

(2) to document the decision-making processes for the selection and testing of effective interventions in community settings, and (3) to determine the impact of the interventions on the target families within the study.

Applicants will be selected on the basis of capacity to deliver family services and will be supported to select a sound family-focused intervention that is best matched to their target population to maximize effectiveness in preventing or reducing alcohol, tobacco or other illegal drug use as well as associated social, emotional, behavioral, cognitive and physical problems of parents and their children.

- **Priorities:** None.

- **Eligible Applicants:** Applications may be submitted by public and domestic private nonprofit and for-profit entities, such as units of State or local government, community-based organizations, faith communities, local and national coalitions and civic groups, and public or private schools, universities, colleges, and hospitals.

- **Cooperative Agreements/Amounts:** Approximately \$10 million is available to support approximately 80–100 Program Sites and one Program Coordinating Center under this GFA in FY 1999. The average award is expected to be \$80,000–\$100,000 in total costs (direct + indirect) per year. The Program Coordinating Center award is expected to be approximately \$750,000 in total costs (direct + indirect) per year. Actual funding levels will depend upon the availability of funds.

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

- **Program Contact:** For programmatic or technical assistance contact: Soledad Sambrano, Ph.D., Division of Knowledge Development and Application Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, Rockwall 11, Suite 1075, 5600 Fishers Lane, Rockville, MD 20857, (301) 443–9110.

Grants Management Contact: For business management assistance, contact: Peggy Jones, Division of Grants Management, OPS, Substance Abuse and Mental Health Services Administration, Rockwall 11, Suite 630 5600 Fishers Lane, Rockville, MD 20857, (301) 443–3958.

Application Kits: Application kits are available from: National Clearinghouse for Alcohol and Drug Information (NCADI), P. O. Box 2345, Rockville, MD 20847–2345, 1–800/729–6686, 1–800/467–4859.

4.2 SAMHSA Technical Assistance Workshop

SAMHSA is sponsoring three technical assistance workshops for potential applicants. The workshops will be held at the following locations: March 11, 1999—Washington, DC; March 17, 1999—Chicago, IL; and March 19—Los Angeles, CA. For more information, please call Ms. Lisa Wilder, Workshop Coordinator, at 301–984–1471, extension 333.

5. Public Health System Reporting Requirements

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

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

- a. A copy of the face page of the application (Standard form 424).
- b. A summary of the project (PHSIS), not to exceed one page, which provides:
 - (1) A description of the population to be served.
 - (2) A summary of the services to be provided.
 - (3) A description of the coordination planned with the appropriate State or local health agencies.

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

Application guidance materials will specify if a particular FY 1999 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.

7. Executive Order 12372

Applications submitted in response to all FY 1999 activities listed above are subject to the intergovernmental review requirements of Executive Order 12372, as implemented through DHHS regulations at 45 CFR Part 100. E.O. 12372 sets up a system for State and local government review of applications for Federal financial assistance. Applicants (other than Federally recognized Indian tribal governments) should contact the State's Single Point of Contact (SPOC) as early as possible to alert them to the prospective application(s) and to receive any necessary instructions on the State's review process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC of each affected State. A current listing of SPOCs is included in the application guidance materials. The SPOC should send any State review process recommendations directly to: Office of Extramural Activities Review, Substance Abuse and Mental Health Services Administration, Parklawn Building, Room 17–89, 5600 Fishers Lane, Rockville, Maryland 20857.

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

Dated: March 4, 1999.

Richard Kopanda,

Executive Officer, SAMHSA.

[FR Doc. 99–5814 Filed 3–9–99; 8:45 am]

BILLING CODE 4162–20–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Fiscal Year (FY) 1999 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 1999 funds for the following activity. This activity is discussed in more detail under Section 3 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	Estimated number of awards	Project period
Targeted SA & HIV/AIDS Prevention	6/17/99	\$13.5 million	50	Up to 3 yrs.

Note: SAMHSA also published notices of available funding opportunities for FY 1999 in subsequent issues of the **Federal Register**.

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 1999 funds for the activity discussed in this announcement were appropriated by the Congress under Public Law No. 105-277. 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 for the activity covered by this notice (see Section 3).

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 and the full text of each of the activities (i.e., the GFA) described in Section 4 are available electronically via SAMHSA's World Wide Web Home Page (address: <http://www.samhsa.gov>).

Application Submission: Unless otherwise stated in the GFA, applications must be submitted to: SAMHSA Programs, Center for Scientific Review, 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 dates to be accepted for review. An application received after the deadline may be acceptable if it carries a legible proof-of-mailing date assigned by the carrier and that date is not later than one week prior to the deadline date. Private metered postmarks are not acceptable as proof of timely mailing.

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

FOR FURTHER INFORMATION CONTACT: Requests for activity-specific technical information should be directed to the program contact person identified for the activity covered by this notice (see Section 3).

Requests for information concerning business management issues should be directed to the grants management contact person identified for the activity covered by this notice (see Section 3).

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 - 2.2 Funding Criteria for Scored Applications
3. Special FY 1999 SAMHSA Activities
 - 3.1 Targeted Capacity Expansion Cooperative Agreements for Substance Abuse and HIV/AIDS Prevention (Short

Title: Targeted SA & HIV/AIDS Prevention, GFA No. SP 99-03)

- 3.2 SAMHSA Technical Assistance Workshop
4. Public Health System Reporting Requirements
5. PHS Non-Use of Tobacco Policy Statement
6. Executive Order 12372

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 moved 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.

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.

SAMHSA also continues to fund legislatively-mandated services programs for which funds are appropriated.

2. 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 3 will be reviewed for technical merit in accordance with established PHS/SAMHSA peer review procedures.

2.1 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.

2.2 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.

3. Special FY 1999 SAMHSA Activities

3.1 Targeted Capacity Expansion Cooperative Agreements for Substance Abuse and HIV/AIDS Prevention (Short Title: Targeted SA & HIV/AIDS Prevention, GFA No. SP 99-03)

- **Application Deadline:** June 17, 1999.
- **Purpose:** The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention announces the availability of *targeted capacity expansion cooperative agreements* to increase community capacity to provide integrated substance abuse and HIV/AIDS prevention services targeted to African American, Hispanic/Latino, and other racial/ethnic

minority youth (note that based on congressional report language a portion of the funds for this purpose will be reserved exclusively for African American youth); and African American, Hispanic/Latino, and other racial/ethnic minority women and their children. A Program Coordinating Center to support the efforts of the selected sites will also be funded. The program has three specific purposes: 1) Increase capacity of communities to meet the needs related to the prevention of substance abuse and HIV/AIDS; 2) Assist community-driven services to document and assess effectiveness and efficiency of the interventions implemented; and 3) Facilitate the dissemination of results from these target population appropriate intervention to improve provider practice. This strategy to increase service capacity in communities, to adapt and adopt target population specific interventions, and to disseminate results may ultimately reduce the incidence and prevalence of both HIV/AIDS disease and substance abuse. To promote appropriate services, the interventions designed, implemented, and evaluated through this cooperative agreement program must be tailored to the age, gender, culture, language, level of acculturation, literacy, and sexual orientation of the target populations. The cooperative agreement mechanism is being used because the complexity of the program requires substantive involvement of Federal staff to monitor the implementation of the interventions and a Program Coordinating Center to manage the cross-site evaluation data collection and analysis of results.

- **Priorities:** None.
- **Eligible Applicants:** Applications may be submitted by public and domestic private nonprofit and for-profit entities, such as units of State or local government, community-based organizations, faith communities, local and national coalitions and civic groups, and public or private schools, universities, colleges, and hospitals. Eligible applicants are limited to the following types of organizations serving at risk African American, Hispanic/Latino, and other racial/ethnic minority youth; and/or African American, Hispanic/Latino, and other racial/ethnic minority women, and women and their children:

- (1) Organizations which are currently providing substance abuse prevention services that plan to expand services to include HIV/AIDS prevention; or
- (2) Organizations which are currently providing HIV/AIDS prevention services

that plan to expand their services to substance abuse prevention; or

- (3) Organizations which are currently providing integrated substance abuse and HIV/AIDS prevention services that plan to increase their program capacity and/or to validate the effectiveness of their integrated prevention intervention(s).

- **Cooperative Agreement/Amounts:** It is estimated that \$13.5 million will be available to support approximately 50 awards under this GFA in FY 1999. The average award is expected to be \$250,000 in total costs (direct+indirect). The Program Coordinating Center award is expected to be between \$750,000 and \$1,000,000 in total costs (direct + indirect).

Funding for this program is expected to be allocated in three components as follows:

- Projects targeted to African American youth: \$6,000,000 (Approximately 24 awards)
 - Projects targeted to African American, Hispanic/Latino, and other racial/ethnic minority youth: \$2,000,000 (Approximately 8 awards)
 - Projects targeted to African American, Hispanic/Latina, and other racial/ethnic minority women and their children: \$4,500,000 (Approximately 18 awards)
- Support may be requested for a period of up to three years. Annual awards will be made subject to continued availability of funds and progress achieved.

- **Catalog Domestic Federal Assistance:** 93.230.

- **Program Contact:** For programmatic or technical assistance (not for application kits) contact: Lucy Perez, M.D., Director, or Martha Bond, Public Health Advisor, Office of Medical and Clinical Affairs, Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, Rockwall II, Suite 900, 5600 Fishers Lane, Rockville, MD 20857, (301) 443-3652.

For grants management assistance, contact: Peggy Jones, Division of Grants Management, OPS, Substance Abuse and Mental Health Services Administration, Rockwall II, Suite 630, 5600 Fishers Lane, Rockville, Maryland 20857, (301) 443-3958.

- Application kits are available from: National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, Maryland 20847-2345, 1-800-729-6686.

3.2 SAMHSA Technical Assistance Workshop

SAMHSA is sponsoring three technical assistance workshops for

potential applicants. The workshops will be held at the following locations: March 11, 1999—Washington, DC; March 17, 1999—Chicago, IL; and March 19—Los Angeles, CA. For more information, please call Ms. Lisa Wilder, Workshop Coordinator, at 301-984-1471, extension 333.

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

5. 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.

6. Executive Order 12372

Applications submitted in response to all FY 1999 activities listed above are subject to the intergovernmental review requirements of Executive Order 12372, as implemented through DHHS

regulations at 45 CFR Part 100. E.O. 12372 sets up a system for State and local government review of applications for Federal financial assistance. Applicants (other than Federally recognized Indian tribal governments) should contact the State's Single Point of Contact (SPOC) as early as possible to alert them to the prospective application(s) and to receive any necessary instructions on the State's review process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC of each affected State. A current listing of SPOCs is included in the application guidance materials. The SPOC should send any State review process recommendations directly to: Office of Extramural Activities Review, Substance Abuse and Mental Health Services Administration, Parklawn Building, Room 17-89, 5600 Fishers Lane, Rockville, Maryland 20857.

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

Dated: March 5, 1999.

Richard Kopanda,

Executive Officer, SAMHSA.

[FR Doc. 99-5906 Filed 3-9-99; 8:45 am]

BILLING CODE 4162-20-P

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-4398-N-03]

1998 HUD Disaster Recovery Initiative Amendments

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

ACTION: Notice.

SUMMARY: This notice amends a notice published October 22, 1998, governing the allocation and use of HUD Disaster Recovery Initiative grant funds. The amendments add Indian tribes and Guam, the Northern Mariana Islands, the Virgin Islands, and American Samoa (Insular Areas) as eligible grant recipients and make technical corrections to the Allocation and Expenditure of Funds section of the original notice.

FOR FURTHER INFORMATION CONTACT: Jan C. Opper, Senior Program Officer, Office of Block Grant Assistance, Department of Housing and Urban Development, Room 7286, 451 Seventh Street, S.W., Washington, DC 20410, telephone

number (202) 708-3587. Persons with hearing or speech impairments may access this number via TTY by calling the Federal Information Relay Service at (800) 877-8339. FAX inquiries may be sent to Mr. Opper at (202) 401-2044. (Except for the "800" number, these telephone numbers are not toll-free.)

SUPPLEMENTARY INFORMATION: The 1998 Supplemental Appropriations and Rescissions Act (Pub. L. 105-174, 112 Stat. 58, approved May 1, 1998), required the publication of a notice governing the allocation and use of 1998 HUD Disaster Recovery Initiative grant funds. On October 22, 1998, at 63 FR 56764, HUD published a notice to address this requirement. The notice of October 22, 1998 is amended by this notice to make technical corrections and incorporate changes made by section 215 of the Departments of Veterans Affairs and Housing and Urban Development, and Independent Agencies Appropriations Act, 1999 (Pub. L. 105-276, 112 Stat. 2461, approved October 21, 1998), which added Indian tribes and Insular Areas (Guam, the Northern Mariana Islands, the Virgin Islands, and American Samoa) as eligible grant recipients. The changes made by the amendments in this notice include amending the definition of "State" and "State grant recipient" for the purposes of these grants, adjusting specific elements required in the grant application and specifying certifications for Indian tribes. Technical corrections are to the Allocation and Expenditure of Funds section.

Accordingly, FR Doc. 98-28436, the 1998 HUD Disaster Recovery Initiative Notice, published in the **Federal Register** October 22, 1998, 63 FR 56764, is amended as follows:

1. On page 56765, in column 2, the definitions of *State* and *State grant recipient* in section I.D. are revised to read as follows:

State means any State of the United States, and the Commonwealth of Puerto Rico, or an instrumentality thereof approved by the Governor. Additionally, except as pertains to environmental review responsibilities under 24 CFR part 58, for these 1998 Supplemental Appropriations Act funds only, the term "States" also includes Indian tribes and Insular Areas (Guam, the Northern Mariana Islands, the Virgin Islands, and American Samoa).

State grant recipient means a unit of general local government that receives a DRI grant through a State. Additionally, for these 1998 Supplemental Appropriations Act funds only, the term "State grant recipient" also includes