

accessing the data. For the purposes of this demonstration project a registry is defined as the recording and compilation of predetermined data elements for the reporting and descriptive analysis of injury patterns, treatment and quality of care.

(2) Registry Design and Technology Planning Grant: MCHB expects to award one grant of up to \$250,000 in this category for a project to assess existing trauma registries; and to analyze the feasibility of obtaining and linking information from them, and to assess the feasibility of collecting data elements recommended by the recipient of the Data Identification, Collection, and Use Planning Grant, but not currently being collected.

Applicants must specify the category of grant for which they are applying. Those applying for both types of grants must complete a separate application for each.

#### Funding Level/Project Period

Approximately \$400,000 in FY2002 funds is available to support two (2) awards. One award of up to \$150,000 will be made for a Data Identification, Collection and Use Planning project, and one award of up to \$250,000 will be made for a Registry Design and Technology Planning project. The initial budget period will be 12 months, with a subsequent budget period of 12 months. Continuation of any project from one budget period to the next is subject to satisfactory performance, program priorities, and availability of funds.

#### Review Criteria

MCHB staff will screen applications for completeness and responsiveness to the program guidance. Applications that are incomplete or non-responsive will be returned to the applicant without review. Applications that are complete and responsive to the guidance will be evaluated for technical merit by a peer review group convened specifically for this solicitation and in accordance with HRSA grants management policies and procedures. As part of the initial merit review, all applications will receive a written critique.

Technical merit will be assessed using the following criteria:

(a) Applicants' ability to accurately describe the significance of the injury and trauma problems facing the children of our nation and the rationale for establishing the NTRC;

(b) Applicants' ability to clearly articulate the project's goals and the corresponding time-framed, measurable (e.g. quantified) objectives and activities to achieve these goals;

(c) Applicants' ability to clearly articulate and identify a process for evaluating the outcome of this project;

(d) Applicants' ability to successfully carry out the project as evidenced by a sufficient number of qualified project personnel and resources; and

(e) Reasonableness of the proposed budget and soundness of the arrangement for fiscal management and ability to complete the proposed activities within the project period.

Additional criteria used to review and rank applications for this competition are included in the application kit.

Applicants should pay strict attention to addressing these criteria, as they are the basis upon which their applications will be judged.

#### Paperwork Reduction Act

OMB approval for any data collection in connection with these grants will be sought, as required under the Paperwork Reduction Act of 1995.

#### Executive Order 12372

This program has been determined to be a program which is subject to the provisions of Executive Order 12372 concerning intergovernmental review of Federal programs by appropriate health planning agencies, as implemented by 45 CFR Part 100. Executive Order 12372 allows States the option of setting up a system for reviewing applications from within their States for assistance under certain Federal programs. The application packages to be made available under this notice will contain a listing of States that have chosen to set up such a review system and will provide a single point of contact (SPOC) in the States for review. Applicants (other than federally-recognized Indian tribal governments) should contact their

State SPOC as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC of each affected State. The due date for State process recommendations is 60 days after the application deadline for new and competing awards. The granting agency does not guarantee to "accommodate or explain" for State process recommendations it receives after that date. ( See part 148, Intergovernmental Review of PHS Programs under Executive Order 12372 and 45 CFR Part 100 for a description of the review process and requirements).

Dated: April 29, 2002.

**Elizabeth M. Duke,**  
Administrator.

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#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### Substance Abuse and Mental Health Services Administration

#### Fiscal Year (FY) 2002 Funding Opportunities

**AGENCY:** Substance Abuse and Mental Health Services Administration, DHHS.

**ACTION:** Notice of funding availability.

**SUMMARY:** The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) announces the availability of FY 2002 funds for grants for the following activity. This notice is not a complete description of the activity; potential applicants *must* obtain a copy of the Guidance for Applicants (GFA), including Part I, SAMHSA/HRSA Collaboration to Link Health Care for the Homeless Programs and Community Mental Health Agencies (SM 02-013), and Part II, General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements, before preparing and submitting an application.

Activity	Application deadline	Estimated funds FY 2002	Estimated number of awards	Project period
SAMHSA/HRSA Collaboration to Link Health Care for the Homeless Programs and Community Mental Health Agencies.	June 19, 2002 ..	\$3,100,000	15-19	3 years.

The actual amount available for the award may vary, depending on

unanticipated program requirements and the number and quality of

applications received. FY 2002 funds for the activity discussed in this

announcement were appropriated by the Congress under Public Law No. 106–310. 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.

**General Instructions:** Applicants must use application form PHS 5161–1 (Rev. 7/00). The application kit contains the two-part application materials (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: Knowledge Exchange Network, PO Box 42490, Washington, DC 20015, 800–789–2647.

The PHS 5161–1 application form and the full text of the activity are also available electronically via SAMHSA's World Wide Web Home Page: <http://www.samhsa.gov>

When requesting an application kit, the applicant must specify the particular activity for which detailed information is desired. All information necessary to apply, including where to submit applications and application deadline instructions, are included in the application kit.

**Purpose:** The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), and the Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC) announce the availability of fiscal year 2002 funds to support grants under the "SAMHSA/HRSA Collaboration to Link Health Care for the Homeless Programs and Community Mental Health Agencies." Grants will be used to foster collaborations between Health Care for the Homeless programs (HCH) and community mental health agencies (CMHA) and increase the availability of mental health and primary care services for persons with serious mental illness who are homeless.

**Eligibility:** This Guidance for Applicants (GFA) solicits applications for two types of grants: (1) Program grants, and (2) an Evaluation Center.

Eligibility for Program Grants is limited to the following organizations:

Health Care for the Homeless Programs that:

- Are current recipients of HRSA/BPHC HCH funds.
- Have an existing partnership with a CMHA, or have the capacity to develop such a collaboration.

Community Mental Health Agencies that:

- Are private nonprofit community mental health facilities that are licensed, accredited, certified, or chartered by appropriate certification or credentialing bodies to provide mental health services.

- Have an existing partnership with a HCH program, or have the capacity to develop such a collaboration.

Eligible applicants for the Evaluation Center award include:

- States, political subdivisions of States, tribal governments, and other public and private nonprofit entities such as community-based organizations, universities, colleges, faith-based organizations, consumer and family organizations, independent research institutes and hospitals.

**Availability of Funds:** A total of \$3.1 million will be available for the HCH/CMHA Collaboration Project. Two types of grants will be awarded: (1) Program Grants, and (2) an Evaluation Center Grant:

- Program Grant awards will be equally divided between HCH programs and CMHAs. Approximately \$1.4 million will be available from HRSA to support 7–9 HCH programs, and approximately \$1.4 million will be available from CMHS to support 7–9 CMHA programs. The average annual Program Grant award should range from \$150,000–\$200,000 in total costs (direct and indirect).

- One Evaluation Center grant will be awarded for approximately \$300,000. The funding for the Evaluation Center will be contributed equally by CMHS, HRSA, and the Assistant Secretary for Planning Evaluation (ASPE) of the Office of the Secretary (OS) of the DHHS. Actual funding levels will depend on the availability of funds.

**Period of Support:** Grants will be awarded for a period of up to 3 years.

**Criteria for Review and Funding:**

**General Review Criteria:** Competing applications requesting funding under this activity will be reviewed for technical merit in accordance with established PHS/SAMHSA peer review procedures. Review criteria that will be used by the peer review groups are specified in the application guidance material.

**Award 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 review process. Availability of funds will also be an award criteria. Additional award criteria may be included in the application guidance materials.

**Catalog of Federal Domestic Assistance Number:** 93.243.

**Program Contact:** For questions concerning program issues, Health Care for the Homeless applicants should contact: Jean L. Hochron, MPH, Chief, Health Care for the Homeless Branch, Bureau of Primary Health Care, Health Resources and Services Administration, 4350 East-West Highway, Rm 9–6D2, Bethesda, MD 20814, (301) 594–4430, Email: [jhochron@hrsa.gov](mailto:jhochron@hrsa.gov).

For questions on program issues, Community Mental Health Agency Applicants and Evaluation Center Applicants should contact: Pamela J. Fischer, Ph.D., Homeless Programs Branch, Center for Mental Health Services, 5600 Fishers Lane, Room 11C–05, Rockville, MD 20857, (301) 443–4569, E-mail: [pfischer@samhsa.gov](mailto:pfischer@samhsa.gov).

For questions regarding grants management issues, all applicants should contact: Steve Hudak, Division of Grants Management, Substance Abuse and Mental Health, Services Administration, 5600 Fishers Lane 13–105, Rockville, MD 20857, (301) 443–9666, E-Mail: [shudak@samhsa.gov](mailto:shudak@samhsa.gov).

**Public Health System Reporting Requirements:** The Public Health System Impact Statement (PHSIS) is intended to keep state and local health officials apprized 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 activity is subject to the Public Health System Reporting Requirements.

**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.

**Executive Order 12372:** Applications submitted in response to the FY 2002 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: Division of Extramural Activities, Policy, and 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: April 30, 2002.

**Richard Kopanda,**

*Executive Officer, SAMHSA.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Substance Abuse and Mental Health Services Administration

#### Fiscal Year (FY) 2002 Funding Opportunities

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

**ACTION:** Notice of funding availability.

**SUMMARY:** The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) announces the availability of FY 2002 funds for grants for the following activity. This notice is not a complete description of the activity; potential applicants must obtain a copy of the Guidance for Applicants (GFA), including Part I, State Incentive Cooperative Agreements for Community-Based Action (SP 02-003), and Part II, General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements, before preparing and submitting an application.

Activity	Application deadline	Est. funds FY 2002	Estimated Number of awards	Project period
State Incentive Cooperative Agreements for Community-Based Action.	June 19, 2002 .....	\$7,200,000	2-3	3 years.

The actual amount available for the award may vary, depending on unanticipated program requirements and the number and quality of applications received. FY 2002 funds for the activity discussed in this announcement were appropriated by the Congress under Public Law 106-310. 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.

**General Instructions:** Applicants must use application form PHS 5161-1 (Rev. 7/00). The application kit contains the two-part application materials (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: National Clearinghouse for Alcohol and Drug Information (NCADI), P.O. Box 2345, Rockville, MD 20847-2345, Telephone: 1-800-729-6686.

The PHS 5161-1 application form and the full text of the activity are also available electronically via SAMHSA's World Wide Web Home Page: <http://www.samhsa.gov>.

When requesting an application kit, the applicant must specify the particular activity for which detailed information is desired. All information necessary to apply, including where to submit applications and application deadline instructions, are included in the application kit.

**Purpose:** The Center for Substance Abuse Prevention, SAMHSA, announces the availability of Fiscal Year 2002 funds under its State Incentive Program. The program is intended to enable governors to: (1) Develop and implement a comprehensive State-wide substance abuse prevention strategy to optimize the use of all State and Federal substance abuse prevention funding streams and resources, and (2) develop and implement a comprehensive, long-range prevention program system to ensure that all State prevention resources fill identified gaps in prevention services targeting youth and

young adults ages 12-25 with science-based prevention and early intervention programs.

**Eligibility:** Office of the governor for states and territories that currently receive the Substance Abuse Prevention and Treatment Block Grant may apply.

Eligible applicants are limited to:

- Governor of a State or Territory
- President of a territory that has a president
- Chairman of the Tribal Council of the Red Lake Band of Chippewa

If you have received a State Incentive Grant in FY 1997, 1998, 1999, 2000, 2001, or 2002 you may not apply.

**Availability of Funds:** Approximately \$7.2 million will be available for 2-3 awards. The average award will be approximately \$3 million per year in total costs (direct and indirect), with awards ranging from \$2 million to \$4 million. Actual funding levels will depend on the availability of funds, state population, and documentation of need identified by the National Survey on Drug Use and Health and other relevant surveys and reports.

**Period of Support:** Awards may be requested for up to 3 years. Annual