CFR 225.41) to acquire a bank or bank holding company. The factors that are considered in acting on notices are set forth in paragraph 7 of the Act (12 U.S.C. 1817(j)(7)).

The notice is available for immediate inspection at the Federal Reserve Bank indicated. Once the notice has been accepted for processing, it will also be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing to the Reserve Bank indicated for the notice or to the offices of the Board of Governors. Comments must be received not later than April 7, 1995.

A. Federal Reserve Bank of Minneapolis (James M. Lyon, Vice President) 250 Marquette Avenue, Minneapolis, Minnesota 55480:

1. Rachel Ann Solsrud, Augusta, Wisconsin; to acquire 100 percent of the voting shares of Baron Bancshares II, Inc., White Bear Lake, Minnesota, and thereby indirectly acquire Security State Bank of Deer Creek, Deer Creek, Minnesota.

Board of Governors of the Federal Reserve System, March 20, 1995.

Jennifer J. Johnson,

Deputy Secretary of the Board.

[FR Doc. 95-7294 Filed 3-23-95; 8:45 am]

BILLING CODE 6210-01-F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[CRADA 95–002]

National Institute for Occupational Safety and Health; Cooperative Research and Development Agreement

AGENCY: Centers for Disease Control and Prevention (CDC), Public Health Service, HHS.

ACTION: Notice.

SUMMARY: The Centers for Disease Control and Prevention (CDC), National Institute for Occupational Safety and Health (NIOSH), announces the opportunity for potential collaborators to enter into a Cooperative Research and Development Agreement (CRADA) to develop an inexpensive aerosol generator to produce a solid sodium chloride aerosol with a CMD between 0.06 and 0.11 μm and a geometric standard deviation of 1.80 as measured by a differential mobility particle sizer.

It is anticipated that all inventions which may arise from this CRADA will be jointly owned. The collaborator(s) with whom the CRADA is made will have an option to negotiate an exclusive or nonexclusive royalty-bearing license. The CRADA will be executed for a 2-year period with the possibility of renewal for another 2-year period.

Because CRADAs are designed to facilitate the development of scientific and technological knowledge into useful, marketable products, a great deal of freedom is given to Federal agencies in implementing collaborative research. The CDC may accept staff, facilities, equipment, supplies, and money from the other participants in a CRADA; CDC may provide staff, facilities, equipment, and supplies to the project. There is a single restriction in this exchange: CDC MAY NOT PROVIDE FUNDS to the other participants in a CRADA. This opportunity is available until 30 days after publication of this notice. Respondents may be provided a longer period of time to furnish additional information if CDC finds this necessary.

FOR FURTHER INFORMATION CONTACT:

Technical

Ernest S. Moyer, Ph.D., Protective Equipment Section, Protective Technology Branch, Division of Safety Research, NIOSH, CDC, ALOSH Laboratories, 944 Chestnut Ridge Road, Mailstop P119 (Room 142), Morgantown, West Virginia 26505, telephone (304) 285–5962, FAX (304) 285–6047.

Business

Theodore F. Schoenborn, Technology Transfer Coordinator, NIOSH, CDC, 4676 Columbia Parkway, Mailstop R2, Cincinnati, Ohio 45226, telephone, (513) 841–4305, FAX (513) 841–4500.

SUPPLEMENTARY INFORMATION: The inexpensive aerosol generator to produce solid sodium chloride aerosol of the desired size and size distribution will be used in determining filter penetration in accordance with NIOSH-proposed new respirator regulations 42 CFR Part 84. The generation system needs to be able to reproducibly produce sodium chloride aerosol of known size (0.06–0.11 μm CMD) and with a standard deviation of ≤1.80. The aerosol's concentration needs to be >10 mg/m^3 and can be as high as 200 mg/m^3. The collaborator(s) and NIOSH will jointly perform the research aimed at development of a commercially inexpensive system to achieve instrument ruggedness and lowest possible cost per unit system. NIOSH will provide technical expertise, consultation and guidance, system specifications, verification of system integrity, and product evaluation and testing. Since this CRADA involves the bringing together of diverse technologies, a consortium of collaborators will be considered. Technology derived under this CRADA will not be used for standards setting.

Applicants will be judged according to the following criteria:

1. Adequacy and technical capabilities to develop the desired technologies and product;

2. Ability to develop, produce, market, and support commercial aerosol generation systems;

3. Evidence of technical credibility; and

4. Ability to complete the CRADA in a timely fashion.

This CRADA is proposed and implemented under the 1986 Federal Technology Transfer Act: Pub. L. 99–502.

The responses must be made to: Theodore F. Schoenborn, Technology Transfer Coordinator, National Institute for Occupational Safety and Health, CDC, 4676 Columbia Parkway, Mailstop R2, Cincinnati, Ohio 45226.

Dated: March 17, 1995.

Linda Rosenstock,

Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC).

[FR Doc. 95–7311 Filed 3–23–95; 8:45 am]

BILLING CODE 4163–19–P

[Announcement No. 518]

Public Health Leadership Institute

Introduction

The Centers for Disease Control and Prevention (CDC), announces the availability of fiscal year (FY) 1995 funds to support a cooperative agreement to develop and conduct a Public Health Leadership Institute. 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 to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority areas of Education and Community-Based Programs, and specifically to Objective 8.14: ''Increase to at least 90 percent the proportion of people who are served by a local health department that is effectively carrying out the core functions of public health.'' The core functions of public health are defined as assessment, assurance and policy development. (For ordering a copy of ''Healthy People 2000,'' see the section **Where To Botain Additional Information.**)

Authority

This cooperative agreement is authorized under section 1704 of the Public Health Service Act, (42 U.S.C. 300 u-3), as amended.

Smoke-Free Workplace

PHS strongly encourages all grant recipients to provide a smoke-free workplace and to promote the nonuse of all tobacco products, and Public Law 103–227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, and early childhood development services are provided to children.

Eligible Applicants

Applications may be submitted by public and private, nonprofit and for-profit organizations and governments and their agencies. Thus, universities, colleges, research institutions, hospitals, other public and private organizations, State and local governments or their bona fide agents, federally recognized Indian tribal governments, Indian tribes or Indian tribal organizations, and small, minority- and/or women-owned businesses are eligible to apply. In addition, applicants must maintain the requisite certification necessary to award Continuing Education Unit (CEUs) and Continuing Medical Education (CME) units. They must also be able to demonstrate the ability to manage and administer an onsite program, demonstrate the ability to conduct and market successful short-term educational experiences for working professionals, and must be able to recruit nationally recognized faculty, including recognized leadership and public health officials from academic institutions, governmental agencies, professional and voluntary organizations and private industry. Also, they must possess knowledge and skill in public policy development and an awareness of contemporary public health issues and demonstrate the ability to systematically collect information in order to guide efforts to improve the content or administration of the Institute.

Availability of Funds

Approximately $500,000 is available in FY 1995 to fund one award. It is anticipated that the award will begin on or about July 19, 1995, and will be made for a 12-month budget period within a project period of up to five years. The funding estimate may vary and is subject to change. Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.

Purpose

The purpose of this cooperative agreement is to enhance the leadership knowledge and skills of city, county, State, tribal and Indian Health Services (IHS), and international health officials, public health academicians, community leaders, and other health professionals by conducting an annual Public Health Leadership Institute. The Institute is intended to provide participants with a year-long learning experience, highlighted by an intensive onsite program. Additionally, it will provide an opportunity for public health leaders to interact and create a network of leaders who can be instrumental in influencing the future direction of public health.

Participants will be periodically evaluated during the Institute to determine the impact of the experience on their level of leadership ability and their organizations effectiveness and efficiency. The results of these evaluations, along with the participants' recommendations for improvement, will be used in planning activities for future Institutes.

The long-term objectives of the cooperative agreement are to:

1. Enhance and develop the leadership skills and abilities of participants in areas that are vital to the operation of their health agencies.

2. Provide an annual forum for discussions and the critical analysis of current public health issues.

3. Develop a network of public health leaders who can provide ongoing support to the public health infrastructure following attendance at the Institute.

4. Strengthen the relationship between public health practice and academia by providing a model for such interaction.

The core faculty of the Institute will consist of recognized leaders from academia. Leaders from the private sector, professional and voluntary organizations, government agencies and legislative staffs will also be recruited when specialized expertise is required.

Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities under A. (Recipient Activities), and the CDC will be responsible for the activities listed under B. (CDC Activities).

The recipient must agree to conduct all planned Institute activities during established working hours.

A. Recipient Activities

The recipient, with guidance from an appropriate steering committee, will be responsible for the development and subsequent presentation of a comprehensive leadership experience. The recipient will be required to exhibit research, developmental and organizational abilities in performing the following activities:

- Review and analyze the leadership skills required by State or tribal and IHS, and local public health officials.
- Develop the Institute objectives.
- Develop the Institute curriculum.
- Identify and recruit Institute faculty.
- Identify and select participants.
- Develop and administer an evaluation plan.
- Provide a conference site and all attendant logistics for the onsite program.

1. Establish a steering committee comprised of representatives of national health organizations who have an understanding of the abilities necessary to function as a leader of a health agency or organization. The steering committee should include representation from organizations such as ASTHO, NACHO, CDC, Health Resources and Services Administration (HRSA), and the American Public Health Association (APHA). The role of the steering committee will be to provide expertise in the development of the Institute. In collaboration with the steering committee, the recipient will develop and implement the Institute plan which should include, but not be limited to, the goals and objectives of the Institute, the curriculum, the criteria for faculty selection, the instructional methodology, and the evaluation methodology selected to ascertain the effectiveness of the experience.

2. Develop a curriculum protocol for the Institute, including the proposed agenda, the method of delivering training, and the plans for producing and delivering training materials.

3. Develop a list of potential faculty for the Institute. Potential faculty should include individuals from the private sector, legislative staffs, professional and voluntary organizations, academic institutions, and Federal, State or tribal and IHS officials, local and international health agencies. The faculty selected should be available to confer with the participants for specified periods of time as the activities of the Institute occur. Applicants will be expected to confirm the availability and commitment of faculty to participate in the Institute events.

4. Collaborate with the steering committee to identify, select, and

extend invitations to approximately 50–55 participants to attend the Institute. Participants shall include State, and tribal and IHS, health department directors and deputy directors and local health department directors. It is expected that each class will include a mixture of officials from State or tribal and IHS and local health departments, from rural and urban areas, from all geographic regions, and with varied types and levels of experience and education. Additionally, a small number of slots will be available for environmental health officials, representatives of international health organizations or other countries, faculty members of the schools of public health, other community and health organizations and foundation leaders.

5. Develop program objectives and an evaluation plan to determine the effectiveness of the Institute in enhancing the leadership skills of the participants as well as the operations of public health agencies. It is anticipated that the evaluation plan will contain short-and long-term objectives. The short-term evaluation component may address issues such as the quality of the instruction, the adequacy of the materials and program site, the degree to which participant's learning objectives were met, and whether the instructional objectives were achieved. The long-term evaluation component will assess the long-term impact of the experience, and will focus on issues such as: (1) Have participants' skills improved as a result of participation in the Institute? (2) How did the Institute improve the public health infrastructure? (3) Are participants better able to develop and promote public health policy? (4) Has organizational communication improved? (5) Are participants more adept at diagnosing organizational ineffectiveness or inefficiency? (6) Have participants' ability to mobilize constituencies improved? (7) Are participants more willing to entertain new ideas and create an organizational climate receptive to innovation and creativity?

6. Provide a conference facility for any onsite program activities. The selected site must meet certain requirements, including adequate housing, dining, recreation, meeting, and handicapped accessible facilities for the participants. The site chosen should enhance the interactive nature of the Institute experience.

7. Provide logistical support for conducting the Institute and provide staff support before and during the Institute for participant activities such as registration.

8. Convene the Institute. Recipient will collaborate with the steering committee in developing a timetable to convene the Institute for the entire project period. The initial Institute must be conducted within the first twelve month budget period.

9. Share information regarding program planning, curriculum development, program evaluation and other pertinent activities with personnel who are conducting CDC-sponsored leadership programs.

10. Plan and conduct activities related to the investigation of the relationship between participation in leadership enhancement programs (e.g., Public Health Leadership Institute), and changes in leadership ability and behavior. It is also anticipated that the findings derived from these activities will be disseminated through presentations at public health meetings and conferences and publications in professional journals.

B. CDC Activities

1. Assist in the identification of representatives for the development of the steering committee. Provide technical assistance to the recipient in the preparation and subsequent presentation of the Institute.

2. Collaborate in the development of curriculum for the Institute including the agenda, the method of presentation, and the training materials to be used.

3. Provide technical assistance in identifying potential faculty members to be recruited from the private sector, legislative staffs, and other health agencies.

4. Collaborate and provide assistance in the development of participant selection criteria.

5. Collaborate in the development of the goals and objectives of the Institute. Assist in the development of the short- and long-term evaluation plans.

6. Provide technical assistance and consultation in all phases of Institute planning.

7. Collaborate with other members of the Institute management team, including attendance at meetings and retreats, and participation on conference calls.

8. Assist in collaborative efforts between the Institute and other CDC-sponsored State and regional leadership programs.

Evaluation Criteria

Applications will be reviewed and evaluated according to the following criteria (maximum 100 points):

1. Demonstration of applicant's understanding of the issues described in the Program Announcement; i.e., the need to present a program using current public health issues as a backdrop for leadership training (15%);

2. Technical merit of the proposed approach to be used in accomplishing the responsibilities of the project (15%);

3. Adequacy of the plan to address the objectives of the project and the appropriateness of the schedule proposed to accomplish the project (15%);

4. Originality of proposed evaluation plan to document the accomplishments of the Institute (10%);

5. Experience and competence of the proposed project director(s) and staff. This will include those persons who will serve as core faculty of the Institute (25%);

6. Previous experience conducting training activities for working professionals and the suitability of facilities and resources to conduct the project (20%);

7. Appropriateness and justification of the requested budget relative to the activities proposed (not scored).

Executive Order 12372 Review

This program is not subject to the Executive Order 12372 review.

Public Health Systems Reporting Requirements

This program is not subject to the Public Health System Reporting Requirements.

Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance Number is 93.262.

Application Submission and Deadline

The original and two copies of the application Form PHS–5161–1 (OMB Number 0937–0189) must be submitted to Henry S. Cassell, III, Acting Chief, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E–16, Atlanta, GA 30305, on or before June 1, 1995.

1. Deadline: Applications shall be considered as meeting the deadline if they are either:

a. Received on or before the deadline date, or

b. Sent on or before the deadline date and received in time for submission to the review group. Applicants must request a legibly dated U.S. Postal Service Postmark or obtain a legibly dated receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.

2. Late Applications: Applications which do not meet the criteria in 1.(a)

or 1.(b) above are considered late applications. Late applications will not be considered in the current competition and will be returned to the applicant.

Where To Obtain Additional Information

A complete program description and information on application procedures are contained in the application package. Business management technical assistance may be obtained from Marsha D. Driggans, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E–16, Atlanta, GA 30305, telephone (404) 842–6523, facsimile (404) 842–6513. Programmatic technical assistance may be obtained from Steve L. Frederick, Program Analyst, Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE., Mailstop E–20, Atlanta, GA 30333, telephone (404) 639–1945, facsimile (404) 639–1989. Please refer to Announcement 518 when requesting information and submitting an application.

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) referenced in the **Introduction** through the Superintendent of Documents, Government Printing Office, Washington, DC 20402–9325, telephone (202) 783–3238.

Dated: March 17, 1995.

Joseph R. Carter,

Acting Associate Director for Management and Operations, Centers for Disease Control and Prevention (CDC).

[FR Doc. 95–7312 Filed 3–23–95; 8:45 am]

BILLING CODE 4163–18–P

Health Care Financing Administration

Medicaid Program: Notice of Compliance Hearing: State of Kansas Failure To Comply Substantially With Sections 1902(a)(14) and 1902(a)(19) of the Social Security Act by Not Fully Complying With the Cost-Sharing Provisions of the Medicaid Statute

AGENCY: Health Care Financing Administration, HHS.

ACTION: Notice of compliance hearing.

SUMMARY: This notice announces a compliance hearing on April 26, 1995, in Room 111, New Federal Office Building, 601 East 12th Street, Kansas City, Missouri, 64106–2808, to determine whether the State of Kansas, in the administration of its Medicaid State plan, has failed to comply with sections 1902(a)(14) and 1902(a)(19) of the Social Security Act and 42 CFR 447.54(c).

CLOSING DATE: Requests to participate in the compliance hearing as a party must be received by April 10, 1995.

FOR FURTHER INFORMATION CONTACT: Mr. Stanley Katz, Presiding Officer, HCFA Hearing Staff, Ground Floor, Meadowwood East Building, 1849 Gwynn Oak Avenue, Baltimore, MD 21207, Telephone: (410) 597–3013.

SUPPLEMENTARY INFORMATION: This notice announces a compliance hearing to determine whether the State of Kansas, in the administration of its Medicaid State plan, has failed to comply with sections 1902(a)(14) and 1902(a)(19) of the Social Security Act (the Act) and 42 Code of Federal Regulations (CFR) 447.54(c). Section 1902(a)(14) of the Act requires a Medicaid State plan to provide that premiums, deductibles, cost sharing, or similar charges be imposed only as provided in section 1916 of the Act. Section 1902(a)(19) of the Act requires that the State plan provide such safeguards as may be necessary to assure that care and services are provided in the best interests of Medicaid recipients. Preliminary findings are that (1) the copayment currently imposed by Kansas does not conform to its approved State plan, and (2) in imposing an institutional copayment level in an amount which deters recipients from seeking needed care, Kansas has acted in a manner not in the best interests of Medicaid recipients.

Section 1904 of the Act and 42 CFR 430, subpart D, establish departmental procedures that provide a compliance hearing to determine whether a State is not in compliance with a requirement of Federal law. HCFA is required to publish a copy of the notice to the State Medicaid agency which informs the agency of the time and place of the hearing and the issues to be considered. (If we subsequently notify the agency of additional issues which will be considered at the hearing, we will also publish notice.) Any individual or group that wishes to participate in the hearing as a party must petition the Hearing Officer within 15 days after publication of this notice, in accordance with the requirements at 42 CFR 430.76(b). Any interested person or organization that wishes to participate as amicus curiae must petition the Hearing Officer before the hearing begins, in accordance with the requirements at 42 CFR 430.76(c). If the hearing is later rescheduled, the Hearing Officer will notify all participants.

There is one issue to be considered at this hearing: whether Kansas has failed to comply in practice with sections 1902(a)(14) and 1902(a)(19) of the Act and 42 CFR 447.54(c) in the administration of its Medicaid State plan by imposing a copayment amount that does not conform to its current State plan and is not in the best interests of Medicaid recipients. The State of Kansas submitted a State plan amendment (SPA) to increase its copayment for general hospital inpatient services and inpatient free standing psychiatric facility services from $25 to $325 per admission for Medicaid patients. The SPA did not conform to the requirements of Federal law and regulations. A letter disapproving the SPA was sent to the State on July 28, 1994. However, at this time, Kansas continues to apply the higher copayment amount.

The notice to Kansas announcing a compliance hearing to consider our decision to find the State out of compliance with sections 1902(a)(14) and 1902(a)(19) of the Act and 42 CFR 447.54(c), reads as follows:

Ms. Janet Schalansky,
Acting Secretary,
Kansas Department of Social and Rehabilitation Services, 915 S.W. Harrison Street, Topeka, Kansas 66612.

Dear Ms. Schalansky: I am writing to advise you that the Health Care Financing Administration has preliminarily determined that Kansas has failed to comply in practice with sections 1902(a)(14) and 1902(a)(19) of the Social Security Act (the Act) and 42 Code of Federal Regulations (CFR) 447.54(c). By failing to comply substantially in the administration of sections 1902(a)(14) and 1902(a)(19) of the Act and 42 CFR 447.54(c), as properly reflected in its approved State plan, Kansas is substantially out of compliance with the requirements for continued Federal financial participation as explained in the letter to you dated October 6, 1994, from Joe L. Tilghman, Regional Administrator.

In accordance with the requirements of section 1904 of the Act and the implementing regulations at 42 CFR 430.60 and 430.72, I am scheduling a hearing on this determination to be held on April 26, 1995, in Room 111, New Federal Office Building, 601 East 12th Street, Kansas City, Missouri, 64106–2808.

I am designating Mr. Stanley Katz as the presiding officer. If these arrangements present any problems, please contact the presiding officer. In order to facilitate any communication necessary between the parties to the hearing, please notify the presiding officer of the names of the individuals who will represent the State at the hearing. The presiding officer may be reached at (410) 597–3013.