MSC 7844, Bethesda, MD 20892. (301) 435– 1249.

*Name of Committee:* Center for Scientific Review Special Emphasis Panel, Language Acquisition.

Date: August 9, 2002.

*Time:* 1:30 PM to 2:30 PM.

*Agenda:* To review and evaluate grant applications.

*Place:* NIH, Rockledge 2, Bethesda, MD 20892. (Telephone Conference Call).

*Contact Person:* Thomas A. Tatham, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 3114, MSC 7848, Bethesda, MD 20892. (301) 594– 6836. *tathamt@csr.nih.gov.* 

*Name of Committee:* Center for Scientific Review Special Emphasis Panel.

Date: August 9, 2002.

Time: 2 PM to 3 PM.

*Agenda:* To review and evaluate grant applications.

*Place:* NIH, Rockledge 2, Bethesda, MD 20892. (Telephone Conference Call).

*Contact Person:* David J. Remondini, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 6154, MSC 7890, Bethesda, MD 20892. (301) 435– 1038. remondid@csr.nih.gov.

Name of Committee: Center for Scientific Review Special Emphasis Panel. Date: August 15, 2002.

*Time:* 2 PM to 3:30 PM.

*Agenda:* To review and evaluate grant applications.

*Place:* NIH, Rockledge 2, Bethesda, MD 20892. (Telephone Conference Call).

Contact Person: Cathleen L. Cooper, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 4208, MSC 7812, Bethesda, MD 20892. (301) 435– 3566. cooperc@csr.nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.306, Comparative Medicine, 93.306; 93.333, Clinical Research, 93.333, 93.337, 93.393–93.396, 93.837–93.844, 93.846–93.878, 93.892, 93.893, National Institutes of Health, HHS)

Dated: July 16, 2002.

## LaVerne Y. Stringfield,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. 02–18510 Filed 7–22–02; 8:45 am] BILLING CODE 4140–01–M

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Substance Abuse and Mental Health Services Administration

## Fiscal Year (FY) 2003 Funding Opportunities

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

**ACTION:** Notice of funding availability for American Indian/Alaskan Native and Rural Community Planning Program.

**SUMMARY:** The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT) announces the availability of FY 2003 funds for grants for the following activity. This notice is not a complete description of the activity; potential applicants must obtain a copy of the Guidance for Applicants (GFA), including Part I, American Indian/Alaskan Native and Rural Community Planning Program (TI 03-004), and Part II, General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements, before preparing and submitting an application.

Activity	Application deadline	Est. funds FY 2003	Est. number of awards	Project period
American Indian/Alaskan Native and Rural Community Planning Program.	Sept. 10, 2002	\$1.5 million	6	Up to 18 Months.

The actual amount available for the award may vary, depending on unanticipated program requirements and the number and quality of applications received. This program is authorized under Section 509 of the Public Heather Service Act. SAMHSA's policies and procedures for peer review and Advisory Council review of grant and cooperative agreement applications were published in the **Federal Register** (Vol. 58, No. 126) on July 2, 1993.

General Instructions: Applicants must use application form PHS 5161–1 (Rev. 7/00). The application kit contains the two-part application materials (complete programmatic guidance and instructions for preparing and submitting applications), the PHS 5161– 1 which includes Standard Form 424 (Face Page), and other documentation and forms. Application kits may be obtained from: National Clearinghouse for Alcohol and Drug Information (NCADI), P.O. Box 2345, Rockville, MD 20847–2345, Telephone: 1–800–729– 6686. The PHS 5161–1 application form and the full text of the activity are also available electronically via SAMHSA's World Wide Web Home Page: http:// www.samhsa.gov.

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

*Purpose:* The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment announces the availability of FY 2003 funds for grants to support communitybased planning, resulting in the development of a local substance abuse treatment system plan, for American Indian and Alaskan Native and rural communities.

*Eligibility:* Eligible applicants are public and domestic private non-profit entities such as community based organizations, Tribes, Tribal governments, or other tribal authorities, colleges and universities (including Tribal colleges and universities), faithbased organizations, provider and consumer groups and health care organizations.

Applicants must propose to serve:Rural communities, or

• American Indian or Alaska Native communities (including urban tribal communities).

The funds available under this program are to develop and strengthen local infrastructure and capabilities in communities that have not previously received CSAT grants. Therefore, approximately 75% of funds available will be set aside for applicants that have not previously had a CSAT grant.

For the purpose of this announcement, a rural community is defined as any location outside of an urbanized area (e.g., a central city or cities of more than 50,000 population and a population density exceeding 1000 people per square mile).

In addition, in compliance with the legislative authority for this program (Sec. 509 of the Public Health Service Act), for-profit organizations are not eligible.

*Availability of Funds:* It is expected that approximately \$1,500,000 will be available in FY 2003 to support approximately 6 grants. Applicants may request up to but not more than \$250,000 in total project costs (direct and indirect) for the entire project period. Actual funding levels will depend on the availability of funds to SAMHSA. Grants will be awarded for a project period of up to 18 months.

*Period of Support:* An award may be requested for a project period of up to 18 months.

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

Award Criteria for Scored Applications: Applications will be considered for funding on the basis of their overall technical merit as determined through the peer review group and the appropriate National Advisory Council review process. Availability of funds will also be an award criteria. Additional award criteria specific to the programmatic activity may be included in the application guidance materials.

Catalog of Federal Domestic Assistance Number: 93.243.

Program Contact: For questions concerning program issues, contact: Maria E. Burns, Division of Practice and Systems Development, CSAT/SAMHSA, Rockwall II Building, Suite 740, 5600 Fishers Lane, Rockville, MD 20857, (301) 443–7611, E-Mail: mburns@samhsa.gov.

For questions regarding grants management issues, contact: Steve Hudak, Division of Grants Management, OPS/SAMHSA, Rockwall II, 6th floor, 5600 Fishers Lane, Rockville, MD 20857, (301) 443–9666, E-Mail: shudak@samhsa.gov.

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 2003 activity is subject to the Public Health System Reporting Requirements.

PHS Non-use of Tobacco Policy Statement: The PHS strongly encourages all grant and contract recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. In addition, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care, or early childhood development services are provided to children. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

*Executive Order 12372:* Applications submitted in response to the FY 2003 activity listed above are subject to the intergovernmental review requirements of Executive Order 12372, as implemented through DHHS regulations at 45 CFR Part 100. E.O. 12372 sets up a system for State and local government review of applications for Federal financial assistance. Applicants (other than Federally recognized Indian tribal governments) should contact the State's Single Point of Contact (SPOC) as early as possible to alert them to the prospective application(s) and to receive any necessary instructions on the State's review process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC of each affected State. A current listing of SPOCs is included in the application guidance materials. The SPOC should send any State review process recommendations directly to: Division of Extramural Activities, Policy, and Review, Substance Abuse and Mental Health Services Administration, Parklawn Building, Room 17–89, 5600 Fishers Lane, Rockville, Maryland 20857.

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

Dated: July 17, 2002.

#### **Richard Kopanda**,

*Executive Officer, SAMHSA.* [FR Doc. 02–18595 Filed 7–22–02; 8:45 am] BILLING CODE 4162–20–P

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Substance Abuse and Mental Health Services Administration

# Fiscal Year (FY) 2003 Funding Opportunities

**AGENCY:** Substance Abuse and Mental Health Services Administration, HHS. **ACTION:** Notice of funding availability for Recovery Community Services Program (RCSP II).

**SUMMARY:** The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT) announces the availability of FY 2003 funds for grants for the following activity. This notice is not a complete description of the activity; potential applicants must obtain a copy of the Guidance for Applicants (GFA), including Part I, Cooperative Agreement for Recovery Community Services Program (RCSP II) (TI 03–005), and Part II, General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements, before preparing and submitting an application.

Activity	Application deadline	Est. funds FY 2003	Est. number of awards	Project period
Cooperative Agreement for Recovery Com- munity Services Program (RCSP II).	Sept. 10, 2002	\$3.0 million	8–9	4 years.