

Dated: June 13, 1995.

**Linda A. Suydam,**

*Interim Deputy Commissioner for Operations.*

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## Health Resources and Services Administration

RIN 0905-ZA90

### Program Announcement and Proposed Project Requirements, Review Criteria, and Funding Preference for Cooperative Agreement for a Model Hispanic Health Careers Opportunity Program for Fiscal Year 1995

The Health Resources and Services Administration (HRSA) announces that applications will be accepted for a fiscal year (FY) 1995 Cooperative Agreement for a Model Hispanic Health Careers Opportunity Program (HCOP) under the authority of section 740, title VII of the Public Health Service Act, as amended by the Health Professions Education Extension Amendments of 1992, Pub. L. 102-408, dated October 13, 1992. Comments are invited on the proposed project requirements, review criteria and funding preference.

Approximately \$300,000 will be available in FY 1995 for this program. It is anticipated that one competing award will be made at a level of \$300,000 per year over a three year period.

#### Purpose and Eligibility

Section 740 authorizes the Secretary to make grants to and enter into contracts with schools of allopathic medicine, osteopathic medicine, public health, dentistry, veterinary medicine, optometry, pharmacy, allied health, chiropractic and podiatric medicine and public and nonprofit private schools which offer graduate programs in clinical psychology and other public or private nonprofit health or educational entities to carry out programs which assist individuals from disadvantaged backgrounds to enter and graduate from such schools. Assistance may be used for the following five legislative purposes:

1. Recruitment—activities designed to identify, recruit and select individuals from disadvantaged backgrounds for education in the health or allied health professions, e.g., motivational activities, distribution of information, exposure to role models, and counseling.

2. Preliminary Education—education designed to expand the academic ability and otherwise prepare student participants from disadvantaged backgrounds during their

preprofessional training that they may subsequently complete the regular course of education in a health professions school or school of allied health. This education must be offered prior to entry in a health professions or allied health professions school and may not include courses already taught as part of the regular course of education leading to a degree.

3. Facilitating Entry—activities designed to enhance the competitiveness of student participants from disadvantaged backgrounds for admission to health professions schools or schools of allied health, such as improving performance on admissions tests, counseling concerning the application process, and assisting admissions committees in the evaluation of disadvantaged applicants.

4. Retention—activities designed to help student participants from disadvantaged backgrounds, who have been accepted to or are enrolled in health professions schools or schools of allied health, to complete their education. These activities may include tutorial assistance, counseling, and assistance in adjusting to the environment of the school. Activities may not include courses already taught as part of the school's curriculum.

5. Financial Aid Information Dissemination—the distribution of information to student participants from disadvantaged backgrounds about financial aid available in health professions schools, schools of allied health or schools and entities which provide training necessary to qualify for enrollment in health professions schools or schools of allied health.

Applicants may request support for up to three years.

The Model Hispanic HCOP cooperative agreement is being proposed in an effort to achieve the following goals: (1) To establish and test a comprehensive Model Hispanic HCOP (addressing all of the HCOP purposes) in a metropolitan area with a high concentration of Hispanic citizens. No such model currently exists. In addition to the formulation of academic-community educational partnerships, this model provides for community infrastructure building. The proposed model encompasses strong linkages throughout the community involving community organizations, official agencies, educational institutions at all levels and health professionals throughout the community, and (2) To increase the number of Hispanic participants in HCOP programs.

This cooperative agreement also addresses section 740(c) of the HCOP legislation which requires "the

Secretary to ensure that services and activities under HCOP awards are equitably allocated among the various racial and ethnic populations."

#### Proposed Project Requirements

I. The Model Hispanic HCOP will establish an educational continuum from high school graduation through graduation from a health or allied health professions school through development and implementation of activities related to all five of the legislative purposes.

II. A plan for selecting students including criteria for selection must be developed and implemented.

III. Activities related to all of the five legislative purposes undertaken must be evaluated. Modifications must be made in activities based on evaluation.

IV. Activities and experiences related to the establishment of the Model Hispanic HCOP must be documented in a format that would allow for future replication by HCOP applicants.

#### Substantial Federal Programmatic Involvement

It is anticipated that the federal government will have substantial programmatic involvement with the planning, development and administration of the Model Hispanic HCOP and its outputs by:

1. Providing technical assistance and reviewing changes needed in the approved application.

2. Reviewing and advising regarding training content and methodologies.

3. Participating in the review and advising regarding formal linkage arrangements which have been established for the purpose of conducting the Model Hispanic HCOP.

4. Reviewing the validity of and assisting in the modification of student participant selection criteria and processes.

5. Providing information relative to proven evaluation methods, including data collection methods, data analysis techniques and participant tracking systems.

6. Reviewing and advising regarding program evaluation methods, including data collection activities, data analysis techniques and participant tracking systems.

7. Reviewing and advising regarding the documentation of the activities and experiences related to establishment of the Model Hispanic HCOP.

8. Providing data and information about federal programs that may impact the Model Hispanic HCOP.

9. Participating in the review of sub-contracts awarded under the Cooperative Agreement.

### National Health Objectives for the Year 2000

The Public Health Service urges applicants to submit work plans that address specific objectives of Healthy People 2000. 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).

### Education and Service Linkage

As part of its long-range planning, HRSA will be targeting its efforts to strengthening linkages between U.S. Public Health Service education programs and programs which provide comprehensive primary care services to the underserved.

### 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 Pub. L. 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.

### Proposed Review Criteria

The following criteria are proposed for review of applications for this program:

1. Compliance with the Standard Application Instructions for Form 6025-1, and the Supplement to Instructions for Form 6025-1.
2. The relationship of the proposed project to the purposes stated in the legislative authorization, the stated problem, the particular needs to be addressed, and the relevance of proposed objectives to the identified needs.
3. The extent and outcomes of past efforts and activities of the institution in conduct of disadvantaged student programs particularly for Hispanics and enrollment data on the target population (current and past three years) and the extent to which these data indicate trends.
4. The relevance of objectives to the stated problem and need, and to Model Hispanic HCOP purposes; their measurability and attainability within a specific time frame; and the extent to which they represent outcome measures.
5. The number of Hispanic individuals who can be expected to

benefit from the project, types of participants by gender, metropolitan area, and educational level; the appropriateness of the proposed participant eligibility requirements and student selection criteria and process.

6. The specific activities and their scope and relevance to the stated objectives and project outcomes, and the appropriateness of these activities for Model Hispanic HCOP support along with the extent and nature of the academic content and non-academic services and their suitability to the needs of the target group.

7. The logic and sequencing of the planned approaches, soundness for delivery of academic content and non-academic services and appropriateness of scheduling and time allocation.

8. The administrative and managerial capability of the applicant to carry out the project in a cost effective manner considering the extent of past efforts and institutional commitment to disadvantaged students.

9. The adequacy of the staff and faculty to carry out the program; the academic and experiential background, and time commitment of key staff and faculty, the nature and level of their involvement, and their experience in working with the proposed target group.

10. The soundness of the budget for assuring effective utilization of cooperative agreement funds and the cost effectiveness of the proposed project; the compatibility of budget requests with program objectives and activities, the adequacy of the line item justifications, and the extent of the applicant's in-kind contributions.

11. Institutional or organizational plan for phasing-in income from other sources; developing self-sufficiency funding initiatives and strategies (after the end of the current federally funded project period); and achieving self-sufficiency based on a timetable and the level of financial support needed.

12. Extent to which project plans are transferable to other institutions.

### Other Considerations

In addition, the following funding factor will be applied in determining funding of approved applications.

A funding preference is defined as the funding of a specific category or group of approved applications ahead of other categories or groups of approved applications.

It is not required that applicants request consideration for a funding factor. Applications which do not request consideration for funding factors will be reviewed and given full consideration for funding.

### Proposed Funding Preference

A funding preference will be given to a nonprofit, accredited four-year undergraduate college or university:

1. Where Hispanic students constitute a minimum of 25 percent of the total enrollment at either the graduate or undergraduate level;

2. Which is located in a geographic area with a high concentration of Hispanic residents (approximately 20 percent of the area's total population) such as the following: Anaheim, Los Angeles, Riverside, San Diego and San Jose, California; Miami, Florida; Chicago, Illinois; Northern New Jersey; Long Island and New York City, New York; El Paso, Dallas, Fort Worth, Galveston, Houston, and San Antonio, Texas; and

3. Which is able to establish and document formal linkage arrangements with local community colleges, community health organizations and health professions and/or allied health professions schools.

"Hispanic" means a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin. The 25 percent minimum enrollment has been established through public notice and comment in the Centers of Excellence Program, authorized under section 739 of the PHS Act as representing a significant number of minority students.

### Additional Information

Interested persons are invited to comment on the proposed project requirements, review criteria, and funding preference. The comment period is 30 days. All comments received on or before July 24, 1995, will be considered before the final project requirements, review criteria, and funding preference are established. Written comments should be addressed to: Mr. William J. Holland, Acting Director, Division of Disadvantaged Assistance, Bureau of Health Professions, Health Resources and Services Administration, Parklawn Building, Room 8A-09, 5600 Fishers Lane, Rockville, Maryland 20857.

All comments received will be available for public inspection and copying at the Division of Disadvantaged Assistance, Bureau of Health Professions, at the above address, weekdays (federal holidays excepted) between the hours of 8:30 a.m. and 5 p.m.

### Application Requests

Requests for application materials and questions regarding grants policy and business management issues should be

directed to: Ms. Diane Murray, Grants Management Specialist, Bureau of Health Professions, Health Resources and Services Administration, Parklawn Building, Room 8C-26, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone: (301) 443-6857 FAX: (301) 443-6343.

Completed applications should be returned to the Grants Management Branch at the above address.

If additional programmatic information is needed, please contact: Mr. Darl Stephens, Chief, Program Development Branch, Division of Disadvantaged Assistance, Bureau of Health Professions, Health Resources and Services Administration, Parklawn Building, Room 8A-09, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone : (301) 443-3843 FAX: (301) 443-5242.

#### **Paperwork Reduction Act**

The standard application form PHS 6025-1, HRSA Competing Training Grant Application and General Instructions have been approved by the Office of Management and Budget under the Paperwork Reduction Act. The OMB Clearance Number is 0915-0060.

The deadline date for receipt of applications is August 7, 1995. Applications will be considered to be "on time" if they are either:

(1) *Received on or before* the established deadline date, or

(2) *Sent on or before* the established deadline date and received in time for orderly processing. (Applicants should request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.)

Late applications not accepted for processing will be returned to the applicant.

This program, Model Hispanic HCOP, is not subject to the provisions of Executive Order 12372, Intergovernmental Review of Federal Programs (as implemented through 45 CFR part 100). This program is not subject to the Public Health System Reporting Requirements.

Dated: May 23, 1995.

**Ciro V. Sumaya,**

*Administrator.*

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#### **National Vaccine Injury Compensation Program: Revised Amount of the Average Cost of a Health Insurance Policy**

The Health Resources and Services Administration is publishing an updated monetary amount of the average cost of a health insurance policy as it relates to the National Vaccine Injury Compensation Program (VICP).

Subtitle 2 of Title XXI of the Public Health Service Act, as enacted by the National Childhood Vaccine Injury Act of 1986 and as amended, governs the VICP. The VICP, administered by the Secretary of Health and Human Services (the Secretary), provides that a proceeding for compensation for a vaccine-related injury or death shall be initiated by service upon the Secretary and the filing of a petition with the United States Court of Federal Claims. In some cases, the injured individual may receive compensation for future lost earnings, less appropriate taxes and the "average cost of a health insurance policy, as determined by the Secretary."

Section 100.2 of the VICP's implementing regulations (42 CFR part 100) provides that revised amounts of an average cost of a health insurance policy, as determined by the Secretary, are to be published from time to time in a notice in the **Federal Register**. The previously published amount of an average cost of a health insurance policy was \$183.86 per month (58 FR 52782, October 12, 1993); this amount was based on data from a survey by the Health Insurance Association of America, updated by a formula using changes in the medical care component of the Consumer Price Index (CPI) (All Urban Consumers, U.S. City average) for the period October 1, 1991, through June 30, 1993.

The Secretary announces that for the 12-month period, July 1, 1993, through June 30, 1994, the medical care component of the CPI increased 4.6 percent. According to the regulatory formula (§ 100.2), 2 percent is added to the actual CPI change for each year. Therefore, the adjusted CPI change results in an increase of 6.6 percent for this 12-month period. Applied to the baseline amount of \$183.86, this results in the amount of \$195.99.

The medical care component of the CPI change for the 6-month period, July 1, 1994, through December 31, 1994, was 2.3 percent. According to the regulatory formula, one-half of the annual adjustment, or 1.00 percent, is added to the actual CPI change for this 6-month period. Therefore, according to the current regulatory formula, the adjusted CPI change results in an

increase of 3.3 percent for this 6-month period. Applied to the \$195.99 amount, this results in a new amount of \$202.46.

Therefore, the Secretary announces that the revised average cost of a health insurance policy under the VICP is \$202.46 per month. In accordance with § 100.2, the revised amount was effective upon its delivery by the Secretary to the United States Court of Federal Claims (formerly known as the United States Claims Court). Such notice was delivered to the Court on May 19, 1995.

Dated: June 19, 1995.

**Ciro V. Sumaya,**

*Administrator.*

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#### **Office of Community Services**

[Program Announcement No. OCS 95-09]

#### **Request for Applications Under the Office of Community Services' Fiscal Year 1995 Training, Technical Assistance, and Capacity-Building Program**

**AGENCY:** Office of Community Services, ACF, DHHS.

**ACTION:** Request for Applications Under the Office of Community Services' Training, Technical Assistance and Capacity-Building Program.

**SUMMARY:** The Office of Community Services (OCS) announces that competing applications will be accepted for new grants pursuant to the Secretary's authority under Section 674(a) of the Community Services Block Grant Act of 1981, as amended, the Human Services Amendments of 1994, (Pub. L. 103-252). This Program Announcement consists of seven parts. Part A covers information on the legislative authority and defines terms used in the Program Announcement. Part B describes the purposes and Priority Areas that will be considered for funding, and describes which organizations are eligible to apply in each Priority Area. Part C provides details on application prerequisites, amounts of funds available in each Priority Area, tentative numbers of grants to be awarded, etc. Part D provides information on application procedures including the availability of forms, where to submit an application, criteria for initial screening of applications, and project evaluation criteria. Part E provides guidance on the content of an application package and the application itself. Part F provides instructions for completing an