

income" levels to determine eligibility for program participation. The Department periodically publishes in the **Federal Register** low-income levels used to determine eligibility for grants and cooperative agreements to institutions providing training for (1) disadvantaged individuals, (2) individuals from a disadvantaged background, or (3) individuals from "low-income" families.

SUPPLEMENTARY INFORMATION: This notice announces increase in income levels intended for use in determining eligibility for participation in the following programs:

Advanced Education Nursing (section 811)
 Allied Health Special Projects (section 755)
 Nurse Education, Practice and Retention (section 831)
 Dental Public Health (section 768)
 Faculty Loan Repayment and Minority Faculty Fellowship Program (section 738)
 General and Pediatric Dentistry (section 747)
 Health Administration Traineeships and Special Projects (section 769)
 Health Careers Opportunity Program (section 739)
 Loans For Disadvantaged Students (section 724)
 Scholarships For Disadvantaged Students (section 737)
 Physician Assistant Training (section 747)
 Primary Care Residency Training (section 747)
 Public Health Traineeships (section 767)
 Quentin N. Burdick Program for Rural Interdisciplinary Training (section 754)
 Residency Training in Preventive Medicine (section 768)
 Public Health Training Centers (section 766)
 Nursing Workforce Diversity (section 821)

These programs generally award grants to accredited schools of medicine, osteopathic medicine, public health, dentistry, veterinary medicine, optometry, pharmacy, allied health, podiatric medicine, nursing, chiropractic, public or private nonprofit schools which offer graduate programs in behavioral health and mental health practice, and other public or private nonprofit health or education entities to assist the disadvantaged to enter and graduate from health professions and nursing schools. Some programs provide for the repayment of health professions or nursing education loans for disadvantaged students.

Low-Income Levels

The Department's poverty guidelines which were published in the **Federal Register** on Friday, February 7, 2003 (68 FR 6456), are based on poverty thresholds published by the U.S. Census Bureau, adjusted annually for changes in the Consumer Price Index. HRSA is defining a "low-income family" as one with an annual income that is below 200 percent of the Department's poverty guidelines. The Secretary annually adjusts the low-income levels based on the Department's poverty guideline and makes them available to persons responsible for administering the applicable programs. The following income figures will be used for health professions and nursing grant programs funded in FY 2004.

Size of parent's family ¹	Income ² level
1	\$17,960
2	24,240
3	30,520
4	36,800
5	43,080
6	49,360
7	55,640
8	61,920

1. Includes only dependents on Federal income tax forms.

2. Adjusted gross income for calendar year 2002.

Dated: July 29, 2003.

Elizabeth M. Duke,

Administrator.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Supporting Networks of HIV Care Project Cooperative Agreements (SNHC), Program Announcement HRSA 03-102, CFDA # 93.145B

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice of availability of funds.

SUMMARY: The Health Resources and Services Administration (HRSA) announces the availability of fiscal year (FY) 2003 Minority AIDS Initiative (MAI) funds allocated from the Department of Health and Human Services General Management Fund to continue the Supporting Networks of HIV Care (SNHC) Project. The total funding available for the SNHC Project is approximately \$2.3 million. HRSA will award two cooperative agreements

to two separate organizations to implement the SNHC Project in collaboration with the HRSA HIV/AIDS Bureau (HRSA/HAB). The purpose of this announcement is to request Letters of Intent to Apply and applications for these two cooperative agreements. HRSA is requesting Letters of Intent to Apply in order to estimate the number of applications it may receive and thereby plan appropriately for the timely award of these funds. Letters of Intent to Apply are not required to submit an application and they are not binding.

Background: The goal of the SNHC Project is to assist eligible organizations, including small to moderately sized non-profit organizations and faith- and community-based organizations (F/CBO), not currently directly funded by HRSA/HAB for HIV/AIDS service delivery in their efforts to develop, improve, and expand comprehensive HIV primary care, treatment and support service delivery in racial/ethnic minority communities most severely impacted by HIV/AIDS. For the purpose of this project, "communities" refer to both groups of people (*i.e.*, African Americans, substance abusers, men who have sex with men) and geographic areas (*i.e.*, Kansas City, MO; Navajo Territory; Appalachia). The term "severely impacted by HIV/AIDS" is defined as having HIV or AIDS incidence and prevalence rates above the national average within a particular group of people or geographic area. The desired outcome of the SNHC Project is to increase the availability, accessibility, and quality of HIV/AIDS-related services in communities most severely impacted by the disease.

Organizations funded to implement the SNHC Project will work with HRSA/HAB to achieve this goal and outcome by: (1) Identifying and outreaching to small to moderately sized non-profit organizations, including F/CBOs; (2) assessing each eligible organization's commitment and readiness to provide quality HIV primary care, treatment or support services to severely impacted communities; and (3) providing individualized long-term technical assistance designed to help each organization obtain the information, skills, and other resources needed to develop, improve or expand its infrastructure and capabilities. Organizations funded to implement the SNHC Project will respond to the needs of eligible organizations through the development and provision of on-site technical assistance, regional intensive skills building workshops, instructional documents, referrals to local

organizations providing similar assistance, and other resources.

Eligible organizations that will receive technical assistance and resources through the SNHC Project must: (1) Be small to moderately sized non-profit organizations, including F/CBOs in the United States and surrounding territories (does not include government or municipal agencies, such as health departments, schools, or public hospitals); (2) have a primary service delivery site that is physically located in or near a community whose residents at risk for or living with HIV are predominantly racial/ethnic minorities; (3) have at least a 3-year history of providing some primary health care or support service (e.g., HIV counseling and testing, substance abuse treatment, housing services, meals on wheels, clinical evaluation, spiritual counseling) to racial/ethnic minority residents in its surrounding community to demonstrate some initial organizational capacity for service delivery and a commitment to serving communities of color; (4) commit to accomplishing and reporting progress on the outcomes of the services received; (5) not be directly funded by the HRSA through the Ryan White CARE Act to provide primary health care or related support services; and (6) not have the financial resources (discretionary funding) to obtain this type of assistance independently.

HRSA will issue two cooperative agreements to two separate organizations to provide assistance and resources to eligible organizations. Funded organizations will work in collaboration with each other, HRSA/HAB staff, and other training, education and capacity building efforts. Specifically, the first cooperative agreement will serve as an *Assistance Coordinator* to: (1) identify and outreach to small to moderately sized non-profit organizations, including F/CBOs, in the United States and its surrounding territories; (2) review requests and select a number of eligible organizations to receive technical assistance; (3) arrange for assistance to be provided on-site through qualified staff, consultants, peers, mentors, or other local organizations; and (4) implement related activities. The second cooperative agreement will serve as a *Resource Coordinator* to: (1) Provide intensive regional skills building workshops and develop instructional materials addressing common challenges experienced by small to moderately sized non-profit organizations moving into HIV primary care service delivery; (2) identify, screen and make publicly available pertinent information on technical consultants with expertise in

HIV primary care programs; (3) collect and disseminate useful resources regarding HIV primary care service delivery; and (4) implement related activities.

To reduce the time and resources associated with project start-up, HRSA/HAB will encourage funded organizations to adopt and improve upon the outreach strategy, graphic elements, request for service materials, assessment protocols, information management systems, evaluation strategy and other items developed in the first year of the project. More information about the current activities SNHC Project is available at www.hivta.org.

Available Funding: The total amount available is \$2.3 million. It is estimated that approximately \$1.6 million to \$1.8 million will be available to support the Assistance Coordinator Cooperative Agreement, and that approximately \$500,000 to \$700,000 will be available to support the Resource Coordinator Cooperative Agreement. Awards will be made on or before September 29, 2003. Funding will be made available for 12 months, with a project period of up to three years. Funding levels will be determined annually during each year of the project period and are contingent upon the availability of funding and satisfactory performance. Funding for this project is provided through the Minority AIDS Initiative. Applicants are not required to match or share in project costs if an award is made. However, applicants must propose cost-effective and efficient plans to implement project activities with funds awarded.

Eligible Applicants: Statement of Eligibility for Minority AIDS Initiative Funds' Funding will be directed to activities designed to deliver services specifically targeting racial and ethnic minority populations impacted by HIV/AIDS. Applicants eligible to apply for the SNHC Project cooperative agreements include: not for profit community-based organizations, national organizations, colleges and universities, clinics and hospitals, research institutions, State and local government agencies and Tribal government and Tribal/urban Indian entities and organizations. Faith- and community-based organizations are eligible to apply for these cooperative agreements. This general statement is subject to program specific statutory and/or regulatory requirements.

Priority will be given to applicant organizations and their proposed project staff that have: (1) Experience working with small to moderately sized non-profit organizations, including F/CBOs, racial/ethnic minority-led organizations,

and organizations serving racial/ethnic minorities; (2) knowledge of the challenges faced by organizations providing care, treatment and support services to people living with HIV/AIDS; and (3) a commitment to addressing the needs of organizations that provide HIV-related services in communities severely impacted by HIV, as demonstrated by the applicant's organizational mission.

Organizations funded under the SNHC Project will be supported in the development of their own infrastructure and capabilities to continue similar work, consistent with their organizational mission, following the end of the of the project period.

Authorizing Legislation: The authority for these cooperative agreements is Title XXVI, Part F of the Public Health Service Act [Title 42, U.S.C., 300ff-111] as amended by Public Law 106.345, the Ryan White CARE Act Amendments of 2000, dated October 20, 2000.

Program Guidance & Application Kits: To prepare and submit an application, organizations must obtain: (1) The *Supporting Networks of HIV Care FY 2003 Project Guidance*—HRSA Program Announcement Number HRSA-03-102, Program Code SNHC, Catalogue of Federal Domestic Assistance (CFDA) # 93.145B; and (2) Federal grant application kit required for these cooperative agreements, Public Health Service (PHS) Form 5161-1. The Project Guidance is available on the HIV/AIDS Bureau Web site at the following Internet address: <http://www.hab.hrsa.gov/grant.htm>. The PHS Form 5161-1 is available at the following Internet address: <http://forms.psc.gov/forms/PHS-5161-1/phs-5161-1.html>. For those organizations who do not have access to the Internet, hard copies of the Project Guidance and PHS Form 5161-1 may be obtained from the HRSA Grants Application Center (GAC). You can reach the HRSA GAC toll-free by telephone: (877) 477-2123, fax: (877) 477-2345, or e-mail: hrsagac@hrsa.gov.

Letters of Intent To Apply Submission: Letters of Intent to Apply to this program should include the following information for the applicant: (1) The organization name and contact information, (2) a brief organizational capabilities statement, and (3) a brief description of the project model to be proposed. Letters of Intent to Apply should be mailed on or before August 20, 2003 to: Tanesha Burley, Public Health Analyst, HIV/AIDS Bureau, Parklawn Building Room 7-47, 5600 Fishers Lane, Rockville, MD 20857.

Application Submission: In order to be considered for competition,

applications to this cooperative agreement program must be received at the HRSA Grants Application Center by close of business on September 4, 2003. Applications shall be considered as meeting the deadline if they are: (1) Received on or before the deadline, or (2) postmarked on or before the deadline date and received in time for orderly processing. Private metered postmarks shall not be acceptable as proof of mailing. Applications received after the deadline will be returned to the applicant and not reviewed. Completed applications should be mailed or delivered to: HRSA Grants Management Center, Attn: Grants Management Officer, CFDA 93.145B, Program Announcement HRSA-03-102 (Code—SNHC), 901 Russell Avenue, Suite 450, Gaithersburg, MD 20879. You will receive a Grant Application Receipt form from the HRSA Grants Application Center to confirm receipt of your application. You also can contact the center directly to confirm receipt.

For Additional Information: Additional information may be obtained from Tanesha Burley, HIV/AIDS Bureau, Parklawn Building Room 7-47, 5600 Fishers Lane, Rockville, MD 20857, telephone: (301) 443-4744, fax: (301) 594-2835, e-mail: tburley@hrsa.gov.

Paperwork Reduction Act: Should any data collection activities associated with the cooperative agreements fall under the purview of the Paperwork Reduction Act (PRA) of 1995, Office of Management and Budget (OMB) clearance will be sought.

Executive Order 12372: The Supporting Networks of HIV Care Project is not subject to Executive Order 12372—Intergovernmental Review of Federal Programs as implemented through 45 CFR, part 100. Executive Order 12372 allows States to review applications submitted to the Federal Government by organizations located in the State through a Single Point of Contact (SPOC). For a list of States and Territories that participate in the SPOC review process, please go to the following Web site address: <http://www.whitehouse.gov/omb/grants/spoc.html>.

Dated: July 29, 2003.

Elizabeth M. Duke,
Administrator.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Advisory Committee on Rural Health and Human Services; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), notice is hereby given that the following committee will convene its forty-fourth meeting:

Name: National Advisory Committee on Rural Health and Human Services

Dates and Times: September 7, 2003, 1 p.m.–5:30 p.m.; September 8, 2003, 8 a.m.–5 p.m.; September 9, 2003, 8 a.m.–10:30 a.m.

Place: Embassy Suites, 300 Court Street, Charleston, WV 25301, Telephone: 304-347-8700.

Status: The meeting will be open to the public.

Purpose: The National Advisory Committee on Rural Health and Human Services provides advice and recommendations to the Secretary with respect to the delivery, research, development, and administration of health and human services in rural areas.

Agenda: Sunday afternoon, September 7, at 1 p.m. the Chairperson, the Honorable David Beasley, will open the meeting and welcome the Committee. The first session will open with a discussion of the Committee business and a review of the 2004 workplan by the Honorable David Beasley and the Office of Rural Health Policy (ORHP) Acting Deputy Director, Mr. Tom Morris. This will be followed by a dialogue about the broad health and human services issues in West Virginia. The Committee will receive presentations on aging issues, oral health and the integration of primary care and behavioral health.

Monday morning, September 8, at 9 a.m., the Committee will break into Subcommittees and conduct site visits of local health and human services agencies. Transportation to these locations will not be provided to the public. The Committee will reconvene at 2 p.m. to discuss the site visits and draft the 2004 report.

The final session will be convened Tuesday morning, September 9, at 8 a.m. The Committee will review the site visits and the draft 2004 report. The meeting will conclude with a discussion of the February 2004 meeting. The meeting will be adjourned at 10:30 a.m.

FOR FURTHER INFORMATION CONTACT: Anyone requiring information regarding

the Committee should contact Tom Morris, MPA, Executive Secretary, National Advisory Committee on Rural Health and Human Services, Health Resources and Services Administration, Parklawn Building, Room 9A-55, 5600 Fishers Lane, Rockville, MD 20857, Telephone (301) 443-0835, Fax (301) 443-2803.

Persons interested in attending any portion of the meeting should contact Michele Pray-Gibson, Office of Rural Health Policy, Telephone (301) 443-0835.

The Committee meeting agenda will be posted on ORHP's Web site <http://www.ruralhealth.hrsa.gov>.

Dated: July 28, 2003.

Jane M. Harrison,

Director, Division of Policy Review and Coordination.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Vaccine Injury Compensation Program; List of Petitions Received

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice.

SUMMARY: The Health Resources and Services Administration (HRSA) is publishing this notice of petitions received under the National Vaccine Injury Compensation Program ("the Program"), as required by section 2112(b)(2) of the Public Health Service (PHS) Act, as amended. While the Secretary of Health and Human Services is named as the respondent in all proceedings brought by the filing of petitions for compensation under the Program, the United States Court of Federal Claims is charged by statute with responsibility for considering and acting upon the petitions.

FOR FURTHER INFORMATION CONTACT: For information about requirements for filing petitions, and the Program in general, contact the Clerk, United States Court of Federal Claims, 717 Madison Place, NW., Washington, DC 20005, (202) 219-9657. For information on HRSA's role in the Program, contact the Director, National Vaccine Injury Compensation Program, 5600 Fishers Lane, Room 16C-17, Rockville, MD 20857; (301) 443-6593.

SUPPLEMENTARY INFORMATION: The Program provides a system of no-fault compensation for certain individuals