

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 1995 activity described above is not subject to the Public Health System Reporting Requirements.

**6. PHS Non-use of Tobacco Policy Statement**

The PHS strongly encourages all grant and cooperative agreement recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

Specific application guidance materials may include more detailed guidance as to how the Center will implement SAMHSA's policy on promoting the non-use of tobacco.

**7. Executive Order 12372**

Applications submitted in response to most, if not all, of the FY 1995 activities listed above are subject to the intergovernmental review requirements of Executive Order (E.O.) 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: Office of Extramural Activities Review, Substance Abuse and Mental Health Services Administration (SAMHSA), 5600 Fishers Lane, Room 13C-06, Rockville, Maryland 20857, ATTN: SPOC.

The due date for State review process recommendations is no later than 60 days after the specified deadline date for

the receipt of applications. The CMHS does not guarantee to accommodate or explain SPOC comments that are received after the 60-day cut-off.

Application guidance materials will specify if a particular FY 1995 activity described above is not subject to the provisions of Executive Order 12372.

Dated: February 3, 1995.

**Richard Kopanda,**

*Acting Executive Officer, SAMHSA.*

[FR Doc. 95-3342 Filed 2-9-95; 8:45 am]

BILLING CODE 4162-20-P

**Fiscal Year (FY) 1995 Funding Opportunities for Grants and Cooperative Agreements From the Center for Substance Abuse Prevention**

**AGENCY:** Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration (SAMHSA), HHS.

**ACTION:** Notice of funding availability.

**SUMMARY:** The Center for Substance Abuse Prevention (CSAP), SAMHSA, announces that FY 1995 funds are available for grants and cooperative agreements for the following activities. These activities are discussed in more detail under Section 4 of this notice.

Activity	Application deadline	Estimated funds available (000's)	Estimated No. of awards	Project period (years)
Knowledge Dissemination Conference Grants .....	05/10/95 09/10/95	\$1,000	20	1
High-Risk Youth Demonstration Grants:				
High Risk Youth .....	05/10/95	11,478	36	3
Adolescent Females .....	05/10/95	4,079	13	3
Replications .....	05/10/95	4,000	12	3
Community Prevention Coalition Demonstration Grants .....	05/10/95	33,000	100-125	3
Faculty Development Grants .....	05/10/95	2,000	8	3
Communications Cooperative Agreements .....	05/10/95	2,300	11	3

The actual amount available for awards and their allocation may vary, depending on unanticipated program requirements and the volume and quality of applications. Awards are made for grant periods which generally run from 1 up to 3 years in duration. FY 1995 funds for services demonstration activities are appropriated by the Congress under Public Law 103-333. 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, page 35962) on July 2, 1993.

The Public Health Service (PHS) is committed to achieving the health

promotion and disease prevention objectives of Healthy People 2000, a PHS-led national activity for setting priority areas. The Center's services demonstration activities address issues related to Healthy People 2000 objectives for reducing the risk for using and abusing alcohol, tobacco and other drugs.

Additional themes include community empowerment; changes in the services delivery system to effect closer collaboration among substance abuse prevention activities, mental health services and the health care system; prevention and reduction of violent actions; cultural competence of prevention strategies; and

encouragement to reach out to female adolescents at risk for substance abuse and not generally served by traditional programs.

Potential applicants may obtain a copy of Healthy People 2000 (Full Report: Stock No. 017-001-00474-0) or Summary Report: Stock No. 017-001-00473-1) through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325 (Telephone: 202-783-3238).

**GENERAL INSTRUCTIONS:** Applicants for grants and cooperative agreements must use application form PHS 5161-1 (Rev. 7/92; OMB No. 0937-0189). The Application Kit contains the PHS 5161-1, Standard Form 424 (Face Page) and

complete instructions for preparing and submitting applications. The Kit may be obtained from: National Clearinghouse for Alcohol and Drug Information P.O. Box 2345, Rockville, Maryland 20847-2345, 1-800-729-6686, 1-800-468-2600 (local calls), 1-800-487-4889 TDD, Internet: telnet ncadi.health.org user-id:new,

When requesting an Application Kit, the applicant must specify the particular activity(s) for which detailed information is desired. This is to ensure receipt of all necessary forms and information, including any specific program review and award criteria.

**APPLICATION SUBMISSION:** Applications must be submitted to: Center for Substance Abuse Prevention Programs, Division of Research Grants, NIH, Westwood Building, Room 240, 5333 Westbard Avenue, Bethesda, Maryland 20892.\*

**APPLICATION DEADLINES:** The deadlines for receipt of applications are listed in the table above. Please note that the deadlines may differ for the individual categories of grants and cooperative agreements.

Competing applications must be received by the indicated receipt dates to be accepted for review. An application received after the deadline may be acceptable if it carries a legible proof-of-mailing date assigned by the carrier and that date is not later than one week prior to the deadline date. Private metered postmarks are not acceptable as proof of timely mailing. If the receipt date falls on a weekend, it will be extended to Monday; if the date falls on a national holiday, it will be extended to the following work day.

Applications received after the receipt date(s) or those sent to an address other than the address specified above will be returned to the applicant without review.

**FOR FURTHER INFORMATION CONTACT:** Requests for activity-specific technical information should be directed to the contact person identified for each activity covered by this notice (see Section 4).

Requests for information concerning business management issues should be directed to: Mary Lou Dent, Grants Management Office, Center for Substance Abuse Prevention, Rockwall II Building, Room 640, 5600 Fishers Lane, Rockville, Maryland 20857, (301) 443-3958.

**SUPPLEMENTARY INFORMATION:** To facilitate the use of this Notice of Funding Availability, information has

been organized, as outlined in the Table of Contents below. Grants and cooperative agreements are discussed separately and, for each activity, the following information is provided:

- Application Deadline
- Purpose
- Priorities
- Eligible Applicants
- Grants/Amounts
- Catalog of Federal Domestic Assistance Number
- Program Contact

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#### 1. Program Background and Objectives

The Center for Substance Abuse Prevention (CSAP) in the Substance Abuse and Mental Health Services Administration (SAMHSA) was legislatively authorized to conduct a full range of activities directed toward reducing the incidence and prevalence of alcohol, tobacco and other drug (ATOD) use/abuse. The etiology of ATOD use/abuse is complex and multifaceted. From the research on correlates of ATOD use/abuse, it has become clear that the factors that place individuals at risk for ATOD use/abuse may be found at the individual, family, school, peer group, workplace, neighborhood/community, and society levels. The ubiquitous nature of these risk factors calls for a multi-level, all-pervasive prevention response.

CSAP's substance abuse prevention program is designed to develop such a multi-level, all pervasive prevention response. Thus, CSAP supports demonstration grants, conference grants, training grants, and cooperative agreements in an effort to generate new

knowledge and share and disseminate what is known about effective strategies for preventing ATOD use/abuse. CSAP's approach is comprehensive and multifaceted whether it is from the perspective of the individual, the community, training of health providers, or in designing its communication messages for targeted populations. Recognizing that substance abuse has a pervasive impact on education, violence, delinquency, teenage pregnancy, health care, school dropouts, mental health, homelessness, and other social problems, CSAP's orientation is to foster linkages with the human service providers in these related fields and to ask its grantees to explore mechanisms for linking with managed care providers in their area.

#### 2. Special Concerns

SAMHSA's CSAP will address a number of special concerns in FY 1995. Emphasis is placed on comprehensive approaches to prevention and coordination with other programs and organizations in the public and private sectors that attend to the human service needs of populations at high risk for substance use/abuse. Emphasis is also placed on quality evaluation design and implementation so as to add to knowledge of what strategies are effective and ineffective in preventing substance use/abuse. For individual-focused (in contrast to community focused) approaches, emphasis is placed on using a well-conceptualized risk factor approach in designing and evaluating prevention strategies. Under two activities, special consideration will be given to applicants serving communities characterized by high levels of poverty and other forms of socio-economic distress and who are located in formally designated Empowerment Zones or Enterprise Communities.

Populations that have been targeted for grants or cooperative agreements include high risk youth, adolescent females and Native Americans. Of particular interest is the effectiveness of strategies designed to deal with the impact of victimization and physical and sexual abuse that places females at particular high risk for self-destructive disorders such as substance abuse, eating disorders, and suicide. With respect to the Native American population, a major interest is the development of strategies to reach and reduce the high rate of babies with Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Effects (FAE) born to Native American women.

From the perspective of community strategies, a special area of concern

(\* If an overnight carrier or express mail is used, the Zip Code is 20816.)

involves ascertaining the efficiency and effectiveness of developing coalitions of community partnerships to eliminate duplication of services, fill gaps in services, and generally improve the comprehensiveness and cost efficiency of community partnerships. Of additional interest is how such coalitions and partnerships can relate to managed care organizations.

### 3. Criteria for Review and Funding

Competing applications requesting funding under the specific project activities in Section 4 will be reviewed for technical merit in accordance with established PHS/SAMHSA peer review procedures.

Applications that are accepted for review will be assigned to an Initial Review Group (IRG) composed primarily of non-Federal experts.

Applications will be recommended for approval or disapproval on the basis of technical merit. Applications recommended for approval will be assigned scores according to the level of merit.

Notification of the IRG's recommendation will be sent to the applicant upon completion of the initial review. In addition, the IRG recommendations on technical merit of applications over \$50,000 will undergo a second level of review by the CSAP National Advisory Council whose review may be based on policy considerations as well as technical merit. Only applications recommended for approval by the Council may be considered for funding by CSAP.

#### 3.1 General Review Criteria

As published in the **Federal Register** on July 2, 1993 (Vol. 58, No. 126, page 35962), SAMHSA's "Peer Review and Advisory Council Review of Grant and Cooperative Agreement Applications and Contract Proposals," peer review groups will take into account, among other factors as may be specified in the application guidance materials, the following general criteria:

- Potential significance of the proposed project;
- Appropriateness of the applicant's proposed objectives to the goals of the specific program;
- Adequacy and appropriateness of the proposed approach and activities;
- Adequacy of available resources, such as facilities and equipment;
- Qualifications and experience of the applicant organization, the project director, and other key personnel; and
- Reasonableness of the proposed budget.

#### 3.2 Funding Criteria for Approved Applications

Applications recommended for approval by the peer review group and the appropriate Advisory Council (if applicable) will be considered for funding on the basis of their overall technical merit as determined through the review process.

Other funding criteria will include;

- Availability of funds and geographic distribution of grants throughout the United States.

Additional funding criteria specific to the programmatic activity may be included in the application guidance materials.

#### 4. Special FY 1995 Substance Abuse Prevention Activities

Project activities are grouped in this notice under two sections: Grants and Cooperative Agreements.

##### 4.1 Grants

Four major activities for CSAP grant programs are discussed below.

##### 4.1.1 Knowledge Dissemination Conference Grants

◆ Application Deadlines: May 10 and September 10, 1995.

◆ Purpose: To provide support for conferences relating to the prevention of alcohol, tobacco and other drug use/abuse and related problems such as violence, HIV/AIDS among multiple high risk populations (including gay/lesbian/bisexual youth, persons with disabilities, etc.) for the purpose of increasing awareness, conveying knowledge, improving prevention activities in communities and the workplace, and exchanging and disseminating new research findings and effective prevention strategies to the field, communities and the general public.

◆ Priorities: Conference planners are encouraged to be creative in linking with existing regional efforts, relevant grassroots organizations and agencies, CSAP Community Partnerships and High Risk Youth grantees in the region, the Regional Alcohol and Drug Awareness Resource Network (RADAR) liaisons, and representation from the target population on which the conference is focused.

◆ Eligible Applicants: Public and private nonprofit and for-profit organizations including existing CSAP grantees for the purpose of disseminating the results of their projects.

◆ Grants/Amounts: Approximately 20 awards during FY 1995. Individual awards may not exceed \$50,000 in

direct costs. Indirect costs are not allowable under this announcement.

◆ Catalog of Federal Domestic Assistance Number: 93.174.

◆ Program Contact: Luisa del Carmen Pollard, Division of Public Education and Dissemination, Center for Substance Abuse Prevention, Rockwall II Building, Suite 800, 5600 Fishers Lane, Rockville, Maryland 20857, (301) 443-0377.

##### 4.1.2 Substance Abuse Prevention Demonstration Grants for High Risk Populations

The High-Risk Youth Demonstration Grants are divided into the following 3 modules:

Module A: High-Risk Youth  
Module B: Adolescent Females  
Module D: Replications

A description of each module follows.

[Note: Module C, Alcohol and other Drug Related Violence, is not included because this program did not receive funds for new starts in FY 1995.]

◆ Application Deadline: May 10, 1995.

◆ Purpose:

Module A: High-Risk Youth. To ascertain the effectiveness of multifaceted interventions that address multiple factors in at least three of six important life areas or "domains" (individual, family, school, peer group, neighborhood/community and society) that place youth at risk for or protect them from using alcohol, tobacco, and other drugs (ATOD).

Module B: Adolescent Females. To ascertain the effectiveness of multifaceted interventions that address factors more specific to adolescent females ages 10-21 such as sexual abuse, victimization, post traumatic stress syndrome, and depression that places them at risk for ATOD use/abuse as well as other self-destructive behaviors such as eating disorders, suicide, and prostitution.

Module D: Replications. To ascertain whether a program of prevention strategies that has been shown to be promising in modifying ATOD use on a given population in one location can be replicated by the original program developer (self-replication) or another investigator, using a similar population in another location. Please note that Module D is designed as a cooperative agreement.

◆ Priorities.

In making award decisions, CSAP will consider applications recommended for approval by the IRG and the CSAP National Advisory Council. Other award considerations will include:

Prevention projects that are directed at children of substance abusers,

latchkey children, children at risk of abuse or neglect, preschool children eligible for services under the Head Start Act, children at risk of dropping out of school, children at risk of becoming adolescent parents, and children who do not attend school and who are at risk of being unemployed.

Applicants from communities characterized by high levels of poverty and other forms of socio-economic distress; who are engaged in a community strategic planning process as evidenced by the preparation or submission of an Empowerment Zone/Enterprise Community application to the U.S. Department of Housing and Urban Development and the U.S. Department of Agriculture; or who provide services to communities that have been designated as Empowerment Zones or Enterprise Communities.

Applications From Community Based Organizations

◆ Eligible Applicants.

Modules A and B: Public and private non-profit organizations e.g., units of State or local governments, community-based organizations, universities, hospitals, colleges, and Indian Tribes/Tribal organizations.

Module D: In order for CSAP to fully inform the public on what type of prevention programs work among high risk youth, it must assess the program's replicability. Five projects were selected for replication because, on the basis of an initial evaluation, these projects appear particularly promising for preventing ATOD use among high risk youth. Self-replication is limited to only those 5 CSAP projects selected for replication. This is to permit a comparison of the project as implemented by the original and new project leadership in order to ascertain whether the positive outcomes are a function of the prevention strategies employed or the designers and leadership of the project. Replication of any one of these 5 programs by other investigators is open to the same categories of eligible applicants identified above for Modules A and B.

◆ Grants/Amounts.

Approximately \$19.6 million will be available to support approximately 60 awards in FY 1995 under this program as follows:

Module A. High Risk Youth.

Approximately 36 awards averaging about \$300,000 for a total cost of about \$11.478 million

Module B. Adolescent Females.

Approximately 13 grants averaging about \$300,000 for a total cost of about \$4.079 million.

Module D. Replications. Three (3) awards for self-replication of any one of the CSAP designated replication models, averaging about \$330,000, for a total cost of about \$1 million; Nine (9) awards for the replication of any one of the CSAP designated replication models by another investigator, averaging about \$330,000, for a total cost of \$3 million.

◆ Catalog of Federal Domestic

Assistance Number: 93.144.

◆ Program Contacts:

Module A: F. Tommie Johnson, Deputy Chief, High Risk Youth Branch, (301) 443-0353

Module B: Ulonda B. Shamwell, M.S.W., Chief, Perinatal Addiction Prevention Branch, (301) 443-4564

Module D: Judy Coulter, High Risk Youth Branch, (301) 443-0353

Address: Division of Demonstrations for High Risk Populations Center for Substance Abuse Prevention Rockwall II Building, Room 9B-03 5600 Fishers Lane Rockville, Maryland 20857

4.1.3 Community Prevention Coalitions Demonstration Grant Program

◆ Application Deadline: May 10, 1995.

◆ Purpose: To ascertain the feasibility and effectiveness of establishing and developing coalitions of multiple community partnerships that would work effectively to develop, implement, and coordinate programs directed toward: reducing the incidence and prevalence of ATOD use and abuse in their communities as well as the problems accompanying such behavior such as violence, adolescent pregnancy, infants born with FAS/FAE, drug related mortality and morbidity, HIV/AIDs, drug related injuries in the workplace, substance abuse related crime, mental illness, and in general, improve the health and safety of the communities under the aegis of the coalition.

◆ Priorities: In making award decisions, CSAP will consider applications recommended for approval by the IRG and the CSAP National Advisory Council. Other award considerations will include: applicants from communities characterized by high levels of poverty and other forms of socio-economic distress; who are engaged in a community strategic planning process as evidenced by the preparation or submission of an Empowerment Zone/Enterprise Community application to the U.S. Department of Housing and Urban Development and the U.S. Department of Agriculture; or who provide services to communities that have been designated as Empowerment Zones or Enterprise Communities.

◆ Eligible Applicants: Public agencies such as local, State and Tribal Governments; community-based or state-wide private non-profit organizations/agencies. In either case, the applicant must be part of an existing community partnership and must be designated to act on behalf of the larger evolving coalition of multiple partnerships proposed in the grant application.

◆ Grants/Amounts: Approximately \$33 million will be available to support approximately 100-125 awards. CSAP generally will expect grants not to exceed \$300,000 (for both direct and indirect costs). Actual funding levels will depend upon the program design and availability of appropriated funds.

◆ Catalog of Federal Domestic

Assistance Number: 93.194.

◆ Program Contact:

David Robbins, Chief, Community Prevention and Demonstration Branch, (301) 443-2068

Dan Fletcher, Chief, Western Section, (301) 443-5660

Adrienne Terry Goode, Chief, Eastern Section, (301) 443-0532

Address: Division of Community Prevention and Training, Center for Substance Abuse Prevention, Rockwall II Building, Room 9D-18, 5600 Fishers Lane, Rockville, Maryland 20857.

4.1.4 Faculty Development Grants for Preventing Alcohol, Tobacco, and Other Drug Abuse

◆ Application Deadline: May 10, 1995.

◆ Purpose: To support training in substance abuse prevention for health care professionals (faculty fellows) located in academic institutions.

◆ Priority: The recruitment of minority faculty candidates and women and the inclusion of ethnic and cultural diversity issues in the training curriculum.

◆ Eligible Candidates: Because previously developed alcohol, tobacco, and drug abuse curriculum guidelines and materials can be readily adapted for use by the following health professions training programs, CSAP is limiting potential applicants to: accredited schools of medicine, osteopathy, public health, nursing, and dentistry; schools or departments of social work offering accredited master's/doctoral programs; university based departments or schools of psychology with appropriate accreditation for doctoral level training in clinical and/or counseling psychology. These materials were developed through (1) the joint National Institute on Alcohol Abuse and Alcoholism and the National Institute

on Drug Abuse Curriculum Models Program; and (2) the preceding Faculty Development Program. CSAP encourages applications from Historically Black Colleges and Universities and other health profession schools, as described above, which can show an enrollment of 25% or higher of minority students.

◆ Grants/Amounts. Approximately 8 grants averaging about \$250,000 each for a total cost of approximately \$2 million.

◆ Catalog of Federal Domestic Assistance Number: 93.274.

◆ Program Contact: Lucille C. Perez, M.D., Associate Director, Medical and Clinical Affairs, Center for Substance Abuse Prevention, Rockwall II Building, Room 9D-10, 5600 Fishers Lane, Rockville, Maryland 20857, (301) 443-9351.

**Note:** Complete guidelines for preparing and submitting an application under this activity will be available on February 24, 1995.

#### 4.2 Cooperative Agreements

CSAP's Communications cooperative agreement program is discussed below. Substantive Federal programmatic involvement is required in cooperative agreement programs. Federal involvement will include planning, guidance, coordination, and participating in programmatic activities (e.g., participation in publication of findings) and on steering committees. Periodic meetings, conferences and/or communications with the award recipients may be held to review mutually agreed-upon goals and objectives and to assess progress. Additional details on the degree of Federal programmatic involvement will be included in the application guidance materials.

##### 4.2.1 Communications Programs for Demonstrating the Prevention of Alcohol, Tobacco, and Other Drug Problems

◆ Application Deadline: May 10, 1995.

◆ Purpose: To demonstrate that alcohol, tobacco, and other drug problems can be reduced through effective communication strategies.

◆ Priorities: CSAP has identified two (2) priority populations: (1) adolescent females ages 12-20 and (2) Native Americans, particularly in relation to reducing the incidence of FAS/FAE among the infants of Native American women. In addition, other field identified and justified high-risk populations may be targeted for the development and evaluation of communications strategies in response to this cooperative agreement.

◆ Eligible Candidates: Public organizations such as units of State or local governments and private nonprofit and for-profit organizations such as universities, colleges, hospitals, and community-based organizations. Indian Tribes/tribal organizations are eligible applicants.

◆ Grants/Amounts: Approximately \$1 million has been designated for female adolescents to support up to five (5) cooperative agreements averaging \$200,000 each;

Approximately \$500,000 has been designated for up to two (2) cooperative agreements for Native Americans;

Approximately \$800,000 has been designated for up to five (5) cooperative agreements, averaging \$160,000 each, for field-specified target population.

◆ Catalog of Federal Domestic Assistance Number: 93.901.

◆ Program Contact: Bob Vollinger, Linda Bass, or Javier Cordova, Division of Public Education and Dissemination Center for Substance Abuse Prevention, Rockwall II Building, Suite 800, 5600 Fishers Lane, Rockville, Maryland 20857, (301) 443-9936.

**Note:** Complete guidelines for preparing and submitting an application under this activity will be available on February 17, 1995.

#### 5. 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.

#### 6. PHS Non-use of Tobacco Policy Statement

The PHS strongly encourages all grant and cooperative agreement recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

Specific application guidance materials may include more detailed guidance as to how the Center will implement SAMHSA's policy on promoting the non-use of tobacco.

#### 7. Executive Order 12372

Applications submitted in response to most, if not all, of the FY 1995 activities 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:

Office of Review, Substance Abuse and Mental Health Services Administration, Rockwall II Building, suite 630, 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. The CSAP does not guarantee to accommodate or explain SPOC comments that are received after the 60-day cut-off.

Application guidance materials will specify if a particular FY 1995 activity described above is not subject to the provisions of Executive Order 12372.

Dated: February 7, 1995.

**Richard Kopanda,**

*Acting Executive Officer, SAMHSA.*

[FR Doc. 95-3421 Filed 2-9-95; 8:45 am]

BILLING CODE 4162-20-P