

Grantee	Total award
San Antonio TX	1,731,222
San Bernardino CA	2,656,331
San Diego CA	5,628,252
San Francisco CA	31,969,914
San Juan PR	10,269,416
Seattle WA	4,048,484
Sonoma County CA (Santa Rosa)	1,207,605
St Louis MO	2,581,330
Tampa/St Petersburg FL	4,231,119
Vineland NJ	340,644
Washington, DC	10,713,183
West Palm Beach FL	3,770,641

Eligible Grantees

Metropolitan areas which were eligible for grant awards under Title I were those areas for which, as of March 31, 1994, there had been reported to and confirmed by the CDC a cumulative total of more than 2,000 cases of AIDS; or, for which the per capita incidence of cumulative cases of AIDS was not less than 0.0025, as computed on the basis of the most recently available data reported to CDC for the population in the area.

Grants were awarded to the chief elected official of the city or urban county in each EMA that administers the public health agency providing outpatient and ambulatory services to the greatest number of individuals with AIDS.

To be eligible for assistance under Title I, the CEO was required to establish or designate an HIV health services planning council to: (1) Establish priorities for the allocation of funds within the eligible area; (2) develop a comprehensive plan for the organization and delivery of health services described in the statute that is compatible with any State or local plan regarding the provision of health services to individuals with HIV disease; and (3) assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area. The planning council must include representatives of: Health care providers; community-based and AIDS service organizations; social services providers; mental health services providers; local public health agencies; hospital planning agencies or health care planning agencies; affected communities, including individuals with HIV disease; non-elected community leaders; State government; and grantees receiving categorical grants for early intervention services under Title III of the CARE Act. The allocation of funds and services within the EMA must be made in accordance with the

priorities established by the planning council.

To be eligible to receive a grant under Title I, the EMAs were required to submit an application containing such information as the Secretary required, including assurances adequate to ensure:

- That funds received would be utilized to supplement not supplant State funds provided for HIV-related services;

- That the political subdivisions within the EMA would maintain HIV-related expenditures at a level equal to that expended for the 1-year period preceding the first fiscal year for which the grant was received. Funds received under Title I may not be used in maintaining the required level of expenditures;

- That the EMA has an HIV health services planning council and has entered into intergovernmental agreements with any required political subdivisions and has developed or will develop a comprehensive plan for the organization and delivery of health services, in accordance with the legislation;

- That entities within the EMA that receive Title I funds will participate in an established HIV community-based continuum of care if such continuum exists within the EMA;

- That Title I funds will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made, with respect to that item or service (1) under any State compensation program, under an insurance policy, or under any Federal or State health benefits program, or (2) by an entity that provides health services on a prepaid basis; and

- To the maximum extent practicable, that HIV health care and support services provided with Title I assistance will be provided and without regard to the current or past health condition of the individual. Such services will be provided in a setting that is accessible to low-income individuals with HIV disease, and a program of outreach will be provided to inform such individuals of such services.

General Use of Grant Funds

EMAs must use the Title I HIV Emergency Relief grants to provide financial assistance to public or nonprofit entities, for the purpose of delivering or enhancing—

- HIV-related outpatient and ambulatory health and support services, including case management and comprehensive treatment services, for

individuals and families with HIV disease; and

- HIV-related inpatient case management services that prevent unnecessary hospitalization or that expedite discharge, as medically appropriate, from inpatient facilities.

Services supported by the Title I grant funds must be accessible to low-income individuals and families, including women and children with HIV infection, minorities, and homeless, and persons affected by chemical dependency.

Federal Smoke-Free Compliance

The Public Health Service strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. In addition, Public Law 103-277, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or, in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

Executive Order 12372

Grants awarded for the Title I HIV Emergency Relief Grant Program are subject to the provisions of Executive Order 12372, as implemented under 45 CFR Part 100, which allows States the option of setting up a system for reviewing applications within their States for assistance under certain Federal programs. The application packages made available by HRSA to the EMAs contained a listing of States which have chosen to set up such a review system and provided a point of contact in the States for the review.

The catalog of Federal Domestic Assistance Numbers are: Formula Grants—93.915; Supplemental Grants—93.914.

Dated: June 23, 1995.

Ciro V. Sumaya,

Administrator.

[FR Doc. 95-15970 Filed 6-28-95; 8:45 am]

BILLING CODE 4160-15-M

HIV Care Grant Program

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice of grants made to States and territories.

SUMMARY: The Health Resources and Services Administration (HRSA) announces that fiscal year 1995 funds have been awarded to States and territories (hereinafter States) for the HIV Care Grant Program. Although these funds have already been awarded to the States, HRSA is publishing this notice to

inform the general public of the existence of the funds. In addition, HRSA determined that it would be useful for the general public to be aware of the structure of the HIV Care Grant Program and the statutory requirements governing the use of the funds.

Funds will be used by the States to improve the quality, availability, and organization of health care and support services for individuals and families with HIV infection. The HIV Care Grant Program was authorized by Title II of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990, Public Law 101-381, which amended Title XXVI of the Public Health Service Act. Funds were appropriated under Public Law 103-333.

FOR FURTHER INFORMATION CONTACT: Individuals interested in the HIV Care Grant Program should contact the appropriate office in their State, and may obtain information on their State contact by calling Anita Eichler, M.P.H., Director, Division of HIV Services, at (301) 443-6745.

SUPPLEMENTARY INFORMATION:

Availability of Funds

A total of \$174,766,500 was made available for the Title II HIV Care Grant Program. These funds have been allotted to the States according to a formula based on the number of AIDS cases reported to the Centers for Disease Control and Prevention for the 24 months ending September 30, 1994, and a per capita income factor. Below is the distribution of funds by State.

State	Amount
Alabama	\$1,349,942
Alaska	100,000
Arizona	1,759,313
Arkansas	753,038
California	27,867,193
Colorado	1,980,699
Connecticut	2,404,858
Delaware	585,604
District of Columbia	2,532,524
Florida	17,780,752
Georgia	4,731,696
Hawaii	499,350
Idaho	138,867
Illinois	5,577,650
Indiana	1,536,770
Iowa	333,360
Kansas	568,263
Kentucky	643,697
Louisiana	2,785,044
Maine	228,492
Maryland	4,684,012
Massachusetts	3,776,077
Michigan	2,675,943
Minnesota	973,550
Mississippi	954,192
Missouri	2,504,335
Montana	100,000

State	Amount
Nebraska	267,083
Nevada	964,174
New Hampshire	175,763
New Jersey	8,958,831
New Mexico	479,074
New York	29,093,044
North Carolina	2,414,668
North Dakota	100,000
Ohio	2,623,138
Oklahoma	1,050,786
Oregon	1,300,587
Pennsylvania	5,177,510
Rhode Island	554,753
South Carolina	2,679,771
South Dakota	100,000
Tennessee	1,846,877
Texas	12,636,414
Utah	428,266
Vermont	103,727
Virginia	2,642,609
Washington	2,310,797
West Virginia	184,768
Wisconsin	1,063,650
Wyoming	100,000
Guam	2,902
Puerto Rico	7,682,087
Virgin Islands ¹	0

¹ Did not apply for FY 1995 funds.

Eligibility Criteria

In order to receive funding under Title II of the CARE Act, each State was required to develop:

- A detailed description of the HIV-related services provided in the State to individuals and families with HIV disease during the year preceding the year for which the grant was requested, and the number of individuals and families receiving such services; and
- A comprehensive plan for the organization and delivery of HIV health care and support services to be funded with the Title II grant, including a description of the purposes for which the State intends to use such assistance.

Each State was also required to submit an application containing such agreements, assurances, and information as the Secretary determined to be necessary to carry out this program, including an assurance that:

- The public health agency that is administering the grant for the State will conduct public hearings concerning the proposed use and distribution of the Title II grant assistance;
- The State will, to the maximum extent practicable, ensure that HIV-related health care and support services delivered with Title II assistance will be provided and without regard to the current or past health condition of the individual; ensure that such services will be provided in a setting that is accessible to low-income individuals with HIV disease, and provide outreach to inform such individuals of the services available; and, in the case of a

State that intends to use grant funds for the continuation of health insurance coverage, ensure that the State has established a program that assures that such amounts will be targeted to individuals who would not otherwise be able to afford health insurance coverage, that income, assets, and medical expense criteria will be established and applied by the State to identify those individuals who qualify for assistance, and that information concerning such criteria will be made available to the public;

- The State will provide for periodic independent peer review to assess the quality and appropriateness of health and support services provided by entities that receive Title II funds from the State;

- The State will permit and cooperate with any Federal investigations undertaken regarding programs conducted under Title II;

- The State will maintain HIV-related activities at a level that is equal to not less than the level of such expenditures by the State for the 1-year period preceding the fiscal year for which the State applied to receive a grant under Title II; and

- The State will ensure that grant funds are not utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made, with respect to that item or service (1) under any State compensation program, under an insurance policy, or under any Federal or State health benefits program, or (2) by an entity that provides health services on a prepaid basis.

General Use of Grant Funds

States may use the HIV Care Grant funds to:

- Establish and operate HIV care consortia within areas most affected by HIV. The statute defines a consortium as an association of one or more public, and one or more nonprofit private health care and support service providers and community-based organizations operating within areas determined by the State to be most affected by HIV disease.

- Provide home- and community-based care services for individuals with HIV disease. Funding priorities must be given to entities that provide assurances to the State that they will participate in HIV care consortia if such consortia exist within the State, and will utilize the funds for the provision of home- and community-based services to low-income individuals with HIV disease.

- Provide assistance to assure the continuity of health insurance coverage for low-income (as defined by the State)

individuals with HIV disease. The State must establish a program that assures that (1) funds will be targeted to individuals who would not otherwise be able to afford health insurance coverage, and (2) income, asset, and medical expense criteria will be established and applied by the State to identify those individuals who qualify for assistance, and information concerning such criteria shall be made available to the public.

- Provide treatments that have been determined to prolong life or prevent serious deterioration of health for low-income individuals with HIV disease.

A State must use at least 15 percent of its grant funds to provide health and support services to infants, children, women and families with HIV disease.

At least 75 percent of the fiscal year 1995 Title II grant awarded to a State must be obligated to specific programs and projects and made available for expenditure within 120 days of the receipt of the grant by the State.

Federal Smoke-Free Compliance

The Public Health Service strongly encourages all grant and contract recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. In addition, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

Executive Order 12372

It has been determined that the Title II HIV Care Grant Program is not subject to the provisions of Executive Order 12372 concerning inter-governmental review of Federal programs.

The Catalog of Federal Domestic Assistance Number is 93.917.

Dated: June 23, 1995.

Ciro V. Sumaya,

Administrator.

[FR Doc. 95-15971 Filed 6-28-95; 8:45 am]

BILLING CODE 4160-15-P

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Assistant Secretary for Public and Indian Housing

[Docket No. N-95-1742; FR-3646-04]

Submission of Proposed Information Collection to OMB for Indian Housing Program; Amendments

AGENCY: Office of the Assistant Secretary for Public and Indian Housing, HUD.

ACTION: Notice.

SUMMARY: The proposed information collection requirements described below have been submitted to the Office of Management and Budget (OMB) for review, as required by the Paperwork Reduction Act. The Department is soliciting public comment on the subject proposal. Comments should refer to the proposal by name and should be sent to: Joseph F. Lackey, Jr., OMB Desk Officer, Office of Management and Budget, New Executive Office Building, Washington, D.C. 20503; or Joan Campion, Rules Docket Clerk, Department of Housing and Urban Development (HUD), 451 7th Street, S.W., Washington, D.C. 20410.

FOR FURTHER INFORMATION CONTACT: Kay F. Weaver, Reports Management Officer, Department of Housing and Urban Development (HUD), 451 7th Street, S.W., Room 4178, Washington, D.C. 20410. (202) 708-0050. This is not a toll-free number. Copies of the documents submitted to OMB may be obtained from Mr. Weaver.

SUPPLEMENTARY INFORMATION: This Notice informs the public that the Department of HUD has submitted to OMB, for expedited processing, an information collection package with respect to information required for the Indian Housing Program: Amendments. It is also requested that OMB complete its review within 15 days.

The Department has submitted the proposal for the collection of information, as described below, to OMB for review, as required by the Paperwork Reduction Act (44 U.S.C. chapter 35).

(1) Title of the information collection proposal: Indian Housing Program: applications, certifications, resident consultation, reporting, agreements, plans, operating budget and supporting documentation, Indian preference, schedules, conversion proposals etc.

(2) Office of the agency to collect the information: Office of the Assistant Secretary for Public and Indian Housing.

(3) Description of the need for the information and its proposed use: The information that will be collected are necessary for HUD to implement various Indian Housing Programs, to approve eligible applicants for grant funding under these programs and to monitor the effectiveness of the programs for meeting its purpose. Establishing resident admissions and occupancy procedures, resident involvement/consultation during application processing, and notifications are required by HUD statute.

(4) Agency form numbers: HUD-52730, HUD-3188, HUD-53045/53045A

(5) Members of the public who will be affected by the proposal: Indian Housing Authorities

(6) How frequently information submissions will be required: One-time; reporting annually.

(7) An estimate of the total number of hours needed to prepare the information submission including number of respondents, frequency of response, and hours of response: 69,426 Total Burden Hours, 191 IHAs/2,100 Residents, one-time average 35 hours.

(8) Whether the proposal is new or an extension, reinstatement, or revision of an information collection requirement: new and reinstatement.

(9) The names and telephone numbers of an agency official familiar with the proposal and of the OMB Desk Officer for the Department: Deborah Lalancette, HUD, (202) 755-0088, Joseph Lackey, Jr., OMB, (202) 395-7316.

Authority: Section 3507 of the Paperwork Reduction Act, 44 U.S.C.; Section 7(d) of the Department of Housing and Urban Development Act, 42 U.S.C. 3535(d).

Dated: June 22, 1995.

Michael B. Janis,

General Deputy Assistant Secretary for Public and Indian Housing.

Notice of Submission of Proposed Information Collection to OMB

Proposal: Indian Housing Program; Amendments; Final Rule Parts 905 and 950.

Office: Office of Native American Programs.

Description of the Need for the Information and its Proposed Use: The information that will be collected are necessary for HUD to implement various Indian Housing Programs, to approve eligible applicants for grant funding under these programs and to monitor the effectiveness of the programs for meeting its purpose. Establishing resident admissions and occupancy procedures, resident involvement/consultation during application processing, and notifications are required by HUD statute.