J. Russell,
*Director, Management Analysis and Services
Office Centers for Disease Control and
Prevention (CDC).*

[FR Doc. 97-3732 Filed 2-13-97; 8:45 am]

BILLING CODE 4163-70-P

Substance Abuse and Mental Health Services Administration

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

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

ACTION: Notice of funding availability.

SUMMARY: The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS), Center for Substance Abuse Prevention (CSAP), and Center for Substance Abuse Treatment (CSAT) announce the availability of FY 1997 funds for Knowledge Development and Application cooperative agreements for the following activity. This activity, a collaborative effort of SAMHSA and The Casey Family Program, is discussed in more detail under Section 4 of this notice. This notice is not a complete description of the activity; 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)
Starting Early Starting Smart	04/17/97	\$6.4	11	4

Note: SAMHSA published notices of available funding opportunities in FY 1997 in the Federal Register (Vol. 62, No. 16) on Friday, January 24, 1997, and in (Vol. 62, No. 27) on Monday, February 10, 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 Pub. L. 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), the PHS 5161-1 which includes Standard Form 424 (Face Page), and other documentation and forms. Application kits may be obtained from the organization specified in 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 application form 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 the activity (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 deadline for receipt of applications is listed in the table above.

Competing applications must be received by the indicated receipt date 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 in Section 4.

Requests for information concerning business management issues should be directed to the grants management contact person identified in 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.
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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. As part of this reinvention effort, SAMHSA has also explored collaborating with other organizations which share our interest in funding the development of knowledge in which we share a mutual interest. In the instant case, SAMHSA is engaging in a limited collaborative effort with The Casey Family Program to fund, monitor, and evaluate the projects funded under this GFA. The Casey Family Program has provided a portion of the funds SAMHSA will use in making awards under this GFA. In addition, The Casey Family Program may decide to select several of the projects funded by this program to assist in supporting program operations

beyond the life of Federal support. The selection of these grantees will be solely within The Casey Family Program's discretion.

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 activity 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 Administration Activities

4.1 Cooperative Agreements

A major SAMHSA cooperative agreement program is discussed below. Substantive Federal programmatic involvement is required in cooperative

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

4.1.1 Cooperative Agreements for Integrating Mental Health and Substance Abuse Prevention and Treatment Services With Primary Health Care Service Settings or With Early Childhood Service Settings, for Children Ages Birth to 7 and Their Families/Caregivers (Short Title: *Starting Early Starting Smart*)

- **Application Deadline:** April 17, 1997
- **Purpose:** Cooperative agreements will be awarded to support knowledge development and application (KDA) efforts to generate new knowledge about and test the effectiveness for children ages birth to 7 and their families/caregivers, of integrating mental health and substance abuse prevention and treatment services (behavioral health services), with primary health care service settings and/or with early childhood service settings, and to synthesize the results of this effort, and compare it to the usual standard of community care.

Cooperative agreements will be awarded for two kinds of applications: Knowledge Development Starting Early Starting Smart (SESS) sites and a data coordinating center.

The primary goal of this program is to provide answers to the following questions:

- (1) Will the integration of behavioral health services with a primary health care or early childhood service site lead to higher rates of entry into prevention, early intervention or treatment of children/families identified as in need of behavioral health services as compared to children/families served in primary health care or early childhood service settings where no such integration or services takes place?
- (2) Will the integration of behavioral health services with a primary health care or early childhood service site promote and sustain measurable improvements (social, emotional, and cognitive) in children and families served, compared to children and families in primary health care or early

childhood service settings where no such integration of services takes place?

- **Priorities:** None.
- **Eligible Applicants:** Applications for either SESS sites or the data coordinating center may be submitted by units of State or local governments and by domestic private nonprofit and for-profit organizations such as community-based organizations, universities, colleges, and hospitals.

Each SESS site proposal must include documentation regarding the existence of an infra-structure and two years of experience providing behavioral health and other relevant services to the target population.

- **Cooperative Agreements/Amounts:** Approximately \$5.9 million will be available to support approximately 10 SESS site awards and \$500,000 to support one data coordinating center award under this GFA 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 assistance, contact:

Rose C. Kittrell, MSW, *Starting Early—Starting Smart*, Early Childhood Collaboration, Substance Abuse and Mental Health Services Administration, Rockwall II, Room 1075, 5600 Fishers Lane, Rockville, MD 20857, (301) 443-0354 or (301) 443-9110.

- **Grants Management Contact:** For business management assistance, contact: Mary Lou Dent, Division of Grants Management, OPS, Substance Abuse and Mental Health Services Administration, Rockwall II, Room 640, 5600 Fishers Lane, Rockville, MD 20857, (301) 443-5702.

- **Application Kits:** Application kits are available from: National Clearinghouse for Alcohol and Drug Information, PO Box 2345, Rockville, MD 20847-2345, 1-800-729-6686; 1-800-487-4889 TDD, Via Internet: www.health.org (go into Forum Section of the web site, click on "CSAP FY 97 grant opportunities").

Visually impaired: disk versions of the application may be requested.

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 the 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, Pub. L. 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.

117. Executive Order 12372

Applications submitted in response to the FY 1997 activity 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 10, 1997.

Richard Kopanda,

Executive Officer, Substance Abuse and Mental Health Administration.

[FR Doc. 97-3713 Filed 2-13-97; 8:45 am]

BILLING CODE 4162-20-P

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-4124-N-25]

Federal Property Suitable as Facilities to Assist the Homeless

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

ACTION: Notice.

SUMMARY: This Notice identifies unutilized, underutilized, excess, and surplus Federal property reviewed by HUD for suitability for possible use to assist the homeless.

FOR FURTHER INFORMATION CONTACT: Mark Johnston, room 7256, Department of Housing and Urban Development, 451 Seventh Street SW, Washington, DC 20410; telephone (202) 708-1226; TDD number for the hearing- and speech-impaired (202) 708-2565 (these telephone numbers are not toll-free), or call the toll-free Title V information line at 1-800-927-7588.

SUPPLEMENTARY INFORMATION: In accordance with 24 CFR part 581 and section 501 of the Stewart B. McKinney Homeless Assistance Act (42 U.S.C. 11411), as amended, HUD is publishing this Notice to identify Federal buildings and other real property that HUD reviewed in 1996 for suitability for use to assist the homeless. The properties were reviewed using information provided to HUD by Federal landholding agencies regarding unutilized and underutilized buildings and real property controlled by such

agencies or by GSA regarding its inventory of excess or surplus Federal property.

In accordance with 24 CFR § 581.3(b) landholding agencies are required to notify HUD by December 31, 1996, the current availability status and classification of each property controlled by the Agencies that were published by HUD as suitable and available which remain available for application for use by the homeless.

Pursuant to 24 CFR § 581.8 (d) and (e) HUD is required to publish a list of those properties reported by the Agencies and a list of suitable/unavailable properties including the reasons why they are not available.

Properties listed as suitable/available will be available exclusively for homeless use for a period of 60 days from the date of this Notice. Homeless assistance providers interested in any such property should send a written expression of interest to HHS, addressed to Brian Rooney, Division of Property Management, Program Support Center, HHS, room 5B-41, 5600 Fishers Lane, Rockville, MD 20857; (301) 443-2265. (This is not a toll-free number.) HHS will mail to the interested provider an application packet, which will include instructions for completing the application. In order to maximize the opportunity to utilize a suitable property, providers should submit their written expressions of interest as soon as possible. For complete details concerning the processing of applications, the reader is encouraged to refer to the interim rule governing this program, 24 CFR part 581.

For more information regarding particular properties identified in this Notice (i.e., acreage, floor plan, existing sanitary facilities, exact street address), providers should contact the appropriate landholding agencies at the following addresses: U.S. Army: Derrick Mitchell, CECPW-FP, U.S. Army Center for Public Works, 7701 Telegraph Road, Alexandria VA 22310-3862 (703) 428-6083; Corps of Engineers: Bob Swieconeck, Army Corps of Engineers, Management and Disposal Division, Room 4224, 20 Massachusetts Ave. NW, Washington, DC 20314-1000; (202) 761-1753; U.S. Navy: John J. Kane, Dept. of Navy, Real Estate Operations, Naval Facilities Engineering Command, 200 Stovall Street, Alexandria, VA 22332-2300; (703) 325-0474; U.S. Air Force: Barbara Jenkins, Air Force Real Estate Agency (Area/MI), Bolling AFB, 112 Luke Avenue, Suite 104, Washington, DC 20332-8020; (202) 767-4184; GSA: Brian K. Polly, Office of Property Disposal, GSA, 18th and F Streets NW, Washington, DC 20405; (202) 501-2059;