

reasons for slippage and other pertinent information as required. A final report is due 90 days after expiration of the budget/project period.

- Financial Status Report—Quarterly or semiannually financial status reports will be submitted 30 days after the end of the quarter or half year. Final financial status reports are due 90 days after expiration of the budget/project period. Standard Form 269 (long form) will be issued for financial reporting.

VII. Agency Contacts

For program information, contact Marlene Echohawk, Ph.D., Office of Public Health, Division of Clinical and Preventive Services, 801 Thompson Avenue, Suite 120, Rockville, Maryland 20852, (301) 443-2038, or Mr. Michael Berryhill, Office of Management Support, Division of Health Professions Support, 801 Thompson Avenue, Suite 120, Rockville, Maryland, 20852 (301) 443-6197. For grant application and business management information, contact Ms. Martha Redhouse, Grants Management Branch, Indian Health Service, 801 Thompson Avenue, Suite 120, Rockville, Maryland 20852 (301) 443-3396.

Dated: July 2, 2004.

Charles W. Grim,

Assistant Surgeon General, Director, Indian Health Service.

[FR Doc. 04-15715 Filed 7-9-04; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Indians Into Medicine Program

CFDA Number: 93.970.

Key Dates: August 13, 2004; August 19, 2004; August 25, 2004; September 20, 2004.

I. Funding Opportunity Description

The Indian Health Service (IHS) announces that competitive grant applications are being accepted for the Indians Into Medicine (INMED) Program established by section 114 of the Indian Health Care Improvement Act of 1976 (25 U.S.C. 1612), as amended by Pub. L. 102-573. There will be only one funding cycle during Fiscal Year (FY) 2004. This program is described at 93.970 in the Catalog of Federal Domestic Assistance and is governed by regulations at 42 CFR 36.310 *et seq.* Costs will be determined in accordance with applicable OMB Circulars.

II. Award Information

It is anticipated that approximately \$215,000 will be available for one award. The anticipated start date of the grant will be September 20, 2004, in order to begin recruitment for the 2004-2005 academic year. Projects will be awarded for a budget term of 12 months, with a maximum project period of up to three (3) years. Grant funding levels include both direct and indirect costs. Funding of succeeding years will be based on the FY 2004 level, continuing need for the program, satisfactory performance, and the availability of appropriations in those years.

III. Eligibility Information

1. Eligible Applicants

Public and nonprofit private colleges and universities with medical and other allied health programs are eligible. Nursing programs are not eligible under this announcement since the IHS currently funds the Nursing Recruitment grant program. The existing INMED grant program at the University of North Dakota has as its target population Indian tribes primarily within the States of North Dakota, South Dakota, Nebraska, Wyoming and Montana. A college or university applying under this announcement must propose to conduct its program among Indian Tribes in States not currently served by the University of North Dakota INMED program.

2. Cost Sharing or Matching

Not applicable.

3. Other Requirements

A. Program Objectives

Each proposal must address the following five objectives to be considered for funding:

- Provides outreach and recruitment for health professions to Indian communities including elementary and secondary schools and community colleges located on Indian reservations which will be served by the program.
- Incorporates a program advisory board comprised of representatives from the Tribes and communities which will be served by the program.
- Provides summer preparatory programs for Indian students, who need enrichment in the subjects of math and science in order to pursue training in the health professions.
- Provides tutoring, counseling and support to students who are enrolled in a health career program of study at the respective college or university.
- To the maximum extent feasible, employs qualified Indians into the program.

B. Fields of Health Care Considered for Support

The grant program must be developed to locate and recruit students with educational potential in a variety of health care fields. Primary recruitment efforts must be in the field of medicine with secondary efforts in other allied health fields such as pharmacy, dentistry, medical technology, x-ray technology, etc. The field of nursing is excluded since the IHS does fund the IHS Nursing Recruitment grant program.

C. Required Affiliations

The grant applicant must submit official documentation indicating a Tribe's cooperation with and support of the program within the schools on its reservation and its willingness to have a Tribal representative serving on the program advisory board. Documentation must be in the form prescribed by the Tribes governing body, *i.e.*, letter of support or tribal resolution. Documentation must be submitted from every Tribe involved in the grant program.

IV. Application and Submission Review

1. Address To Request Application Package

An IHS Grant Application Kit, including the required PHS 5161-1 (Rev. 7/00) (OMB Approval No. 0348-0043) and the U.S. Government Standard forms (SF-424, SF-424A and SF-424B), may be obtained from the Grants Management Branch, Division of Acquisition and Grants Management, Indian Health Service, 801 Thompson Avenue, Suite 120, Rockville, Maryland 20852, telephone (301) 443-5204. (This is not a toll-free number.)

An original and two (2) copies of the completed grant application must be submitted with all required documentation to the Grants Management Branch, Division of Acquisition and Grants Management, 801 Thompson Avenue, Suite 120, Rockville, Maryland 20852, by close of business August 13, 2004.

2. Content and Form of Application Submission

All applications must be single-spaced, typewritten, and consecutively numbered pages using black type not smaller than 12 characters per one inch, with conventional one inch border margins, on only one side of standard size 8.5 x 11 paper that can be photocopied. The application narrative (not including abstract, tribal resolutions or letters of support, standard forms, table of contents or the

appendix) must not exceed 15 typed pages as described above.

All applications must include the following in the order presented:

- Standard Form 424, Application for Federal Assistance

- Standard Form 424A, Budget Information-Non-Construction Programs (Pages 1 and 2)

- Standard Form 424B, Assurances-Non-Construction Programs (front and back)

- Certifications, PHS 5161-1 (pages 17-19)

- Checklist, PHS 5161-1 (pages 25-26)

- Project Abstract (one page)

- Table of Contents Program

Narrative to include:

- Introduction and Potential

Effectiveness of Project

- Project Administration

- Accessibility to Target Population

- Relationship of Objectives to

Manpower Deficiencies

- Project Budget

- Appendix to include:

- Tribal Resolution(s) or Letters of

Support

- Resumes (Curriculum Vitae) of Key Staff

- Position Descriptions for Key Staff

- Organizational Chart

- Workplan Format

- Completed IRS Application

Checklist

- Application Receipt Card, #2180

Applications shall be considered as meeting the deadline if they are either: (1) received on or before the deadline date with hand-carried applications received by close of business 5 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 a postmark. Private metered postmarks will not be accepted as proof of timely mailing. Late applications not accepted for processing will be returned to the applicant and will not be considered for funding.

3. Submission Dates & Times

Additional Dates:

A. Application Review: August 19, 2004.

B. Applicants Notified of Results (approved, approved unfunded, or disapproved): August 25, 2004.

C. Anticipated Start Due: September 20, 2004.

4. Intergovernmental Review

Executive Order 12372 requiring intergovernmental review does not apply to this program.

5. Funding Restrictions

Maximum Award is \$215,000 per year.

6. Other Submission Requirements

Beginning October 1, 2003, applicants were required to have a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a nine-digit identification number which uniquely identifies business entities. Obtaining a DUNS number is easy and it is free of charge.

To obtain a DUNS number, access <http://www.dunandbradstreet.com> or call 1-866-705-5711. Internet applications for a DUNS number may take up to 30 days to process. Interested parties may wish to obtain one by phone to expedite the process. The following information is needed when requesting a DUNS number:

- Organization name
- Organization address
- Organization telephone number
- Name of CEO, Executive Director, President, etc.
- Legal structure of the organization
- Year organization started
- Primary business (activity) line
- Total number of employees

V. Application Review Information

1. Criteria

The following instructions for preparing the application narrative also constitute the standards (criteria or basis for evaluation) for reviewing and scoring the application. Weights assigned each section are noted in parenthesis.

Abstract—An abstract may not exceed one typewritten page. The abstract should clearly present the application in summary form, from a “who-what-when-where-how-cost” point of view so that reviewers see how the multiple parts of the application fit together to form a coherent whole.

Table of Contents—Provide a one page typewritten table of contents. Narrative

1. Introduction and Potential Effectiveness of Project (30 pts.)

a. Describe your legal status and organization.

b. State specific objectives of the project, which are measurable in terms of being quantified, significant to the needs of Indian people, logical, complete and consistent with the purpose of sec. 114.

c. Describe briefly what the project intends to accomplish. Identify the expected results, benefits, and outcomes or products to be derived from each objective of the project.

d. Provide a project specific workplan (milestone chart) which list each objective, the tasks to be conducted in order to reach the objective, and the timeframe needed to accomplish each task. Timeframes should be projected in a realistic manner to assure that the scope of work can be completed within each budget period. (A workplan format is provided.)

e. In the case of proposed projects for identification of Indians with a potential for education or training in the health professions, include a method for assessing the potential of interested Indians for undertaking necessary education or training in such health professions.

f. State clearly the criteria by which the project's progress will be evaluated and by which the success of the project will be determined.

g. Explain the methodology that will be used to determine if the needs, goals, and objectives identified and discussed in the application are being met and if the results and benefits identified are being achieved.

h. Identify who will perform the evaluation and when.

2. Project Administration (20 pts.)

a. Provide an organizational chart and describe the administrative, managerial and organizational arrangements and the facilities and resources to be utilized to conduct the proposed project (include in appendix).

b. Provide the name and qualifications of the project director or other individuals responsible for the conduct of the project; the qualifications of the principle staff carrying out the project; and a description of the manner in which the application's staff is or will be organized and supervised to carry out the proposed project. Include biographical sketches of key personnel (or job descriptions if the position is vacant) (include in appendix).

c. Describe any prior experience in administering similar projects.

d. Discuss the commitment of the organization, *i.e.*, although not required, the level of non-Federal support. List the intended financial participation, if any, of the applicant in the proposed project specifying the type of contributions such as cash or services, loans of full or part-time staff, equipment, space materials or facilities or other contributions.

3. Accessibility to Target Population (20 pts.)

a. Describe the current and proposed participation of Indians (if any) in your organization.

b. Identify the target Indian population to be served by your proposed project and the relationship of your organization to that population.

c. Describe the methodology to be used to access the target population.

4. Relationship of Objectives to Manpower Deficiencies (20 pts.)

a. Provide data and supporting documentation to substantiate need for recruitment.

b. Indicate 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.

5. Project Budget (10 pts.)

a. Clearly define the budget. Provide a justification and detailed breakdown of the funding by category for the first year of the project. Information on the project director and project staff should include salaries and percentage of time assigned to the grant. List equipment purchases necessary for the conduct of the project.

b. The available funding level of \$215,000 is inclusive of both direct and indirect costs or 8 percent of total direct 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 tuition and related fees and expenditures for equipment) is applicable. This limitation applies to all institutions of higher education other than agencies of State and local government.

c. The applicant may include as a direct cost tuition and student support costs related only to the summer preparatory program. Tuition and stipends for regular sessions are not allowable costs of the grant; however, students recruited through the INMED program may apply for funding from the IHS Scholarship Programs.

d. Projects requiring a second and third year must include a program narrative and categorical budget and justification for each additional year of funding requested (this is not considered part of the 15-page narrative).

Appendix to include:

a. Tribal Resolution(s) or Letters of Support

b. Resumes (Curriculum Vitae) of Key Staff

c. Position Descriptions for Key Staff

d. Organizational Chart

e. Workplan Format

f. Completed IRS Application Checklist

g. Application Receipt Card, #2180

2. Review and Selection Process

Applications meeting eligibility requirements that are complete, responsive, and conform to this program announcement will be reviewed by an Objective Review Committee (ORC) in accordance with IRS objective review procedures. The objective review process ensures a nationwide competition for limited funding. The ORC will be comprised of IHS (40% or less) and other federal or non-federal individuals (60% or more) with appropriate expertise. The ORC will review each application against established criteria. Based upon the evaluation criteria, the reviewer will assign a numerical score to each application, which will be used in making the final decision. Approved applications scoring less than 60 points will not be considered for funding.

VI. Award Administration Information

1. Award Notices

The results of the review are forwarded to the Director, Office of Management Support (OMS), for final review and approval. The Director, OMS, will also consider the recommendations from the Division of Health Professions Support and Grants Management Branch. Applicants are notified in writing on or about August 25, 2004. A Notice of Grant Award will be issued to successful applicants. Unsuccessful applicants are notified in writing of disapproval. A brief explanation of the reasons the application was not approved is provided along with the name of the IHS official to contact if more information is desired.

2. Administrative and National Policy Requirements

Grants are administered in accordance with the following documents:

- 45 CFR 92, Department of Health and Human Services, Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments or 45 CFR Part 74, Administration of Grants;
- PHS Grants Policy Statement; and
- OMB Circular A-21, Cost Principles for Educational Institutions

3. Reporting

A. Progress Reporting

Program progress reports may be required quarterly or semi-annually. These reports will include a brief description of a comparison of actual

accomplishments to the goals established for the period, reasons for slippage and other pertinent information as required. A final report is due 90 days after expiration of the budget/project period.

B. Financial Status Report

Quarterly or semiannually financial status reports will be submitted 30 days after the end of the quarter or half year. Final financial status reports are due 90 days after expiration of the budget/project period. Standard Form 269 (long form) will be issued for financial reporting.

VII. Agency Contacts

For program information, contact Ms. Jacqueline Santiago, Chief, Loan Repayment Program, Division of Health Professions Support, Indian Health Service, 801 Thompson Avenue, Suite 120, Rockville, Maryland 20852, (301) 443-3396. For grants application and business management information, contact Ms. Martha Redhouse, Grants Management Specialist, Division of Acquisition and Grants Management, Indian Health Service, 801 Thompson Avenue, Suite 120, Rockville, Maryland 20852, (301) 443-5204. (The telephone numbers are not toll-free numbers.)

VIII. Other Information

This announcement provides information on the general program purpose, eligibility and priority, fields of health care considered for support, required affiliation, fund availability and period of support, and application procedure for FY 2004.

The purpose of the INMED program is to augment the number of Indian health professional serving Indians by encouraging Indians to enter the health professions and removing the multiple barriers to their entrance into the IHS and private practice among Indians.

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of *Healthy People 2010*, a PHS-led activity for setting priority areas.

This program announcement is related to the priority area of Educational and Community-based programs. Potential applicants may obtain a copy of *Healthy People 2010*, summary report in print, Stock No. 017-001-00579-9, or via CD-ROM, Stock No. 107-001-00549-5, through the Superintendent of Documents, Government Printing Office, P.O. Box 371954, Pittsburgh, PA 15250-7945, (202) 512-1800. You may access this information via the Internet at the following Web site: <http://>

www.health.gov/healthypeople/publication.

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, and 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.

Dated: July 2, 2004.

Charles W. Grim,

Assistant Surgeon General, Director, Indian Health Service.

[FR Doc. 04–15714 Filed 7–9–04; 8:45 am]

BILLING CODE 4160–16–P

DEPARTMENT OF HUMAN AND HEALTH SERVICES

Indian Health Service

Partners Invited To Participate in Indian Health Service: Health Promotion and Disease Prevention Health Summit and Other American Indian/Alaska Native Tribe, Tribal Entity Activities

AGENCY: Indian Health Service, Department of Health and Human Service (HHS).

ACTION: Notice of invitation to participate in Health Promotion and Disease Prevention (HP/DP) Health Summit.

SUMMARY: The Indian Health Service (IHS), in an ongoing partnership with American Indian and Alaska native (AI/AN) people in order to elevate the health status of this population to its highest level, is seeking to collaborate with other public and private organizations to support its many programs and initiatives. Despite concerted and sustained efforts by the IHS and Tribal programs, substantial disparities in health persist for AI/AN people, compared to the overall United States (U.S.) population. For this reason, the IHS has planned an ambitious initiative on HP/DP, the “Healthier Indian Communities through Partnership and Prevention Summit,” to be held on September 21–24, 2004 in Washington, DC. A pre-summit IHS/HHS/tribal leaders meeting will be held on September 21, 2004.

At the HP/DP Summit, the IHS will explore with interested public and private organizations, the risk behaviors that contribute to the chronic lifestyle diseases that impact many AI/AN communities. Included topics will be

preventing diabetes among at-risk populations, increasing the likelihood that persons with undiagnosed diabetes are diagnosed, reducing complications of diabetes, preventing and reducing overweight and obesity, and reducing the complications of asthma. The HP/DP Summit will provide an opportunity to meet with organizations and entities that have achieved these outcomes by improving nutrition, increasing physical activity, preventing tobacco use and exposure, increasing tobacco cessation, increasing the use of appropriate health care services, improving the quality of health care, and increasing effective self-management of chronic diseases and associated risk factors.

At the HP/DP Summit, the IHS goal is to meet with potential partners in Tribal and community-focused programs that include the full engagement of schools, businesses, faith-communities, health care purchasers, health plans, health care providers, academic institutions, senior centers, and many other community sectors working together to promote health and prevent chronic disease. At the HP/DP Summit, the IHS will present partnership opportunities such as: (1) Healthy Native Communities Fellowship Program; (2) Building Alliances for Communities in Action for Wellness (Resource Roundtable Conferences); (3) Community Wellness Champion Forums; and (4) the Just Move It campaign. In the future, the IHS plans to work together with partners to promote health and prevent disease throughout Indian country. It is intended that these partnerships will create opportunities for businesses and other organizations to participate in shaping a healthier U.S. More information about the Summit is available at <http://www.ihs.gov/hpdp>.

DATES: Comments expressing or affirming an interest in co-sponsoring of the HP/DP Summit—“Healthier Indian Communities through Partnership and Prevention”—and/or partnerships with the IHS should be received within 45 days of publication of this notice. The Summit, “Healthier Indian Communities through Partnership and Prevention,” will take place September 21–24, 2004, in Washington, DC. Contact information to permit further discussion and consideration of ideas of mutual interest may be sent to the e-mail address set out in the next paragraph.

ADDRESSES: Expressions of interest, comments and questions may be sent to the following e-mail address, abecenti@hqe.ihs.gov or by regular mail with contact information, as

appropriate, to: Alberta Becenti, Office of Public Health, Reyes Building, 801 Thompson Avenue, Suite 320, Rockville, MD 20852–1627.

Organization representatives may also call an information line at (301) 443–4305. Callers will be directed to appropriate agency officials or to other collaborating partners with similar or complementary interests for further discussions.

SUPPLEMENTARY INFORMATION: The IHS is the Federal agency responsible for delivering direct health care services to more than 560 Federally-recognized AI/AN tribes. Meeting the health needs of Indian communities requires effective partnerships and collaborations so that all components of a healthy community can be addressed. The IHS is focusing on the importance of partnerships, community and prevention. The IHS HP/DP Summit will focus on the present and future directions of HP/DP for AI/AN.

The conference will increase opportunities to share information, present the health status and challenges of Indian country today, and create and expand opportunities to partner and share HP/DP best and promising practices.

Partnership With Private Sector Organizations

The IHS has limited resources with which to achieve implementation of such large-scale nationwide changes. Moreover, to achieve numerous behavioral changes, the involvement of both public and private organizations is necessary. For efforts of this magnitude, the Agency periodically invites outside organizations to join in carrying out activities of mutual interest to achieve shared objectives. These partnerships are voluntary. The parties work together to carry out their respective, consistent missions for the common good. In accordance with each entity’s particular strengths and abilities, partnerships will be established; each partner will be responsible for providing the resources necessary to carry out specified activities of mutual interest. As partners with the IHS, both public and private sector organizations can bring their respective ideas and expertise, administrative capabilities, and production and material resources. Examples include sharing in the development of educational health information and its distribution to employees or to the public to promote healthy lifestyles in order to prevent chronic diseases, developing programs aimed at improving consumers’ understanding of how proper dietary