

*(Priority consideration will be given to Registered Nurses employed by the Indian Health Service; in a program assisted under a contract entered into under the Indian Self-Determination Act; or in a program assisted under title V of the Indian Health Care Improvement Act.)

Q. Optometry.

R. Para-Optometric.

S. Pharmacy: B.S.

T. Physician Assistant: B.S.

U. Physical Therapy.

V. Podiatry: D.P.M.

W. Public Health: M.P.H. only.

(Applicants must be enrolled or accepted in a school of public health in specialty areas such as Dietetics and Community Development in health).

X. Public Health Nutrition: Masters level only.

Y. Radiologic Technology: Associate and B.S.

Z. Respiratory Therapy: Associate.

AA. Sonography.

Interested individuals are reminded that the list of eligible health and allied health professions is effective for the applicants for the 2 academic years covered by this standing announcement. These priorities will remain in effect until superseded.

Dated: February 7, 1995.

Michael H. Trujillo,

Assistant Surgeon General, Director.

[FR Doc. 95-3740 Filed 2-14-95; 8:45 am]

BILLING CODE 4160-16-M

Health Resources and Services Administration

Federal Financial Assistance for Rural Regional Trauma and Emergency Medical Services System Demonstration Project in South Central Florida

AGENCY: Health Resources and Services Administration, PHS.

ACTION: Notice of availability of funds.

SUMMARY: The Office of Rural Health Policy, Health Resources and Services Administration (HRSA), Public Health Service, Department of Health and Human Services, announces the availability of funds in Fiscal Year (FY) 1995 for a grant to support the development of a rural regional Trauma and Emergency Medical Services (EMS) System in South Central Florida for a one year project period. The successful applicant will develop a plan to integrate existing rural emergency services (EMS), local community hospitals, a metropolitan tertiary care

center/level I trauma center and its medical helicopter to develop a regionalized system of care. This project is intended to serve as a model for other rural, underserved areas of the United States.

Authority

The award will be made from funds appropriated under Pub. L. 103-333 (HHS Appropriation Act for FY 1995). The Senate Committee on Appropriations Report 103-318, included a set-aside to support the Rural Regional Trauma and EMS System Demonstration Project under the FY 1995 appropriations to support Outreach grants. Grants for these projects are authorized under Section 301 of the Public Health Service Act.

Eligible Applicants

Justification for Other Than Full and Open Competition

In the Senate Committee on Appropriations Report 103-318, the Senate directed this demonstration project grant award to be made only to an entity located in South Central Florida. Specifically, the eligible applicant must be located either in an urban-based, level I trauma hospital in Florida, or in one of the Florida counties comprising the demonstration grant service area (Okeechobee, Highlands, Hendry, DeSoto, Glades, or Hardee County). The applicant can be a public or private, not-for profit entity. The Department agrees that this set-aside will further program objectives.

Funds Available

An estimated total award of up to \$600,000 will be available to support a single grant project for a one-year grant period.

Cost Participation

Cost participation serves as an indicator of community and institutional support for the project and the likelihood that the project will continue after Federal grant support has ended. The successful applicant must share in the project costs by providing equipment, personnel, building space, indirect costs, other in-kind contributions, or cash.

DATES: Applications for the program must be received by the close of business on April 25, 1995. Completed applications must be sent to the Bureau of Primary Health Care at the address shown below. Applications shall be considered as meeting 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 must obtain a legible dated receipt from a commercial carrier or the U.S. Postal Service in lieu of a postmark. Private metered postmarks will not be acceptable as proof of timely mailing. Late applications will be returned to the sender.

ADDRESSES: Requests for grant application kits should be directed to Lt. Colleen Hennessy, Program Management, Office of Rural Health Policy, 5600 Fishers Lane, Room 9-05, Rockville, Maryland, 20857, telephone: 301/443-0835. Completed applications and requests for additional information regarding business or fiscal issues should be directed to Ms. Opal McCarthy, Grants Management, at the Bureau of Primary Health Care, East West Building, 11th Floor, 4350 East West Highway, Bethesda, Maryland 20857, telephone: (301) 594-4260. The standard application form and general instructions for completing applications (Form PHS 5161-1, OMB 0937-0189) have been approved by the Office of Management and Budget (OMB).

FOR FURTHER INFORMATION CONTACT:

Requests of a programmatic nature should be directed to Lt. Colleen Hennessy, at the Office of Rural Health Policy, 5600 Fishers Lane, Room 9-05, Rockville, Maryland, 20857, telephone: 301/443-0835.

SUPPLEMENTARY INFORMATION:

Program Objectives

The purpose of the Rural Regional Trauma and EMS System Demonstration Project is to support the development of a regional trauma and EMS system to serve rural communities. The successful applicant will integrate existing rural prehospital providers (EMS), local community hospitals, and rural community providers, with a metropolitan tertiary care center/level I trauma center and its aeromedical transport services, into a services network that is capable of improving emergency services to rural populations. Specifically, these rural populations are located in the Florida counties of Okeechobee, Highlands, Hendry, DeSoto, Glades, and Hardee; and are comprised of medically underserved populations, such as migrant laborers and Native Americans. Currently these populations do not receive timely, comprehensive trauma care.

Consistent with the requirements of the Rural Health Outreach Program, under which this demonstration project is funded, all qualified applicants must develop consortia of three or more participatory entities, each of which must play an active contributory role in

the project. All of these entities, with the exception of the level I trauma center, must be located in rural areas within the proposed grant service area. The rural-urban partnership MUST have a reciprocal relationship, a thorough understanding of the needs of rural populations, and a sustained dedication to serving these needs. Consortia should also include representation from the special populations, such as tribal organizations or migrant laborers, which will also be expected to contribute an active role in implementing the demonstration project. The successful application must also include a plan to enhance the capability and resources of rural communities to provide emergency medical services. Suggested approaches might include the provision of on-site, emergency medical services training and certification, first responder and community education to rural community members, rural providers and emergency services volunteers. The project must have the support of the Florida State Office of EMS and have been coordinated with the state's comprehensive trauma plan.

The goals of this program are as follows: (1) Increase access to aeromedical transport services by the rural EMS providers; (2) improve response times to the scenes of injuries in remote areas of these counties; (3) increase access to critical trauma services to the medically underserved, regardless of ability to pay; and (4) improve transport times of critically ill or injured citizens to tertiary care.

Review Consideration

All eligible applications will be evaluated on the basis of the following criteria:

(1) The extent to which the project facilitates the development of a comprehensive, integrated, regional trauma and EMS system to all rural populations within the specified grant service area. The plan should conform to guidelines presented in the *Model Trauma Care Systems Plan* ordered by Congress under Title XII of the Public Health Service Act (Pub. L. 101-590), a copy of which will be provided to all potential applicants in the application package.

(2) The strength of the relationships among members of the consortium, demonstrated by the degree of reciprocity and commitment reflected in contractual arrangements and letters of support, and in the breadth and selection of a consortium that fairly represents the rural populations and existing services located in the specified grant service area.

(3) The level of local commitment and involvement with the project, as demonstrated by the extent to which cost participation by the applicant and/or other organizations is employed.

(4) A demonstrated capability, experience, dedication, and knowledge of the applicant, as well as others, who will be responsible for the project.

(5) The extent to which the applicant has developed measurable goals and objectives for meeting the need(s).

(6) The reasonableness of the budget proposed for the project, and the feasibility for plans to sustain project services after Federal grant support has ended.

(7) The extent to which the proposed project will be capable of replication in rural areas with similar needs and characteristics, particularly with regard to its affordability by other communities.

Other Information

The successful applicant will be permitted to spend no more than 15 percent of the total amount awarded for administrative costs. More than 50 percent of the funds awarded must be spent in rural areas. Services provided by the grant may not be restricted to only those patients with the ability to pay. Grant funds may not be used to purchase or construct real property. Equipment and renovation costs of up to 40 percent of the Federal share of the project are allowable, if the costs are supported with written justification and are in accordance with the program objectives of the demonstration grant. The allowability of other costs will be governed by applicable regulations.

Applicants are advised that the narrative description of their program and the budget justification may not exceed 30 pages in length. All applications must be typewritten and clearly legible.

Public Health System Impact Statement

This program is subject to the Public Health System Reporting Requirements. Reporting requirements have been approved by the Office of Management and Budget—# 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 non-governmental 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 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.

Executive Order 12372

The Rural Health Outreach Grant Program has been determined to be a program which is subject to the provisions of Executive Order 12372 concerning intergovernmental review of Federal programs by appropriate health planning agencies as implemented by 45 CFR part 100. Executive Order 12372 allows States the option of setting up a system for reviewing applications from within their States for assistance under certain Federal programs. Applicants (other than federally-recognized Indian tribal governments) should contact their State Single Point of Contact (SPOCs), a list of which will be included in application kit, as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC of each affected State. All SPOC recommendations should be submitted to Opal McCarthy, Office of Grants Management, Bureau of Primary Health Care, East West Building, 11th Floor, 4350 East West Highway, Rockville, Maryland 20857, (301) 594-4260. The due date for State process recommendations is 60 days after the application deadline for new and competing awards. The granting agency does not guarantee to "accommodate or explain" for State process recommendations it receives after that date. (See Part 148, Intergovernmental Review of PHS Programs under Executive Order 12372 and 45 CFR part 100 for a description of the review process and requirements).

This is intended to be a one-time program. Therefore, a Catalogue of Federal Domestic Assistance number has not been requested.

Dated: February 9, 1995.

Ciro V. Sumaya,
Administrator.

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