

a notice in the **Federal Register**. The previously published amount of an average cost of a health insurance policy was \$220.41 per month (62 FR 2675, January 17, 1997); this amount was based on data from a survey by the Health Insurance Association of America, updated by a formula using changes in the medical care component of the Consumer Price Index (CPI) (All Urban Consumers, U.S. City average) for the period July 1, 1996, through December 31, 1997.

The Secretary announces that for the 6-month period, July 1, 1996, through December 31, 1996, the medical care component of the CPI increased 1.229 percent. According to the regulatory formula (§ 100.2), 2 percent is added to the actual CPI change for each year. For this 6-month period, one-half, or 1 percent is added. The adjusted CPI change results in an increase of 2.229 percent for this 6-month period. Applied to the baseline amount of \$220.41, this results in the amount of \$225.32.

The medical care component of the CPI change for the 12-month period, January 1, 1997, through December 31, 1997, was 2.819 percent. According to the regulatory formula, the annual adjustment of 2.0 percent, is added to the actual CPI change for this 12-month period. Therefore, according to the current regulatory formula, the adjusted CPI change results in an increase of 4.819 percent. Applied to the \$225.32 amount, this results in a new amount of \$236.18.

Therefore, the Secretary announces that the revised average cost of a health insurance policy under the VICP is \$236.18 per month. In accordance with § 100.2, the revised amount was effective upon its delivery by the Secretary to the United States Court of Federal Claims (formerly known as the United States Claims Court). Such notice was delivered to the Court on February 20, 1998.

Dated: March 24, 1998.

Claude Earl Fox,

Acting Administrator.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Nursing Recruitment Program for Indians

AGENCY: Indian Health Service (IHS), HHS.

ACTION: Notice of competitive grant applications for the nursing recruitment program for Indians.

SUMMARY: The IHS announces that competitive grant applications are now being accepted for the Nursing Education Program for Indians authorized by section 112 of the Indian Health Care Improvement Act, Pub. L. 94-437, as amended. There will be only one funding cycle during fiscal year (FY) 1998. This program is described at 93.970 in the Catalog of Federal Domestic Assistance. Cost will be determined in accordance with applicable OMB Circulars and 45 CFR part 74 or 45 CFR part 92 (as applicable). Executive Order 12372 requiring intergovernmental review does not apply 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. *Healthy People 2000*, the full report, is currently out of print. You may obtain the objectives from the latest *Healthy People 2000* Review. A copy may be obtained by calling the National Center for Health Statistics, telephone (301) 436-8500.

Smoke Free Workplace

The PHS strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. Pub. L. 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: An original and two copies of the completed grant application must be submitted, with all required documents to the Grants Management Branch, Division of Acquisitions and Grants Operations, Twinbrook Metro Plaza, Suite 100, 12300 Twinbrook Pkwy., Rockville, MD 20852, by close of business June 19, 1998. C.O.B. means 5:00 p.m. Eastern Daylight Time.

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 5:00 p.m.; or (2) postmarked on or before the deadline date 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 postmark. Private metered postmarks will not be accepted as proof of timely mailing.

Applications received after the announced closing date will be returned to the applicant and will not be considered for funding.

Additional Dates

A. Application Deadline: June 19, 1998.

B. Application Review: July 7, 1998.

C. Applicants Notified of Results (approved, approved unfunded, or disapproved): July 21, 1998.

D. Anticipated Start Date: August 1, 1998.

FOR FURTHER INFORMATION CONTACT:

For program information, contact Ms. Carol Gowett, Senior Nurse Consultant, Division, of Nursing, Office of Public Health, Indian Health Service, Parklawn Building, 5600 Fishers Lane, Room 6A-44, Rockville, MD 20857, (301) 443-1840. For grants information, contact Mrs. M. Kay Carpentier, Grants Management Officer, Grants Management Branch, Division of Acquisition and Grants Management, Indian Health Service, Twinbrook Metro Plaza, Suite 100, 12300 Twinbrook, Pkwy., Rockville, MD 20852, (301) 443-5204. (The telephone numbers are not toll-free numbers.)

SUPPLEMENTARY INFORMATION: This announcement provides information on the general program purpose and objectives, programmatic priorities, eligibility requirements, funding availability, and application procedures for the Nursing Program for FY 1998.

A. General Program Purpose

To increase the number of nurses, nurse midwives, nurse anesthetists, and nurse practitioners who deliver health care service to Indians.

B. Eligibility and Preference

The following organizations are eligible: (1) public or private schools of nursing, (2) tribally controlled community colleges; and (3) nurse (ADN, BSN), nurse midwife, nurse anesthetist, and nurse practitioner (MSN) programs that are provided by any public or private institution.

Preference will be given to programs which (1) provide a preference to Indians; (2) train nurses (ADN, BSN), nurse midwives, nurse anesthetists or nurse practitioners (MSN); (3) are interdisciplinary, and (4) are conducted in cooperation with a center for gifted and talented Indian Students established under section 5324(a) of the Indian Education Act of 1988.

If an eligible organization claims preference in order to be given priority, the organization must submit verifying documentation.

C. Programmatic Priorities

To carry out the provisions of section 112 of Pub. L. 94-437, as amended, priority will be given to the following programs:

1. At least one project to a public or a private school of nursing, which provides BSN or MSN degrees, not to exceed \$450,000 per year, up to a project period not to exceed 5 years.
2. At least one project to a tribally controlled community college, not to exceed \$150,000 per year, up to a project period not to exceed 5 years.
3. At least one project to a School of Nursing which trains nurse midwives, not to exceed \$150,000 per year, up to a project period not to exceed 5 years.

D. Program Objectives

A grant awarded under this announcement shall support a program to: (1) recruit individuals for programs which train individuals to be nurses (ADN, BSN), nurse midwives, nurse anesthetists, or nurse practitioners (MSN); (2) provide scholarships to individuals enrolled in such programs that may pay the tuition charged for such program and other expenses incurred in connection with such program, including books, fees, room and board, and stipends for living expenses; (3) provide a program that encourages nurses (ADN, BSN), nurse midwives, nurse anesthetists, and nurse practitioners (MSN) to provide, or continue to provide, health care services to Indians; (4) to provide a program that increases the skills of and provides continuing education to nurses (ADN, BSN), nurse midwives, nurse anesthetists, and nurse practitioners (MSN); and (5) to provide any program that is designed to achieve the purpose of increasing the number of nurses (ADN, BSN), nurse midwives, nurse anesthetists, and nurse practitioners (MSN) who deliver health care services to Indians.

Each proposal must respond to at least one of the above five objectives.

Although section 112 of the Indian Health Care Improvement Act, Pub. L. 94-437, as amended, provides that scholarships for individuals may be funded, only an organization that has been operating an IHS Nurse Recruitment Grant Program may apply for scholarship support in the first year of the project.

E. Program Activities Considered for Support

The grant program must be developed to locate and recruit students with potential for nursing; and to provide support services to students who are recruited. Support services may include providing career counseling and academic advice; assisting students to identify academic deficiencies and to develop plans to correct those deficiencies; assisting students to locate financial aid; monitoring students to identify possible problems; assisting with the determination of need for and location of tutorial services; and other related activities which will help to retain students in school.

F. Required Affiliation

The applicant must submit documentation showing that it is an accredited school of nursing, or a tribally controlled community college, or a nurse anesthetist program or nurse midwife program which has an affiliation with an accredited school of nursing, as defined at 42 CFR 36.302(o). The term "accredited" when applied to any program of nurse education means a program accredited or assured accreditation by a recognized body or bodies, or by a State agency, approved for such purpose by the Secretary of Education and when applied to a school, college or university (or a unit thereof) which is accredited by a recognized body or bodies, or by a State agency, approved for such purpose by the Secretary of Education.

The applicant must submit written documentation showing affiliation with a health care facility that primarily serves Indians.

When the target population of a proposed project includes a particular Indian tribe or tribes, an official document, i.e., a letter of support or tribal resolution, must be submitted indicating that the tribe or tribes will cooperate with the applicant.

G. Fund Availability and Period of Support

Approximately \$1,600,000 is available during this cycle. The anticipated start date for selected projects will be August 1, 1998. Projects will be awarded for a term of up to 5 years, with funding for succeeding years based on the FY 1998 level; satisfactory level of performance; the availability of appropriation in future years; and the continuing need of IHS for the project.

H. Application Process

1. In IHS Recruitment Grant Application Kit may be obtained from the Grants Management Branch,

Division of Acquisition and Grants Management, Indian Health Service, Twinbrook Metro Plaza, Suite 100, 12300 Twinbrook Pkwy., Rockville, MD 20852, (301) 443-5204. This kit includes Standard Form PHS 5161-1 (Rev. 5/96) (OMB Approval No. 0937-0189 expires 07/31/98); Standard Forms 424, 424A, and 424B (Rev. 4/88); Application Receipt Card—PHS 3038-1 (Rev. 4/90); instructions for preparing the program narrative; and IHS Application Checklist.

2. The application must be signed and submitted by an individual authorized to act for the applicant and to assume on behalf of the applicant the obligations imposed by the terms and conditions of any award.

3. The available funding level is inclusive of both direct and indirect costs. Because this project is for a training grant, the Department of Health and Human Services' policy limiting reimbursement of indirect cost to the lesser of the applicant's actual indirect costs or 8 percent of total direct costs (exclusive of trainee costs and expenditures for equipment) is applicable. This limitation applies to all institutions of higher education other than agencies of State and local government.

4. Each application will be reviewed at the Grants Management Branch for eligibility, compliance with the announcement, and completeness. All acceptable applications will be subject to a competitive objective review and evaluation. An unacceptable application will be returned to the applicant without further consideration.

5. Applicants will be notified by July 21, 1998, of their status as approved, approved unfunded, or disapproved.

6. The project period may not exceed 5 years. Applications must include Narrative and Budget information for the entire anticipated project period.

I. Criteria for Review and Evaluation

Conforming applications will be evaluated against the following criteria:

- The potential effectiveness of the proposed project in carrying out the purposes of section 112, with special emphasis on the objectives and methodology portion of the application. This includes relevance of project objectives to grant program objectives; appropriateness and soundness of the procedures for identifying recruiting, and retaining target population(s); and feasibility of project within proposed resources and time frames.

- The demonstrated capability of the applicant to successfully conduct the project, including organizational and scholarly commitment to the

recruitment, education, and retention of students.

- The submission of verifying documentation when an applicant claims preference in order to be given priority. Preference is given for programs which (1) provide a preference to Indians; (2) train nurses (ADN, BSN), nurse midwives, nurse anesthetists, or nurse practitioners (MSN); (3) are interdisciplinary; and (4) are conducted in cooperation with a center for gifted and talented Indian students established under section 5324(a) of the Indian Education Act of 1988.

- The accessibility of the applicant to target Indian communities or tribes, including evidence of past or potential cooperation between the applicant and such communities or tribes. Evidence must be supported by official documentation from the tribe in the form of a letter of support or tribal resolution.

- The relationship of project objectives to Indian Health manpower's deficiencies, indicating the number of potential Indian students to be contacted and recruited as well as potential cost per student recruited. Those projects that have the potential to serve a greater number of Indians will be given first consideration.

- The soundness of the fiscal plan for assuring effective utilization of grant funds.

- The completeness and responsiveness of the application.

Dated: March 26, 1998.

Michael H. Trujillo,

Assistant Surgeon General, Director.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Statement of Mission, Organization, Functions and Delegation of Authority

Part G, of the Statement of Organization, Functions, and Delegation of Authority of the Department of Health and Human Services, as amended at 60 FR 56606, November 9, 1995, and most recently amended at 61 FR 67048, December 19, 1996, is amended to reflect the establishment of the Tucson Area Indian Health Service. The changes are as follows:

Section GFN-00, Tucson Area Indian Health Service—Mission. The Tucson Area IHS provides a comprehensive health services delivery system for American Indians and Alaska Natives

(AI/AN) with opportunity for maximum tribal involvement in developing and managing programs to meet their health needs. The goal of the Tucson Area IHS is to raise the health level of the AI/AN people to the highest possible level.

Section GFN-10, Functions. Office of the Director (GFNA). (1) Plans, develops, and directs the Area program within the framework of the Indian Health Service (IHS) policy and in pursuit of the mission; (2) delivers and ensures the delivery of high quality health services, allowing for alternative methods and techniques of health services management and delivery with maximum Tribal participation; (3) coordinates and advocates for IHS activities and resources internally and externally with those of other Government and nongovernmental programs; (4) promotes optimum utilization of health care services through management and delivery of services to American Indians and Alaska Natives; (5) applies the principles of Indian Preference and Equal Employment Opportunity (EEO); (6) provides liaison, consultative and administrative service to officials of Tribes, inter-tribal and urban Indian organizations related to the provision of health and health related services, and supports the implementation of Self-Governance and Self-Determination; (7) assures the provision of access to the Internet and World Wide Web; as well as, basic automated information and telecommunications systems to facilitate effective program and health care administration; (8) supports the development of individual and Tribal capacities to participate in Indian health programs through means and modalities that they deem appropriate to their health needs and circumstances and (9) participates with Indian tribes and other Indian community groups in developing goals and objectives for the Tucson Area IHS.

Division of Administration and Management (GFNAB). (1) Plans, directs, coordinates and evaluates Area administrative and management services; (2) promotes, evaluates and monitors Area internal control activities; (3) provides for a sound financial management program including budget, general accounting, and accounts control; (4) provides overall management of supply program, office services and personal and real property, insuring proper documentation and reporting of all relative transactions; (3) plans, coordinates, administers, directs and evaluates the Area Civil Service and Commissioned Corps personnel management program; (4) provides

human resource management support to Area office and service unit managers including recruitment, placement, position management, position classification, training, labor relations and employee relations, employee services, and public relations; (5) assures the full application of the Indian Preference policy in all personnel practices; (6) provides direction for acquisition management including monitoring of tribal/urban Indian, commercial and small purchase contracts.

Financial Management Branch (GFNAB1). (1) Interprets policies, guidelines, manual issuances, OMB Circulars, and other directives or instructions issued by IHS, PHS, DHHS, OMB, Treasury, GAO and Congress relating to the fiscal management of resources; (2) provides direction for the organization, coordination and execution of all budget and financial operations; (3) provides technical guidance to Service Unit administration staff; (4) provides technical assistance and guidance to tribal organizations; (5) monitors funds control for the operation of the Service Unit, program offices, and P.L. 93-638 contracted facilities; and (6) advises executive staff on status of funds and recommends action to maintain utilization of resources and to obtain maximum health care services.

Acquisition Management Branch (GFNAB2). (1) Plans, organizes, and manages the acquisition services for the Area and makes recommendations on acquisition policies and procedures; (2) provides guidance to field personnel on the interpretation of acquisition laws, regulations, procedures and policies; (3) plans, develops, and coordinates all Area tribal contracts and grant awards including negotiation, administration and close-outs; (4) executes and administers Buy Indian contracts; (5) executes and administers construction contracts; and (6) executes and administers purchase orders for small procurement.

Human Resources Branch (GFNAB3). (1) Provides overall human resource management support to Area office and service unit managers; (2) maintains position classification and wage administration programs for the Area; (3) provides a centralized employee development program that includes planning, administering, supervising, and evaluating; (4) directs employee relations/services programs for the entire Area; (5) maintains and processes all Area Integrated Management of Personnel Administration through Computer Technology (IMPACT), Terminal Data Control Systems; (6) provides overall recruitment and