

also be used to begin to evaluate the impact of networks on access to care.

To minimize the burden on grantees, the reports will be submitted

electronically. The estimated burden is as follows:

Type of respondent	Number of respondents	Responses per respondent	Burden per response	Total burden (hours)
Grantees .....	40	.2	20	1,600

Send comments to Patricia Royston, HRSA Reports Clearance Officer, Room 14-36, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: February 26, 1997.  
 J. Henry Montes,  
 Director, Office of Policy and Information Coordination.  
 [FR Doc. 97-5209 Filed 3-3-97; 8:45 am]  
**BILLING CODE 4160-15-P**

**Substance Abuse and Mental Health Services Administration**

**Fiscal Year (FY) 1997 Funding Opportunities for Knowledge Development and Application Cooperative Agreements**

**AGENCY:** Substance Abuse and Mental Health Services Administration, HHS  
**ACTION:** Notice of funding availability.

**SUMMARY:** The Substance Abuse and Mental Health Services Administration

(SAMHSA) Center for Substance Abuse Prevention (CSAP) announces the availability of FY 1997 funds for Knowledge Development and Application cooperative agreements for the following activities. These activities are discussed in more detail under Section 4 of this notice. This notice is not a complete description of the activities; potential applicants *must* obtain a copy of the Guidance for Applicants (GFA) before preparing an application.

Activity	Application deadline	Estimated funds available (million)	Estimated number of awards	Project period (years)
State Incentive Program .....	05/12/97	\$15.0	5	3
Centers for the Application of Prevention Technologies (CAPT) .....	05/12/97	5.0	5	3
Workplace Managed Care .....	05/12/97	4.0	10-15	3

Note: SAMHSA published notices of available funding opportunities in FY 1997 in the Federal Register (Vol. 62, No. 16) on Friday, January 24, 1997; (Vol. 62, No. 27) on Monday, February 10, 1997; and (Vol. 62, No. 31) on Friday, February 14, 1997.

The actual amount available for awards and their allocation may vary, depending on unanticipated program requirements and the volume and quality of applications. Awards are usually made for grant periods from one to three years in duration. FY 1997 funds for activities discussed in this announcement were appropriated by the Congress under Public Law No. 104-208. SAMHSA's policies and procedures for peer review and Advisory Council review of grant and cooperative agreement applications were published in the Federal Register (Vol. 58, No. 126) on July 2, 1993.

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 SAMHSA Centers' substance abuse and mental health services activities address issues related to Healthy People 2000 objectives of Mental Health and Mental Disorders; Alcohol and Other Drugs; Clinical Preventive Services; HIV Infection; and Surveillance and Data Systems.

Potential applicants may obtain a copy of Healthy People 2000 (Full Report: Stock No. 017-001-00474-0) or Summary Report: Stock No. 017-001-00473-1) through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325 (Telephone: 202-512-1800).

**GENERAL INSTRUCTIONS:** Applicants must use application form PHS 5161-1 (Rev. 5/96; OMB No. 0937-0189). The application kit contains the GFA (complete programmatic guidance and instructions for preparing and submitting applications), the PHS 5161-1 which includes Standard Form 424 (Face Page), and other documentation and forms. Application kits may be obtained from the organization specified for each activity covered by this notice (see Section 4).

When requesting an application kit, the applicant must specify the particular activity for which detailed information is desired. This is to ensure receipt of all necessary forms and information, including any specific program review and award criteria.

The PHS 5161-1 application form is also available electronically via SAMHSA's World Wide Web Home Page (address: <http://www.samhsa.gov>). Click on SAMHSA Funding Opportunities for instructions. You can

also click on the address of the forms distribution Web Page for direct access.

The full text of each of the activities (i.e., the GFA) described in Section 4 is available electronically via the following:

SAMHSA's World Wide Web Home Page (address: <http://www.samhsa.gov>) and SAMHSA's Bulletin Board (800-424-2294 or 301-443-0040).

**APPLICATION SUBMISSION:** Applications must be submitted to: SAMHSA Programs, Division of Research Grants, National Institutes of Health, Suite 1040, 6701 Rockledge Drive MSC-7710, Bethesda, Maryland 20892-7710.\*

(\* Applicants who wish to use express mail or courier service should change the zip code to 20817)

**APPLICATION DEADLINES:** The deadlines for receipt of applications are listed in the table above. Please note that the deadlines may differ for the individual activities.

Competing applications must be received by the indicated receipt dates to be accepted for review. An application received after the deadline may be acceptable if it carries a legible proof-of-mailing date assigned by the carrier and that date is not later than one week prior to the deadline date. Private metered postmarks are not acceptable as proof of timely mailing.

Applications received after the deadline date and those sent to an address other than the address specified above will be returned to the applicant without review.

**FOR FURTHER INFORMATION CONTACT:**

Requests for activity-specific technical information should be directed to the program contact person identified for each activity covered by this notice (see Section 4).

Requests for information concerning business management issues should be directed to the grants management contact person identified for each activity covered by this notice (see Section 4).

**SUPPLEMENTARY INFORMATION:** To facilitate the use of this Notice of Funding Availability, information has been organized as outlined in the Table of Contents below. For each activity, the following information is provided:

- Application Deadline.
- Purpose.
- Priorities.
- Eligible Applicants.
- Grants/Cooperative Agreements/Amounts.
- Catalog of Federal Domestic Assistance Number.
- Contacts.
- Application Kits.

Table of Contents

1. Program Background and Objectives
2. Special Concerns
3. Criteria for Review and Funding
  - 3.1 General Review Criteria
  - 3.2 Funding Criteria for Scored Applications
4. Special FY 1997 Substance Abuse and Mental Health Services Activities
  - 4.1 Cooperative Agreements
    - 4.1.1 National Youth Substance Abuse Prevention Initiative—State Incentive Cooperative Agreements for Community-Based Action (State Incentive Program)
    - 4.1.2 CSAP Cooperative Agreements for Centers for the Application of Prevention Technologies (CAPT)
    - 4.1.3 Cooperative Agreements for Public/Private Sector Workplace Models and Strategies for the Incorporation of Substance Abuse Prevention and Early Intervention Initiatives into Managed Care (Workplace Managed Care)
5. Public Health System Reporting Requirements
6. PHS Non-use of Tobacco Policy Statement
7. Executive Order 12372

1. Program Background and Objectives

SAMHSA's mission within the Nation's health system is to improve the quality and availability of prevention, early intervention, treatment, and rehabilitation services for substance abuse and mental illnesses, including co-occurring disorders, in order to improve health and reduce illness, death, disability, and cost to society.

Reinventing government, with its emphases on redefining the role of Federal agencies and on improving customer service, has provided SAMHSA with a welcome opportunity to examine carefully its programs and activities. As a result of that process, SAMHSA is moving assertively to create a renewed and strategic emphasis on using its resources to generate knowledge about ways to improve the prevention and treatment of substance abuse and mental illness and to work with State and local governments as well as providers, families, and consumers to effectively use that knowledge in everyday practice.

The agenda has transformed its demonstration grant programs from service-delivery projects to knowledge acquisition and application. For FY 1997, SAMHSA has developed an agenda of new programs designed to answer specific important policy-relevant questions. These questions, specified in this and subsequent Notices of Funding Availability, are designed to provide critical information to improve the Nation's mental health and substance abuse treatment and prevention services.

The agenda is the outcome of a process whereby providers, services researchers, consumers, National Advisory Council members and other interested persons participated in special meetings or responded to calls for suggestions and reactions. From this input, each SAMHSA Center developed a "menu" of suggested topics. The topics were discussed jointly and an agency agenda of critical topics was agreed to. The selection of topics depended heavily on policy importance and on the existence of adequate research and practitioner experience on which to base studies. While SAMHSA's FY 1997 programs will sometimes involve the evaluation of some delivery of services, they are services studies and application activities, not merely evaluation, since they are aimed at answering policy-relevant questions and putting that knowledge to use.

SAMHSA differs from other agencies in focusing on needed information at the services delivery level, and in its question-focus. Dissemination and application are integral, major features of the programs. SAMHSA believes that it is important to get the information into the hands of the public, providers, and systems administrators as effectively as possible. Technical assistance, training, preparation of special materials will be used, in addition to normal communications means.

2. Special Concerns

SAMHSA's FY 1997 Knowledge Development and Application activities discussed below do not provide funds for mental health and substance abuse treatment and prevention services except for costs required by the particular activity's study design. Applicants are required to propose true knowledge application or knowledge development and application projects. Applications seeking funding for services projects will be considered nonresponsive. Applications that are incomplete or nonresponsive to the GFA will be returned to the applicant without further consideration.

3. Criteria for Review and Funding

Consistent with the statutory mandate for SAMHSA to support activities that will improve the provision of treatment, prevention and related services, including the development of national mental health and substance abuse goals and model programs, competing applications requesting funding under the specific project activities in Section 4 will be reviewed for technical merit in accordance with established PHS/SAMHSA peer review procedures.

3.1 General Review Criteria

As published in the Federal Register on July 2, 1993 (Vol. 58, No. 126), SAMHSA's "Peer Review and Advisory Council Review of Grant and Cooperative Agreement Applications and Contract Proposals," peer review groups will take into account, among other factors as may be specified in the application guidance materials, the following general criteria:

- Potential significance of the proposed project;
- Appropriateness of the applicant's proposed objectives to the goals of the specific program;
- Adequacy and appropriateness of the proposed approach and activities;
- Adequacy of available resources, such as facilities and equipment;
- Qualifications and experience of the applicant organization, the project director, and other key personnel; and
- Reasonableness of the proposed budget.

3.2 Funding Criteria for Scored Applications

Applications will be considered for funding on the basis of their overall technical merit as determined through the peer review group and the appropriate National Advisory Council (if applicable) review process.

- Other funding criteria will include:
- Availability of funds.

Additional funding criteria specific to the programmatic activity may be included in the application guidance materials.

#### 4. Special FY 1997 Substance Abuse Activities

##### 4.1 Cooperative Agreements

Three major activities for SAMHSA cooperative agreement programs are discussed below. Substantive Federal programmatic involvement is required in cooperative agreement programs. Federal involvement will include planning, guidance, coordination, and participating in programmatic activities (e.g., participation in publication of findings and on steering committees). Periodic meetings, conferences and/or communications with the award recipients may be held to review mutually agreed-upon goals and objectives and to assess progress. Additional details on the degree of Federal programmatic involvement will be included in the application guidance materials.

##### 4.1.1 National Youth Substance Abuse Prevention Initiative—State Incentive Cooperative Agreements for Community-Based Action (State Incentive Program)

- **Application Deadline:** May 12, 1997
- **Purpose:** To reverse the trend in drug use by youth, the State Incentive Cooperative Agreements for Community-Based Action will call upon Governors to set a new course of action that will assess needs, identify gaps and channel or redirect resources (consistent with the requirements of the funding source) to implement comprehensive strategies for effective youth substance abuse prevention. This program gives States the opportunity to develop an innovative process for using these special incentive funds in a different way so as to complement and enhance existing prevention efforts. Through this State-led process, individual citizens can be encouraged to play a more forceful role in their community's anti-drug efforts; and additional resources can be mobilized to support promising prevention approaches across systems and settings.

The State Incentive Program will support the States in coordinating and redirecting all prevention resources available within the State and in developing a revitalized, comprehensive prevention strategy that will make optimal use of those resources. With these redirected resources and a viable prevention strategy in place, Governors can more effectively mobilize local citizens—youth, families, communities,

schools and workplaces—to work proactively with State and local prevention organizations.

Therefore, the State Incentive Program has a two-fold purpose:

(1) Governors should coordinate, leverage and/or redirect, as appropriate, and legally permissible, all substance abuse prevention resources (funding streams and programs) within the State that are directed at communities, families, schools and workplaces in order to fill gaps with effective and promising prevention approaches targeted to marijuana and other drug use by youth. Any redirection of Federal funds, however, must be consistent with the terms and conditions of such funding and all other Federal laws.1

(2) States should develop a revitalized, comprehensive State-wide strategy aimed at reducing drug use by youth through the implementation of promising community-based prevention efforts derived from sound scientific research findings.

- **Priorities:** None.
- **Eligible Applicants:** Eligibility is limited to the Office of the Governor so that a consistent State-wide strategy on substance abuse prevention will be implemented by the Governor and evaluated as to effectiveness in the strategies used. Eligibility is limited to the Office of the Governor in those States (including the District of Columbia) and territories and the Indian Tribal organization (i.e., the Red Lake Band of Chippewa) that receive the Substance Abuse Prevention and Treatment Block Grant, Title XIX, Part B, Subpart II of the Public Health Service Act, 42 U.S.C. 300x-21, et seq. (hereinafter referred to as "States"). That grant sets aside 20 percent of the funds for primary prevention activities. This set-aside is a large resource available to the State for prevention activities and, along with the resources available under this announcement and other resources available to the State for substance abuse prevention activities, could assist the Governor in implementing a State-wide strategy.

By awarding cooperative agreement funds directly to the Governor's Office, SAMHSA/CSAP will best facilitate the optimal conditions and incentives needed to establish the State Incentive Program. The Governor's leadership and commitment to youth substance abuse prevention, along with the infrastructure developed through the substance abuse Block Grant funds can spur the support of organizations throughout the State and ensure that substance abuse prevention aimed at youth remains a high-priority,

comprehensive, and systemically integrated effort.

For this State Incentive Program, SAMHSA/CSAP strongly supports using the prevention expertise and resources that have historically resided in the Alcohol and Drug Single State Agency (SSA), which continues to fund prevention strategies through the Substance Abuse Prevention and Treatment Block Grant. Therefore, SAMHSA/CSAP encourages Governors to include a significant role for the SSA in the development, planning and implementation of State efforts under this cooperative agreement. For example, the SSA director or his/her designee could serve as the project director for the cooperative agreement and would thus serve in a key leadership and oversight capacity.

- **Cooperative Agreements/Amounts:** It is estimated that approximately \$15 million will be available to support approximately five (5) awards under this cooperative agreement announcement in FY 1997. Actual funding levels will depend upon the availability of funds.

- **Catalog of Federal Domestic Assistance Number:** 93.230.

- **Program Contact:** For programmatic or technical assistance, contact: Dave Robbins or Dan Fletcher, DSCSD, Systems Applications Branch, Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, Rockwall II Building, 9th Floor, 5600 Fishers Lane, Rockville, MD 20857, (301) 443-9438.

- **Grants Management Contact:** For business management assistance, contact: Mary Lou Dent, Division of Grants Management, OPS, Substance Abuse and Mental Health Services Administration, Rockwall II Building, Room 640, 5600 Fishers Lane, Rockville, Maryland 20857, (301) 443-5702.

- **Application Kits:** Application kits are available from: National Clearinghouse for Alcohol and Drug Information (NCADI), P.O. Box 2345, Rockville, MD 20847-2345, 1-800-729-6686; 1-800-487-4889 TDD, Via Internet: [www.health.org](http://www.health.org) (Go into the Forum Section of the Web site, click on "CSAP FY 97 Grant Opportunities.")

*Visually impaired:* Disk versions of the application may be requested.

##### 4.1.2 CSAP Cooperative Agreements for Centers for the Application of Prevention Technologies (CAPT)

- **Application Deadline:** May 12, 1997.

- **Purpose:** Cooperative agreements will be awarded to develop and operate five regional Centers for the Application of Prevention Technologies (CAPT). The

purpose of this program is to assist States to apply on a consistent basis, the latest research knowledge to their substance abuse prevention programs, practices, and policies. The regions served by the CAPT program will be the same as those of the National Prevention Network (a membership organization of State prevention coordinators).

The CAPT program goal is to use conventional and electronic delivery methods to assist recipients of State Incentive Cooperative Agreements for Community-Based Action, their subrecipients, and other States in applying and utilizing scientifically defensible substance abuse prevention knowledge and technology. The CAPT program will bridge the gap between dissemination of prevention knowledge and effective application of that knowledge in the field.

The CAPT program will focus its efforts on four key prevention topic areas. These topic areas include: youth illicit drug use (with an emphasis on marijuana); underage drinking; alcohol, drugs, and violence; and HIV/AIDS and drug use. Applicants may be required to provide services on other topic areas as well. Applicants must also demonstrate a thorough knowledge and ability to provide technical assistance and skills development in the following six CSAP prevention strategies: information dissemination, education, community mobilization, alternatives, environmental change, and early identification and referral.

- *Priorities:* None.

- *Eligible Applicants:* Applications may be submitted by organizations such as units of State or local government and by domestic private nonprofit or for-profit organizations such as community-based organizations, universities, colleges, and hospitals.

- *Cooperative Agreements/Amounts:* It is estimated that approximately \$5 million will be available to support approximately 5 awards under this program in FY 1997. Actual funding levels will depend upon the availability of funds.

- *Catalog of Federal Domestic Assistance Number:* 93.230.

- *Program Contact:* For programmatic or technical assistance contact: Ms. Luisa del Carmen Pollard, M.A., Division of Community Education Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, Rockwall II, Suite 800, 5600 Fishers Lane, Rockville, MD 20857, Telephone: 301/443-0377.

Note: The Division of Community Education (DCE), CSAP, will accept concept papers (not to exceed 4 pages) from prospective applicants via FAX or the

Internet. DCE staff will review them and provide technical assistance by Internet, FAX, or phone. Concept papers may be submitted anytime up to 20 days prior to the application receipt date. Concept paper should be faxed or e-mailed to: CAPT at (301) 443-5592 or via the Internet: [www.health.org](http://www.health.org) (Go into the Forum section of the web site, click on "CSAP Grant Opportunities for FY97.") Whether or not a concept paper is submitted will have no bearing on the subsequent acceptance and review of an application.

- *Grants Management Contact:* For business management assistance, contact: Mary Lou Dent, Division of Grants Management, OPS, Substance Abuse and Mental Health Services Administration, Rockwall II, Suite 6405600 Fishers Lane, Rockville, MD 20857.

- *Application Kits:* Application kits are available from: National Clearinghouse for Alcohol and Drug Information (NCADI), P.O. Box 2345, Rockville, MD 20847-2345, 1-800/729-6686, 1-800/487-4889 TDD, Via Internet: [www.health.org](http://www.health.org) (Go into the Forum Section of the Web site, click on "CSAP FY97 Grant Opportunities")

The full text of the GFA is also available electronically via the CSAP site at the NCADI ([www.health.org](http://www.health.org)).

4.1.3 Cooperative Agreements for Public/Private Sector Workplace Models and Strategies for the Incorporation of Substance Abuse Prevention and Early Intervention Into Managed Care (Short Title: Workplace Managed Care)

- *Application Deadline:* May 12, 1997
- *Purpose:* SAMHSA/CSAP is seeking to build a strategic cooperative effort with those who are engaged in, have a binding agreement with or documented access to, an operational, fully funded, public/private sector workplace managed care (WMC) substance abuse prevention and early intervention program. Those with access to these WMC programs must also have documented, authorized access to the data related to the program. If data are available, grantees will analyze retrospective data to assess longitudinal effectiveness. All grantees will collect, analyze and compare prospective data for a study group and at least one selected comparison group. Programs will evaluate their operational processes and outcomes, be part of a cross-site evaluation study and will develop a replication manual.

The fully funded, public/private sector workplace managed care substance abuse prevention and early intervention program must already be in place for a minimum of 1 year and fully implemented for employees, if not all covered lives. The workplace must have

a documented minimum of 250 employees at selected workplace study sites. This cooperative agreement program will assist SAMHSA/CSAP to identify effective components and strategies of these programs which serve to prevent and reduce substance abuse and enhance overall wellness of individual employees and their families. This information will promote the development of models and materials and the dissemination first to businesses and eventually to communities and States as they initiate new programs where none exist and assist those that do exist to improve their effectiveness.

The overall goal of this cooperative agreement program is to determine which public/private sector workplace managed care substance abuse prevention and early intervention programs are the most effective in reducing the incidence and prevalence of substance abuse and to disseminate these findings.

The two objectives in support of this goal are to:

1. Determine the nature (e.g., structure, organization, function, etc.) of WMC programs utilizing substance abuse prevention and early intervention efforts.

2. Provide a detailed description of the WMC programs; assess their strengths and weaknesses and their impact on the substance abuse of employees and their families (e.g., covered lives); and assess the quality and delivery of substance abuse prevention and early intervention.

Through funding this program, SAMHSA/CSAP anticipates gaining knowledge about the following global questions.

- Do substance abuse prevention and early intervention strategies and programs, applied within various managed care models prevent and reduce substance abuse for covered lives (employees and their families) over time?

- Does the prevalence and incidence of substance abuse differ among substance abuse prevention and early intervention models of managed care?

- Does the prevalence/incidence of substance abuse differ among substance abuse prevention and early intervention models within specific managed care and non-managed care models?

- What issues or policies related to gender, cultural, ethnic, age, race, educational, legal and/or linguistic variations need to be addressed to increase positive impacts of the program?

- *Priorities:* None

- *Eligible Applicants:* Applications may be submitted by domestic private

nonprofit and for-profit organizations such as businesses, Employee Assistance Programs (EAPs), health care service organizations, research institutes, universities, colleges, and hospitals, and by organizations, such as units of State or local government.

Substance abuse prevention and early intervention programs may be co-located with other managed care services or may be organizationally or geographically separate. If separate, linkages must be clearly described.

- **Cooperative Agreements/Amounts:** It is estimated that approximately \$4 million will be available to support approximately 10–15 awards under this GFA in FY 97. It is anticipated that the average award will be in the \$275,000 to \$500,000 range. Actual funding levels will depend upon the availability of funds.

- **Catalog of Federal Domestic Assistance Number:** 93.230

- **Program Contact:** For programmatic or technical assistance, contact: Deborah M. Galvin, Ph.D., Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, Parklawn, Room 13A–54, 5600 Fishers Lane, Rockville, MD 20857, (301) 443–6780.

- **Grants Management Contact:** For business management assistance, contact: Mary Lou Dent, Division of Grants Management, OPS, Substance Abuse and Mental Health Services Administration, Rockwall II, Room 640, 5600 Fishers Lane, Rockville, MD 20857, (301) 443–5702.

- **Application Kits:** Application kits are available from: National Clearinghouse for Alcohol and Drug Information, PO Box 2345, Rockville, MD 20847–2345, 1–800–729–6686; 1–800–487–4889 TDD, Via Internet: [www.health.org](http://www.health.org) (go into Forum Section of the web site, click on “CSAP FY 97 Grant Opportunities”)

Visually impaired: Disk versions of the application may be requested.

#### 5. Public Health System Reporting Requirements

The Public Health System Impact Statement (PHSIS) is intended to keep State and local health officials apprised of proposed health services grant and cooperative agreement applications submitted by community-based nongovernmental organizations within their jurisdictions.

Community-based nongovernmental service providers who are not transmitting their applications through the State must submit a PHSIS to the head(s) of the appropriate State and local health agencies in the area(s) to be

affected not later than the pertinent receipt date for applications. This PHSIS consists of the following information:

- A copy of the face page of the application (Standard form 424).
- A summary of the project (PHSIS), not to exceed one page, which provides:
  - A description of the population to be served.
  - A summary of the services to be provided.
  - A description of the coordination planned with the appropriate State or local health agencies.

State and local governments and Indian Tribal Authority applicants are not subject to the Public Health System Reporting Requirements.

Application guidance materials will specify if a particular FY 1997 activity described above is/is not subject to the Public Health System Reporting Requirements.

#### 6. PHS Non-Use of Tobacco Policy Statement

The PHS 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. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

Specific application guidance materials may include more detailed guidance as to how a Center will implement SAMHSA's policy on promoting the non-use of tobacco.

#### 7. Executive Order 12372

Applications submitted in response to all FY 1997 activities listed above are subject to the intergovernmental review requirements of Executive Order 12372, as implemented through DHHS regulations at 45 CFR Part 100. E.O. 12372 sets up a system for State and local government review of applications for Federal financial assistance. Applicants (other than Federally recognized Indian tribal governments) should contact the State's Single Point of Contact (SPOC) as early as possible to alert them to the prospective application(s) and to receive any necessary instructions on the State's review process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC

of each affected State. A current listing of SPOCs is included in the application guidance materials. The SPOC should send any State review process recommendations directly to: Office of Extramural Activities Review, Substance Abuse and Mental Health Services Administration, Parklawn Building, Room 17–89, 5600 Fishers Lane, Rockville, Maryland 20857.

The due date for State review process recommendations is no later than 60 days after the specified deadline date for the receipt of applications. SAMHSA does not guarantee to accommodate or explain SPOC comments that are received after the 60-day cut-off.

Dated: February 24, 1997.

Richard Kopanda,

*Executive Officer, SAMHSA*

[FR Doc. 97–5236 Filed 3–3–97; 8:45 am]

BILLING CODE 4162–20–P

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## DEPARTMENT OF THE INTERIOR

### Geological Survey

#### Technology Transfer Act of 1986

**AGENCY:** United States Geological Survey, Interior.

**ACTION:** Notice of proposed cooperative research and development agreement (CRADA) negotiations.

**SUMMARY:** The United States Geological Survey (USGS) is contemplating entering into a Cooperative Research and Development Agreement (CRADA) with the Electric Power Research Institute (EPRI) to generate reliable, accurate, and accessible quality information on major U.S. coal beds that will be mined during the next 20–30 years.

**INQUIRIES:** If any other parties are interested in similar activities with the USGS, please contact Dr. Robert B. Finkelman of the U.S. Geological Survey, Energy Resource Surveys Program, Mail Stop 956, Reston, Virginia 20192; telephone (703) 648–6412; fax (703) 648–6419; e-mail <[rbbf@usgs.gov](mailto:rbbf@usgs.gov)>.

**SUPPLEMENTARY INFORMATION:** This notice is to meet the USGS requirement stipulated in the Survey Manual.

Dated: February 21, 1997.

P. Patrick Leahy,

*Chief, Geologic Division.*

[FR Doc. 97–5224 Filed 3–3–97; 8:45 am]

BILLING CODE 4310–31–M