

Estimated total annual burden: 48,673 hours.

Send comments to Patricia Royston, HRSA Reports Clearance Officer, Room 14-36, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: February 28, 1996.

J. Henry Montes,

Associate Administrator for Policy Coordination.

[FR Doc. 96-4475 Filed 2-27-96; 8:45 am]

BILLING CODE 4160-15-M

Special Projects of National Significance; Integrated Service Delivery Models

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice of Availability of Funds.

SUMMARY: The Health Resources and Services Administration (HRSA) announces that applications will be accepted for fiscal year (FY) 1996 Grants for Special Projects of National Significance (SPNS) funded under the authority of Section 2618(a) of the Public Health Service Act, as established by the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990, Public Law 101-381, dated August 18, 1990. This announcement solicits applications addressing integrated service delivery for persons with HIV disease. Under this announcement, applicants must respond to one of the two categories delineated in the section entitled, "Description of Categories". Applicants can apply for project periods of up to 5 years. The SPNS program, in collaboration with the SPNS funded HIV Evaluation Technical Assistance Center grantee, will provide technical assistance and support for project's program evaluation studies.

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 an even distribution of funds throughout the fiscal year. At this time, given a continuing resolution and the absence of FY 1996 appropriations for the Ryan White CARE Act programs, the amount of available funding for these specific grant programs cannot be estimated.

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.

DATES:

Notification

In order to allow HRSA to plan for the Objective Review Process, applicants are encouraged to contact the grants office in writing to notify HRSA of their intent to apply. This notification serves to inform HRSA of the anticipated number of applications and the category (and sub-category, if applicable) in which applications are being submitted. If notification is offered, it should be received within 30 days after publication of the Notice of Availability of Funds in the Federal Register. The address is: Grants Management Branch; Bureau of Health Resources Development; Health Resources and Services Administration; Room 7-15; Rockville, MD 20857.

Application

Applications for these announced grants must be received in the Grants Management Branch by the close of business May 28, 1996, 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 applications, guidance materials, and 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, Bureau of Health Resources Development, Health Resources and Services Administration, 5600 Fishers Lane, Room 7-15, Rockville, MD, 20857. The telephone number is (301) 443-2280 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 Branch.

FOR FURTHER INFORMATION CONTACT: Additional technical information may be obtained from the SPNS Branch, Office of Science and Epidemiology,

Bureau of Health Resources Development, Health Resources and Services Administration, 5600 Fishers Lane, Room 7A-07, Rockville, MD 20857. The telephone number is (301) 443-9976 and the FAX number is (301) 594-2511.

HEALTHY PEOPLE 2000 OBJECTIVES: The Department of Health and Human Services (DHHS) urges applicants to address specific objectives of Healthy People 2000 in their work plans. 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 200402-9325 (Telephone 202-783-3238).

SUPPLEMENTARY INFORMATION:

Background and Objectives

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. For purposes of this announcement, models seeking SPNS support must address one of the two categories described below.

In establishing the current special project categories, consideration was given to priority service areas identified in the SPNS concept paper, *Future Directions: Increasing Knowledge about Health and Support Service Delivery to People with HIV Disease*. This document was developed through interviews with and written comments from, key HRSA staff and experts inside and outside the U.S. Public Health Service, following a review of relevant HIV-related service delivery, research, evaluation, policy and planning documents. Consideration was also given to recommendations expressed during the 1995 *White House Conference on HIV and AIDS*. Participants in the White House Conference and others recommended that collaborative efforts be made by the Departments of Health and Human Services and Housing and Urban Development to integrate funding streams for projects that address the needs of clients with multiple diagnoses.

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 nor be evaluated without SPNS support, or that would extend the care model to previously underserved or unserved populations defined either geographically or demographically.

SPNS 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.

Description of Categories

The Special Project Categories for FY 1996 will support the development and evaluation of models of care that address the formal linkage and integration of HIV ambulatory medical care (including primary medical care, mental health, substance abuse treatment and/or other critical HIV services).

Applications will be accepted that propose to demonstrate and evaluate:

Category A—Models of Integrated Service Delivery for Persons with HIV Disease

The formal linkage and integration of mental health, substance abuse treatment, rehabilitation and/or other critical HIV services with HIV ambulatory medical care (such as primary medical care and/or home/health care) in new or existing projects. Projects may provide comprehensive services to people with HIV disease in locations or facilities or clinics that serve only people with HIV disease or those that also care for people who do not have HIV disease. Where applicable, project evaluations should compare client and provider outcomes and satisfaction with care for HIV infected clients receiving care in HIV specific provider sites as compared to HIV infected clients receiving care in non-HIV specific settings.

Applicants for this category must address one of the following sub-categories:

(1) Coordinated delivery of HIV health and support services to specified transient, homeless, migrant, immigrant or mobile populations to ensure the delivery of a comprehensive continuum of care throughout the course of HIV infection and disease;

(2) Delivery of comprehensive health and support services to Native Americans (such as American Indians, Alaskan Natives or Native Hawaiians) through a network of providers experienced in caring for Native American communities; or

(3) Development of an integrated system of HIV ambulatory medical care services for an unserved or underserved population group that is experiencing a significant barrier(s) to care (e.g., ethnic and language minorities, visually or hearing impaired communities, the severely and persistently mentally ill, rural communities, or others) that improves access to and retention in the health care delivery system.

Category B—The Multiple Diagnoses Initiative

This initiative, a collaborative effort between the Departments of Health and Human Services (HHS) and Housing and Urban Development (HUD), is designed to develop and evaluate programs for the integration of medical, substance abuse, mental health services and other support services with housing assistance for homeless persons with HIV/AIDS and a serious mental illness and/or alcohol or substance abuse problems. The collaboration targets "on the street" homeless persons who currently do not have a place to live. This would include an innovative strategy for developing an integrated system of outreach, needs assessment, comprehensive health and other support services and various types of transitional and permanent housing which has the potential for replication. Related assistance is being announced under the Special Projects of National Significance component of HUD's Housing Opportunities for Persons with AIDS (HOPWA) program. For further information about HUD assistance, please contact Fred Karnas, Office of HIV/AIDS Housing, Community Planning and Development, 451 Seventh Street, SW, Room 7154, Washington, DC, 20410-7000. The telephone number is 202-708-1934 and the FAX number is 202-708-1744.

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 (15 points) Adequacy of demonstrated knowledge of the local HIV service delivery system and the adequacy of the justification of need within the 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 develop a more integrated system of care.

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 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 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 activities and production of materials that corresponds to milestones stated in the objectives and program evaluation. The extent to which the applicant demonstrates access to the proposed target population. The feasibility of the description of a 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. The adequacy of the plan to assess HIV-related health outcomes among the population serviced and followed, and

the anticipated outcome impact from a systems level perspective.

Factor 5: Description of Dissemination (10 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.

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 non-profit 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, non-governmental 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, non-governmental 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 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 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 45 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: February 14, 1996.

Ciro V. Sumaya,
Administrator.

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Special Projects of National Significance; Evaluation Technical Assistance Center

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice of Availability of Funds

SUMMARY: The Health Resources and Services Administration (HRSA) announces that applications will be accepted for fiscal year (FY) 1996 Grants for Special Projects of National Significance (SPNS) funded under the authority of Section 2618 (a) of the Public Health Service Act, as established by the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990, Public Law 101-381, dated August 18, 1990. This announcement solicits applications to design and develop an HIV Evaluation Technical Assistance Center. This Evaluation Technical Assistance Center will provide technical assistance to SPNS grantees in designing and implementing evaluation studies and dissemination activities for individual projects and develop and coordinate the implementation of any multi-site evaluations. Evaluation activities will