

substance is regulated as a pesticide chemical under section 408 of the act (21 U.S.C. 346a). Thus, post-FQPA, the petitioned use of this substance is no longer subject to FDA's regulatory authority as a food additive under section 409 of the act (21 U.S.C. 348).

In response to a request by the petitioner, which was prompted by the change in regulatory authority over the antimicrobial substance that is the subject of this petition, FDA transferred the records for FAP 2B4343, including all of FDA's reviews of information in the petition, to EPA. Great Lakes Chemical Corp. has now withdrawn the petition without prejudice to a future filing (21 CFR 171.7).

Dated: July 15, 1998.

**George H. Pauli,**

*Acting Director, Office of Premarket Approval, Center for Food Safety and Applied Nutrition.*

[FR Doc. 98-23837 Filed 9-3-98; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

#### Pharmacy Compounding Advisory Committee; Notice of Meeting

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

This notice announces a forthcoming meeting of a public advisory committee of the Food and Drug Administration (FDA). The meeting will be open to the public.

*Name of Committee:* Pharmacy Compounding Advisory Committee.

*General Function of the Committee:* To provide advice and recommendations to the agency on FDA's regulatory issues.

*Date and Time:* The meeting will be held on October 14, 15, and 16, 1998, 8:30 a.m. to 5:30 p.m.

*Location:* Advisory Committee conference room, rm. 1066, Food and Drug Administration, 5630 Fishers Lane, Rockville, MD 20852.

*Contact Person:* Kimberly L. Topper or John B. Schupp, Center for Drug Evaluation and Research (HFD-21), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857-1000, 301-827-7001, or e-mail Topperk@cder.fda.gov, or FDA Advisory Committee Information Line, 1-800-741-8138 (301-443-0572 in the Washington, DC area), code 12440. Please call the Information Line for up-to-date information on this meeting.

*Agenda:* The committee will: (1) Address those bulk drug substances that are neither components of FDA approved products nor covered by a United States Pharmacopeia monograph for inclusion on a list of bulk drug substances that may be used in compounding that qualifies for the applicable statutory exemptions, and (2) review drug products to be included on a list that have been withdrawn or removed from the market for reasons of safety or efficacy that may not be used in compounding that qualifies for the applicable statutory exemptions.

*Procedure:* Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Written submissions may be made to the contact person by September 30, 1998. Oral presentations from the public will be scheduled between approximately 1 p.m. and 2 p.m. Time allotted for each presentation may be limited. Those desiring to make formal oral presentations should notify the contact person before September 30, 1998, and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time requested to make their presentation.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. app. 2).

Dated: July 27, 1998.

**Michael A. Friedman.**

*Deputy Commissioner for Operations.*

[FR Doc. 98-23836 Filed 9-3-98; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Special Projects of National Significance; Integrated Service Delivery Model

**AGENCY:** Health Resources and Services Administration.

**ACTION:** Notice of limited competition for grant funds.

**SUMMARY:** The Health Services Administration (HRSA) announces that approximately \$100,000 is available for grants from the Special Projects of National Significance (SPNS) Program, funded under the authority of Section 2691 of the Public Health Service Act, as established by the Ryan White Care Act Amendments of 1996, Public Law 104-148, dated May 20, 1996.

These awards will be limited to Los Angeles County, California. Applicants may apply for project periods of up to 3 years. The purpose of this limited competition is to support the development and evaluation of models of care that (a) target the African American community in Los Angeles County, (b) can be replicated in other similar localities, and (c) address the formal linkage and integration of HIV ambulatory medical care (including primary medical care) and mental health, substance abuse treatment and/or other critical HIV services.

The SPNS Program is designed to demonstrate and evaluate innovative and potentially replicable HIV service delivery models. The authorizing legislation specifies three SPNS Program objectives: (1) to assess the effectiveness of particular models of care; (2) to support innovative program design; and (3) to promote replication of effective models. The SPNS program will provide technical assistance and support for evaluation studies.

**DATES:** Applications for these announced grants must be received in the Grants Management Branch by the close of business September 24, 1998 to be considered for competition.

Applications will meet 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 submission to the objective review panel. A legibly dated receipt from a commercial carrier or U.S. Postal Service will be accepted as proof of timely mailing. Applications received after the deadline will be returned to the applicant.

**ADDRESSES:** Grant application kits may be obtained from the HRSA Grants Application Center by calling 1-888-333-HRSA. Additional information regarding business, administrative, and fiscal issues related to the awarding of grants under this Notice may be requested from Mr. Neal Meyerson, Grants Management Branch, HIV/AIDS Bureau, Health Resources and Services Administration, 5600 Fishers Lane, Room 7-27, Rockville, Maryland 20857. The telephone number is (301) 443-5906 and the FAX number is (301) 594-6096. Applicants for grants will use Form PHS 5161-1, approved under OMB Control No. 0937-0189. Completed applications should be sent to the Grants Management Officer, c/o HRSA Grants Application Center, 40 West Gude Drive, Rockville, Maryland 20850.

**FOR FURTHER INFORMATION:** Additional technical information may be obtained from the Office of Science and

Epidemiology, HIV/AIDS Bureau, Health Resources and Services Administration, 5600 Fishers Lane, Room 7A-07, Rockville, Maryland 20857. The telephone number is (301) 443-6560 and the FAX number is (301) 594-2511.

**SUPPLEMENTARY INFORMATION:** The SPNS Program endeavors to advance knowledge and skills in HIV services delivery, stimulate the design of innovative models of care, and support the development of effective delivery systems for these services. SPNS accomplishes its purpose through funding and technical support of innovative HIV service delivery models.

The SPNS Program supports innovative projects for which implementation, utilization, costs, and outcomes can be evaluated rigorously. Proposals will be expected to adequately define and justify the need, innovative nature, and evaluation methodology of the proposed model of services. These funds should be used to create and/or evaluate models of care that would likely not exist or be evaluated without SPNS support, or that would extend the care model to previously underserved or unserved populations defined either geographically or demographically.

SPNS Program funds cannot be used for expenses related to the provision of medical care, supportive services, or any other expenses currently reimbursed, subsidized or eligible for reimbursement through third party payers, grants awarded under Titles I-IV of the Ryan White CARE Act, or other grant and foundation sources.

Applications will be accepted that propose to demonstrate and evaluate an integrated service delivery for persons with HIV disease and provide formal linkage and integration of primary health care with mental health, substance abuse treatment and other critical HIV services in Los Angeles County. Projects should provide comprehensive services to African Americans with HIV disease in facilities or clinics that primarily serve this population and should focus on harm reduction services and the provision of culturally, socially, and linguistically appropriate care and care management. Project evaluations should assess client, provider, and organizational outcomes and satisfaction of those in care.

#### **Review Criteria**

Applications submitted to the SPNS program under this announcement will be reviewed and rated by an objective review panel. Criteria for the technical review of applications will include the following factors:

#### ***Factor 1: Justification of Need (10 Points)***

Adequacy of demonstrated knowledge of the local HIV service delivery system and the adequacy of the justification of need within the Los Angeles County African American community and target population for the proposed integration model. The extent to which the applicant's justification of need goes beyond documenting the existence of an available population in need of HIV services and describes what is innovative about the proposed model, how this model will be of benefit to the population in need, and its potential to advance knowledge in the HIV service delivery field. The adequacy of the discussion about whether or not this or similar models have been evaluated in published literature or reports. The extent to which the applicant identifies past/existing/future systemic or programmatic issues that have contributed to a fragmented service delivery system and how this model will result in a more integrated system of care. Consistency with the Statewide Coordinated Statement of Need.

#### ***Factor 2: Description of Proposed HIV Service Integration Model (25 Points)***

The extent of the feasibility and clarity of the description, appropriateness, innovative quality, and potential for evaluation, replication and dissemination of the proposed model. The amount of emphasis given to the definitive integration of services within the African American Community to ensure the delivery of a comprehensive spectrum of care to persons with HIV disease. The extent to which the identification of providers and services integrated by the model is described. The adequacy of the discussion of the rationale for the selection of providers and services integrated by the proposed model.

#### ***Factor 3: Description of the Program Plan (20 Points)***

Comprehensiveness of the program plan as described in clearly stated goals, time-limited and measurable objectives for each goal, activities directly related to each objective, and a time line that shows the schedule of critical program and evaluation activities. The extent to which the applicant demonstrates access to the proposed target population and an appropriate process for maintaining client confidentiality throughout the project period.

#### ***Factor 4: Description of Evaluation Plan (20 points)***

Thoroughness, feasibility and appropriateness of the project's

evaluation design from a methodological and statistical perspective. The extent to which the design of the evaluation allows a generalized conclusion regarding the outcomes of the integration model and its suitability for replication in other African American communities. The adequacy of the plan to assess HIV-related health outcomes among the population serviced and followed, and the anticipated impact from a community perspective.

#### ***Factor 5: Description of Dissemination (15 Points)***

The extent to which the applicant demonstrates past involvement with disseminating information about HIV service delivery by describing dissemination activities to date (e.g., presenting and publishing findings through reports and papers, training, or technical assistance). The adequacy and feasibility of the preliminary dissemination plan, designed to fully share knowledge resulting from this project with relevant audiences, particularly in the African American community.

#### ***Factor 6: Description of Organizational Capacity (10 points)***

Competency of the applicant organization in terms of fiscal, program management, and evaluation, as evidenced by (a) the consistency between the proposed level of effort and the budget justification; (b) skill level and time commitment required in the personnel specifications for program and evaluation staff; (c) the adequacy of resources proposed to conduct a quality evaluation of the project and dissemination of the project's findings; (d) the qualifications and experience of the proposed evaluation staff; and (e) appropriate confidential handling of clients' medical, social service, and epidemiological data. Extent of documentation demonstrating current and proposed coordination, formal collaboration, and specific linkages with related medical, health and support service activities within the project's catchment area.

#### **Other Grant Information**

##### ***Allowable Costs***

The basis for determining allocable and allowable costs to be charged to PHS grants is set forth in 45 CFR part 74, subpart Q and 45 CFR part 92 for State, local or tribal governments. The four separate sets of cost principles prescribed for public and private nonprofit recipients are OMB Circular A-87 for State, local or tribal

governments; OMB Circular A-21 for institutions of higher education; 45 CFR part 74, appendix E for hospitals; and OMB Circular A-122 for nonprofit organizations.

#### *Reporting and Other Requirements*

A successful applicant under this notice will submit semi-annual activity summary reports in accordance with provisions of the general regulations which apply under 45 CFR part 74, subpart 74.51, "Monitoring and Reporting Program Performance," with the exception of State and local governments to which 45 CFR part 92, Subpart C reporting requirements apply. Also, grantees must be prepared to collaborate with other grantees on the design and implementation of project evaluations which may include multi-site evaluation studies.

#### *Public Health System Reporting Requirements*

This program is subject to the Public Health System Reporting Requirements which have been approved by the Office of Management and Budget under No. 0937-0195. Under these requirements, any community-based, nongovernmental applicant must prepare and submit a Public Health System Impact Statement (PHSIS). The PHSIS is intended to keep State and local health officials apprised of proposed health services grant applications submitted from within their jurisdictions.

Community-based, nongovernmental applicants are required to submit, no later than the Federal due date for receipt of the application, the following information to the administrator of the State and local AIDS programs in the area(s) to be impacted by the proposal: (a) a copy of the face page of the application SF424; and, (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; and, (3) a description of the coordination planned with the appropriate State or local health agencies. Copies of the letters forwarding the PHSIS to these authorities must be contained in the application materials submitted to this program.

#### *Certification Regarding Environmental Tobacco Smoke*

The Public Health Service strongly encourages all grant and contract recipients to provide a smoke-free workplace and to 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.

#### *Executive Order 12372*

The Special Projects of National Significance Grant Program has been determined to be a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 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 a review system and will provide a State Single Point of Contact (SPOC) in the State for the review. Applicants (other than federally recognized Indian tribes) should contact their 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 appropriate deadline dates. The Health Resources and Services Administration does not guarantee that it will accommodate or explain its responses to State process recommendations received after the due date. (See "Intergovernmental Review of Federal Programs," Executive Order 12372, and CFR part 100, for a description of the review process and requirements.)

#### *OMB Catalog of Federal Domestic Assistance*

Number for the Special Projects of National Significance is 93.928.

Dated: September 1, 1998.

**Claude Earl Fox,**  
Administrator.

[FR Doc. 98-23995 Filed 9-3-98; 8:45 am]

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## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **Indian Health Service**

#### **List of Recipients of Indian Health Scholarships under the Indian Health Scholarship Program**

The regulations governing Indian Health Care Improvement Act Programs (Pub. L. 94-437) provide at 42 CFR

36.334 that the Indian Health Service shall publish annually in the **Federal Register** a list of recipients of Indian Health Scholarships, including the name of each recipient, school and tribal affiliation, if applicable. These scholarships were awarded under the authority of Section 104 of the Indian Health Care Improvement Act, 25 U.S.C. 1613-1613a, as amended by the Indian Health Care Amendments of 1988, Pub. L. 100-713.

The following is a list of Indian Health Scholarship Recipients for Fiscal Year 1997:

Ables, Millicent Elaine, University of Kansas, Choctaw Nation of Oklahoma  
Abold-Arellano, Carol Ann, University of South Dakota, Oglala Sioux  
Acunia-Sockyma, Della Mae, Arizona State University, Gila River Pima-Maricopa  
Adair, Roger Willard, Arizona State University, Cherokee Nation of Oklahoma  
Adams, Hayley Marie, University of Alaska/Anchorage, Nenana Native Association  
Akers, Margaret Ann, Tulsa Junior College, Muskogee (Creek) of Oklahoma  
Alex, Jane M., Arizona State University, Navajo Tribe of AZ, NM, & UT  
Alexander, Lisa Kalliah, Washington State University/Vancouver, Confederated Grand Ronde  
Allard-Laroque, Stephanie Marie, University of North Dakota, Turtle Mountain Chippewa  
Allery, Gina Louise, University of Minnesota, Turtle Mountain Chippewa  
Allery-Decoteau, Crystal Vernelle, Minot State University, Turtle Mountain Chippewa  
Ammesmaki, Frank P., University of North Dakota, Fond du Lac Band-MN Chippewa  
Anderson, Lanell April, Northern Arizona University, Navajo Tribe of AZ, NM, & UT  
Anderson, Tarina Kay, University of Southern Mississippi, Mississippi Band of Choctaw  
Anderson, Zachariah Jessic, University of North Dakota, Muskogee (Creek) of OK  
Antone-Morton, Jerrilene Denise, University of Arizona, Navajo Tribe of AZ, NM, & UT  
Antonio, John Emery, Baylor University, Pueblo of Laguna  
Arce, Julie Gaye, University of Oklahoma Health Sciences Center, Choctaw Nation of OK  
Archuleta, Flora, University of New Mexico, Hualapai  
Arkansas, Carmen, University of Utah, Eastern Band of Cherokee—NC