

Dockets Management Branch between 9 a.m. and 4 p.m., Monday through Friday.

**FOR FURTHER INFORMATION CONTACT:** Anne M. Kirchner, Office of Policy (HF-23), Food and Drug Administration, 5600 Fishers Lane, rm. 14-72, Rockville, MD 20857, 301-827-0867.

**SUPPLEMENTARY INFORMATION:** In the Federal Register of August 28, 1996 (61 FR 44396), FDA issued a final rule to restrict the sale and distribution of cigarettes and smokeless tobacco in order to protect children and adolescents. The final rule covers three general classes of nicotine-containing products: Cigarettes, cigarette tobacco, and smokeless tobacco. The final rule applies to manufacturers, distributors, and retailers who make, distribute, or sell such products.

Beginning on February 28, 1997, Federal regulation will prohibit retailers from selling cigarettes, cigarette tobacco, or smokeless tobacco to persons under the age of 18, and will require retailers to verify the age of all customers under the age of 27 by checking a photographic identification for date of birth. Under the current schedule, starting August 28, 1997, the remaining provisions of the rule will be effective, except for the sponsorship provision, which will be effective on August 28, 1998.

Under the Small Business Regulatory Enforcement Act (Pub. 104-121), FDA is announcing the availability of the revised compliance guide which is intended to help small businesses comply with the requirements of the new rule. An earlier version of the compliance guide was previously available on the Internet and in paper form. The agency believes that the rulemaking process provided ample opportunity to comment on issues concerning all the underlying regulatory provisions of the rule. However, FDA is soliciting comments on the guide itself and may amend the guide periodically as a result of comments received. The agency is making available at this time a revised compliance guide which covers all of the access restrictions even though it is the photographic identification for date of birth requirement that becomes effective first. Therefore, in submitting comments, persons should consider the implementation dates of the provisions described in the guide.

Dated: February 20, 1997.

William K. Hubbard,  
Associate Commissioner for Policy  
Coordination.

[FR Doc. 97-4793 Filed 2-26-97; 8:45 am]

BILLING CODE 4160-01-F

## Health Resources and Services Administration

### Special Project Grants and Cooperative Agreements; Maternal and Child Health Services; Federal Set-Aside Program; Comprehensive Hemophilia Centers, Genetic Services, and Maternal and Child Health Improvement Projects

**AGENCY:** Health Resources and Services Administration (HRSA).

**ACTION:** Notice of availability of funds.

**SUMMARY:** The HRSA announces that approximately \$10.2 million in fiscal year (FY) 1997 funds will be available for grants and cooperative agreements for the following activities: Maternal and Child Health (MCH) Special Projects of Regional and National Significance (SPRANS), including genetic disease testing, counseling and information services; and special MCH improvement projects (MCHIP) which contribute to the health of mothers, children, and children with special health care needs (CSHCN). All awards will be made under the program authority of section 502(a) of the Social Security Act, the MCH Federal Set-Aside Program. Within the HRSA, SPRANS grants are administered by the Maternal and Child Health Bureau (MCHB). Grants for SPRANS research and training are being announced in a separate notice. No new SPRANS hemophilia program grants will be funded in FY 1997.

Of the approximately \$52.1 million available for SPRANS genetics and MCHIP activities in FY 1997, about \$10.2 million will be available to support approximately 63 new and competing SPRANS renewal projects, at a cost of about \$161,900 per project. The actual amounts available for awards and their allocation may vary depending on unanticipated program requirements and the volume and quality of applications. Awards are made for grant periods which generally run from 1 to 5 years in duration. Funds for grants under the MCH Federal Set-Aside Program are appropriated by Public Law 104-208.

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 for setting priority areas. The MCH Block Grant Federal Set-Aside Program addresses issues related to the Healthy People 2000 objectives of improving maternal, infant, child and adolescent health and developing service systems for children with special health care needs. 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: 202-512-1800).

The PHS strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. In addition, Public Law 103-227, 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.

**ADDRESSES:** Federal Register notices and application guidance for MCHB programs are available on the World Wide Web via the Internet at address: <http://www.os.dhhs.gov/hrsa/mchb>. Click on the file name you want to download to your computer. It will be saved as a self-extracting (Macintosh or) WordPerfect 5.1 file. To decompress the file once it is downloaded, type in the file name followed by a <return>. The file will expand to a WordPerfect 5.1 file.

For applicants for SPRANS grants and cooperative agreements who are unable to access application materials electronically, a hard copy (Revised PHS form 5161-1, approved under OMB clearance number 0937-0189) may be obtained from the HRSA Grants Application Center. Requests should specify the category or categories of activities for which an application is requested so that the appropriate forms, information and materials may be provided. The Center may be contacted by: Telephone Number: 1-888-300-HRSA, FAX Number: 301-309-0579, E-mail Address: [HRSA.GAC@ix.netcom.com](mailto:HRSA.GAC@ix.netcom.com). Completed applications should be returned to: Grants Management Officer, HRSA Grants Application Center, 40 West Gude Drive, Suite 100, Rockville, Maryland 20850. Please indicate the appropriate CFDA # for the application being submitted (see table below).

**DATES:** Potential applicants are invited to request application packages for the particular program category in which they are interested, and to submit their applications for funding consideration. Deadlines for receipt of applications differ for the several categories of grants. These deadlines are as follows:

**MCH FEDERAL SET-ASIDE COMPETITIVE GRANTS AND COOPERATIVE AGREEMENTS FOR GENETIC SERVICES, AND MATERNAL AND CHILD HEALTH IMPROVEMENT PROJECTS ANTICIPATED DEADLINE, AWARD, FUNDING, AND PROJECT PERIOD INFORMATION, BY CATEGORY FY 1997**

CFDA No.	Funding source/category	Application deadline	Est. number of awards	Est. amounts available	Project period
<b>Category 1: Grants</b>					
93.110(A) .....	Genetic Services .....	April 28, 1997 .....	21	\$ 3.6 million .....	3 years.
93.110(F) .....	Integrated Services for CSHCN .....	May 16, 1997 .....	8-10	900,000 .....	3-4 years.
93.110(I) .....	State Fetal/Infant Mortality Review Support Centers.	May 13, 1997 .....	5	600,000 .....	3 years.
93.110(U) .....	Data Utilization and Enhancement for State/Community Infrastructure Building and Managed Care.	June 30, 1997 .....	15-17	1 million .....	1-3 years.
<b>Category 2: Cooperative Agreements</b>					
93.110(C) .....	Managed Care Policy and CSHCN .....	April 11, 1997 .....	1	375,000 .....	4 years.
93.110(G) .....	Partnership for Information and Communications.	April 15, 1997 .....	5	1.1 million .....	5 years.
93.110(M) .....	Health, Mental Health and Safety for Schools	June 3, 1997 .....	1	200,000 .....	4 years.
93.110(N) .....	Partners in Program Planning for Adolescent Health.	June 17, 1997 .....	1	100,000 .....	up to 5 years.
93.110(P) .....	Health and Safety in Child Care Settings .....	June 3, 1997 .....	1	175,000 .....	3 years.
93.110(O) .....	SIDS/OID Program Support Center .....	April 18, 1997 .....	1	350,000 .....	5 years.

Applications will be considered to have met the deadline if they are either: (1) Received on or before the deadline date, or (2) postmarked on or before the deadline date and received in time for orderly processing. Applicants should request a legibly dated receipt from a commercial carrier or the U.S. Postal Service, or obtain a legibly dated U.S. Postal Service postmark. Private metered postmarks will not be accepted as proof of timely mailing. Late applications will be returned to the applicant.

**FOR FURTHER INFORMATION CONTACT:** Requests for technical or programmatic information should be directed to the contact persons identified below for each category covered by this notice. Requests for information concerning business management issues should be directed to: Sandra Perry, Grants Management Officer (GMO), Maternal and Child Health Bureau, 5600 Fishers Lane, Room 18-12, Rockville, Maryland 20857, telephone: 301-443-1440.

**SUPPLEMENTARY INFORMATION:**

**Program Background and Objectives**

Section 502 of the Social Security Act, as amended by the Omnibus Budget Reconciliation Act (OBRA) of 1989, requires that 12.75 percent of amounts appropriated for the Maternal and Child Health Services Block Grant in excess of \$600 million are set aside by the Secretary of Health and Human Services (HHS) for special Community Integrated Service Systems (CISS) projects authorized under Section 501(a)(3) of

the Act. Of the remainder of the total appropriation, Section 502(a) of the Act requires that 15 percent of the funds be retained by the Secretary to support (through grants, contracts, or otherwise) special projects of regional and national significance, research, and training with respect to maternal and child health and children with special health care needs (including early intervention training and services development); for genetic disease testing, counseling, and information development and dissemination programs; for grants (including funding for comprehensive hemophilia diagnostic treatment centers) relating to hemophilia without regard to age; and for the screening of newborns for sickle cell anemia, and other genetic disorders and follow-up services. The MCH SPRANS set-aside was established in 1981. Support for projects covered by this announcement will come from the SPRANS set-aside.

Availability of FY 1997 funds for MCH research and training grants is being announced separately from other SPRANS grants this year in order to help potential applicants better distinguish among very large numbers of SPRANS categories and subcategories. No new SPRANS hemophilia program grants will be funded in FY 1997.

**Eligible Applicants**

Any public or private entity, including an Indian tribe or tribal organization (as defined at 25 U.S.C. 450b), is eligible to apply for grants or cooperative agreements for project

categories covered by this announcement. As noted in the FUNDING CATEGORIES section below, based on the subject matter of particular categories or subcategories, applications may be encouraged from or preference for funding given to applicants with a specified area of expertise.

**Funding**

Two categories of SPRANS awards are open for competition in FY 1997: (1) grants; and (2) cooperative agreements.

**Category 1: Grants**

Grants in the following 4 subcategories will be awarded in FY 1997:

**Subcategory 1.1: Genetic Services (CFDA #93.110A)**

- Narrative Description of this Competition: The purpose of these grants is to improve the quality, availability, accessibility, and utilization of genetic services as an integral component of comprehensive maternal and child health care. Grants will be awarded competitively to support projects on priority topics specified below.

- Estimated Amount of this Competition: \$3.6 million.

- Number of Expected Awards: 21.

- Funding Priorities and/or Preferences: Priority topics for projects include: (1) Genetics in primary care; (2) genetic services networks; (3) comprehensive care for Cooley's Anemia; (4) genetic services for populations with ethnocultural barriers

to care; (5) comprehensive care for infants with Sickle Cell disease identified through State newborn screening programs; and (6) genetics in managed care.

- Application Deadline: April 28, 1997.

- Contact Person: Jane Lin-Fu, M.D., telephone: 301-443-1080.

Subcategory 1.2: Integrated Services for Children with Special Health Care Needs (CFDA #93.110F)

- Narrative Description of this Competition: The purpose of this competition is to demonstrate innovative and nationally replicable models of community-based services in two areas: (1) Reduction of barriers to service integration for young children with special health care needs and their families. Funded activities will demonstrate successful community approaches for resolving Federal Interagency Coordinating Council (FICC) identified barriers to community services for young children with disabilities and their families. Projects will demonstrate and make recommendations on replicable community-wide strategies in one or more of the following areas: (a) Coordination of program eligibility requirements; (b) coordinated financing of services; (c) shared data and information systems; and (d) coordination of early intervention services with the medical home. All models are expected to involve substantive coordination and participation with medical/health homes and the broad system of community services required by Part H of the Individuals with Disabilities Education Act (IDEA).

(2) Promoting the accessibility of "medical homes" (i.e., ongoing source of health/medical care) for CSHCN and their families through family/professional partnerships. Funded activities will support partnership arrangements between families and community health providers/managed care organizations, and demonstrate that these partnerships can be used to establish or expand quality primary and specialty care and supportive services through collaborative working relationships with other health, mental health, education, social services, and ancillary networks.

- Estimated Amount of this Competition: \$900,000.

- Number of Expected Awards: 8-10.

- Funding Priorities and/or Preferences: Proposals must be developed, implemented, and demonstrated at the community level and in partnership with community

programs. Preference will be given to public and private community-based providers and programs; community/State agency partnerships; and community coalitions. Special consideration will be given to established community coalitions with existing projects and models related to this competition, including the member communities of the "Communities Can" coalition, a national coalition of public/private community partnerships serving CSHCN. (A list of member communities is included in the application kit.) For area (2), preference for funding will be given to managed care companies and community-based organizations serving culturally diverse, underserved populations.

- Evaluation Criteria: See CRITERIA FOR REVIEW; applications will be reviewed, in addition, on the basis of the extent to which they: (a) demonstrate substantive involvement of the medical home; (b) show evidence of substantive family/professional partnership in all aspects of the project; (c) show potential for national dissemination and replication; (d) show evidence of partnership with the broad early intervention community; and (e) leverage the resources of other local, state, and federally funded initiatives.

- Application Deadline: May 16, 1997.

- Contact Person: Bonnie Strickland, Ph.D., or Diana Denboba, telephone: 301-443-2370.

Subcategory 1.3: State Fetal/Infant Mortality Review Support Centers (CFDA #93.110I)

- Narrative Description of this Competition: This initiative is designed to support State MCH agencies, or their designees, to stimulate and promote Fetal and Infant Mortality Review Programs in communities in order to enhance needs assessment and quality improvement efforts. Projects will support training and technical assistance activities that would be targeted to the particular needs within the State. State centers would work collaboratively with the national center located at the American College of Obstetricians and Gynecologists.

- Estimated Amount of this competition: \$600,000.

- Number of Expected Awards: 5.

- Funding Priorities and/or

Preferences: Preference for funding will be given to Title V programs or their designees.

- Evaluation Criteria: See CRITERIA FOR REVIEW; application guidance materials will specify final criteria.

- Application Deadline: May 13, 1997.

- Contact Person: Ellen Hutchins, Sc.D., telephone: 301-443-9534.

Subcategory 1.4: Data Utilization and Enhancement for State/Community Infrastructure Building and Managed Care (CFDA #93.110U)

- Narrative Description of this Competition: The purpose of these grants is to enable State MCH and CSHCN programs to enhance the use of qualitative and quantitative analytic methods in local problem solving for MCH populations. Awards are intended to supplement or complement existing data utilization activities and to foster and strengthen continuing collaboration among State and local public health agencies, private sector efforts and academic institutions. This initiative is specifically designed to assist States, local communities, and supporting entities in the following categories: (1) Developing, adapting and integrating a sentinel model and system to assess the benefits and risks to the health status of children and families resulting from State and private sector health, welfare reform and, specifically, managed care efforts in terms of quantitative and qualitative measures focused upon needs assessments, outcome measures, systems performance, quality, efficacy, effectiveness and efficiency; (2) analyzing the economic implications of maternal and child health programs with the objective of augmenting the capacity of State and local policy staff to use, interpret and conduct economic assessments; and (3) enhancing the use of information technologies in State and local MCH/CSHCN programs and agencies.

- Estimated Amount of this Competition: \$1 million.

- Number of Expected Awards: 15-17.

Funding Priorities and/or Preferences: Special consideration will be given to proposals seeking to identify and track emerging issues resulting from health care structural, financial, and demographic changes (e.g., health care and welfare reform, managed care waivers, population income shifts, etc.).

- Evaluation Criteria: See CRITERIA FOR REVIEW; application guidance will specify final criteria.

- Application Deadline: June 30, 1997.

- Contact Person: Russ Scarato, telephone: 301-443-0701.

*Category 2: Cooperative Agreements*

Cooperative agreements in 6 subcategories will be awarded in FY 1997.

It is anticipated that substantial Federal programmatic involvement will

be required in these cooperative agreements. This means that after award, awarding office staff provide technical assistance and guidance to, or coordinate and participate in, certain programmatic activities of award recipients beyond their normal stewardship responsibilities in the administration of grants. Federal involvement may include, but is not limited to, planning, guidance, coordination and participation in programmatic activities. Periodic meetings, conferences, and/or communications with the award recipient are held to review mutually agreed upon goals and objectives and to assess progress. Details on the scope of Federal programmatic involvement in cooperative agreements included in this Notice, consistent with HRSA grants administration policy, are included in the application guidance kit for each cooperative agreement subcategory.

**Subcategory 2.1: Managed Care Policy and CSHCN (CFDA #93.110C)**

- **Narrative Description of this Competition:** This cooperative agreement will support a national policy center to implement strategic planning to assure the availability and accessibility of comprehensive, community-based, culturally competent, and family-centered care to CSHCN and their families in a managed care environment. The center supported by this agreement will advance the state of the art and foster the ability of leaders in the field to interact. It will: (1) Analyze existing national epidemiologic studies of CSHCN (currently defined as children who have or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally); (2) monitor access to necessary medical, health and related services for CSHCN who are privately insured, underinsured or uninsured, in consultation with State and community providers, Medicaid agencies and families; and (3) support analyses of the work of national workgroups addressing critical issues for CSHCN in areas such as quality of care, cost and utilization of services, and provider networks; (4) analyze the impact on CSHCN of legislative and policy changes at the national, state and local levels; and (5) utilize the full range of available data and information to make recommendations for the successful integration of managed care into the community system of services for CSHCN and their families.

- **Estimated Amount of this Competition:** \$375,000.
- **Number of expected Awards:** 1.
- **Funding Priorities and/or Preference:** Preference will be given to organizations with proven national experience and an existing infrastructure for policy analysis at the national level on issues related to chronic care in the emerging managed care system.
- **Application Deadline:** April 11, 1997.
- **Contact Person:** Irene Forsman, M.S., R.N. 301-443-9023.

**Subcategory 2.2: Partnership for Information and Communications (PIC) (CFDA #93.110G)**

- **Narrative Description of this Competition:** The PIC program enhances communication between the MCHB and governmental, professional and private organizations representing leaders and policy makers concerned with issues related to maternal and child health. It facilitates dissemination of new maternal and child health related information to these policy and decision makers and provides those individuals and organizations with a means of communicating issues directly to the Maternal and Child Health program and to each other. Presently, this program consists of organizations representing State Title V programs; State legislators; private business, particularly self-insured businesses; philanthropic organizations; municipal health policy makers; county health policy makers; parent organizations; and other national membership organizations.

- **Estimated Amount of this Competition:** \$1.1 million.
- **Number of Expected Awards:** 5.
- **Funding Priorities and/or Preferences:** For FY 1997, preference for funding will be given to national membership organizations representing State Governors and their staffs; State Health Officers; nonprofit and for-profit managed care organizations; and coalitions of organizations promoting the health of mothers and infants.
- **Application Deadline:** April 15, 1997.
- **Contact Person:** Stuart Swayze, M.S.W., telephone: 301-443-2917.

**Subcategory 2.3: Health, Mental Health and Safety for Schools (CFDA #93.110M)**

- **Narrative Description of this Competition:** This cooperative agreement, a collaborative effort by HRSA and the Centers for Disease Control and Prevention, will support a process that will result in development of advisory guidelines for assuring basic

health and safety in Kindergarten-12 grade school settings. The standards will be developed through a consensus process, which relies upon exchanges among groups of experts in specific topical areas to determine the state of the science and art. The guidelines will consolidate the best features of the array of guidelines, recommendations, and standards presently in existence. They will be made available to the field as a model for State health and education agencies and school districts to adopt or adapt. This initiative is based upon the process used to develop the National Health and Safety Performance Standards: Guidelines for Out of Home Child Care, which are currently helping States and communities to determine appropriate child care settings. As with the Child Care guidelines, this initiative is expected to be a collaborative effort among those organizations concerned with health, safety and schools.

- **Estimated Amount of this Competition:** \$200,000.
- **Number of Expected Awards:** 1.
- **Funding Priorities and/or Preferences:** Preference for funding will be given to organizations which have credibility in the education community and the capacity to address all aspects of health services, health education, and injury and violence prevention in the school environment.
- **Application Deadline:** June 3, 1997.
- **Contact Person:** Stephanie Bryn, M.Ph., telephone: 301-443-3513.

**Subcategory 2.4: Partners in Program Planning for Adolescent Health (CFDA #93.110N)**

- **Narrative Description of this Competition:** This cooperative agreement is part of a process to involve organizations having an historic interest in adolescent health in developing the programming of HRSA's Office of Adolescent Health (OAH). The OAH will collaborate with these organizations in seeking policy guidance from and providing programmatic information to their memberships. Organizations currently receiving support under this program are the American Medical Association, the American Psychological Association, the American Bar Association, and the National Association of Social Workers. This competition will allow for expansion of this collaboration.

- **Estimated Amount of this Competition:** \$100,000.
- **Number of Expected Awards:** 1.
- **Funding Priorities and/or Preferences:** For FY 1997, preference for funding will be given to national membership organizations representing the professional discipline of nursing.

Other professional disciplines may be the focus of future competitions.

- Application Deadline: June 17, 1997.
- Contact Person: Trina Menden Anglin, M.D., Ph.D., telephone: 301-443-4026.

Subcategory 2.5: Health and Safety in Child Care Settings (CFDA #93.110P)

• Narrative Description of this Competition: This cooperative agreement supports the development and implementation of State-based programs to expand the number of public (public health nurses, nurse practitioners, physicians, nutritionists, dentists, mental health providers, and others) and private sector (managed care supported outreach staff and others) health professionals trained to serve as health care consultants to child care programs. This project will serve as a national model; it is an outgrowth of the MCHB-sponsored National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs and will support promotion of healthy development and increased access to preventive health services and safe physical environments for all children.

- Estimated Amount of this Competition: \$175,000.
- Number of Expected Awards: 1.
- Application Deadline: June 3, 1997.
- Contact Person: Jane Coury, telephone: 301-443-4566.

Subcategory 2.6: SIDS and Other Infant Death Program Support Center (CFDA #93.110O)

• Narrative Description of this Competition: This cooperative agreement will fund population-based activities (e.g., systems analysis, epidemiology, health promotion) in support of development of community-based services to reduce as much as possible the risk of Sudden Infant Death Syndrome (SIDS) and other infant deaths, to appropriately support families when an infant death does occur, and will analyze standardized information about infant deaths in the hope of discovering factors which can be ameliorated to reduce the risk of a future infant death. Particular program elements will include risk reduction, peer support programs, services for hard to reach populations, and monitoring and reporting on SIDS and other infant deaths. The awardee will identify commonalities among processes addressing fatal events in the MCH population and determine if and how these activities could be combined to allow a more coherent approach to

addressing community mortality and morbidity.

- Estimated Amount of this Competition: \$350,000.
- Number of Expected Awards: 1.
- Application Deadline: April 18, 1997.
- Contact Person: Paul Rusinko, telephone: 301-443-2115.

Special Concerns

In keeping with the goals of advancing the development of human potential, strengthening the Nation's capacity to provide high quality education by broadening participation in MCHB programs of institutions that may have perspectives uniquely reflecting the Nation's cultural and linguistic diversity, and increasing opportunities for all Americans to participate in and benefit from Federal public health programs, HRSA will place a funding priority on projects from Historically Black Colleges and Universities (HBCU) or Hispanic Serving Institutions (HSI) in all categories and subcategories in this notice for which applications from academic institutions are encouraged. This is in conformity with the Federal Government's policies in support of White House Initiatives on Historically Black Colleges and Universities (Executive Order 12876) and Educational Excellence for Hispanic Americans (Executive Order 12900). An approved proposal from a HBCU or HSI will receive a 0.5 point favorable adjustment of the priority score in a 4 point range before funding decisions are made.

Evaluation Protocol

A maternal and child health discretionary grant project, including any SPRANS project, is expected to incorporate a carefully designed and well planned evaluation protocol capable of demonstrating and documenting measurable progress toward achieving the project's stated goals. The protocol should be based on a clear rationale relating the grant activities, the project goals, and the evaluation measures. Wherever possible, the measurements of progress toward goals should focus on health outcome indicators, rather than on intermediate measures such as process or outputs. A project lacking a complete and well-conceived evaluation protocol as part of the planned activities may not be funded.

Project Review and Funding

Within the limit of funds determined by the Secretary to be available for the activities described in this

announcement, the Secretary will review applications for funds under the specific project categories in the FUNDING CATEGORIES section above as competing applications and may award Federal funding for projects which will, in her judgment, best promote the purpose of title V of the Social Security Act; best address achievement of Healthy Children 2000 objectives related to maternal, infant, child and adolescent health and service systems for children at risk of chronic and disabling conditions; and otherwise best promote improvements in maternal and child health.

Criteria for Review

The criteria which follow are used, as pertinent, to review and evaluate applications for awards under all SPRANS grants and cooperative agreement project categories announced in this notice. Further guidance regarding review criteria is supplied in application materials, which will specify final criteria.

- The quality of the project plan or methodology.
- The extent to which the project will contribute to the advancement of maternal and child health and/or improvement of the health of children with special health care needs;
- The extent to which the project is responsive to policy concerns applicable to MCH grants and to program objectives, requirements, priorities and/or review criteria for specific project categories, as published in program announcements or guidance materials.
- The extent to which the estimated cost to the Government of the project is reasonable, considering the anticipated results.
- The extent to which the project personnel are well qualified by training and/or experience for their roles in the project and the applicant organization has adequate facilities and personnel.
- The extent to which, insofar as practicable, the proposed activities, if well executed, are capable of attaining project objectives.
- The adherence of the project's evaluation plan to the requirements of the EVALUATION PROTOCOL.
- The extent to which the project will be integrated with the administration of the Maternal and Child Health Services block grants, State primary care plans, public health, and prevention programs, and other related programs in the respective State(s).
- The extent to which the application is responsive to the special concerns

and program priorities specified in this notice.

#### Funding of Approved Applications

Final funding decisions for SPRANS grants and cooperative agreements are the responsibility of the Director, MCHB. In considering scores for the ranking of approved applications for funding, preferences may be exercised for groups of applications, e.g., applications from geographical areas without previously funded projects in a particular category vs. applications from areas with previously funded projects. Within any category of approved projects, special consideration may be given, i.e., the score of an individual project may be favorably adjusted, if the project addresses specific priorities or categorical areas identified as meriting special consideration.

#### Public Health System Reporting Requirements

This program is subject to the Public Health System Reporting Requirements (approved under OMB No. 0937-0195). Under these requirements, the community-based nongovernmental applicant must prepare and submit a Public Health System Impact Statement (PHSIS). The PHSIS is intended to provide information to State and local health officials to keep them apprised of proposed health services grant applications submitted by community-based nongovernmental organizations within their jurisdictions.

Community-based nongovernmental applicants are required to submit the following information to the head of the appropriate State and local health agencies in the area(s) to be impacted no later than the Federal application receipt due date:

- (a) A copy of the face page of the application (SF 525).
- (b) A summary of the project (PHSIS), not to exceed one page, which provides:
  - (1) A description of the population to be served.
  - (2) A summary of the services to be provided.
  - (3) A description of the coordination planned with the appropriate State and local health agencies.

#### Executive Order 12372

The MCH Federal set-aside program has been determined to be a program which is not subject to the provisions of Executive Order 12372 concerning intergovernmental review of Federal programs.

The OMB Catalog of Federal Domestic Assistance number is 93.110.

Dated: February 20, 1997.

Ciro V. Sumaya,

*Administrator.*

[FR Doc. 97-4796 Filed 2-26-97; 8:45 am]

BILLING CODE 4160-15-P

## DEPARTMENT OF THE INTERIOR

### Office of the Secretary

#### Office of Surface Mining Reclamation and Enforcement Advisory Board

**AGENCY:** Office of Surface Mining Reclamation and Enforcement, Interior.

**ACTION:** Office of Surface Mining Reclamation and Enforcement Advisory Board; Notice of renewal.

**SUMMARY:** This notice is published in accordance with section 14(b)(1) of the Federal Advisory Committee Act (FACA) 5 U.S.C. App. (1988). Following consultation with the Administrator of the General Services Administration, notice is hereby given that the Secretary of the Interior is renewing the charter of an advisory committee known as the Office of Surface Mining Reclamation and Enforcement Advisory Board.

The purpose of the Advisory Board is to provide a forum to discuss a variety of regulatory and reclamation issues of concern to the public, primacy States which regulate surface coal mining, Indian tribes, environmental groups, coal mine region residents, industry, the Congress, and other State and Federal agencies.

The Secretary of the Interior will appoint members to the Advisory Board that represent a cross section of those who are interested in and directly affected by regulatory and reclamation activities. OSM will carefully monitor membership to ensure that there is a balance among those interests affected by the Surface Mining Control and Reclamation Act of 1977 (30 U.S.C. 1201 et seq.).

**FOR FURTHER INFORMATION CONTACT:** Norman J. Hess, Office of Surface Mining Reclamation and Enforcement, U.S. Department of the Interior, 1951 Constitution Avenue, NW., Washington, DC 20240; Telephone 202-208-2635.

#### Certification

I hereby certify that the renewal of the charter of the Office of Surface Mining Reclamation and Enforcement Advisory Board is necessary and in the public interest in connection with the performance of duties imposed on the Department of the Interior by the Surface Mining Control and Reclamation Act of 1977 (30 U.S.C. 1201 et seq.).

Dated: February 10, 1997.

Bruce Babbitt,

*Secretary of the Interior.*

[FR Doc. 97-4788 Filed 2-26-97; 8:45 am]

BILLING CODE 4310-05-M

## Fish and Wildlife Service

### Notice of Decision and Availability of Decision Documents on the Issuance of Permits for Incidental Take of Threatened and Endangered Species

**AGENCY:** Fish and Wildlife Service, Interior.

**ACTION:** Notice of decision and availability of a Record of Decision on the issuance of a permit for incidental take of threatened and endangered species.

**SUMMARY:** This notice advises the public that a decision on the application for an incidental take permit by the State of Washington Department of Natural Resources, pursuant to section 10(a)(1)(B) of the Endangered Species Act of 1973 (Act), has been made and that the Record of Decision is available upon request.

**FOR FURTHER INFORMATION CONTACT:** William Vogel or Craig Hansen, U.S. Fish and Wildlife Service, or Steve Landino, National Marine Fisheries Service at the Pacific Northwest Habitat Conservation Plan Program, 3704 Griffin Lane SE, Suite 102, Olympia, Washington 98501-2192; (360) 753-9440.

#### SUPPLEMENTARY INFORMATION:

##### Decision

The U.S. Fish and Wildlife Service's decision is to adopt the Preferred Habitat Conservation Plan Alternative, issue a permit authorizing incidental take of listed species, and agree to the unlisted species provisions in the Implementation Agreement, as described in the final Environmental Impact Statement. In the future, should any of the currently unlisted species that use the habitat types that occur within the West-side Planning Units (including the Olympic Experimental State Forest) subsequently become listed, the Washington Department of Natural Resources may request that those species be added to the incidental take permit. This decision is based on a thorough review of the alternatives and their environmental consequences. By adopting the preferred alternative with its assurances that the mitigation program and enforcement measures will be implemented, all practicable means to avoid or minimize harm have been adopted.