General description of report: This information collection is voluntary (15 U.S.C. 78q-l(c)(1)) and is not given confidential treatment.

Abstract: Banks, bank holding companies, and trust companies subject to the Federal Reserve's supervision that are low-volume transfer agents voluntarily file the FR 4013 notice on occasion with the Federal Reserve Board. Transfer agents are institutions that provide securities transfer, registration, monitoring, and other specified services on behalf of securities issuers. The purpose of the notice, which is effective until the agent withdraws it, is to claim exemption from certain rules and regulations of the Securities and Exchange Commission (SEC). The Federal Reserve uses the notices for supervisory purposes because the SEC has assigned to the Federal Reserve responsibility for collecting the notices and verifying their accuracy through examinations of the respondents. The notice is made by letter; there is no reporting form.

3. Report title: Annual Survey of Eligible Bankers Acceptances
Agency form number: FR 2006
OMB control number: 7100-0055
Frequency: annual
Reporters: U.S. commercial banks, U.S. branches and agencies of foreign banks, Edge and agreement corporations
Annual reporting hours: 46
Estimated average hours per response: 0.65
Number of respondents: 70
Small businesses are not affected.

General description of report: This information collection is voluntary (12 U.S.C. 248(a), 625, and 3105(b)) and is given confidential treatment (5 U.S.C. 522(b)(4)).

Abstract: The FR 2006 report provides information on eligible U.S. dollar acceptances that are payable in the United States. The data are used for constructing the monetary aggregates, a nonfinancial debt aggregate, and a measure of short-and intermediate -term business credit.

Board of Governors of the Federal Reserve System, February 25, 1998.

William W. Wiles,

Secretary of the Board.

[FR Doc. 98–5268 Filed 2–27–98; 8:45AM]

Billing Code 6210–01–F

FEDERAL RESERVE SYSTEM

Change in Bank Control Notices; Acquisitions of Shares of Banks or Bank Holding Companies

The notificants listed below have applied under the Change in Bank Control Act (12 U.S.C. 1817(j)) and § 225.41 of the Board's Regulation Y (12 CFR 225.41) to acquire a bank or bank holding company. The factors that are considered in acting on the notices are set forth in paragraph 7 of the Act (12 U.S.C. 1817(j)(7)).

The notices are available for immediate inspection at the Federal Reserve Bank indicated. The notices also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing to the Reserve Bank indicated for that notice or to the offices of the Board of Governors. Comments must be received not later than March 17, 1998

A. Federal Reserve Bank of Chicago (Philip Jackson, Applications Officer) 230 South LaSalle Street, Chicago, Illinois 60690-1413:

1. Gregory D. Shields, Rowley, Iowa; to acquire additional voting shares of Shields Agency, Inc., Rowley, Iowa, and thereby indirectly acquire Rowley Savings Bank, Rowley, Iowa.

B. Federal Reserve Bank of Kansas City (D. Michael Manies, Assistant Vice President) 925 Grand Avenue, Kansas City, Missouri 64198-0001:

1. The Pieper Family Limited Partnershp, LLLP, Calhan, Colorado; to acquire voting shares of Pieper Bancorp, Inc., Calhan, Colorado, and thereby indirectly acquire Farmers State Bank of Calhan, Calhan, Colorado.

Board of Governors of the Federal Reserve System, February 25, 1998.

Jennifer J. Johnson,

Deputy Secretary of the Board.

[FR Doc. 98–5269 Filed 2–27–98; 8:45 am]

BILLING CODE 6210–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Office of Minority Health; Availability of Funds for Grants for the Bilingual/ Bicultural Service Demonstration Grant Program

AGENCY: Office of the Secretary, Office of Minority Health.

ACTION: Notice of availability of funds and request for Applications for the Bilingual/Bicultural Service Demonstration Program.

AUTHORITY: This program is authorized under section 1707(d)(1) of the Public Health Service Act, as amended by Public Law 101–527, the Disadvantaged Minority Health Improvement Act of 1990.

PURPOSE: The purpose of this Fiscal Year 1998 Bilingual/Bicultural Service Demonstration Grant Program is to:

(1) Improve and expand the capacity for linguistic and cultural competence of health care professionals and paraprofessionals working with limited-English-proficient (LEP) minority communities and

(2) Improve the accessibility and utilization of health care services among the LEP minority populations.

These grants are intended to demonstrate the merit of programs that involve partnerships between minority community-based organizations and health care facilities in a collaborative effort to address cultural and linguistic barriers to effective health care service delivery and to increase access to effective health care for the LEP minority populations living in the United States.

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 to reduce morbidity and mortality and to improve the quality of life. Potential applicants may obtain a copy of Healthy People 2000 which is available through the Government Printing Office, Washington, DC 20402–9325 or telephone (202) 783–8238 (Full Report: Stock No. 017–001–00474–0). Another reference is the Healthy People 2000 Review—1997. One free copy may be obtained from the National Center for Health Statistics, 6525 Belcrest Road, Room 1064, Hyattsville, MD 20782 or telephone (301) 436–8500. (DHHS Publication No. (PHS) 98–1256)

Background

Large numbers of minorities in the United States are linguistically isolated. According to the 1990 U.S. Census, 31.8 million persons or 13 percent of the total U.S. population (ages 5 and above) speak a language other than English at home. Almost 2 million people do not speak English at all and 4.8 million people do not speak English well. The 1990 U.S. Census also found that various minority populations and subgroups are linguistically isolated: Approximately 4 million Hispanics; approximately 1.6 million Asians and Pacific Islanders; approximately 282,000 Blacks; and approximately 77,000 Native Americans and Alaska Natives.

Besides the social, cultural and linguistic barriers, which affect the delivery of adequate health care, there are other factors that contribute to the poor health status of LEP minority people. These factors include:

- Inadequate number of health care providers and other health care professionals skilled in culturally competent and linguistically appropriate delivery of services;
- Scarcity of trained interpreters at the community level;
- Deficiency of knowledge about appropriate mechanisms to address language barriers in health care settings;
- Absence of effective partnerships between major mainstream provider organizations and LEP minority communities;
- Low economic status;
- Lack of health insurance; and
- Organizational barriers.

Research has suggested that culture provides a unique concept of disease, risk factors, and preventive actions.[1] It also has been indicated that definitions of health and illness are often culturally determined and therefore, the study of culture and tradition is a valuable tool in understanding the underlying motives for health behavior.[2] The clients' understanding of the Western health care model, and the cultural ability to accept health education, influences their access to health care services and their compliance with health care advice.

It is essential that health care providers, health care professionals and other staff become informed about their diverse clientele from a linguistic, cultural and medical perspective. These individuals should become culturally competent so they can encourage vulnerable LEP minority populations to access and receive appropriate health care with more knowledge and confidence.

In FY 1993, the Office of Minority Health (OMH) launched the Bilingual/Bicultural Service Demonstration Grant Program to specifically address the barriers that LEP minority populations encounter when accessing health services.

In FY 1998, the OMH continues to focus on health problem areas identified in the 1997 OMH Report to Congress. These health areas are: (1) Heart disease and stroke; (2) cancer; (3) chemical dependency; (4) diabetes; (5) homicide, suicide, and unintentional injuries; (6) infant mortality; and (7) HIV/AIDS. Flexibility for communities to define their own health problem priorities (*e.g.*, asthma, sexually transmitted diseases (STDs), tuberculosis, female genital mutilation, immunization and tobacco use) is also encouraged.

[1] Evans, P.E. (1988) Minorities and AIDS. Health Education Research, Vol. 3, No. 1, pp 113–115.

[2] Toumishey, H. (1993), Multicultural Health Care: An Introductory Course. In R. Masi, L. Mensah, & K. McLeod (eds.), Health and Cultures: Exploring the Relationships, pp 113–138. Mosaic Press, Ontario, Canada.

Eligible Applicants

Public and private, nonprofit minority community-based organizations or health care facilities which serve a targeted LEP minority community. (See Definitions of Minority Community-Based Organizations and Health Care Facilities found in this announcement.) Eligibility is limited to: (1) Previously funded Bilingual/Bicultural Service Demonstration Program grant recipients; and (2) organizations which previously applied to the Bilingual/Bicultural Service Demonstration Program and were recommended for approval, but were not funded due to OMH budget limitations. This will allow previously funded grantees to build on efforts already initiated under this demonstration program. It also allows those organizations which designed projects judged to have merit in a previous objective review process, an opportunity to submit proposals which meet the requirements set forth in this announcement.

A linkage must be in place between a minority community-based organization and a health care facility, one of which is the applicant organization, and documented in writing as specified under the project requirements described in this announcement.

Currently funded OMH Bilingual/Bicultural Service Demonstration Program grantees (Managed Care) are not eligible to apply. National organizations, for-profit hospitals, universities and schools of higher learning are not eligible to apply. Applicants may apply to more than one OMH FY 98 grant program announcement; however, organizations will not receive funding for more than one OMH grant program concurrently.

Deadline

To receive consideration, grant applications must be received by the OMH Grants Management Office 60 days after date of publication or by April 13, 1998. Applications will be considered as meeting the deadline if they are: (1) Received on or before the deadline date, or (2) postmarked on or before the deadline date and received in time for orderly processing. A legibly dated receipt from a commercial carrier or U.S. Postal Service will be accepted in lieu of a postmark. Private metered postmarks will not be accepted as proof of timely mailing. Applications submitted by facsimile transmission (FAX) or any other electronic format will not be accepted. Applications which do not meet the deadline will be considered late and will be returned to the applicant unread.

Addresses/Contacts

Applications must be prepared using Form PHS 5161–1 (Revised July 1992 and approved by OMB under control Number 0937–0189). Application kits and technical assistance on budget and business aspects of the application may be obtained from Ms. Carolyn A. Williams, Grants Management Officer, Division of Management Operations, Office of Minority Health, Rockwall II Building, Suite 1000, 5515 Security Lane, Rockville, Maryland 20852, telephone (301) 594–0758. Completed applications are to be submitted to the same address.

Questions regarding programmatic information and/or requests for technical assistance in the preparation of grant applications should be directed to Ms. Cynthia H. Amis, Director, Division of Program Operations, Office of Minority Health, Rockwall II Building, Suite 1000, 5515 Security Lane, Rockville, Maryland 20852, telephone number (301) 594–0769.

Technical assistance is also available through the OMH Regional Minority Health Consultants (RMHCs). A listing of the RMHCs and how they may be contacted will be provided in the grant application kit. Additionally, applicants can contact the OMH Resource Center (OMHRC) at 1–800–444–6472 for health information.

Availability of Funds

Approximately $1.2 million is available for award in FY 1998. It is projected that awards of up to $100,000 total costs (direct and indirect) for a 12-month period will be made to approximately 10 to 12 competing applicants. Of the total amount obligated, at least $460,000 will be awarded to projects that include HIV/AIDS as one of the targeted health problem areas to be addressed.

Period of Support

The start date for the Bilingual/Bicultural Service Demonstration Program grants is September 30, 1998. Support may be requested for a total project period not to exceed 3 years. Noncompeting continuation awards of up to $100,000 will be made subject to satisfactory performance and availability of funds.

Definitions

For purposes of this grant announcement, the following definitions apply:

Cultural Competency—A set of interpersonal skills that allow

individuals to increase their understanding and appreciation of cultural differences and similarities within, among and between groups. This requires a willingness and ability to draw on community-based values, traditions and customs, and to work with knowledgeable persons of and from the community in developing focused interventions, communications and other supports. (Orlandi, Mario A., 1992.)

Health Care Facility—A public nonprofit facility that has an established record for providing comprehensive health care services to a targeted, LEP racial/ethnic minority community. Facilities providing only screening and referral activities are not included in this definition. A health care facility may be a hospital, outpatient medical facility, community health center, migrant health center, or a mental health center.

Limited-English-Proficient Populations (LEP)—Individuals (as defined in Minority Populations below) with a primary language other than English who must communicate in that language if the individual is to have an equal opportunity to participate effectively in and benefit from any aid, service or benefit provided by the health provider.

Minority Community-Based Organization—A public or private nonprofit community-based minority organization or a local affiliate of a national minority organization that has: A governing board composed of 51 percent or more racial/ethnic minority members, a significant number of minorities in key program positions, and an established record of service to a racial/ethnic minority community.

Minority Populations—American Indian or Alaska Native, Asian, Black or African-American, Hispanic or Latino, and Native Hawaiian or other Pacific Islander. (Revision to the Standards for the Classification of Federal Data on Race and Ethnicity, **Federal Register**, Vol. 62, No. 210, pg. 58782, October 30, 1997.)

Project Requirements

Each project funded under this demonstration grant is to:

1. Address at least one, but no more than three, problem health areas identified in the Background section.

2. Carry out activities to improve and expand the capacity of health care providers and other health care professionals to deliver linguistically and culturally competent health care services to the target population. Potential activities may include: Language and cultural competency training and curricula development, bilingual health access or health promotion information in the native language or on-site interpretation services. Traditional or innovative training models may include portable training products such as CD–ROMs, video tapes, or on-line distance based learning formats for continuing education.

3. Carry out activities to improve access to health care for the LEP population. Potential activities may include those that will educate the target population on the importance of health promotion and disease prevention; enhance the ability of the target population to communicate their health care concerns to health care providers; and increase their understanding of health education information and improve compliance with health care treatments. The applicant may utilize culturally and/or linguistically appropriate informational or communication technologies, such as printed materials which may have pictorial messages, mass media, public service announcements and neighborhood outreach and electronic systems including kiosks as an educational tool; or forums, seminars or workshops to promote information exchange among the targeted LEP population and the health care professionals.

4. Have an established, formal linkage between a minority community-based organization and a health care facility, one of which is the applicant, prior to submission of an application. The linkage must be confirmed by a signed agreement between the applicant and linkage organizations which specifies in detail the roles and resources that each entity will bring to the project, and states the duration and terms of the linkage. The document must be signed by individuals with the authority to represent the organizations (e.g., president, chief executive officer, executive director).

Use of Grant Funds

Budgets of up to $100,000 total cost (direct and indirect) per year may be requested to cover costs of: Personnel, consultants, supplies (including screening and outreach supplies), equipment, and grant-related travel. Funds may not be used for medical treatment, construction, building alterations, or renovations. All budget requests must be fully justified in terms of the proposed goals and objectives and include a computational explanation of how costs were determined.

Criteria for Evaluating Applications

Review of Applications: Applications will be screened upon receipt. Those that are judged to be incomplete, nonresponsive to the announcement or nonconforming will be returned without comment. Each organization may submit no more than one proposal under this announcement. If an organization submits more than one proposal, all will be deemed ineligible and returned without comment. Accepted applications will be reviewed for technical merit in accordance with PHS policies. Applications will be evaluated by an Objective Review Panel chosen for their expertise in minority health and their understanding of the unique health problems and related issues confronted by the racial/ethnic minority populations in the United States.

Applicants are advised to pay close attention to the specific program guidelines and general and supplemental instructions provided in the application kit.

Application Review Criteria: The technical review of applications will consider the following generic factors:

Factor 1: Background (15%)

Adequacy of: Demonstrated knowledge of the problem at the local level; demonstrated need within the proposed community and target population; demonstrated support and established linkage(s) in order to conduct the proposed model; and extent and documented outcome of past efforts and activities with the target population.

Factor 2: Goals and Objectives (15%)

Merit of the objectives, their relevance to the program purpose and stated problem, and their attainability in the stated time frames.

Factor 3: Methodology (35%)

Appropriateness of proposed approach and specific activities for each objective. Logic and sequencing of the planned approaches in relation to the objectives and program evaluation. Soundness of the established linkages.

Factor 4: Evaluation (20%)

Thoroughness, feasibility and appropriateness of the evaluation design, and data collection and analysis procedures. Potential for replication of the project for similar target populations and communities.

Factor 5: Management Plan (15%)

Applicant organization's capability to manage and evaluate the project as determined by: The qualification of

proposed staff or requirements for ''to be hired'' staff; proposed staff level of effort; management experience of the lead agency; and experience of each member of the linkage as it relates to its defined roles and the project.

Award Criteria

Funding decisions will be determined by the Deputy Assistant Secretary of Minority Health, Office of Minority Health, and will take under consideration: The recommendations and ratings of the review panel, geographic and racial/ethnic distribution, and health problem areas having the greatest impact on minority health. Consistent with the Congressional intent of Public Law 101–527, section 1707(c)(3), consideration will be given to projects targeting Asian, American Samoan, and other Pacific Islander populations. Consideration will also be given to projects proposed to be implemented in Empowerment Zones and Enterprise Communities.

Reporting and Other Requirements

General Reporting Requirements

A successful applicant under this notice will submit: (1) Annual progress report; (2) an annual Financial Status Report, and (3) a final progress report and Financial Status Report in the format established by the Office of Minority Health, in accordance with provisions of the general regulations which apply under ''Monitoring and Reporting Program Performance,'' 45 CFR part 74, subpart J, with the exception of State and local governments to which 45 CFR part 92, subpart C reporting requirements apply.

Provision of Smoke-Free Workplace and Nonuse of Tobacco Products by Recipients of PHS Grants

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

Public Health System Reporting Requirements

This program is subject to Public Health Systems Reporting Requirements. Under these requirements, a 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, no later than the Federal due date for receipt of the application, the following information to the head of the appropriate state and local health agencies in the area(s) to be impacted: (a) A copy of the face page of the applications (SF 424), (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 or local health agencies. Copies of the letters forwarding the PHSIS to these authorities must be contained in the application materials submitted to the Office of Minority Health.

State Reviews

This program is subject to the requirements of Executive Order 12372 which allows States the option of setting up a system for reviewing applications from within their States for assistance under certain Federal programs. The application kit to be made available under this notice will contain a listing of States which have chosen to set up a review system and will include a State Single Point of Contact (SPOC) in the State for review. Applicants (other than federally recognized Indian tribes) should contact their SPOCs as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC of each affected State. The due date for State process recommendations is 60 days after the application deadline by the Office of Minority Health's Grants Management Officer. The Office of Minority Health does not guarantee that it will accommodate or explain its responses to State process recommendations received after that date. (See ''Intergovernmental Review of Federal Programs,'' Executive Order 12372, and 45 CFR part 100 for a description of the review process and requirements.)

OMB Catalog of Federal Domestic Assistance

The OMB Catalog of Federal Domestic Assistance Number for the Bilingual and Bicultural Service Demonstration Program is 93.105.

Clay E. Simpson, Jr.,

Deputy Assistant Secretary for Minority Health.

[FR Doc. 98–5233 Filed 2–27–98; 8:45 am]

BILLING CODE 4160–17–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Notice of a Cooperative Agreement With the Minority Faculty Development Program and Harvard Medical School

The Office of Minority Health (OMH), Office of Public Health and Science, announces that it will enter into an umbrella cooperative agreement with the Minority Faculty Development Program (MFDP)/Harvard Medical School. This cooperative agreement is an umbrella cooperative agreement and will establish the broad programmatic framework in which specific projects can be supported by various agencies during the project period.

The purpose of this cooperative agreement is to assist MFDP in expanding and enhancing its activities relevant to health issues affecting the minority communities by supporting the training experience of minority physicians in its Fellowship in Minority Health Policy program. MFDP will provide leadership skills training in health policy, financial and organizational management, politics, economics and ethics.

It is anticipated that this training experience will enable minority physicians to assume leadership roles in programs and policy making entities aimed at improving or eliminating health disparities that affect minority communities. OMH will provide consultation, including administrative and technical assistance as needed, for the execution and evaluation of all aspects of this cooperative agreement. OMH will also participate and/or collaborate with the awardee in any workshops or training sessions to exchange current information, opinions, and research findings during this agreement.

Authorizing Legislation

This cooperative agreement is authorized under, Section 1707(d)(1) of the Public Health Service Act.

Background

Assistance will be provided only to the Minority Faculty Development Program/Harvard Medical School. No order applications are solicited. MFDP