

Agency Information Collection Under OMB Review

Title: Office of Community Services Program Announcements.

OMB No.: 0970-0062.

Description: OCS needs this information collection to evaluate and select grant applicants. Respondents are

private nonprofit community based organizations.

Respondents: State governments.

Title	No. of re-spond-ents	No. of re-sponses per re-spond-ent	Aver-age burden per re-sponse	Burden
DGP	200	1	35	7,000
CF&NGP	250	1	10	2,500
LIHEAP	25	1	24	1,200
DPP	70	1	40	2,800
JOLIP	50	1	40	2,000
T&TA&CPP	25	1	24	680
FVP&SGP	100	1	40	4,000

Estimated Total Annual Burden: 20,180.

Additional Information: Copies of the proposed collection may be obtained from Bob Sargis of the Division of Information Resource Management, ACF, by calling (202) 690-7275.

OMB Comment: Consideration will be given to comments and suggestions received within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, 725 17th Street, NW., Washington, DC 20503, Attn: Ms. Wendy Taylor.

Dated: June 29, 1995.

Roberta Katson,

Acting Director, Office of Information Resource Management.

[FR Doc. 95-16589 Filed 7-5-95; 8:45 am]

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Administration on Aging

Public Information Collection Requirement Submitted to the Office of Management and Budget (OMB) for Clearance

AGENCY: Administration on Aging, HHS. The Administration on Aging (AoA), Department of Health and Human Services, has submitted to the Office of Management and Budget (OMB) the following proposal for the collection of information in compliance with the Paperwork Reduction Act (Public Law 96-511):

Title of Information Collection: State Annual Long-Term, Care Ombudsman Report.

Type of Request: Extension and Revision.

Use: To revise an existing information collection for States to use in reporting

on activities of their Long-Term Care Ombudsman Programs as required under Section 712 of the Older Americans Act, as amended.

Frequency: Annually.

Respondents: State Agencies on Aging.

Estimated Number of Responses: 52.

Total Estimated Burden Hours: 9,880.

Additional Information or Comments:

The Administration on Aging is submitting to the Office of Management and Budget for approval a new reporting system for the State annual Long-Term Care Ombudsman reports, pursuant to requirements in Section 712(b) and (h) of the Older Americans Act. The new reporting system would become effective in fiscal year 1996. The request also includes an interim report form for fiscal year 1995. The Interim form requests some, but not all, of the information previously collected on State ombudsman programs and the following elements from the new reporting system:

- Ombudsman work on major issues;
- Types of sponsors of local ombudsman entities;
- Numbers of long term care facilities and beds;
- Statewide ombudsman coverage; and,
- Numbers of staff and volunteers serving the statewide program.

Written comments and recommendations for the proposed information collection should be sent within 30 days of the publication of this notice directly to the following address: OMB Reports Management Branch, Attention: Allison Eydt, New Executive Office Building, Room 3208, Washington, DC 20503.

Dated: June 28, 1995.

William F. Benson,

Deputy Assistant Secretary for Aging.

[FR Doc. 95-16484 Filed 7-5-95; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)

Administration on Aging

[Program Announcement No. AOA-95-2]

Office of the Assistant Secretary for Planning and Evaluation; Fiscal Year 1995 Program Announcement; Availability of Funds and Request for Applications

AGENCY: Administration on Aging and the Office of the Assistant Secretary for Planning and Evaluation, HHS.

ACTION: Announcement of availability of funds and request for applications to establish and conduct a National Institute on Consumer-Directed Home and Community-Based Care Systems.

SUMMARY: The Administration on Aging (AoA) and the Office of the Assistant Secretary for Planning and Evaluation (ASPE) announce that they will hold a competition for a Cooperative Agreement to establish and conduct a National Institute on Consumer-Directed Home and Community-Based Care Systems.

The deadline date for the submission of applications is August 25, 1995. Eligible applicants for the National Institute include any public or nonprofit agency, organization, or institution. However, to merit serious consideration, an applicant must demonstrate that it has (1) extensive knowledge and experience in the area of home and community based services (2) a record of relevant achievement in this area, (3)

the requisite organizational capability to carry out the activities of the Institute on a nationwide scale.

Application kits are available by phoning 202/619-0441 or by writing to: Department of Health and Human Services, Administration on Aging, Office of Program Development, 330 Independence Avenue, SW., Room 4278, Washington, DC 20201.

Fernando M. Torres-Gil,

Assistant Secretary for Aging.

David T. Ellwood,

Assistant Secretary for Planning and Evaluation.

[FR Doc. 95-16580 Filed 7-5-95; 8:45 am]

BILLING CODE 4150-04-M

Centers for Disease Control and Prevention

[CDC-574]

Announcement of Cooperative Agreement with the American Public Health Association

Summary

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1995 funds for a cooperative agreement with the American Public Health Association (APHA) entitled "Preparing the Public Health Workforce for the Changing Public Health Environment" to support the development and implementation of methodologies to prepare the public health workforce to deal effectively with changes in the public health practice environment.

It is anticipated that approximately \$285,000 will be available in FY 1995 to fund this agreement. It is expected that the award will begin on or about September 30, 1995, and will be made for a 12-month budget period within a project period of up to 5 years. Continuation awards within the project period will be made on the basis of performance and the availability of funds. However, it is anticipated that future awards may be substantially higher if APHA develops proposals for collaborative projects with specific programs at CDC.

The purposes of this cooperative agreement are: (1) To develop and implement methodologies to improve the public health community's access to relevant and timely information about changes in the public health practice environment at the national, State, and local levels and/or (2) to design and conduct (or facilitate the design and conduct of) projects to demonstrate effective public health approaches to

changes in the public health practice environment.

The CDC will provide the following assistance:

1. Collaborate with APHA to identify sources of information about changes in health policy and public health practice.

2. Collaborate with APHA to identify settings in which substantive changes in public health policy have occurred and provide input into the design of studies to assess the impact of those changes on public health practice.

3. Assist APHA in identifying individuals to participate in sessions to develop consensus regarding which approaches are most effective in protecting and improving the health of the public.

4. Provide advice and consultation to APHA regarding effective methodologies for disseminating information to those in the public health community.

5. Provide technical assistance to APHA, if necessary, in developing and disseminating information to the public health community, including making available CDC's live satellite video and/or audio conference services.

6. Collaborate with APHA to explore more efficient ways to operate the Peer Assistance Network.

7. Facilitate discussions between APHA and CDC program personnel regarding the development of Center/Institute/Offices (CIO)-specific activities to help accomplish the objectives of the cooperative agreement.

CDC is committed to achieving the health promotion and disease prevention objectives in *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*. These objectives can be achieved only if those responsible for developing State and local health policy and those responsible for public health at the State and local level are aware of the impact that different health policy decisions and responses to them are having on the practice of public health so that they can implement approaches which appear most effective in protecting and improving the health of the public. This announcement is related to the priority area of Education and Community-based. (To order a copy of *Healthy People 2000*, refer to the Section **Where to Obtain Additional Information.**)

Authority

This program is authorized under section 317(k)(2) of the Public Health Service Act, 42 U.S.C. 247b(k)(2) as amended. Program regulations are set forth in 42 CFR part 52.

Smoke-Free Workplace

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

Eligible Applicant

Assistance will be provided only to the American Public Health Association (APHA). No other applications are solicited. APHA is uniquely qualified to be the recipient organization for the following reasons:

1. APHA is the nation's largest public health professional membership organization and is the only national public health membership organization that has members from all segments of the public health practice and academic communities, as well as from the public and private medical care community. Its membership of over 54,000 includes national, State, and local public health experts and leaders; public health researchers; public health practitioners and administrators; teachers and students from schools of medicine and public health; preventive medicine residents; State and local board of health members; hospital administrators; pharmaceutical industry executives; and many others.

2. The diversity of its membership, its ability to reach beyond the bounds of traditional public health, the quality of work performed by its members and staff, and the high esteem in which it is held within the profession place APHA in a unique position to assure that all relevant perspectives are taken into consideration in accomplishing the purposes of this agreement—not just the perspectives of official public health agencies or the private medical community, for example.

3. APHA has broad and objective knowledge of the diverse range of public health issues and programs and, because it doesn't represent just one group of public health individuals or organizations, APHA will be able to maintain an unbiased approach to the study of health policy changes and the impact of those changes on the practice of public health.

4. APHA has a nationwide network of 52 affiliates, the vast majority of which are State-based. Those affiliates will be able to provide information to APHA about health policy changes in their States and to coordinate specific