

the Federal Advisory Committee Act (FACA), section 10(d) of 5 U.S.C., Appendix 2, implementing regulations, and procurement regulations, 41 CFR 101-6.1023 and 48 CFR section 315.604(d). The discussions at this meeting of contract proposals submitted in response to the above-referenced RFP are likely to reveal proprietary and personal information concerning individuals associated with the proposals. Such information is exempt from disclosure under the above-cited FACA provision that protects the free exchange of candid views, and under the procurement rules that prevent undue interference with Committee and Department operations.

*Name of TRC:* The Agency for Healthcare Research and Quality—"Bioterrorism Initiative".

*Date:* August 8, 2000 (Closed to the public).

*Place:* Agency for Healthcare and Quality, 6010 Executive Blvd., 3rd Floor, Conference Room A, Rockville, Maryland 20852.

*Contact Person:* Anyone wishing to obtain information regarding this meeting should contact William Baine, Center for Outcomes and Effectiveness Research, Agency for Healthcare Research and Quality, 6010 Executive Blvd., Suite 300, Rockville, Maryland 20852, 301-594-0524.

Dated: July 7, 2000.

**John M. Eisenberg,**

*Director.*

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**BILLING CODE 4160-90-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Agency for Toxic Substances and Disease Registry

[Program Announcement 01002]

#### Public Health Conference Support Grant Program; Notice of Availability of Funds

##### A. Purpose

The Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) announce the availability of fiscal year (FY) 2001 funds for a grant program for Public Health Conference Support. This program addresses the health promotion and disease prevention objectives of "Healthy People 2010". This announcement is related to the focus areas of Arthritis,

Osteoporosis, and Chronic Back Conditions, Cancer, Diabetes, Disability and Secondary Conditions, Educational and Community-Based Programs, Environmental Health, Heart Disease and Stroke, Immunization and Infectious Disease, Injury and Violence Prevention, Maternal, Infant and Child Health, Occupational Safety and Health, Oral Health, Physical Activity and Fitness, Public Health Infrastructure, Respiratory Disease, Sexually Transmitted Diseases, and Tobacco Use. For a complete description see: <http://www.health.gov/healthypeople/Document/tableofcontents.htm>.

Conferences on Access to Quality Health Services, Family Planning, Food Safety, Health Communications, Medical Product Safety, Mental Health and Mental Disorders, Nutrition and Overweight, Substance Abuse, and Vision and Hearing, are not priority focus areas of CDC or ATSDR, and should be directed to other Federal Agencies. HIV is not included in this Program Announcement.

The purpose of conference support funding is to provide partial support for specific non-federal conferences in the areas of health promotion and disease prevention information and education programs, and applied research.

Because conference support by CDC/ATSDR creates the appearance of CDC/ATSDR co-sponsorship, there will be active participation by CDC/ATSDR in the development and approval of the conference agenda. CDC/ATSDR funds will be expended only for approved portions of the conference.

The mission of CDC is to promote health and improve the quality of life by preventing and controlling disease, injury, and disability.

CDC supports local, State, academic, national, and international health efforts to prevent unnecessary disease, disability, and premature death, and to improve the quality of life. This support often takes the form of education, and the transfer of high quality research findings and public health strategies and practices through symposia, seminars, and workshops. Through the support of conferences and meetings in the areas of public health research, education, prevention research in program and policy development in managed care and prevention application, CDC is meeting its overall goal of dissemination and implementation of new cost-effective intervention strategies.

ATSDR focus areas are: (1) Health effects of hazardous substances in the environment; (2) disease and toxic substance exposure registries; (3) hazardous substance removal and

remediation; (4) emergency response to toxic and environmental disasters; (5) risk communication; (6) environmental disease surveillance; and (7) investigation and research on hazardous substances in the environment.

The mission of ATSDR is to prevent both exposure and adverse human health effects that diminish the quality of life associated with exposure to hazardous substances from waste sites, unplanned releases, and other sources of pollution present in the environment.

ATSDR's systematic approaches are needed for linking applicable resources in public health with individuals and organizations involved in the practice of applying such research. Mechanisms are also needed to shorten the time frame between the development of disease prevention and health promotion techniques and their practical application. ATSDR believes that conferences and similar meetings that permit individuals to engage in hazardous substances and environmental health research, education, and application (related to actual and/or potential human exposure to toxic substances) to interact, are critical for the development and implementation of effective programs to prevent adverse health effects from hazardous substances.

##### B. Eligible Applicants

Applications may be submitted by public and private non-profit organizations. Public and private non-profit entities include but are not limited to State and local governments or their bona fide agents, voluntary associations, foundations, civic groups, scientific or professional associations, universities, and Federally-recognized Indian tribal governments, Indian tribes, or Indian tribal organizations.

Only conferences planned for May 1, 2001 through September 30, 2002 are eligible to apply under this announcement.

**Note:** Public Law 104-65 states that an organization described in section 501(c)(4) of the Internal Revenue Code of 1986 that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant, cooperative agreement, contract, loan, or any other form.

Applications for ATSDR support may be submitted by the official public health agencies of the States, or their bona fide agents. This includes the District of Columbia, American Samoa, the Commonwealth of Puerto Rico, the Virgin Islands, the Federated States of Micronesia, Guam, the Northern Mariana Islands, the Republic of the Marshall Island, the Republic of Palau, and Federally-recognized Indian Tribal

governments. State organizations, including State universities, State colleges, and State research institutions must establish that they meet their respective State's legislature definition of a State entity or political subdivision to be considered an eligible applicant. Also eligible are nationally recognized associations of health professionals and other chartered organizations generally recognized as demonstrating a need for information to protect the public from the health effects of exposure to hazardous substances.

### C. Availability of Funds

Approximately \$1,100,000 may be available from CDC in FY 2001 to fund approximately 45 to 55 awards. It is expected that the average award will be \$20,000. For FY 2001 awards will be made for three cycles A B & C each with a 12-month budget period within a 12-month project period. Funding estimates may change.

Approximately \$50,000 is available from ATSDR in FY 2001 to fund approximately six awards. It is expected that the average award will be \$8,000, ranging from \$5,000 to \$10,000. It is expected that the awards will begin on or about thirty days before the date of the conference and will be made for a 12-month budget period within a 12-month project period. Funding estimates may change.

### D. Use of Funds

1. Funds may be used for direct cost expenditures: salaries; speaker fees (for services rendered); rental of necessary conference related equipment; registration fees; and transportation costs (not to exceed economy class fare) for non-Federal individuals.

2. Funds may be used for only those parts of the conference specifically supported by CDC or ATSDR as documented in the grant award.

3. Funds may not be used for the purchase of equipment; payments of honoraria (for conferring distinction); alterations or renovations; organizational dues; support entertainment or personal expenses; food or snack breaks; cost of travel and payment of a Federal employee; per diem or expenses for local participants (other than local mileage). Travel for federal employees will be supported by CDC/ATSDR. Travel for other Federal employees will be supported by the federal agency.

4. Funds may not be used for reimbursement of indirect costs.

5. CDC and ATSDR will not fund 100 percent of any conference proposed under this announcement. Part of the cost of the proposed conference must be

supported with other than Federal funds.

6. CDC and ATSDR will not fund a conference after it has taken place.

7. Although the practice of handing out novelty items at meetings is often employed in the private sector to provide participants with souvenirs, Federal funds cannot be used for this purpose.

### E. Program Requirements

Grantees must meet the following requirements:

1. The conference organizer(s) may use CDC's/ATSDR's name only in factual publicity for the conference. CDC/ATSDR involvement in the conference does not necessarily indicate support for the organizer's general policies, activities, or products or the content of speakers' presentations.

2. Any conference co-sponsored under this announcement shall be held in facilities that are fully accessible to the public as required by the Americans with Disabilities Act Accessibility Guidelines (ADAAG). Accessibility under ADAAG addresses accommodations for persons with sensory impairments as well as persons with physical disabilities or mobility limitations.

3. Manage all activities related to program content (e.g., objectives, topics, attendees, session design, workshops, special exhibits, speaker's fees, agenda composition, and printing). Many of these items may be developed in concert with assigned CDC or ATSDR project personnel.

4. Provide draft copies of the agenda and proposed ancillary activities to CDC or ATSDR for approval. All but 10 percent of the total funds awarded for the proposed conference will be restricted pending approval of a full final agenda by CDC or ATSDR. The remaining 90 percent of funds will be released by letter to the grantee upon the approval of the final agenda. CDC and ATSDR reserves the right to terminate co-sponsorship at any time.

5. Determine and manage all promotional activities (e.g., title, logo, announcements, mailers, press, etc.). CDC or ATSDR must review and approve any materials with reference to CDC or ATSDR involvement or support.

6. Manage all registration processes with participants, invitee, and registrants (e.g., travel, reservations, correspondence, conference materials and handouts, badges, registration procedures, etc.).

7. Plan, negotiate, and manage conference site arrangements, including all audio-visual needs.

8. Analyze data from conference activities that pertain to the impact of prevention. Adequately assess increased knowledge, attitudes, and behaviors of the target audience.

### F. Application Content

A letter of intent (LOI) is required for this Program Announcement.

#### *Letter of Intent (LOI) Instructions*

Interested applicants are required to submit an original and two copies of a two to three-page in-depth typewritten Letter of Intent (LOI). Use English only and avoid jargon and unusual abbreviations. Upon review of the LOI's, CDC or ATSDR will extend written invitations to perspective applicants to submit applications. CDC or ATSDR will accept applications by invitation only. Availability of funds may limit the number of applicants, regardless of merit, that receive an invitation to submit applications. The LOI should specifically describe the following required information:

1. Justification of the conference, including the problems it intends to clarify and the developments it may stimulate.

2. Title of the proposed conference—include the term "Conference", "Symposium", "Workshop", or similar designation;

3. Location of conference—city, state, and physical facilities required for the conduct of the meeting;

4. Expected registration—the intended audience, approximate number and profession of persons expected to attend;

5. Date(s) of conference—inclusive dates of conference (LOIs without date of conference will be considered non-responsive to this program announcement and returned to the applicant without review);

6. Summary of conference format, projected agenda (including list of principal areas or topics to be addressed), including speakers or facilitator. In addition, information should be provided about all other national, regional, and local conferences held on the same or similar subject during the last three years; and also include on the first page:

- the name of the organization,
- primary contact person's name,
- mailing address,
- telephone number,
- and if available, fax number and e-mail address.

The LOI must include the estimated total cost of the conference and the percentage of the total cost (which must be less than 100 percent) being requested from CDC or ATSDR.

Requests for 100 percent funding will be considered non-responsive to this program announcement and will be returned to the applicant without review. No Appendices, booklets, or other documents accompanying the LOI will be considered.

An invitation to submit an application will be made on the basis of the proposed conference's relationship, as outlined in the LOI, to the CDC or ATSDR funding priorities and availability of funds. LOIs should be provided by over night mail service, or U.S. postal service.

The three page limitation (inclusive of letterhead and signatures), must be observed or the letter of intent will be returned without review.

#### Application

Applicants may apply to CDC or ATSDR for conference support only after their LOI has been reviewed by CDC and ATSDR and a written invitation, including an application form, has been received by the prospective applicant.

An invitation to submit an application does not constitute a commitment on the part of CDC or ATSDR to fund the application.

In addition to the following required information, use the information in the Program Requirements and Evaluation Criteria sections to develop the application content:

1. A project summary cover sheet that includes:

- (a) name of organization
- (b) name of conference
- (c) location of conference
- (d) date(s) of conference
- (e) intended audience and number
- (f) dollar amount requested
- (g) total conference budget amount

2. A brief background of the organization—include the organizational history, purpose, and previous experience related to the proposed conference topic.

3. A clear statement of the need for and purpose of the conference. This statement should also describe any problems the conference will address or seek to solve, and the action items or resolutions it may stimulate.

4. An elaboration on the conference objectives and target audience. A list should be included of the principal areas or topics to be addressed. A proposed or final agenda must be included.

5. A clear description of the evaluation plan and how it will assess the accomplishments of the conference objectives. A sample of the evaluation instrument that will be used must be included and a step-by-step schedule

and detailed operation plan of major conference planning activities necessary to attain specified objectives.

6. Biographical sketches are required for the individuals responsible for planning and implementing the conference. Experience and training related to conference planning and implementation as it relates to the proposed topic should be noted.

7. Letters of endorsement or support—Letters of endorsement or support for the sponsoring organization and its capability to perform the proposed conference activity.

8. Budget plan and justification—A clearly justified budget narrative that is consistent with the purpose, objectives, and operation plan of the conference. This will consist of a budget that includes the share requested from this grant as well as those funds from other sources, including organizations, institutions, conference income and/or registration fees.

#### General Instructions

The narrative should be no more than 12 double-spaced pages, printed on one side, with one-inch margins, and 12-point font. Use English only and avoid jargon and unusual abbreviations. Pages must be clearly numbered, and a complete index to the application and its appendices must be included. The original and two required copies of the application must be submitted unstapled and unbound. Materials which should be part of the basic plan should not be in the appendices.

Send LOIs and Applications to: Edna M. Green, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention, Koger Center, Colgate Bldg., 2920 Brandywine Road, Room 3000, Atlanta, Georgia 30341.

#### G. Submission and Deadline for All Applicants

Letter of Intent (LOI)

Letter of Intent Due Dates:

Cycle A: October 2, 2000

For conferences May 1, 2001–April 30, 2002

Cycle B: January 2, 2001

For Conferences August 1, 2001–July 31, 2002

Cycle C: April 2, 2001

For Conferences November 1, 2001–September 30, 2002

The letter of intent (LOI) must be submitted on or before October 2, 2000, January 2, 2001 and April 2, 2001. The applicant must submit an original and two signed copies of the LOI to the Grants Management Specialist identified in the Where to Obtain

Additional Information section of this announcement.

#### Application

Applicants invited to apply should also submit the original and two copies of PHS form 5161–1, (OMB Number 0937–0189). Forms are in the application kit. Forms are also available at: <http://forms.psc.gov/forms/phs/ps5161-1.pdf>

Application due dates	Earliest possible award dates
Cycle A: December 11, 2000.	April 1, 2001.
Cycle B: March 09, 2001.	July 1, 2001.
Cycle C: June 15, 2001.	September 30, 2001.

Deadline: Filing deadlines have now been imposed for all conference support grants and dates should be strictly followed by applicants to ensure that their LOI's are received in a timely manner.

There will be three Conference Support reviews per year and awards will be made in the months of April 2001, July 2001, and September 2001.

If your conference dates fall between Oct 1, 2000 to April 30, 2001 you should have applied under the previous program Announcement 00017 otherwise your LOI will be considered unresponsive to Cycle A under the 2001 Announcement.

If your Conference dates fall between May 1, 2001 to April 30, 2002 you can apply under Cycle A 2001.

If your Conference dates fall between August 1, 2001 to July 31, 2002 you can apply in Cycle B 2001.

If your Conference dates fall between November 1, 2001 to September 31, 2002 you can apply under Cycle C 2001. Letters of Intent and Applications shall be considered as meeting the deadline if they are either:

(a.) Received on or before the date, or

(b.) Postmarked on or before the deadline date and received in time for orderly processing. (Applicants must request a legibly dated U.S. Postal Service Postmark or obtain a legibly dated receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.)

Late Applications: Applications which do not meet the criteria in (a.) or (b.) above are considered late applications, will not be considered, and will be returned to the applicant.

## H. Evaluation Criteria

### *Letter of Intent*

A conference is a symposium, seminar, workshop, or any other organized and formal meeting lasting portions of one or more days, where persons assemble to exchange information and views or explore or clarify a defined subject, problem, or area of knowledge, whether or not a published report results from such meeting. The conference should support CDC or ATSDR's public health principles in furtherance of CDC's mission or ATSDR's mission. CDC will review the LOIs and compare conference objectives with our respective missions and funding priorities to determine if a full application will be invited. Less than thirty-three percent of LOI applicants are invited to submit full applications.

### *Application*

Each application will be evaluated individually against the following criteria by an independent review group appointed by CDC.

Section 1.a., is ATSDR specific

Section 1.b., is CDC specific

Section 1.c., and all other sections in these criteria are applicable to both CDC and ATSDR,

#### 1. Proposed Program and Technical Approach (25 points)

a. The public health significance of the proposed conference including the degree to which the conference can be expected to influence the prevention of exposure and adverse human health effects and diminished quality of life associated with exposure to hazardous substances from waste sites, unplanned releases and other sources of pollution present in the environment. (Applicable to ATSDR applications only).

b. The applicant's description of the proposed conference as it relates to specific non-Federal conferences in the areas of health promotion and disease prevention information/education programs (except mental health, and substance abuse), including the public health need of the proposed conference and the degree to which the conference can be expected to influence public health practices. Evaluation will be based also on the extent of the applicant's collaboration with other organizations serving the intended audience. (Applicable to all CDC applications except ATSDR)

c. The applicant's description of conference objectives in terms of quality, specificity, and the feasibility of the conference based on the operational plan.

2. Applicant's Capability (10 points)  
Adequacy of applicant's resources (additional sources of funding, organization's strengths, staff time, proposed physical facilities, etc.) available for conducting conference activities.

#### 3. The Qualification of Program Personnel (20 points).

Evaluation will be based on the extent to which the application has described:

- The qualifications, experience, and commitment of the principal staff person, and his/her ability to devote adequate time and effort to provide effective leadership.

- The competence of associate staff persons, discussion leaders, speakers, and presenters to accomplish conference objectives.

- The degree to which the applicant demonstrates the knowledge of nationwide and educational efforts currently underway which may affect, and be affected by, the proposed conference.

#### 4. Conference Objectives (25 points)

- The overall quality, reasonableness, feasibility, and logic of the designed conference objectives, including the overall work plan and timetable for accomplishment.

- The likelihood of accomplishing conference objectives as they relate to disease prevention and health promotion goals, and the feasibility of the project in terms of the operational plan.

#### 5. Evaluation Methods (20 points)

Evaluation instrument(s) for the conference should adequately assess increased knowledge, attitudes, and behaviors of the target audience.

#### 6. Budget Justification and Adequacy of Facilities (not scored)

The proposed budget will be evaluated on the basis of its reasonableness; concise and clear justification; and consistency with the intended use of grant funds. The application will also be reviewed as to the adequacy of existing or proposed facilities and resources for conducting conference activities.

## I. Other Requirements

### *Technical Reporting Requirements*

Provide the Grants Management Office with original plus two copies of:

- A Performance Report, or in lieu of a performance report, proceedings of the conference, no more than 90 days after the end of the budget/project period.

- Financial status report, no more than 90 days after the end of the budget/project period.

The following additional requirements are applicable to this program. (See appendix 1)

- AR-7 Executive Order 12372 Review
- AR-8 Public Health System Reporting Requirements
- AR-9 Paperwork Reduction Act Requirements
- AR-10 Smoke-Free Workplace Requirements
- AR-11 Healthy People 2010
- AR-12 Lobbying Restrictions
- AR-15 Proof of Non-Profit Status
- AR-20 Conference Support

## J. Authority and Catalog of Federal Domestic Assistance Number

The CDC program is authorized under Section 301 of the Public Health Service Act, [42 U.S.C. 241] as amended. The Catalog of Federal Domestic Assistance number is 93.283.

The ATSDR program is authorized under Sections 104(i)(14) and (15) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA), as amended by the Superfund Amendments and Reauthorization Act of 1986 (SARA), [42 U.S.C. 9604(i)(14) and (15)]. The Catalog of Federal Domestic Assistance number is 93.161 for ATSDR.

## K. Where To Obtain Additional Information

To receive additional written information, call 1-888-GRANTS4 (1-888-472-6874). You will be asked to leave your name and address and will be instructed to identify the Announcement number of interest.

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from: Edna M. Green, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), Koger Center, Colgate Bldg., 2920 Brandywine Road, Room 3000, Atlanta, Georgia 30341-3724, Telephone (770) 488-2743, Email address [ecg4@cdc.gov](mailto:ecg4@cdc.gov),

See also the CDC home page on the Internet: <http://www.cdc.gov/od/pgo/funding/01002.htm>

For program technical assistance, contact: C.E. Criss Crissman, Resource Analysis Specialist, Office of the Director Extramural Services Activity, Public Health Practice Program Office (PHPPPO), Centers for Disease Control and Prevention (CDC), 4770 Buford Highway, NE, MS K-38, Atlanta, Georgia 30341-3714, Telephone (770) 488-2513, Email address [cec1@cdc.gov](mailto:cec1@cdc.gov)

Dated: July 7, 2000.

**Mary Anne Bryant,**

*Acting Director, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), Agency for Toxic Substances and Disease Registry.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[Program Announcement Number 00102]

#### Announcement of a Cooperative Agreement With the Hispanic-Serving Health Professions Schools (HSHPS), Inc. To Enhance Research, Infrastructure, and Capacity Building

##### A. Purpose

The Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) announce the availability of fiscal year (FY) 2000 funds for a cooperative agreement program with the Hispanic-Serving Health Professions Schools, Inc. (HSHPS). The purpose of the program is to assist the HSHPS in developing the commitment and capacity of their member institutions to promote education, development, research, leadership and community partnerships that enhance the health status of Hispanics in the United States and enhance the participation of Hispanics in the health professions.

The CDC and ATSDR are committed to achieving the health promotion and disease prevention objectives of "Healthy People 2010", a national activity to reduce morbidity and mortality and to improve the quality of life. This announcement is related to the 2010 objectives which specify improving the health of groups of people bearing a disproportionate burden of poor health as compared to the total population. Several themes distinguished "Healthy People 2010" from past efforts, reflecting the progress and experience of 10 years, as well as an expanded science base for developing health promotion and disease prevention objectives. The framework of "Healthy People 2010" consists of two broad goals which are to:

1. Increase quality and years of healthy life; and
2. Eliminate health disparities.

"Healthy People 2010" is well established as the Nation's prevention goals and as a scorecard for monitoring health status. The new national goals and objectives for "Healthy People

2010" will build upon this foundation by establishing a small set of leading health indicators that could be presented to the general public and non-health professionals as an introduction to "Healthy People". "Healthy People 2010" will be a tool for monitoring America's health. For the conference copy of "Healthy People 2010" visit the internet site: <<<http://www.health.gov/healthypeople>>

The life expectancy of Americans has steadily increased. In 1979, when the first set of national health targets was published in "Health People: The Surgeon General's Report on Health Promotion and Disease Prevention", average life expectancy was 73.7 years. Based on current mortality experience, babies born in 1995 are expected to live 75.8 years. However, people have become increasingly interested in other health goals, such as preventing disability, improving functioning, and relieving pain and the distress caused by physical and emotional symptoms.

The proportion of the population who assess their current health status positively has not changed substantially during the past decade. In 1987, the percentage was 90.4 percent. During the same period, the percentage of the population reporting that they were limited in major activity due to chronic conditions actually increased from 18.9 percent in 1988, to 21.4 percent in 1995.

Eliminating disparities by the year 2010 will require new knowledge about the determinants of disease and effective interventions for prevention and treatment. It will also require improved access for all to the resources that influence health. Reaching this goal will necessitate improved collection and use of standardized data to correctly identify all high-risk populations and monitor the effectiveness of health interventions targeting these groups. Research dedicated to a better understanding of the relationships between health status and income, education, race and ethnicity, cultural influences, environment, and access to quality medical services will help us acquire new insights into eliminating the disparities and developing new ways to apply our existing knowledge toward this goal. Improving access to quality health care and the delivery of preventive and treatment services will require working more closely with communities to identify culturally sensitive implementation strategies.

Although health statistics on race, ethnicity, socioeconomic status and disabilities are sparse, the data we do have demonstrate the volume of work needed to eliminate health disparities. The greatest opportunities for

improvement and the greatest threats to the future health status of the nation reside in the population groups that have historically been disadvantaged economically, educationally and politically. We must do a better job in identifying the disparities that exist, work toward elimination, and strive to create better health for all.

##### B. Eligible Applicants

Assistance will be provided only to the Hispanic-Serving Health Professions Schools (HSHPS). No other applications are solicited.

The Hispanic-Serving Health Professions Schools (HSHPS), Inc. is a non-profit 501(c)(3) organization established in 1996 in response to the President's Executive Order 12900, "Educating Excellence for Hispanic Americans." The mission of the HSHPS is to develop the commitment of the member institutions to promote education, research, leadership and community partnership that enhance the participation of Hispanics in the health professions and to enhance the health status of Hispanics in the United States. The HSHPS are the most appropriate and qualified institutions to provide services specified under this cooperative agreement because:

1. HSHPS represents 16 medical schools across the country with a 9 percent Hispanic student enrollment. These schools represent a primary educational system that educate and train Hispanic health care providers across the United States, with a potential for encompassing a full spectrum of the health care providers needed by the Hispanic population groups.

2. HSHPS principle goals are:

- a. to strengthen the nation's capacity to educate and increase the numbers of high-quality Hispanic health care providers to serve and improve the health status of Hispanics and other populations now and into the 21st century;

- b. to develop educational opportunities for health professions schools in curriculum, research, and clinical experiences that will enable Hispanic and non-Hispanic health professions students to provide excellent health care to Hispanic populations;

- c. to establish or expand outreach projects, grants and scholarships for Hispanics to enter health professions careers;

- d. to stimulate health professions institutions to increase, promote and retain Hispanic faculty and researchers;

- e. to identify targeted health outcomes which will improve the health of