

Homeless Youth (RHY). In that regard, the Office provides policy guidance to state, county, city or town and tribal governments and public and private organizations to assure consistent and uniform adherence to federal requirements. The Office provides technical assistance to entities responsible for administering these programs to ensure that appropriate procedures and practices are adopted, and monitors the programs to ensure their efficiency and effectiveness. The Office performs systematic fiscal reviews and makes recommendations to the Regional Administrator to approve or disallow costs under ACF discretionary grant programs. The Office issues certain discretionary grant awards based on a review of project objectives, budget projections, and proposed funding levels. As applicable, recommendations are made on the clearance and closure of audits of grantee programs, paying particular attention to financial management deficiencies that decrease the efficiency and effectiveness of the ACF programs and taking steps to monitor the resolution of such deficiencies. The Office oversees the management and coordination of office automation systems in the region such as the PC Cost and HS Cost systems for budget analysis on Head Start Applications and monitors grantee systems projects such as the Head Start Program Information Report, Head Start Management Tracking System and the Youth Development and Head Start Bulletin Board. The Office represents the Regional Administrator in dealing with ACF Program Offices on all program policy and financial matters under its jurisdiction. Alerts or early warnings are provided to the Regional Administrator regarding problems or issues that may have significant implications on the programs.

Dated: May 15, 1995.

Mary Jo Bane,

Assistant Secretary for Children and Families.

[FR Doc. 95-12550 Filed 5-22-95; 8:45 am]

BILLING CODE 4148-01-M

Office of Refugee Resettlement; Statement of Organization, Functions, and Delegations of Authority

This Notice amends Part K, Chapter K of the Statement of Organization, Functions and Delegations of Authority of the Department of Health and Human Services, Administration for Children and Families (56 FR 42332) as last amended, August 27, 1991; KR, The Office of Refugee Resettlement (59 FR

23888), as last amended, May 9, 1994. This reorganization will realign the functions of the Office of Refugee Resettlement into two divisions, thereby improving the efficiency and effectiveness of the refugee activities in the Administration for Children and Families. Specifically, we are amending Chapter KR with the following:

KR.00 Mission. The Office of Refugee Resettlement (ORR) advises the Secretary, through the Assistant Secretary for Children and Families, on matters relating to refugee resettlement, immigration, and repatriation. The Office plans, develops and directs implementation of a comprehensive program for domestic refugee and entrant resettlement assistance. It develops, recommends, and issues program policies, procedures and interpretations to provide program direction. The Office monitors and evaluates the performance of states and other public and private agencies in administering these programs and supports actions to improve them. It provides leadership and direction in the development and coordination of national public and private programs that provide assistance to refugees, entrants, and other immigrants.

The Office also plans, develops and provides direction on the administration of the U.S. Repatriate Program.

KR.10 Organization. The Office of Refugee Resettlement is headed by a Director who reports directly to the Assistant Secretary for Children and Families and consists of:

Office of the Director [KRA]

Division of Refugee Self-Sufficiency [KRE]

Division of Community Resettlement [KRF]

KR.20 Functions. A. Office of the Director is directly responsible to the Assistant Secretary for Children and Families for carrying out ORR's mission and providing guidance and general supervision to the components of ORR. Within the Office of the Director, staff assist the Director in managing the formulation of program policy and budget and in the formulation of salaries and expense budgets. Staff also provide administrative, personnel and data processing support services.

The Office coordinates with the lead refugee and entrant program offices of other federal departments; provides leadership in representing refugee and entrant programs, policies and administration to a variety of governmental entities and other public and private interests; and acts as the coordinator of the total refugee and entrant resettlement effort for ACF and the Department.

B. Division of Refugee Self-Sufficiency provides direction for assuring that refugees are provided assistance and services through the State-administered program and alternative programs such as the voluntary agency program and Wilson/Fish projects in a manner that helps refugees to become employed and economically self-sufficient as soon after their arrival in the United States as possible. It monitors and provides technical assistance to the state-administered domestic assistance programs and develops guidance and procedures for their implementation; manages special initiatives to increase refugee self-sufficiency such as through demonstration or pilot programs; manages the unaccompanied minors program to ensure that refugee and entrant unaccompanied minors are provided appropriate care and services; manages the allocation and tracking of funds for refugee cash and refugee medical assistance and State administrative costs; prepares annual budget estimates and related materials; and develops regulations, legislative proposals, and routine interpretations of policy regarding the State-administered and alternative programs.

C. Division of Community Resettlement directs and manages effective refugee resettlement through the programmatic implementation of grants, contracts and special initiatives associated with national discretionary activity and other activities as specified by the Director or required by Congressional mandate.

The Division ensures the quality of medical screening and initial medical treatment of refugees; collects data and performs analyses on the changing needs of the refugee and entrant population; provides leadership to identify data needs and sources, formulates data and reporting requirements; assists states and private agencies on data reporting and the resolution of reporting problems; compiles, evaluates, and disseminates information on the nationwide performance and costs of refugee service programs; responds to unanticipated refugee and entrant arrivals or significant increases in arrivals to communities where adequate or appropriate services do not exist; strengthens the role of ethnic community national or multi-State organizations to promote economic independence among refugees; provides for English Language Training and provides where specific needs have been shown and recognized by the Director for health (including mental

health) services, social services, educational and other services.

The Division develops Repatriation plans to make arrangements and approve payments for temporary assistance to certain U.S. citizens and dependents repatriated from foreign countries, and for the hospitalization of certain U.S. Nationals repatriated because of mental illness.

Dated: May 17, 1995.

Mary Jo Bane,

Assistant Secretary for Children and Families.

[FR Doc. 95-12551 Filed 5-22-95; 8:45 am]

BILLING CODE 4184-01-M

Centers for Disease Control and Prevention

[Announcement 553]

Cooperative Agreement for Adult Blood Lead Epidemiology Surveillance Programs and/or Intervention Projects to Prevent Adult Lead Poisoning

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1995 funds for new and competing continuation of State-Based Adult Blood Lead Epidemiology and Surveillance Programs (ABLES) and intervention projects to prevent adult lead poisoning in high-risk industries and occupations. 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 area of Occupational Safety and Health. (To order a copy of Healthy People 2000, see the Section Where To Obtain Additional Information.)

Authority

This program is authorized under the Occupational Safety and Health Act of 1970, section 20(a), (29 U.S.C. 669(a)), and section 22(e)(7), (29 U.S.C. 671(e)(7)).

Smoke-Free Workplace

The Public Health Service strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use 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.

Environmental Justice Initiative

Activities conducted under this announcement should be consistent with the Federal Executive Order No. 12898 entitled "Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations." Awardees, to the greatest extent practicable and permitted by law, shall make achieving environmental justice part of its program's mission by identifying and addressing, as appropriate, disproportionately high and adverse human health and environmental effects of lead on minority populations and low-income populations.

Eligible Applicants

Eligible applicants must have regulations for reporting blood lead levels or provide assurances that such regulations will be in place within six months of awarding the cooperative agreement. Eligible applicants are State health departments or other State health agencies or departments deemed most appropriate by the State to direct and coordinate the State's adult lead poisoning prevention program. This eligibility includes health departments or other official organizational authority (agency or instrumentality) of the District of Columbia, the Commonwealth of Puerto Rico, and any territory or possession of the United States. Also eligible are federally recognized Indian tribal governments.

Note: Other official State and territorial agencies with occupational safety and health jurisdiction may also apply. Applicants other than health departments must apply in collaboration with and through their State and territorial health department.

For Surveillance Funds Only: Eligible applicants must have regulations for reporting of blood lead (PbB) levels by both public and private laboratories or provide assurances that such regulations will be in place no later than September 30, 1995. This program is intended to initiate and build capacity for surveillance of adult PbB levels. Therefore, any applicant that already has in place a PbB level surveillance activity must demonstrate how these grant funds will be used to enhance, expand or improve the current activity, in order to remain eligible for funding. CDC funds should be added to blood-lead surveillance funding from other sources, if such funding exists. Applicants other than State health departments must apply in conjunction with their State or territorial health department. If a State agency applying for cooperative agreement funds is other than the official State health

department, written concurrence by the State health department must be provided.

(In order to compete for additional funding, applicants that are currently being funded for "Adult Blood Lead Epidemiology and Surveillance" programs must submit new supplemental proposals for their surveillance activities, and/or a proposal for an intervention project. These supplements must meet all the above eligibility and will be evaluated as a part of the surveillance program/intervention project objective review.)

Availability of Funds

Surveillance/Intervention Funds

Approximately \$539,500 will be available in FY 1995. These funds will be awarded as follows:

Surveillance Programs

A. Approximately \$81,000 to fund up to three cooperative agreements for States currently without a lead surveillance program but who meet the eligibility criteria. These awards are expected to range from approximately \$25,000 to \$30,000 with the average award being approximately \$27,000.

B. Approximately \$278,500 to fund up to thirteen cooperative agreements. Eligible applicants include those States currently receiving CDC/NIOSH ABLES support and those which provide quarterly data to the national reporting system. These awards are expected to range from \$20,000 to \$22,000, with the average award being approximately \$21,500.

Intervention Project(s)

C. Approximately \$180,000 to fund up to two cooperative agreements for intervention projects. These awards are expected to range from \$80,000 to \$100,000, with the average award being approximately \$90,000.

The new awards are expected to begin on or about September 30, 1995. New awards for surveillance programs listed under Parts A and B are made for 12-month budget periods within project periods not to exceed 5 years. Awards for Intervention project(s) under Part C are made for a project period of one year. Funding estimates outlined above are subject to change based on the actual availability of funds and the scope and quality of applications received. Continuation awards within the project period will be made on the basis of satisfactory progress and availability of funds.

These awards are intended to develop, expand, or improve adult blood lead epidemiology and