

relevance to safety under actual use conditions?

5. Under what circumstances should clinical studies in humans supplement or replace studies in laboratory animals? How will use of human data affect the need for safety factors? Which parameters should be measured and what study duration is necessary?

6. Is there an agreed-upon basis for determining the maximum level of an additive to be administered in a test diet above which a study should be presumed unacceptable?

7. Can postmarketing surveillance (such as monitoring of use or monitoring of adverse reaction reports by consumers and physicians) be used to ensure safety? For example, can such surveillance be used without compromising safety to verify exposure estimates or to eliminate the need for specific data prior to marketing, thus reducing the need to use worst-case assumptions in a safety evaluation? If so, how could this be accomplished?

The objective of this review is to make recommendations on the set of circumstances under which the scientific community believes that the use of a safety model that is an alternative to the traditional safety model is justified and will ensure the safety of food ingredients. Such discussions would include: (1) Circumstances prompting the need for new types of studies, (2) circumstances in which traditional studies should not be required or should be modified or their use limited, and (3) the appropriate use of safety factors. FDA also requests a description of the principles and criteria that would be used in the nontraditional or alternative situations and a ranking/weighting of these criteria and principles.

The project is divided into two phases. In the first phase, LSRO/FASEB will solicit input from 40 to 60 members of the food safety community. The nature of this input from each individual will be in the form of a 3- to 5-page "white paper" which will contain expert opinion on issues related to food ingredient safety evaluations. Individuals will be asked to furnish sufficient background material with their white papers to provide a basis for comment on the issues being addressed by LSRO/FASEB in this contract.

A Phase I Expert Panel composed of five members will be convened by LSRO/FASEB. LSRO/FASEB staff will assemble a background document for the Phase I Expert Panel that consists of a compilation of the previously obtained comments from the scientific community. This background document is intended to provide a perspective for

the Phase I Expert Panel in its deliberations; it will not be a preliminary draft of the report to be delivered to FDA in fulfillment of the scope of work for the contract task. Upon approval by the Phase I Expert Panel, the background document will be available on or before April 12, 1996, from LSRO/FASEB (address above). The background document will be on display at LSRO/FASEB and the Dockets Management Branch (addresses above).

In Phase II, the Expert Panel will be expanded to eight members. The Phase II Expert Panel will conduct a comprehensive discussion of the principles and criteria generally agreed upon by the community of food safety experts for determining when the traditional safety model is appropriate. More specifically, based on the deliberations of the Phase II Expert Panel, LSRO/FASEB will organize the scientific concepts of food ingredient safety to yield a set of criteria in a report that the agency could then consider in evaluating the safety of food ingredients. Additionally, based on the discussions of the Phase II Expert Panel, the report will identify a ranking and weighting of such considerations that the scientific community would agree could be used to evaluate whether a new or modified food ingredient should be considered safe.

FDA and LSRO/FASEB are announcing that LSRO/FASEB will hold a public meeting on this topic on May 15, 1996. It is anticipated that the meeting will last 1 day, depending on the number of requests to make oral presentations. Requests to make oral presentations at the open meeting must be submitted in writing and received by April 24, 1996. Participants will be required to submit two copies of the written text of oral presentations of scientific data, information, and views on or before May 10, 1996, to LSRO/FASEB (address above) and two copies to the Dockets Management Branch (address above). The meeting will be held in the Chen Auditorium, Lee Bldg., FASEB (address above).

For individuals not wishing to make an oral presentation, FDA and LSRO/FASEB are also inviting submission in writing of scientific data, information, and views. Two copies of these materials must be submitted on or before May 10, 1996, to both LSRO/FASEB and the Dockets Management Branch (addresses above).

Pursuant to its contract with FDA, LSRO/FASEB will provide the agency with a scientific report on the Phase II review and discussions on or about July 31, 1997.

Dated: February 26, 1996.

William K. Hubbard,

Associate Commissioner for Policy.

[FR Doc. 96-4858 Filed 3-1-96; 8:45 am]

BILLING CODE 4160-01-F

Health Resources and Services Administration

Emergency Medical Services for Children Demonstration Grants

AGENCY: Health Resources and Services Administration HHS.

ACTION: Notice of availability of funds.

SUMMARY: The HRSA in collaboration with the National Highway Traffic Safety Administration (NHTSA) announces that applications will be accepted for fiscal year (FY) 1996 funds for grants authorized under section 1910 of the PHS Act. These discretionary grants will be made to States or accredited schools of medicine to support projects for the expansion and improvement of emergency medical services for children (EMSC). Within the HRSA, EMSC grants are administered by the Maternal and Child Health Bureau (MCHB).

This program announcement is subject to the appropriation of funds. Applicants are advised that this program announcement is a contingency action being taken to assure that should funds become available for this purpose, they can be awarded in a timely fashion consistent with the needs of the program as well as to provide for even distribution of funds throughout the fiscal year. At this time, given a continuing resolution and the absence of FY 1996 appropriations for the EMSC program, the amount of available funding for this specific grant program cannot be estimated.

The NHTSA participated with the MCHB in developing program priorities for the EMSC program for FY 1996. The NHTSA will share the Federal monitoring responsibilities for EMSC awards made during FY 1996 and will continue to provide ongoing technical assistance and consultation in regard to the required collaboration/linkages between applicants and their Highway Safety Offices and Emergency Medical Services Agencies for the State(s). Grantees funded under this program are expected to work collaboratively with the State agency or agencies administering the Maternal and Child Health (MCH) and the Children with Special Health Needs (CSHN) programs under the MCH Services Block Grant, Title V of the Social Security Act (42 U.S.C. 701).

The 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 EMSC grant program will directly address the Healthy People 2000 objectives related to emergency medical services and trauma systems linking prehospital, hospital, and rehabilitation services in order to prevent trauma deaths and long-term disability. Potential applicants may obtain a copy of Healthy People 2000 (Full Report: Stock No. 017-001-00474-0) or Healthy People 2000 (Summary Report: Stock No. 017-001-00473-1) through the Superintendent of Documents, Government Printing Office, Washington, D.C. 20402-9325 (telephone, (202) 783-3238).

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

ADDRESSES: Grant applications for Emergency Medical Services for Children Demonstration Grants (Revised PHS form #5161-1, approved under OMB #0937-0189) must be obtained from and submitted to: Grants Management Branch, Maternal and Child Health Bureau, HRSA, Room 18-12, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857, Attn: EMSC, telephone 301-443-1440. You must obtain application materials in the mail.

Federal Register notices and application guidance for MCHB programs are available on the World Wide Web via the Internet at address: <http://www.os.dhhs.gov/hrsa/mchb>. Click on the file name you want to download to your computer. It will be saved as a self-extracting (Macintosh or) Wordperfect 5.1 file. To decompress the file once it is downloaded, type in the file name followed by a <return>. The file will expand to a Wordperfect 5.1 file. If you have difficulty accessing the MCHB Home Page via the Internet and need technical assistance, please contact Linda L. Schneider at 301-443-0767 or "lschneider@hrsa.ssw.dhhs.gov".

DATES: The application deadline date is April 26, 1996. Competing applications will be considered to be on time if they are either received on or before the deadline date or postmarked on or before the deadline date and received in

time for orderly processing. Applicants should request a legibly dated receipt from a commercial carrier or the U.S. Postal Service, or obtain a legibly dated U.S. Postal Service postmark. Private metered postmarks will not be accepted as proof of timely mailing.

Late competing applications or those sent to an address other than specified in the **ADDRESSES** section will be returned to the applicant.

FOR FURTHER INFORMATION CONTACT:

Requests for technical or programmatic information from MCHB should be directed to Jean Athey, Ph.D., or Mark E. Nehring, D.M.D., M.P.H., Division of Maternal, Infant, Child and Adolescent Health, Maternal and Child Health Bureau, Health Resources and Services Administration, Room 18A-39, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857, telephone (301) 443-4026. Requests for technical or programmatic information from NHTSA should be directed to Garry Criddle, R.N., CDR, USCG/USPHS, Department of Transportation, NHTSA EMS Division, NTS-42, 400 Seventh Street SW., Washington, DC 20590, telephone (202) 366-5440. Requests for information concerning business management issues should be directed to: Maria Carter, Grants Management Specialist, Grants Management Branch, Maternal and Child Health Bureau, at the address listed in the **ADDRESS** section above.

The EMSC program funds three national EMSC resource centers that are available to provide technical assistance and support to applicants, particularly in the areas of: (1) understanding EMSC terminology; (2) developing a manageable approach to EMSC implementation; (3) obtaining local support for the grant application process; (4) facilitating development of community linkages for a collaborative effort; (5) identifying products of previously-funded EMSC projects of interest to potential applicants; (6) offering advice on grant writing; and (7) data collection and analysis. Applicants may contact: James Seidel, M.D., Ph.D., or Deborah Henderson, R.N., M.A., National EMSC Resource Alliance, Research and Education Institute, Harbor/UCLA Medical Center, 1001 West Carson Street, Suite S, Torrance, CA 90502, telephone 310 328-0720; or Jane Ball, R.N., Dr. P.H., EMSC National Resource Center, Children's National Medical Center, Emergency Trauma Services, 111 Michigan Ave., N.W., Washington, DC 20010, telephone 202 745-5188; or J. Michael Dean, M.D., National EMSC Data Analysis Resource Center, University of Utah School of

Medicine, 309 Park Building, Salt Lake City, UT 84112, telephone (801) 588-2360.

SUPPLEMENTARY INFORMATION:

Program Background and Objectives

The Emergency Medical Services for Children statute (Section 1910 of the PHS Act, as amended) establishes a program of two-year grants to States, through a State-designated agency, or to accredited medical schools within States, for projects for the expansion and improvement of emergency medical services for children who need treatment for trauma or critical illness. For purposes of this grant program, the term "State" includes the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Northern Mariana Islands, Guam, American Samoa, the Republic of Palau, the Republic of the Marshall Islands, and the Federated States of Micronesia. The term "school of medicine" is defined as having the same meaning as set forth in Section 799(1)(A) of the PHS Act (42 U.S.C. 295p(1)(A)). "Accredited" in this context has the same meaning as set forth in section 799(1)(E) of the PHS Act (42 U.S.C. 295p(1)(E)). It is the intent of this grant program to stimulate further development or expansion of ongoing efforts in the States to reduce the problems of life-threatening pediatric trauma and critical illness. The Department does not intend to award grants which would duplicate grants previously funded under the Emergency Medical Services Systems Act of 1972 or which would be used simply to increase the availability of emergency medical services funds allotted to the State under the Preventive Health Services Block Grant.

Funding Categories

There will be three categories of competition for funding this year: State planning grants, State systems grants, and targeted issue grants. States may apply for only one of the first two categories, but are not restricted in applying for the last category.

Category (1): State Planning Grants

Planning grants are intended for States that have never received an EMSC grant and that are not at a stage of readiness to initiate a full-scale implementation project. States (or medical schools within those States) that have not received prior EMSC implementation grants are the only applicants eligible for this category. Planning grants are designed to enable a State to assess needs and develop a strategy to begin to address those needs.

Funds may be used to hire staff to assist in the assessment of EMSC needs of the State; obtain technical assistance from national, State, regional or local resources; help formulate a State plan for the integration of EMSC services into the existing State EMS plan; and plan a more comprehensive grant proposal based upon a needs assessment performed during the planning grant project period. A comprehensive approach, addressing physical, psychological, and social aspects of EMSC along the continuum of care, should be reflected. An ongoing working relationship with Federal EMSC program staff and resource center staff, beginning with the initiation of a planning grant application, is desirable. The project period is for one year only.

Category (2): State Systems Grants

This category of grants has two subcategories: implementation grants and system enhancement grants. For both subcategories, proposals are sought which include strategies and/or models to ensure that pediatric emergency care is family centered. "Family centered" includes the following key elements: maximum possible involvement of families in all phases of the EMSC continuum of care; clear and continuous communication between family members and the emergency care team; attention to the psychological needs of all family members; cultural competence of providers; consumer (parental) involvement in planning and needs assessment; organizational support for the formation of parent involvement groups; and ongoing partnerships with such groups.

Applications will not be accepted for both planning grants and state systems grants simultaneously from the same State.

Subcategory (A): Implementation Grants

Implementation grants will improve the capacity of a State's Emergency Medical Services program to address the particular needs of children. Implementation grants are used to assist States in integrating research-based knowledge and state-of-the-art systems development approaches into the existing State EMS, MCH and CSHN systems, using the experience and products of previous EMSC grantees. The program components of these grants should reflect the goals of the MCHB/NHTSA Five Year Plan for EMSC. This plan outlines the direction of the EMSC program and identifies specific objectives for the program. It builds on the 1993 report for EMSC conducted by a blue ribbon Institute of Medicine panel. The plan will be included with

the application kit. Depending upon the appropriation of funds, project periods are up to two years. For this competition, we intend to fund applications from States (and medical schools within those States) that have not as yet received support, or that have received only partial support under this program as part of a regional alliance. This means that approved applications from States (and medical schools within those States) with no or very limited prior EMSC program support will be funded before approved applications from outside this group.

Subcategory (B): System Enhancement Grants

System enhancement grants will fund activities that represent the next logical step or steps to take in institutionalizing EMSC activities within the State EMS, MCH and CSHN systems and achieving program goals outlined in this announcement. The program components of these grants should reflect the goals and objectives of the MCHB/NHTSA Five Year Plan for EMSC. For example, funding might be used to improve linkages between local and regional or State agencies, to develop pediatric standards for a region, or to assure effective field triage of the child in physical or emotional crisis to appropriate facilities and/or other resources. Activities implemented under prior EMSC program funding but not completed or made self-sustaining during the original implementation project period will not be considered suitable. States that have previously received EMSC funds may apply for a system enhancement grant, as long as they will not also be receiving continuation funding for a State implementation grant during the project period of the systems enhancement grant.

Category (3): Targeted Issues Grants

The third funding category is that of targeted issues grants on topics of importance to EMSC. Targeted issues grants are intended to address specific, focused issues related to the development of EMSC capacity. Proposals under this category must have a well-conceived methodology for evaluation of the impact of the activity. The EMSC Five Year Plan identifies several activities judged to be appropriate for support through targeted issues grants for FY 1996. They include the following:

1. Cost-Benefit Analyses Related to EMSC

Very limited information is available on the costs related to different aspects

of EMSC, and yet such information is critical to decision making. Projects in this category may include topics such as the following:

- Analyses of the impact of insurance, managed care, and Federal and/or State health care financing policies and protocols on pediatric emergency medical services.
- Analyses of the impact of differing reimbursement policies in contiguous jurisdictions on pediatric patients.
- Assessment of the marginal incremental cost of different approaches to improving EMSC.
- Evaluation of the cost-effectiveness of different EMSC program configurations (such as different approaches to medical control, categorization, and regionalization).

2. Risk-Taking Behaviors of Children and Adolescents

Emergency department health professionals are uniquely positioned to provide interventions to reduce the incidence of repeated episodes when treating a child or adolescent for an injury or medical condition (e.g., noncompliant child or adolescent with a chronic condition, such as diabetes) resulting from risk-taking behavior. Projects in this category can be directed to development and evaluation of materials and strategies for emergency departments in one or more of the following areas:

- Unintentional injury prevention.
- Violence or suicide prevention.
- Integration of mental health services with preventive interventions (injury or medical).

3. Care of Children With Special Health Needs (CSHN)

An organized system of emergency care is needed for children who have special health care needs (children who are respirator dependent, children with tracheostomies, indwelling (broviac) catheters, gastric tubes, etc.) on discharge from acute care settings. Projects in this category can be directed to one or more of the following:

- Development, implementation and evaluation of educational or training programs for families.
- Development, implementation, and evaluation of educational or training programs for health care providers (e.g., prehospital, emergency department, school nurses, etc.).
- Evaluation of models for comprehensive discharge planning.
- Development and evaluation of model injury prevention programs for CSHN.

Projects in this category must demonstrate collaboration and linkages

among EMS and CSHN agencies, as well as families and other agencies and organizations, as appropriate (e.g., schools).

4. EMSC-Related Models for Improving the Care of Culturally Diverse Populations

In emergencies, health care providers are often required to meet the needs of linguistically, culturally and ethnically diverse children and families, but little training is provided in this area. Projects in this category can be directed to one or more of the following:

- Development, implementation and evaluation of education and training programs in cultural sensitivity for prehospital providers, nurses, and physicians.
- Development (or translation), implementation, and evaluation of discharge, injury prevention and health care materials for low literacy populations and for culturally and/or ethnically diverse populations.

Projects in this category must demonstrate collaboration and linkages among EMS or MCH agencies, acute care facilities, and ethnically-oriented community organizations and agencies to assure sensitivity to ethnic and cultural issues.

5. Children's Emergencies in Disasters

Local, regional, and State disaster plans typically do not address the training and equipment necessary to meet the special needs of children in disasters. Projects in this category should address one or more of the seven recommendations identified in the September 21-22, 1995, Workshop on Children's Emergencies in Disasters, co-sponsored by the Maternal and Child Health Bureau, the Federal Emergency Management Agency, and the Substance Abuse and Mental Health Services Administration (a copy of these recommendations is included in the application kit). Examples of projects appropriate for this category include the following:

- Development of a strategy to integrate pediatrics into existing disaster plans, in particular focusing on the following components: Training, equipment, psychosocial support, system access and cost reimbursement, shelter services, and mitigation.
- Identification of key data to be collected, collection, and analysis of data on children's health and mental health needs in disasters.

Proposals may be submitted on emerging issues that are not included in the above list. However, any such proposal must demonstrate relevance to the EMSC Five Year Plan and must

make a persuasive argument that the issue is particularly critical. The justification provided should clearly link the activities in the application with the Plan's objectives. Current targeted issues grantees may apply for one additional year of funding.

Prospective applicants are urged to contact EMSC program staff well in advance of submitting their formal applications, so that the work of proposal development can be avoided if the proposed project is inappropriate for submission in this category.

Special Concerns

HRSA's Maternal and Child Health Bureau places special emphasis on improving service delivery to women, children and youth from communities with limited access to comprehensive care. In order to assure access and cultural competence, it is expected that projects will involve individuals from the populations to be served in the planning and implementation of the project. The Bureau's intent is to ensure that project interventions are responsive to the cultural and linguistic needs of special populations, that services are accessible to consumers, and that the broadest possible representation of culturally distinct and historically underrepresented groups is supported through programs and projects sponsored by the MCHB. This same special emphasis applies to improving service delivery to children with special health care needs.

In keeping with the goals of advancing the development of human potential, strengthening the Nation's capacity to provide high quality education by broadening participation in MCHB programs of institutions that may have perspectives uniquely reflecting the Nation's cultural and linguistic diversity, and increasing opportunities for all Americans to participate in and benefit from Federal public health programs, HRSA will place a funding priority on projects from Historically Black Colleges and Universities (HBCU) or Hispanic Serving Institutions (HSI) in all categories and subcategories in this notice for which applications from academic institutions are encouraged. This is in conformity with the Federal Government's policies in support of White House Initiatives on Historically Black Colleges and Universities (Executive Order 12876) and Educational Excellence for Hispanic Americans (Executive Order 12900). An approved proposal from a HBCU or HSI will receive a 0.5 point favorable adjustment of the priority score in a 4

point range before funding decisions are made.

Evaluation Protocol

A maternal and child health discretionary grant project, including any project awarded as part of the Emergency Medical Services for Children Demonstration Grants program, is expected to incorporate a carefully designed and well planned evaluation protocol capable of demonstrating and documenting measurable progress toward achieving the project's stated goals. The protocol should be based on a clear rationale relating the grant activities, the project goals, and the evaluation measures. Wherever possible, the measurements of progress toward goals should focus on health outcome indicators, rather than on intermediate measures such as process or outputs. A project lacking a complete and well-conceived evaluation protocol as part of the planned activities will not be funded.

Public Comment

If time permits, comments from the public will be accepted on the categories, priorities, and preferences described in this notice. Public comments received too late for consideration this year will be considered in the development of program categories, priorities, or preferences for FY 1997. Members of the public should submit any comments to: Chief, Grants Management Branch, MCHB, at the address listed in the **ADDRESS** section.

Project Review and Funding

The Department will review applications in the preceding funding categories as competing applications and will fund those which, in the Department's view, are consistent with the statutory purpose of the program, with particular attention to children from culturally distinct populations and children with special health care needs; and that best meet the purposes of the EMSC program and address achievement of applicable Healthy People 2000 objectives related to emergency medical services and trauma systems.

Review Criteria

The review of applications will take into consideration the following criteria:

- For Category (1) State Planning Grants:
 - Evidence of the State's commitment to improve pediatric emergency care services and to continue with EMSC program implementation.

- The adequacy of the applicant's proposed method to identify problems and conduct a needs assessment.
- Evidence of the applicant's understanding of obstacles to EMSC activity in the past, and the completeness of proposed strategies to overcome these obstacles.
- The adequacy of the applicant's proposed planning process for improving EMSC.
- The soundness of the methods the applicant will use to: (1) recruit, select and assemble appropriate participants, including members of culturally distinct populations, with demonstrated expertise and experience in EMS; trauma systems; child health issues; and emergency care for children; and (2) obtain input from potential consumers (i.e., families) of a State EMSC plan.
- Reasonableness of the proposed budget, soundness of the arrangements for fiscal management, effectiveness of use of personnel, and likelihood of project completion within the proposed grant period.
 - For Categories (2) and (3) State Systems and Targeted Issues Grants:
- The appropriateness of project objectives and outcomes in relation to the specific nature of the problems identified by the applicant.
- The adequacy of the proposed methodology for achieving project goals and objectives.
- The soundness of the plan for evaluating progress in achieving project objectives and outcomes.
- The adequacy of the plan for organizing and carrying out the project.
- The qualifications and experience of the Project Director and proposed staff.
- The reasonableness of the proposed budget and soundness of the arrangements for fiscal management.
- The extent to which the project gives special emphasis to the issues identified in the Special Concerns section of this notice.
 - For Category (2) State Systems Grants only, the following additional criteria:
- The adequacy of the applicant's understanding of the problem of pediatric trauma and critical illness in the grant locale, including the special problems of (a) children with special health needs (CSHN) and their families; and (b) minority children and families (including Native Americans, Native Hawaiians, and Alaska Natives).
- The extent to which the applicant will employ products and expertise of

EMSC programs from other States, especially of current and former grantees of the Federal EMSC program.

- The adequacy with which the applicant addresses institutionalization of the proposed project.
 - The extent to which the applicant demonstrates the involvement and participation of consumers (e.g., families) and parent advocacy groups in planning, needs assessment, and project implementation.
 - The extent to which the applicant demonstrates a multi-disciplinary approach to EMSC system development, including providers at all levels (e.g., physicians, nurses, emergency medical technicians, social workers and others appropriate to project activities).
 - Evidence that the applicant will collaborate and coordinate with other participants in the EMSC continuum, e.g., the State EMS agency; the State MCH/CSHN agency; the State Highway Safety Office; other relevant State agencies; tribal nations; state and local professional organizations; private sector voluntary organizations; business organizations; hospital organizations; and any other ongoing Federally-funded projects in EMS, injury prevention, and rural health.
 - The adequacy of the applicant's plan to integrate pediatric emergency care into the primary care delivery system.
- For Category (3) Targeted Issues Grants only, the following additional criteria:
- The relevance of the proposed project to the MCHB/NHTSA Five Year Plan for EMSC.

Eligible Applicants

No more than one grant under this program will be made in any State (to a State or a school of medicine in the State) in any fiscal year. Applications for funding will be accepted from States and accredited schools of medicine. Applications which involve more than a single State will also be accepted. In developing the proposed project, applicants must seek the participation and support of local or regional trauma centers and other interested entities within the State, such as local government and health and medical organizations in the private sector. If the applicant is a school of medicine, the application must be endorsed by the State. The State's endorsement must acknowledge that the applicant has consulted with the State and that the State has been assured that the applicant will work with the State on the proposed project.

Any State (or medical school within that State) may apply for any category or subcategory of grant, subject to the following considerations based on equitable geographic distribution of EMSC funds, differences in purpose among EMSC grant categories, and variation among States in EMSC program progress:

- For Category (1) Planning Grants, States (or medical schools within those States) that have received prior EMSC state systems grants may not apply for a planning grant.
- For Category (2)(A) Implementation Grants, applications from States (and medical schools within those States) that have not previously received EMSC program funds, or that have received only partial support under this program as part of a regional alliance, will receive preference for funding in this subcategory. This means that approved applications from States (and medical schools within those States) with no or very limited prior EMSC program support will be funded ahead of approved applications from outside this group.
- For Category (2)(B) System Enhancement Grants, States (and medical schools within those States) that have previously received EMSC funds may apply for a system enhancement grant, as long as they will not also be receiving implementation funds during the project period of the system enhancement grant. States that have not previously received EMSC funds are advised to apply first for implementation category funds.
- For Category (3) Targeted Issues Grants, eligibility is not affected by previous receipt of other EMSC funding. Applications will not be considered for both Category (1) State Planning Grants and Category (2) State Systems Grants simultaneously from the same State. Funding of an application for a planning grant or for a Category (2)(A) implementation grant bars a State from future competitions for that category or subcategory.

Allowable Costs

The HRSA may support reasonable and necessary costs of EMSC Demonstration Grant projects within the scope of approved projects. Allowable costs may include salaries, equipment and supplies, travel, contracts, consultants, and others, as well as indirect costs as negotiated and certified. The HRSA adheres to administrative standards reflected in the Code of Federal Regulations, 45 CFR Part 92 and 45 CFR Part 74.

Public Health System Reporting Requirements

This program is subject to the Public Health System Reporting Requirements (approved under OMB No. 0937-0195). Under these requirements, community-based nongovernmental applicants must prepare and submit a Public Health System Impact Statement (PHSIS). The PHSIS is intended to provide information to State and local health officials to keep them apprised of proposed health services grant applications submitted by community-based nongovernmental organizations within their jurisdictions. Community-based non-governmental applicants are required to submit the following information to the head of the appropriate State and local health agencies in the area(s) to be impacted no later than the Federal application receipt due date:

- (a) A copy of the face page of the application (SF 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.

The project abstract may be used in lieu of the one-page PHSIS, if the applicant is required to submit a PHSIS. 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 which 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 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 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).

The OMB Catalog of Federal Domestic Assistance number is 93.127.

Dated: February 27, 1996.

Ciro V. Sumaya,
Administrator.

[FR Doc. 96-4860 Filed 3-1-96; 8:45 am]

BILLING CODE 4160-15-P

Public Health Service

Indian Health Service; Health Professions Recruitment Program for Indians

AGENCY: Indian Health Service, HHS.

ACTION: Notice of Competitive Grant Applications for the Health Professions Recruitment Program for Indians.

SUMMARY: The Indian Health Service (IHS) announces that competitive grant applications are now being accepted for the Health Professions Recruitment Program for Indians established by sec. 102 of the Indian Health Care Improvement Act of 1976 (25 U.S.C. 1612), as amended by Pub. L. 102-573. There will be only one funding cycle during fiscal year (FY) 1996. This program is described at sec. 93.970 in the Catalog of Federal Domestic Assistance and is governed by regulations at 42 CFR sec. 36.310 *et seq.* Costs will be determined in accordance with OMB Circulars A-21, A-87, and A-122 (cost principles for different types of applicant organizations); and 45 CFR part 74 or 45 CFR part 92 (as applicable). Executive Order 12372 requiring intergovernmental review is not applicable to this program. This program is not subject to the Public Health System Reporting requirements.

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of *Healthy People 2000*, a PHS-led activity for setting priority areas. This program announcement is related to the priority area of Educational and Community-based programs. Potential applicants may obtain a copy of *Healthy People 2000* (Full Report; Stock No. 017-001-00474-0) or *Healthy People 2000* (Summary Report; Stock No. 017-001-00473-1) through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325 (Telephone 202-783-3238).

Smoke Free Workplace

PHS strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products, and Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, and early childhood development services are provided to children.

DATES: A. Applicant Receipt Date—An original and two copies of the completed grant application must be submitted with all required documentation to the Grants Management Branch, Division of Acquisition and Grants Operations, Twinbrook Building, Suite 100, 12300 Twinbrook Parkway, Rockville, Maryland 20852, by close of business June 3, 1996.

Applications shall be considered as meeting the deadline if they are either: (1) received on or before the deadline with hand carried applications received by close of business 5 p.m.; or (2) postmarked on or before the deadline and received in time to be reviewed along with all other timely applications. A legibly dated receipt from a commercial carrier or the U.S. Postal Service will be accepted in lieu of a postmark. Private metered postmarks will not be accepted as proof of timely mailing. Late applications not accepted for processing will be returned to the applicant and will *not* be considered for funding.

B. Additional Dates:

1. Application Review: July 17, 1996
2. Applicants Notified of Results: on or about August 1, 1996 (approved, recommended for approval but not funded, or disapproved)
3. Anticipated Start Date: September 1, 1996

FOR FURTHER INFORMATION CONTACT:

For program information, contact Robin L. Bristow, Project Officer, Scholarship Branch, Twinbrook Metro Plaza, 12300 Twinbrook Parkway, Suite 100, Rockville, Maryland 20852, (301) 443-6197. For grants application and business management information, contact M. Kay Carpentier, Grants Management Officer, Grants Management Branch, Division of Acquisition and Grants Operations, Indian Health Service, Twinbrook Building, Suite 100, 12300 Twinbrook Parkway, Rockville, Maryland 20852 (301) 443-5204. (The telephone numbers are not toll-free numbers).

SUPPLEMENTARY INFORMATION: This announcement provides information on the general program purpose, eligibility