

§ 177.2600 *Rubber articles intended for repeated use* (21 CFR 177.2600) to provide for the safe use of diisopropyl xanthogen polysulfide as a component of rubber articles intended for repeated use in contact with food.

The potential environmental impact of this action is being reviewed. To encourage public participation consistent with regulations promulgated under the National Environmental Policy Act, (40 CFR 1501.4(b)), the agency is placing the environmental assessment submitted with the petition that is the subject of this notice on public display at the Dockets Management Branch (address above) for public review and comment. Interested persons may, on or before March 15, 1995, submit to the Dockets Management Branch (address above) written comments. Two copies of any comments are to be submitted, except that individuals may submit one copy. Comments are to be identified with the docket number found in brackets in the heading of this document. Received comments may be seen in the office above between 9 a.m. and 4 p.m., Monday through Friday. FDA will also place on public display any amendments to, or comments on, the petitioner's environmental assessment without further announcement in the **Federal Register**. If, based on its review, the agency finds that an environmental impact statement is not required and this petition results in a regulation, the notice of availability of the agency's finding of no significant impact and the evidence supporting that finding will be published with the regulation in the **Federal Register** in accordance with 21 CFR 25.40(c).

Dated: February 3, 1995.

Alan M. Rulis,

Acting Director, Office of Premarket Approval, Center for Food Safety and Applied Nutrition.

[FR Doc. 95-3556 Filed 2-10-95; 8:45 am]

BILLING CODE 4160-01-F

HEALTH RESOURCES AND SERVICES ADMINISTRATION

Special Project Grants and Cooperative Agreements; Maternal and Child Health Services; Federal Set-Aside Program; Genetic Services and Maternal and Child Health Improvement Projects

AGENCY: Health Resources and Services Administration (HRSA), PHS.

ACTION: Notice of availability of funds.

SUMMARY: The Maternal and Child Health Bureau (MCHB), HRSA, announces that fiscal year (FY) 1995 funds are available for grants and cooperative agreements for the following activities: Maternal and Child Health (MCH) Special Projects of Regional and National Significance (SPRANS), including special MCH improvement projects (MCHIP) which contribute to the health of mothers, children, and children with special health care needs (CSHCN); and genetic disease testing, counseling and information services. All awards will be made under the program authority of section 502(a) of the Social Security Act, the MCH Federal Set-Aside Program. No new hemophilia SPRANS grants will be funded in FY 1995. Grants for MCH research and training are being announced in a separate notice.

Of the approximately \$44 million available for SPRANS activities in FY 1995 in categories covered by this announcement, about \$9.7 million will be available to support approximately 65 new and competing renewal projects at an average of \$150,000 per award for one year. The remaining funds will be used to support continuation of existing SPRANS activities. The actual amounts 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 may run from 1 to 5 years in duration. Funds for the MCH Federal Set-Aside Program are appropriated by Public Law 103-333. Revised regulations implementing the Federal Set-Aside Program (42 CFR part 51a) were published in the July 19, 1994, issue of the **Federal Register** at 59 FR 36703.

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 MCH Block Grant Federal Set-Aside Program addresses issues related to the Healthy People 2000 objectives of improving maternal, infant, child and adolescent health and developing service systems for children with special health care needs.

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

The Public Health Service strongly encourages all grant 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. In addition, Public Law 103-227, The Pro-Children Act Of 1994, prohibits smoking in certain facilities in which education, library, day care, regular and routine health care and early childhood development services are provided to children. Smoking must also be prohibited in indoor facilities that are constructed, operated or maintained with Federal funds.

ADDRESSES: Grant applications for the MCH SPRANS Federal Set-Aside Program must be obtained from and submitted to: Acting Chief, Grants Management Branch, Office of Program Support, Maternal and Child Health Bureau, Health Resources and Services Administration, Room 18-12, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857, (301) 443-1440. Applicants for all projects covered by this announcement will use application Form PHS 5161-1 with revised face page DHHS Form 424, approved by OMB under control number 0937-0189. Requests should specify the category or categories of activities for which an application is requested so that the appropriate forms, information and materials may be provided.

DATES: Deadlines for receipt of applications differ for the several categories of grants and cooperative agreements. These deadlines are as follows:

MCH FEDERAL SET-ASIDE COMPETITIVE GRANT AND COOPERATIVE AGREEMENTS ANTICIPATED DEADLINES, AWARDS, FUNDING, AND PROJECT PERIODS, BY CATEGORY
[FY 1995]

Funding source category	Application deadline	Estimated number of awards	Estimated amounts available	Project period
(1) Grants in the following areas:				
1.1 Genetic services	4/25/95	Up to 20	\$3.5 million	Up to 3 years.
1.2 Special MCH Improvement Projects (MCHIP) of regional and national significance in the following areas:				
1.2.1 Maternal, infant, child, and adolescent health	4/25/95	10-12	1 million	Up to 5 years.
1.2.2 School health program	5/10/95	8	1.5 million	3-5 years.
1.2.3 Data utilization	6/15/95	5	500,000	3 years.
1.2.4 Healthy tomorrows partnership for children	4/14/95	Up to 10	500,000	5 years.
(2) Cooperative agreements (MCHIPs) in the following areas:				
2.1 CSHCN cultural competency systems implementation	4/28/95	1	250,000	5 years.
2.2 Partnership for information and communication (PIC)	5/10/95	4	1.2 million	Up to 5 years.
2.3 Childhood injury prevention	3/31/95	4	600,000	3-5 years.
2.4 Out-of-home child care health and safety	4/27/95	1	350,000	Up to 5 years.

Applications will be considered to have met the deadline if they are either: (1) Received on or before the deadline date, or (2) postmarked on or before the deadline date and received in time for orderly processing. Applicants should request a legibly dated receipt from a commercial carrier or the U.S. Postal Service, or obtain a legibly dated U.S. Postal Service postmark. Private metered postmarks will not be accepted as proof of timely mailing. Late applications or those sent to an address other than specified in the ADDRESSES section will be returned to the applicant.

FOR FURTHER INFORMATION CONTACT: Requests for technical or programmatic information should be directed to: Audrey H. Nora, M.D., M.P.H., Director, Maternal and Child Health Bureau, HRSA, Room 18-05, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857. Requests for category-specific technical information should be directed to the contact persons identified below for each category covered by this notice. Requests for information concerning business management issues should be directed to: Acting Grants Management Officer (GMO), Maternal and Child Health Bureau, at the address specified in the ADDRESSES section.

SUPPLEMENTARY INFORMATION: To facilitate the use of this announcement, information in this section has been organized, as outlined in the Table of Contents below, into a discussion of: Program Background, Special Concerns, Overall Review Criteria, SPRANS Program, and Eligible Applicants. In addition, for each specific SPRANS funding category and subcategory covered by this notice, information is presented under the following headings:

- Application Deadline
- Purpose
- Priorities
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1. Program Background and Objectives

Under Section 502 of the Social Security Act, as amended by the Omnibus Budget Reconciliation Act (OBRA) of 1989, 12.75 percent of amounts appropriated for the Maternal and Child Health Services Block Grant in excess of \$600 million are set aside by the Secretary of Health and Human Services (HHS) for special Community Integrated Service Systems projects under Section 501(a)(3) of the Act. Of the remainder of the total appropriation,

15 percent of the funds are to be retained by the Secretary to support (through grants, contracts, or otherwise) special projects of regional and national significance, research, and training with respect to maternal and child health and children with special health care needs (including early intervention training and services development); for genetic disease testing, counseling, and information development and dissemination programs; for grants (including funding for comprehensive hemophilia diagnostic treatment centers) relating to hemophilia without regard to age; and for the screening of newborns for sickle cell anemia, and other genetic disorders and follow-up services. The MCH SPRANS set-aside was established in 1981. Support for projects covered by this announcement will come from the SPRANS set-aside. To reduce confusion to potential applicants from announcement of grants in very large numbers of SPRANS categories and subcategories, announcement of availability of FY 1995 funds for MCH research and training categories is being published separately this year.

2. Special Concerns

In its administration of the MCH Services Block Grant, the MCHB places special emphasis on improving service delivery to women and children from racial and ethnic minority populations who have had limited access to accessible care. This means that SPRANS projects are expected to serve and appropriately involve in project activities individuals from the populations to be served, unless there are compelling programmatic or other justifications for not doing so. The MCHB's intent is to ensure that project interventions are responsive to the

cultural and linguistic needs of special populations, that services are accessible to consumers, and that the broadest possible representation of culturally distinct and historically underrepresented groups is supported through programs and projects sponsored by the MCHB.

In keeping with our special concern for broadening participation in MCHB programs of institutions that reflect the Nation's cultural and linguistic diversity, a funding priority will be placed on projects from Historically Black Colleges and Universities (HBCU) or Hispanic Serving Institutions (HSI) in all categories and subcategories in this notice for which applications from academic institutions are encouraged. An approved proposal from a HBCU or HSI will receive a 0.5 point favorable adjustment of the priority score in a 4 point range before funding decisions are made.

Projects supported under SPRANS are expected to be part of community-wide, comprehensive initiatives, to reflect appropriate coordination of primary care and public health activities, and to target HRSA resources effectively to fill gaps in the Nation's health system for at-risk mothers and children. This applies especially to projects in the 22 communities in the Nation which have received grants from HRSA under the Healthy Start initiative. Grantees in these communities providing services related to activities of a Healthy Start program are expected to coordinate their projects with the Healthy Start program efforts. Healthy Start communities include: Aberdeen Area Indian Nations, NE/ND/SD; Baltimore, MD; Birmingham, AL; Boston, MA; Chicago, IL; Cleveland, OH; Dallas, TX; Detroit, MI; Essex County, NJ; Florida Panhandle, FL; Lake County, IN; Milwaukee, WI; Mississippi Delta, MS; New Orleans, LA; New York, NY; Oakland, CA; Philadelphia, PA; Pittsburgh, PA; PeeDee Region, SC; Richmond, VA; Savannah, GA; Washington, DC.

3. Project Review and Funding

Within the limit of funds determined by the Secretary to be available for the activities described in this announcement, the Secretary will review applications for funds under the specific project categories in section 4 below as competing applications and may award Federal funding for projects which will, in her judgment, best promote the purpose of title V of the Social Security Act, with special emphasis on improving service delivery to women and children from culturally distinct populations; best address

achievement of *Healthy Children 2000* objectives related to maternal, infant, child and adolescent health and service systems for children at risk of chronic and disabling conditions; and otherwise best promote improvements in maternal and child health.

3.1 Criteria for Review

The criteria which follow are used, as pertinent, to review and evaluate applications for awards under all SPRANS grants and cooperative agreement project categories announced in this notice. Further guidance in this regard is supplied in application guidance materials, which elaborate upon how these criteria apply to specific grant categories and subcategories.

- The extent to which the project will contribute to the advancement of maternal and child health and/or improvement of the health of children with special health care needs;
- The extent to which the project is responsive to policy concerns applicable to MCH grants and to program objectives, requirements, priorities and/or review criteria for specific project categories, as published in program announcements or guidance materials.
- The extent to which the estimated cost to the Government of the project is reasonable, considering the anticipated results;
- The extent to which the project personnel are well qualified by training and/or experience for their roles in the project and the applicant organization has adequate facilities and personnel; and
- The extent to which, insofar as practicable, the proposed activities, if well executed, are capable of attaining project objectives.
- The strength of the project's plans for evaluation.
- The extent to which the project will be integrated with the administration of the Maternal and Child Health Services block grants, State primary care plans, public health, and prevention programs, and other related programs in the respective State(s).
- The extent to which the application is responsive to the special concerns and program priorities specified in this notice.

3.2 Funding of Approved Applications

Final funding decisions for SPRANS grants are the responsibility of the Director, MCHB. The following mechanisms, as defined below, may be applied in determining scores for

ranking the funding of approved applications:

- Funding Preferences—Funding of a specific category or group of approved applications ahead of other categories or groups of applications, such as competing continuation projects ahead of new projects.
- Funding Priorities—Merit reviewers will assign scores based on the extent to which applicants address program priorities specified in this notice for the category in which the application is made.
- Special Considerations—Merit reviewers will assign scores based on the extent to which applicants address areas that are identified in this notice as meriting special consideration.

4. Special Projects of Regional and National Significance

Project categories for SPRANS awards are grouped in this notice under two sections: Grants and Cooperative Agreements.

4.1. Grants

Two major categories of SPRANS grants are discussed below: Genetic Services; and Maternal and Child Health Improvement Projects (in 4 subcategories):

4.1.1. Genetic Services

Application Deadline: April 25, 1995.

Purpose: To support projects that demonstrate increased access to effective genetic information, education, testing and counseling services.

Priorities: Applicants to the genetic services program are invited to submit proposals in the areas of:

- Genetics in primary care. To aid in incorporating genetics into maternal and child health and federally-qualified health centers' (FQHC) primary care programs.
- Ethnocultural barriers. To improve services for populations for whom language and/or culture are barriers.
- Regional genetic services networks. To maintain genetic services networks in the Pacific Northwest, Pacific Southwest, Mountain States, and areas encompassing New York, Puerto Rico, and the Virgin Islands.
- Cooley's Anemia/Thalassemia. To demonstrate comprehensive care for those affected by Cooley's Anemia/Thalassemia.
- Comprehensive care for infants with Sickle Cell Disease identified through State newborn screening programs.
- Transition from pediatric to adult care. To demonstrate models of care for individuals with genetic disorders

moving from pediatric care to adult, family practice, and specialty care.

Grants/Amounts: About \$3.5 million will be available to support up to 20 projects. Approximately 7 of these are expected to be competing renewals of existing projects, and approximately 13 will be new. An average of about \$175,000 per award per year is anticipated. Project periods are up to 3 years.

Contact: For programmatic or technical information, contact: Jane S. Lin-Fu, M.D., telephone: 301 443-1080.

4.1.2. Maternal and Child Health Improvement Projects

Maternal and Child Health Improvement Projects (MCHIP) are divided into 4 subcategories: Maternal, Infant, Child, and Adolescent Health; School Health Program; Data Utilization and Enhancement; and Healthy Tomorrows Partnerships for Children;

4.1.2.1. Maternal, Infant, Child, and Adolescent Health.

Application Deadline: April 25, 1995.

Purpose: To improve the health of all mothers, infants, children, and adolescents.

Priorities: Applicants in this MCHIP category are invited to submit proposals in the following program areas:

- Content And Organization Of Care For Women Of Child Bearing Age, Infants, Children, Adolescents And Their Families. Grants will be provided for projects which assist in developing mechanisms to define appropriate personal health care services, creating or enhancing collaborative systems to deliver such services, and identifying measures to determine the quality of the content and mechanism of services delivered.
- Adolescent Health Resource Development. Grants will be awarded for the purpose of continuing the capacity-building of State health agencies/maternal and child health programs to meet the diverse health needs of adolescents in a period of health care reform and the myriad of changes in States and communities. Adolescent Health Resource Center grants are intended to advance the knowledge and skills of State MCH staff and local providers of adolescent health services through training and technical assistance, information development and dissemination, and promotion of integrated systems development that impact on adolescent access to prevention and health services.

Grants/Amounts: A total of 10-12 grants, totalling \$1 million will be

awarded in this category in FY 1995.

For grants dealing with the content and organization of care, funding for 2 grants is anticipated in the range of \$150,000 per year for periods of up to 5 years. For adolescent health resource development, approximately 4-6 grants of \$150,000-\$200,000 each per year will be supported for up to 5 years.

Contact: For programmatic or technical information, contact David Heppel, M.D., telephone: 301 443-2250.

4.1.2.2. School Health Program

Application Deadline: May 10, 1995.

Purpose: To strengthen the capacity of school-based and school-linked health programs to address psychosocial issues and mental health problems by enhancing primary mental health resources and services for school-age children and youth, including those with special health care needs. Primary mental health resources and services include primary prevention, such as prevention of violent and health damaging behaviors; early problem identification and intervention, including indicated referral and followup; and collaboration with ongoing care for chronic conditions.

Priorities: Grants will be awarded in the following two areas:

- Development of infrastructure and resources to build capacity for primary mental health services in school-based and school-linked health programs. Applicants are expected to represent State-level partnerships among health, mental health and education agencies that are designed to assure accessibility to primary mental health services for school-age children and youth. Project emphasis is on coordinating school-based and school-linked programs with multiple community resources in the public health, mental health, substance abuse prevention and treatment, social service and other relevant systems to facilitate comprehensive approaches.
- Development of "state of the art" instructional materials and resources to strengthen the mental health service capacity of primary care providers for school-age children and youth. The emphasis is on enhancing primary mental health resources and services in school-based and school-linked health programs; in addition, such staff development materials and resources will be available to community-based centers that furnish primary health care to those in the school-age population who cannot be accessed through the schools.

Grants/Amounts: A total of \$1.5 million dollars will be available for

projects in this subcategory; about \$750,000 for up to 5 State primary mental health partnership grants for 3 to 5 years, and about \$750,000 for up to 3 mental health resource grants for up to 5 years.

Contact: For programmatic information, contact Linda Johnston, telephone 301 443-4026.

4.1.2.3. Data Utilization and Enhancement

Application Deadline: June 15, 1995.

Purpose: To enable Federal, State, and local MCH/CSHCN agencies, in collaboration with State primary care planning, to develop data and data systems required under Title V and analyze data to facilitate needs assessment, planning, monitoring or evaluation of maternal and child agencies and comprehensive health services.

Priorities: Proposals in this MCHIP subcategory are invited in the following program areas:

- Enhancement of data collection and analysis capabilities of national, state and local health agencies.
- Compilation and analysis of new data, and development and application of analytic techniques regarding the health status of and delivery of comprehensive health care to mothers and children.
- Networking, coordination, and integration of existing and proposed resources and data and analysis systems developed in other states, national organizations or organizations.
- Increasing national, state and local entities' capacity to respond to and implement changes in the organization of health care resources.

Grants/Amounts: An estimated \$500,000 will be available for 5 grants in this subcategory at \$100,000 per award per year. Project periods are up to 3 years.

Contact: For programmatic or technical information, contact Russ Scarato, telephone: 301 443-2340.

4.1.2.4. Healthy Tomorrows Partnerships for Children.

Application Deadline: April 14, 1995.

Purpose: To support projects for children that improve access to health services and utilize preventive strategies. The initiative encourages additional support from the private sector and from foundations to form community-based partnerships to coordinate health resources for pregnant women, infants and children.

Priorities: Proposals in this MCHIP category are invited in the following program areas:

—Local initiatives that are community-based, family-centered, comprehensive and culturally relevant and improve access to health services for infants, children, adolescents, or CSHCN.

—Initiatives which show evidence of a capability to meet cost participation goals by securing funds for the second and sequential years of the project.

In the interest of equitable geographic distribution, special consideration for funding will be given to projects from States without a currently funded project in this category. These States are cited in the application guidance.

- Grants/Amounts: About \$500,000 will be available to support up to 10 new Healthy Tomorrows projects, at an average of \$50,000 per award per year. The project period is 5 years.

- Contact: For programmatic or technical information, contact Latricia Robertson, M.S.N., M.P.H., telephone: 301 443-3163.

4.2. Cooperative Agreements

Cooperative agreements will be awarded in 4 categories: Children with Special Health Care Needs (CSHCN) Cultural Competency Systems Implementation; Partnership for Information and Communication; Childhood Injury Prevention; and Out-Of-Home Child Care Health And Safety.

It is anticipated that substantial Federal programmatic involvement will be required in these cooperative agreements. This means that after award, awarding office staff provide technical assistance and guidance to, or coordinate and participate in, certain programmatic activities of award recipients beyond their normal stewardship responsibilities in the administration of grants. Federal involvement may include, but is not limited to, planning, guidance, coordination and participation in programmatic activities. Periodic meetings, conferences, and/or communications with the award recipient are held to review mutually agreed upon goals and objectives and to assess progress. Additional details on the scope of Federal programmatic involvement in cooperative agreements, consistent with HRSA grants administration policy, will be included in the application guidance for these cooperative agreements.

4.2.1. Children with Special Health Care Needs (CSHCN) Cultural Competency Systems Implementation

- Application Deadline: April 28, 1995.

- Purpose: To promote the design, implementation, and testing of

culturally competent service systems to assist State and local Title V and other related programs to furnish services for culturally diverse CSHCN and their families. Specifically, to:

- Promote networking and information exchange among CSHCN/MCH programs at all levels that advances their ability to assure that services to culturally diverse families having children with special health needs are integrated into such programs in a culturally competent manner.

- Foster linkages between such programs and: (a) culturally diverse consumers and families of children with special health care needs; and (b) other public/private agencies or groups at the Federal, State and local levels, including those providing primary health care and services, that will enhance the development of culturally competent systems of care which are family-centered and at the community level.

- Provide training, technical assistance, and consultation to the above mentioned programs to advance the "state of the art" in the areas of: (a) staff/agency assessment and training; (b) development and implementation of culturally competent policies, procedures and practices; and (c) identification of resources for training and program implementation.

- Support evaluation of existing training materials and evaluation tools, develop and test new materials for adoption by CSHCN programs, and identify model approaches.

- Disseminate training materials, principles, and model approaches for CSHCN and related programs.

Preference for funding will be given to public or private non-profit organizations having prior experience with CSHCN/MCH systems of care at the Federal, State and local levels, and in the areas described above, especially those which can demonstrate:

- Measurable, positive outcomes in operationalizing cultural competence in programs.

- Expertise in providing appropriate training and technical assistance packages in a timely manner.

- Establishment of linkages with related programs having cultural competency initiatives and expertise.

- Cooperative Agreement/Amounts: Up to \$250,000 will be available to support one new cultural competency systems implementation cooperative agreement focusing on the provision of comprehensive care to CSHCN and their families. The project period is 5 years.

- Contact: For programmatic and technical information contact Ms. Diana Denboba, telephone 301-443-2370.

4.2.2. Partnership for Information and Communication

- Application Deadline: May 10, 1995.

- Purpose: To facilitate dissemination of new maternal and child health-related information to policy and decision makers in a format most useful to them and provide those individuals with a means of communicating issues directly to each other and to MCHB.

This is a continuous Bureau activity with a single priority—to enhance communication between the MCHB and governmental, professional and private organizations representing leaders and policy makers concerned with issues related to maternal and child health. Organizations currently receiving support as part of this cooperative agreement represent State governors and their staffs; county health policymakers, municipal health policymakers, as well as national membership organizations representing groups or constituencies listed below.

To ensure continuity, membership for the organizations participating in PIC is rotated so that not all project periods coincide. For this year, only national membership organizations representing the following groups will be considered for funding:

- State Title V programs.

- State legislators.

- Private business, particularly self-insured businesses.

- Philanthropic organizations.

- Parent organizations.

- Cooperative Agreement/Amounts: Up to 5 cooperative agreements totalling \$1.2 million in FY 1995 will be awarded in this category. Award amounts will vary with the level of proposed grantee participation, as described in the application guidance. Awards will be made for a project period of up to 5 years.

- Contact: For programmatic or technical information, contact David Heppel, M.D., telephone: 301 443-2250.

4.2.3. Childhood Injury Prevention

- Application Deadline: March 31, 1995.

- Purpose: The Children's Safety Network was established in FY 1990 to provide technical assistance to States and communities in injury prevention and to consult with States and localities, develop and distribute publications, organize conferences, and conduct training. MCHB is interested in continuing this capacity.

- Priorities: During FY 1995, awards will be made for a resource center focused on each of the following four special injury prevention topics:

- Rural Child and Adolescent Injury.
- Adolescent Violence and Suicide.
- Injury Data.
- Economics and Insurance Issues.

All funded centers, together with the Children's Safety Network site at the Education Development Center, will constitute the Children's Safety Network.

- Cooperative Agreement/Amounts: Up to 4 agreements, totaling \$600,000, will be awarded in this category in FY 1995.

- Contact: For programmatic or technical information, contact Jean Athey, Ph.D., telephone: 301 443-4026.

4.2.4. Out-Of-Home Child Care Health And Safety

- Application deadline: April 27, 1995.

- Purpose: To continue support for a national resource center which will:

- Maintain a reference collection relating to health and safety in out-of-home child care settings.
- Maintain computerized databases, including states' current health and safety standards; health consultants registry; and directory of conferences and organizations.
- Provide training and technical assistance on health and safety in child care programs.
- Develop and distribute resource materials and maintain communications links with the child care community.

- Cooperative Agreement/Amounts: Approximately \$350,000 will be available annually for up to 5 years to support a resource center to assist in maintaining links with child care providers and consumers regarding health and safety in out-of-home child care settings.

- Contact: For programmatic or technical information, contact Denise Sofka, telephone: (301) 443-6600.

The categories, priorities, special considerations and preferences described above are not being proposed for public comment this year. In July 1993, following publication of the Department's Notice of Proposed Rulemaking to revise the MCH special project grant regulations at 42 CFR 51a, the public was invited for a 60-day period to submit comments regarding all aspects of the SPRANS application and review process. Public comments regarding SPRANS priorities received during the comment period were considered in developing this announcement. In responding to those comments, the Department noted the practical limits on Secretarial discretion in establishing SPRANS categories and

priorities owing to the extensive prescription in both the statute and annual Congressional directives.

Comments on this SPRANS notice which members of the public wish to make are welcome at any time and may be submitted to: Director, Maternal and Child Health Bureau, at the address listed in the ADDRESSES section.

Suggestions will be considered when priorities are developed for the next solicitation.

5. Eligible Applicants

Any public or private entity, including an Indian tribe or tribal organization (as defined at 25 U.S.C. 450b), is eligible to apply for grants or cooperative agreements for project categories covered in this announcement.

6. Public Health System Reporting Requirements

This program is subject to the Public Health System Reporting Requirements (approved under OMB No. 0937-0195). Under these requirements, the community-based nongovernmental applicant must prepare and submit a Public Health System Impact Statement (PHSIS). The PHSIS is intended to provide information to State and local health officials to keep them apprised of proposed health services grant applications submitted by community-based nongovernmental organizations within their jurisdictions.

Community-based nongovernmental applicants are required to submit the following information to the head of the appropriate State and local health agencies in the area(s) to be impacted no later than the Federal application receipt due date:

- (a) A copy of the face page of the application (SF 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 and local health agencies.

7. Executive Order 12372

The MCH Federal set-aside program has been determined to be a program which is not subject to the provisions of Executive Order 12372 concerning intergovernmental review of Federal programs.

The OMB Catalog of Federal Domestic Assistance number is 93.110.

Dated: February 8, 1995.

Ciro V. Sumaya,

Administrator.

[FR Doc. 95-3555 Filed 2-10-95; 8:45 am]

BILLING CODE 4160-15-U

National Institutes of Health

Division of Research Grants; Notice of Closed Meeting

Pursuant to Section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following Division of Research Grants Special Emphasis Panel (SEP) meeting:

Purpose/Agenda: To review individual grant applications.

Name of SEP: Behavioral and Neurosciences.

Date: February 17, 1995.

Time: 11:00 a.m.

Place: Georgetown Inn, Washington, DC.

Contact Person: Dr. Carole Jelsema, Scientific Review Administrator, 5333 Westbard Ave., Room 319B, Bethesda, MD 20892; (301) 594-7311.

The meeting will be closed in accordance with the provisions set forth in secs. 552b(c)(4) and 552b(c)(6), Title 5, U.S.C. Applications and/or proposals and the discussions could reveal confidential trade secrets or commercial property such as patentable material and personal information concerning individuals associated with the applications and/or proposals, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

This notice is being published less than 15 days prior to the meeting due to the urgent need to meet timing limitations imposed by the grant review cycle.

(Catalog of Federal Domestic Assistance Programs Nos. 93.306, 93.333, 93.337, 93.393-93.396, 93.837-93.844, 93.846-93.878, 93.892, 93.893, National Institutes of Health, HHS)

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Susan K. Feldman,

Committee Management Officer, NIH.

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