

based HIV-related organizations (including those formed by PLWA); AETC projects also are encouraged to collaborate with (f) national networks of AIDS clinical trials such as the adult and pediatric AIDS Clinical Trials Group (ACTG), the Community Programs for Clinical Research on AIDS (CPCRA), AMFAR and the Robert Wood Johnson Foundation.

5. An updated needs-assessment of the education and training needs of the primary care providers within the proposed service area and which is based upon epidemiological data for that service area.

6. A plan for outreach to minorities, including involvement of minority providers, providers who serve minority populations, minority professional organizations, and minority health care delivery systems;

7. A plan for program assessment and data collection on program and trainees which can be used for regional and national evaluative purposes; and

8. Plan for non-Federal funding during the 3-year project period.

#### Final Review Criteria

Applications will be reviewed and rated according to the applicant's ability to meet the following:

1. The completeness and pertinence of the needs assessment to the proposed region and the degree of linkage between its findings and the plans for information dissemination and training for National AETC Program Levels I through III described in the program guidelines;

2. The degree of emphasis on linkages with Ryan White CARE ACT programs I, II (including Special Programs of National Significance (SPNS)), IIIb and IVd, health professions schools and academic health centers, and other collaborations as described under Proposed Project Requirements above;

3. The extent to which the training plans meet the national priorities (prevention, substance abuse, cultural competence, tuberculosis, providers in prisons, implementation of the PHS recommendations of protocol, AIDS Clinical Trials Group (ACTG 076), and psychosocial issues) of the National AETC Program;

4. The completeness and appropriateness of the plan for information dissemination among key HIV contacts as defined under Proposed Project Requirements above;

5. The completeness and appropriateness of the training plans for National AETC Program Levels I, II and III;

6. The organization of the AETC; the administration and management of the

AETC and its relationship to its component parts, i.e., Consortia members and/or subcontractors;

7. The appropriateness of the size and configuration of the AETC; the appropriateness and cost-effectiveness of the budget; the amount of support constituted by the proposed awardee institution, including in-kind support;

8. The completeness and appropriateness of the data management and evaluation plans; and

9. The potential for the project to operate on a partially self-sustaining basis during the 3-year period of support.

#### Additional Information

Requests for technical or programmatic information should be directed to: Juanita Koziol, RN, MS, CS, Division of Medicine, Bureau of Health Professions, Health Resources and Services Administration, Parklawn Building, Room 9A-39, 5600 Fishers Lane, Rockville, MD 20857, Telephone: (301) 443-6326.

This program is listed at 93.145 in the Catalog of Federal Domestic Assistance and is not subject to the provisions of Executive Order 12372 Intergovernmental Review of Federal Programs (as implemented through 45 CFR part 100). This program is not subject to the Public Health System Reporting Requirements.

Dated: January 5, 1995.

**Ciro V. Sumaya,**

*Administrator.*

[FR Doc. 95-697 Filed 1-11-95; 8:45 am]

BILLING CODE 4160-15-P

#### Advisory Council; Notice of Meetings

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Public Law 92-463), announcement is made of the following National Advisory bodies scheduled to meet during the months of January and February 1995.

Name: National Advisory Council on the National Health Service Corps.

Date and Time: January 27-29, 1995.

Place: Terrace Garden Inn-Buckhead, 3405 Lenox Road, NW., Atlanta, Georgia, (404) 261-9250.

The meeting is open to the public.

Purpose: The Council will advise and make appropriate recommendations on the National Health Service Corps (NHSC) program as mandated by legislation. It will also review and comment on proposed regulations promulgated by the Secretary under provision of the legislation.

Agenda: The meeting will begin at 8:00 a.m. on Friday, January 27, and include a Bureau of Primary Health Care Director's update, Regional Office presentations, an

update on the Division of National Health Service Corps and the Division of Scholarships and Loan Repayments and presentations on modules developed to assist community-based systems of care in the delivery of health care services. On Saturday at 7:30 for visit to sites in the Atlanta area and hear from National Health Service Corps scholar and loan repayment participants. The Council will continue their business meeting on Sunday at 8:00 and adjourn at noon.

The meeting is open to the public; however, no transportation will be provided to the sites.

Anyone requiring information regarding the subject Council should contact Ms. Nada Schnabel, National Advisory Council on the National Health Service Corps, 8th floor, 4350 East West Highway, Rockville, Maryland 20857, Telephone (301) 594-4147.

\* \* \* \* \*

Name: National Advisory Committee on Rural Health.

Date and Time: February 6-8, 1995; 8:30 a.m.

Place: The Embassy Row Hotel, 2015 Massachusetts Avenue NW., Washington, DC 20036, (202) 328-7526.

The meeting is open to the public.

Purpose: The Committee provides advice and recommendations to the Secretary with respect to the delivery, financing, research, development and administration of health care services in rural areas.

Agenda: During the Plenary Session, the Committee is considering a discussion of managed care and network development in rural areas.

The Education and Health Services Work Group and the Health Care Finance Work Group will meet between plenary sessions on developing recommendations and strategies for improving health services delivery in rural areas. The Education and Health Services Work Group will address emerging health service delivery systems and the impact that they will have on rural and/or vulnerable populations. This is a long-term agenda item for the Work Group and will be addressed over the next couple of years. The Health Care Financing Work Group will discuss the interplay between Medicare cuts and network development in a more competitive marketplace; and ERISA and Medicaid waivers. The meeting will adjourn on Wednesday, February 8, at noon.

Anyone requiring information regarding the subject Council should contact Dena S. Puskin, Executive Secretary, National Advisory Committee on Rural Health, Health Resources and Services Administration, Room 9-05, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone (301) 443-0835, FAX (301) 443-2803.

Persons interested in attending any portion of the meeting should contact Ms. Arlene Granderson, Director of Operations, Office of Rural Health Policy, Health Resources and Services Administration, Telephone (301) 443-0835.

Agenda Items are subject to change as priorities dictate.

Dated: January 9, 1995.

**Jackie E. Baum,**

*Advisory Committee Management Officer,  
HRSA.*

[FR Doc. 95-839 Filed 1-11-95; 8:45 am]

BILLING CODE 4160-15-P

## Public Health Service

### Notice of Cooperative Agreements With the Interamerican College of Physicians and Surgeons and the National Council of La Raza

The Office of Minority Health (OMH), Office of the Assistant Secretary for Health, PHS, announces that it will enter into two separate cooperative agreements with two organizations: (1) The Interamerican College of Physicians and Surgeons (ICPS) and (2) The National Council of La Raza (NCLR). These cooperative agreements will establish the broad programmatic framework within which specific projects can be funded as they are identified during the project period.

The purpose of these cooperative agreements is to assist the organizations in expanding and enhancing their activities in the following areas: Service delivery, health prevention, health promotion, and health services research opportunities, with the ultimate goal of improving the health status of minorities and disadvantaged people. The OMH will provide consultation, administrative and technical assistance as needed for the execution and evaluation of all aspects of these cooperative agreements. The OMH will also participate and collaborate with the awardees in any workshops or symposia to exchange current information, opinions, and research findings.

#### Authorizing Legislation

These cooperative agreements are authorized under the grantmaking authorities of the Office of Minority Health. Refer to Section 1707(d)(1) of the Public Health Service Act, as amended by Public Law 101-527.

#### Background

Assistance will be provided to ICPS and NCLR only. No other applications are solicited. The ICPS and NCLR are the only organizations capable of administering these cooperative agreements because they have:

1. Developed, expanded, and managed an infrastructure to coordinate and implement various health education programs within local communities and physician groups that deal extensively with Hispanic health issues.

The ICPS has established several medical training programs which

provide a foundation upon which to develop, promote, and conduct professional medical programs aimed at preventing and reducing unnecessary morbidity and mortality rates among Hispanic populations.

The NCLR has established a strong network of Hispanic providers, health advocates, and health educators that provide a foundation upon which to develop, promote, and manage health interventions, and client education programs aimed at preventing and reducing unnecessary morbidity and mortality rates among Hispanic populations.

2. Both the ICPS and NCLR have established themselves and their members as organizations with professionals who serve as leaders and experts in planning, developing, implementing, and evaluating health education curricula and client-based health prevention programs aimed at reducing excessive mortality and adverse health behaviors among Hispanic populations.

3. ICPS has developed databases and directories of health care providers, Hispanic medical students interested in primary care, and funding mechanisms to continue graduate medical and scientific education that are essential for any health care professional development initiatives that deal exclusively with Hispanic populations.

NCLR has developed databases and directories of health education programs, health care accessibility issues, and professional development initiatives that deal exclusively with Hispanic populations that are necessary for any intervention dealing with Hispanic populations.

4. Both organizations have assisted in the development of many of the current education, research, disease prevention, and health promotion activities for its members, affiliated groups, and represented subpopulations.

5. Both the ICPS and NCLR have developed national organizations whose members consist of Hispanic physicians, health care providers, researchers and advocates with excellent professional performance records. ICPS consists exclusively of Hispanic physicians, surgeons, and future health care providers, while NCLR has a broad range of membership that is comprised of mostly Hispanic health care workers.

6. Both organizations have developed a base of critical knowledge, skills, and abilities related to serving Hispanic clients on a range of health and social problems. Through the collective efforts of its members, its affiliated community-based organizations, sponsored research

(NCLR), and sponsored health education and prevention programs, the ICPS and NCLR have demonstrated (1) the ability to work with academic institutions and official health agencies on mutual education, service, and research endeavors relating to the goal of disease prevention and health promotion of Hispanic peoples, (2) the leadership needed to assist health care professionals work more effectively with Hispanic clients and communities, and (3) the leadership needed to effectively promote health professions careers to Hispanic students who would otherwise not consider such a career path.

This cooperative agreement will be awarded in FY 1995 for a 12-month budget period within a project period of 5 years. Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.

#### Where To Obtain Additional Information

If you are interested in obtaining additional information regarding this project, please contact Dr. Clay E. Simpson, Office of Minority Health, Public Health Service, 5515 Security Lane, Suite 1000, Rockville, Maryland 20852, telephone (301) 443-5084.

Dated: December 22, 1994.

**Audrey F. Manley,**

*Acting Deputy Assistant Secretary for  
Minority Health.*

[FR Doc. 95-761 Filed 1-11-95; 8:45 am]

BILLING CODE 4160-17-M

## DEPARTMENT OF THE INTERIOR

### Bureau of Land Management

[WY-989-1050-00-P]

#### Filing of Plats of Survey; Wyoming

**AGENCY:** Bureau of Land Management, Interior.

**ACTION:** Notice.

**SUMMARY:** The plats of survey of the following described lands are scheduled to be officially filed in the Wyoming State Office, Cheyenne, Wyoming, thirty (30) calendar days from the date of this publication.

#### Sixth Principal Meridian, Wyoming

T. 58 N., R. 95 W., accepted November 18, 1994

T. 50 N., R. 72 W., accepted January 3, 1995

T. 50 N., R. 72 W., accepted January 3, 1995

T. 17 N., R. 84 W., accepted January 3, 1995

T. 17 N., R. 84 W., accepted January 3, 1995

If protests against a survey, as shown on any of the above plats, are received