

FY 2004 BASIC CENTER PROGRAM: ALLOCATION BY STATE—Continued

	Continuations	New Awards	Totals
Alaska	94,835	19,360	114,195
Idaho	0	224,955	224,955
Oregon	698,521	0	698,521
Washington	830,965	85,803	916,768
Region X Total	1,624,321	330,118	1,954,439
FY 2004 BCP TOTAL	26,794,534	17,459,517	44,254,051

Note: Agencies in States where zero (\$ -0-) funding is reflected on the BCP Table of Allocation are highly encouraged to apply for grant funding in the event that additional funds becomes available.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Availability of Funds Announced in the HRSA Mini-Preview

AGENCY: Health Resources and Services Administration.

ACTION: General notice.

SUMMARY: Health Resources and Services Administration (HRSA) announces the availability of funds in the HRSA Mini-Preview for Spring 2004. The HRSA Preview is a comprehensive review of HRSA's fiscal year (FY) 2004 competitive grant programs. This supplemental edition provides information on programs not initially announced in the full HRSA Preview, which was published in the **Federal Register** on September 4, 2003. (Vol. 68, No. 171)

The purpose of the HRSA Preview is to provide the general public with a single source of program and application information related to the Agency's competitive grant offerings. The HRSA Preview is designed to replace the multiple **Federal Register** notices that traditionally advertised the availability of HRSA's discretionary funds for its various programs. It should be noted that additional program initiatives responsive to new or emerging issues in the health care area and unanticipated at the time of publication of the HRSA Preview may be announced through the **Federal Register** and the HRSA Web site, <http://www.hrsa.gov/grants.htm>. A list of these programs can also be found at the Grants.gov Web site: <http://www.grants.gov>. This notice does not

change requirements appearing elsewhere in the **Federal Register**.

This notice is intended to serve as the HRSA Mini-Preview. The HRSA Mini-Preview contains a description of new competitive grant programs scheduled for awards in FY 2004 which were not included in the earlier HRSA Preview, and includes instructions on how to contact the Agency for information and receive application kits for these programs. Specifically, the following information is included in the HRSA Mini-Preview: (1) Program announcement number; (2) program announcement title; (3) program announcement code; (4) legislative authority; (5) Catalog of Federal Domestic Assistance (CFDA) identification number; (6) purpose; (7) eligibility; (8) funding priorities and/or preferences; (9) application review criteria; (10) estimated dollar amount of competition; (11) estimated number of awards; (12) estimated project period; (13) application availability date; (14) letter of intent deadline (if any); (15) application deadline; (16) projected award date; and (17) programmatic contact, with telephone and e-mail addresses. Certain other information, including how to obtain and use the HRSA Preview and grant terminology, can also be found in the HRSA Mini-Preview.

This Fiscal Year HRSA began accepting grant applications online. Please refer to the HRSA Web site at <http://www.hrsa.gov/grants/preview/default.htm> for more information.

Dated: April 13, 2004.

Elizabeth M. Duke,
Administrator.

This notice describes funding for the following HRSA discretionary authorities and programs (receipt deadlines are also provided):

Health Professions Programs:

HRSA-04-086 Nurse Faculty Loan Program (NFLP) 05/19/2004
HRSA-04-087 Health Careers Adopt a School Demonstration Program (HCSDP) 06/01/2004

HRSA-04-096 Clinical Experiences in Federally-Funded Community Health Centers for Nurse Practitioners and/or Nurse-Midwifery Students (CENS) 06/07/2004

HIV/AIDS Programs:

HRSA-04-079 National Quality Improvement/Management Technical Assistance Center Cooperative Agreement (NQC) 06/30/2004

Maternal and Child Health Programs:

HRSA-04-083 Awareness and Access to Care for Children and Youth with Epilepsy (AACYE) 06/01/2004

HRSA-04-084 State Oral Health Collaborative Systems (SOHCS) 06/25/2004

HRSA-04-085 Heritable Disorders Program (HDP) 06/30/2004

HRSA-04-088 State Grants for Perinatal Depression (SGPD) 06/01/2004

HRSA-04-094 State Maternal and Child Health Early Childhood Comprehensive Systems (SECCS) 06/18/2004

Rural Health Policy Programs:

HRSA-04-089 Public Access Defibrillation Demonstration Projects (PADDP) 06/10/2004

HRSA-04-090 Rural Emergency Medical Service Training and Equipment Assistance Program (REMSTEP) 06/10/2004

HRSA-04-091 Rural Health Best Practices and Community Development Cooperative Agreement (RHCD) 06/21/2004

HRSA-04-092 Frontier Extended Stay Clinic Cooperative Agreement (FESC) 07/02/2004

HRSA-04-093 Rural Policy Analysis Cooperative Agreement (RPACA) 06/30/2004

Special Programs—Grants:

HRSA-04-082 State Planning Grants (SPGP) 06/15/2004

HRSA-04-095 Media-Based Grass Roots Efforts to Increase Minority Organ Donations (MBMOD) 06/25/2004

How To Use and Obtain Copies of the HRSA Mini-Preview

It is recommended that you read the introductory materials, terminology section, and individual program category descriptions before contacting the toll-free number: 1-877-HRSA-123 (1-877-477-2123), M-F 8:30 a.m. to 5 p.m. e.s.t. Likewise, we urge applicants to fully assess their eligibility for grants before requesting kits. As a general rule, no more than one kit per category will be mailed to applicants.

To Obtain a Copy of the HRSA Mini-Preview

Unlike the full HRSA Preview, this Mini-Preview will not be available in booklet form. However, the HRSA Mini-Preview will be available on the HRSA homepage via the World Wide Web at: <http://www.hrsa.gov/grants.htm>. You can download this document in Adobe Acrobat format.

To Obtain Application Materials

You may apply for HRSA grants online or on paper. HRSA encourages you to apply on-line. HRSA's online system is designed to maximize data accuracy and speed processing. Multiple individuals may register and collaborate on applications, and institutional data is stored for you to re-use on future applications.

To apply online, go to <http://www.hrsa.gov/grants>. On that Web page, you will find basic instructions and links to the HRSA online application system, where you will be able to register, download application guidance for specific programs, and submit your grant application.

Please submit your application early, and pay strict attention to deadlines. Applications submitted after a program's deadline will not be accepted.

To obtain paper application materials, determine which kit(s) you wish to receive and call 1-877-477-2123 to be placed on the mailing list. Be sure to provide the information specialist with the Program Announcement Number, Program Announcement Code and the title of the grant program. You may also request application kits using the e-mail address hrsagac@hrsa.gov. Application kits are generally available 30-45 days prior to application deadline. If kits are available earlier, they will be mailed immediately. The guidance contained in the various kits contains detailed instructions, background on the grant program, and other essential information, such as the applicability of Executive Order 12372 and 45 CFR part 100, and additional information pertinent to the intergovernmental review process, as appropriate.

Grant Terminology

Application Deadlines

Applications will be considered on time if they are received on or before the established deadline. Applicants should check the application guidance material or the HRSA-Grants homepage for deadline changes. Applications sent to any address other than that specified in the application guidance are subject to being returned.

Authorization

The citation of the law authorizing the various grant programs is provided immediately following the title of the programs.

CFDA Number

The Catalog of Federal Domestic Assistance (CFDA) is a Government-wide compendium of Federal programs, projects, services, and activities that provide assistance. Programs listed therein are given a CFDA Number.

Cooperative Agreement

A financial assistance mechanism (grant) used when substantial Federal programmatic involvement with the recipient is anticipated by the funding agency during performance of the project. The nature of that involvement will always be specified in the offering or application guidance materials, which HRSA considers to be part of the published program announcement.

DUNS Number

All applicants are now required to have a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a nine-digit identification number which uniquely identifies business entities. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access <http://www.dunandbradstreet.com> or call 1-866-705-5711.

Eligibility

The status an entity must possess to be considered for a grant. Authorizing legislation and programmatic regulations specify eligibility for individual grant programs, and eligibility may be further restricted for programmatic reasons. Although program authorizing legislation and regulations provide specific eligibility requirements, generally, assistance is provided to public and nonprofit private organizations and institutions, including faith-based and community-based organizations, State/local governments and their agencies,

Federally-recognized Indian Tribes or tribal organizations, and occasionally to individuals. For-profit organizations are eligible to receive awards under financial assistance programs when authorized by legislation.

Estimated Amount of Competition

The funding level listed is provided only as an estimate, and is subject to the availability of funds, Congressional action, and changing program priorities.

Funding Priorities and/or Preferences

Funding preferences, priorities, and special considerations may come from legislation, regulations, or HRSA program leadership decisions. They are not the same as review criteria. Funding preferences are any objective factors that would be used to place a grant application ahead of others without the preference on a list of applicants recommended for funding by a review committee. Some programs give preference to organizations that have specific capabilities such as telemedicine networking, or have established relationships with managed care organizations. Funding priorities are factors that cause a grant application to receive a fixed amount of extra rating points—which may similarly affect the order of applicants on a funding list. Special considerations are other factors considered in making funding decisions that are neither review criteria, preferences, nor priorities, e.g., ensuring that there is an equitable geographic distribution of grant recipients, or meeting requirements for urban and rural proportions.

Letter of Intent

To help in planning the application review process, many HRSA programs request a letter of intent from the applicant in advance of the application deadline. Letters of intent are neither binding nor mandatory. Details on where to send letters can be found in the guidance materials contained in the application kit.

Matching Requirements

Several HRSA programs require a matching amount, or percentage of the total project support, to come from sources other than Federal funds. Matching requirements are generally mandated in the authorizing legislation for specific categories. Also, matching or other cost-sharing requirements may be administratively required by the awarding office. Such requirements are set forth in the application kit.

Program Announcement Code

The program announcement code is a unique identifier for each program funded by HRSA. The three-seven character acronyms are located in parentheses immediately at the end of each program title and must be used to request application materials either from the HRSA Grants Application Center or online at hrsagac@hrsa.gov.

Be sure to use the program announcement number, program announcement code and the title of the grant program when requesting an application kit.

Program Announcement Number

A unique program announcement (HRSA) number is located at the beginning of each program announcement in the HRSA Preview, Mini-Preview and **Federal Register** notices and includes the Fiscal Year and sequence number for announcement; for example, HRSA 04-001.

This number is used with the program title and program announcement code to order application materials.

Project Period

The project period is the total time for which support of a discretionary project has been programmatically approved. The project period usually consists of a series of budget periods of one-year duration. Once approved through initial review, continuation of each successive budget period is subject to satisfactory performance, availability of funds, and program priorities.

Review Criteria

The following are generic review criteria applicable to HRSA programs:

(1) **Need**—The extent to which the application describes the problem and associated contributing factors to the problem.

(2) **Response**—The extent to which the proposed project responds to the “Purpose” included in the program description. The clarity of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives.

(3) **Evaluative Measures**—The effectiveness of the method proposed to monitor and evaluate the project results. Evaluative measures must be able to assess (1) to what extent the program objectives have been met and (2) to what extent these can be attributed to the project.

(4) **Impact**—The extent and effectiveness of plans for dissemination

of project results, and/or the extent to which project results may be national in scope and/or the degree to which a community is impacted by delivery of health services, and/or the degree to which the project activities are replicable, and/or the sustainability of the program beyond Federal funding.

(5) **Resources/Capabilities**—The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. The capabilities of the applicant organization, and quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. For competing continuations, past performance will also be considered.

(6) **Support Requested**—The reasonableness of the proposed budget in relation to the objectives, the complexity of the activities, and the anticipated results.

(7) **Specific Program Criteria**—Additional specific program criteria, if any, are included in the program description and in the individual guidance material provided with the application kit.

The specific review criteria (that is, specific information detailing each of the above generic criteria) which will be used to review and rank applications are included in the individual guidance material provided with the application kit. Applicants should pay strict attention to addressing these criteria, as they are the basis upon which the reviewers will judge their applications.

Technical Assistance

A contact person is listed for each program and his/her e-mail address and telephone number provided. Some programs may have also scheduled workshops and conference calls. If you have questions concerning individual programs or the availability of technical assistance, please contact the person listed. Also check your application materials and the HRSA Web site at <http://www.hrsa.gov/> for the latest technical assistance information.

Frequently Asked Questions

1. Where Do I Submit Grant Applications?

The address for submitting your grant application will be shown in the guidance document included in the application kit.

2. How Do I Learn More About a Particular Grant Program?

If you want to know more about a program before you request an application kit, an e-mail/telephone

contact is listed. This contact person can provide information concerning the specific program’s purpose, scope and goals, and eligibility criteria. Usually, you will be encouraged to request the application kit so that you will have clear, comprehensive, and accurate information available to you. When requesting application materials, you must state the program announcement number, the program code and title of the program. The application kit lists telephone numbers for a program expert and a grants management specialist who will provide information about your program of interest if you are unable to find the information within the written materials provided.

In general, the program contact person provides information about the specific grant offering and its purpose, and the grants management specialist provides information about the grant mechanism and business matters, though their responsibilities often overlap.

Information specialists at the toll-free number provide only basic information and administer mailings.

3. The Dates Listed in the HRSA Mini-Preview and the Dates in the Application Kit Do Not Agree. How Do I Know Which Is Correct?

HRSA Mini-Preview dates for application kit availability and application receipt deadlines are based upon the best known information at the time of publication, often several months in advance of the competitive cycle. Occasionally, the grant cycle does not begin as projected and dates must be adjusted. The deadline date stated in your application kit is generally correct. If the application kit has been made available and subsequently the date changes, notification of the change will be mailed to known recipients of the application kit, and also posted on the HRSA home page.

4. Are Programs Announced in the HRSA Mini-Preview Ever Cancelled?

Infrequently, announced programs may be withdrawn from competition. If this occurs, a cancellation notice will be provided in the **Federal Register**, as well as through the HRSA Mini-Preview at the HRSA home page at <http://www.hrsa.gov/grants.htm>. If practicable, an attempt will be made to notify those who have requested a kit for the cancelled program by mail.

HRSA Program Competitions

Health Professions Program

HRSA-04-086 Nurse Faculty Loan Program (NFLP)

CFDA: 93.264.

Legislative Authority: Public Health Service Act, Title VIII, Section 846A.

Purpose: The Nurse Faculty Loan Program authorizes a school of nursing to establish and operate a student loan fund to increase the number of qualified nurse faculty. The school of nursing makes loans from the fund to students enrolled full-time in an advanced degree program in nursing that will prepare students to teach at a school of nursing. Loan recipients who complete the education program may cancel up to 85% of the loan in exchange for serving as full-time nurse faculty at a school of nursing.

Eligibility: Only collegiate schools of nursing are eligible to apply. Schools of nursing must be accredited as defined in section 801(3) of the Public Health Service (PHS) Act and offer full-time advanced degree programs in nursing that prepare students to serve as nurse faculty.

Review Criteria: Final review criteria are included in the application kit.

Estimated Amount of This Competition: \$4,800,000.00.

Estimated Number of Awards: 80.

Estimated Project Period: 1 year.

HRSA-04-086 Nurse Faculty Loan Program (NFLP)

Application Availability: April 18, 2004.

Letter of Intent Deadline: Not required
Application Deadline: May 19, 2004.

Project Award Date: June 30, 2004.

Program Contact Person: Denise Thompson.

Program Contact Phone Number: (301) 443-6333.

Program Contact E-Mail: dthompson@hrsa.gov.

HRSA-04-087 Health Careers Adopt a School Demonstration Program (HCSDP)

CFDA: 93.822.

Legislative Authority: Public Health Service Act, Title VII, Section 739.

Purpose: The purpose of the HCSDP program is to stimulate the development of partnerships between community-based organizations, schools, and health professionals, exposing under-represented minority (URM) and disadvantaged students to health careers, introducing health career curriculum, improving academic achievement, and promoting healthy lifestyles through education. The HCSDP program is intended to provide models that can be replicated and utilized by schools (middle and high school), community-based organizations and other educational or health related entities, in partnership, to increase the interest, preparation and pursuit of health careers among URM and

disadvantaged students. The final product of each project supported by this grant will be the demonstration of the Adopt A School educational curriculum, and a technical assistance presentation detailing the implementation of the model, intended to enhance and support the portability of the program. For FY 2004, funding is available for five to ten (5-10) HCSDP demonstration grants activities. Activities will include: (a) Identifying and recruiting partners; (b) implementing the Adopt A School educational curriculum for middle or high school students; and (c) creating models and procedures for carrying out educational activities utilizing the resource of partners.

Eligibility: Middle schools, high schools, community colleges, universities, non-profit faith-based and community-based organizations, and health or education professional organizations.

Review Criteria: Final review criteria are included in the application kit.

Estimated Amount of This Competition: \$400,000.00.

Estimated Number of Awards: 5-10.

Estimated Project Period: 1 year.

HRSA-04-087 Health Careers Adopt a School Demonstration Program (HCSDP)

Application Availability: April 30, 2004.

Letter of Intent Deadline: Not required.

Application Deadline: June 1, 2004.
Project Award Date: Prior to September 30, 2004.

Program Contact Person: Stuart Weiss.

Program Contact Phone Number: (301) 443-5644.

Program Contact E-Mail: sweiss@hrsa.gov.

HRSA-04-096 Clinical Experience in Federally-Funded Community Health Centers for Nurse Practitioners and/or Nurse-Midwifery Students (CENS)

CFDA: 93.247.

Legislative Authority: Public Health Service Act, Title VIII, Section 811(f).

Purpose: To establish partnerships between accredited schools of nursing and a Community Health Center (CHC) funded under the Section 330(e) of the Consolidated Health Center Program, Public Health Service (PHS) Act in order to provide nurse practitioner and/or nurse-midwifery graduate students with clinical learning experiences within CHCs. The goal of the grant is to provide nurse practitioner and nurse-midwifery students with clinical experience serving underserved populations, to introduce the students

to chronic disease management, and to introduce them to integrated mental health and substance abuse services within the CHC's primary care clinics. Based on increased exposure to nurse practitioner and nurse-midwifery students, an expected outcome of this grant includes increased CHC recruitment of graduate nurse practitioners and nurse-midwives.

Eligibility: Applicants must either be an accredited School of Nursing with a Nurse Practitioner or a Nurse-Midwifery Program, or a CHC funded under section 330(e) of the PHS Act.

Review Criteria: Final review criteria are included in the application kit.

Estimated Amount of This Competition: \$250,000.00.

Estimated Number of Awards: 10.

Estimated Project Period: 1 year.

HRSA-04-096 Clinical Experience in Federally-Funded Community Health Centers for Nurse Practitioners and/or Nurse-Midwifery Students (CENS)

Application Availability: May 3, 2004.

Letter of Intent Deadline: Not required.

Application Deadline: June 7, 2004.

Project Award Date: Prior to September 30, 2004.

Program Contact Person: Carolyn Aoyama, MPH, CNM, RN.

Program Contact Phone Number: (301) 443-1272.

Program Contact E-Mail: caoyama@hrsa.gov.

HIV/AIDS Programs

HRSA-04-079 National Quality Improvement/Management Technical Assistance Center Cooperative Agreement (NQC)

CFDA: 93.145.

Legislative Authority: Public Health Service Act sec. 2692, 42 U.S.C. 300ff-111.

Purpose: The goal of this Cooperative Agreement is to support the National Quality Improvement/ Management Technical Assistance Center (NQC). The NQC will provide technical assistance related to quality improvement and quality management to Ryan White Comprehensive AIDS Resources Emergency (CARE) Act grantees as they improve the quality of care and services and respond to and implement quality management legislative mandates. The NQC is expected to serve as the primary resource for CARE Act grantees on issues related to quality improvement and quality management. There are six (6) main expectations for the NQC. The NQC will: (1) Establish a formal system to triage and field all requests for quality management consultation, (2) Offer

three levels of consultation/technical assistance (TA) to meet the varied quality improvement/management needs of the CARE Act grantees: Level (1) Information dissemination; Level (2) training and educational forums; and Level (3) intensive consultation on/off-site; (3) Measure achievement of program objectives and impact of the program and implement an internal continuous quality improvement program; (4) Actively collaborate with the HIV/AIDS Bureau (HAB), HAB's TA programs, grantees and subcontractors, and other identified contractors to achieve the program's expectations; (5) Within the TA strategy, incorporate responses to Congressionally-mandated reports, Department of Health and Human Services (DHHS), HRSA and HAB performance measures and other HAB quality management initiatives; and (6) Establish a Steering Committee or Advisory Board that is representative of the CARE Act grantees.

Eligibility: Eligible entities include public or private non-profit entities, including schools and academic health sciences centers. Faith-based and community-based organizations are eligible to apply. Applicants must have extensive experience in the field of quality improvement, working with Ryan White CARE Act grantees and providing technical assistance.

Federal Involvement: The scope of Federal involvement is included in the application kit.

Review Criteria: Final review criteria are included in the application kit.

Estimated Amount of This Competition: \$1,500,000.00.

Estimated Number of Awards: 1.

Estimated Project Period: 5 years.

HRSA-04-079 National Quality Improvement/Management Technical Assistance Center Cooperative Agreement (NQC)

Application Availability: April 30, 2004.

Letter of Intent Deadline: June 1, 2004.

Application Deadline: June 30, 2004.

Project Award Date: August 31, 2004.

Program Contact Person: Dr. Magda Barini-Garcia.

Program Contact Phone Number: (301) 443-6366.

Program Contact E-Mail: mbarini-garcia@hrsa.gov.

Maternal and Child Health Programs

HRSA-04-083 Awareness and Access To Care for Children and Youth With Epilepsy (AACYE)

CFDA: 93.110.

Legislative Authority: Social Security Act, Title V, Section 501(a)(2).

Purpose: The purpose of this initiative is to improve access to comprehensive, coordinated health care and related services for children and youth with epilepsy residing in medically underserved areas (MUAs). The initiative supports (1) development of an epilepsy demonstration program to improve access to health and other services regarding seizures and to encourage early detection and treatment for children and youth with epilepsy residing in medically underserved areas, especially rural medically underserved areas, and (2) establishment of a public education and awareness campaign directed toward racial and ethnic populations to improve access to care. Applications will be accepted in three priority areas: Priority #1 (grants): development of statewide demonstration grants to improve access to health and other services for children and youth residing in medically underserved areas; Priority #2 (cooperative agreement): development of a national Continuous Quality Improvement (CQI) strategy using a learning collaborative model to support grantees funded through Priority #1 to improve access to and quality of care for children and youth with epilepsy; and Priority #3 (cooperative agreement): development of a national public education and awareness campaign directed toward racial and ethnic populations to improve access to care for children and youth with epilepsy.

Eligibility: As cited in 42 CFR part 51a.3(a), any public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b), faith-based or community-based organization, is eligible to apply for these funds.

Funding Preferences: Applicants serving medically underserved areas and populations, including qualified rural and urban communities, are strongly encouraged to apply.

Federal Involvement: The scope of Federal involvement for Priorities 2 and 3 is included in the application kit.

Review Criteria: Final review criteria are included in the application kit.

Estimated Amount of This Competition: \$3,000,000.00.

Estimated Number of Awards: Priority #1: 6-8; Priority #2: 1; Priority #3: 1.

Estimated Project Period: 3 years.

HRSA-04-083 Awareness and Access To Care for Children and Youth With Epilepsy (AACYE)

Application Availability: April 16, 2004.

Letter of Intent Deadline: April 30, 2004.

Application Deadline: June 1, 2004.

Project Award Date: Prior to September 30, 2004.

Program Contact Person: Bonnie Strickland.

Program Contact Phone Number: (301) 443-2370.

Program Contact E-Mail: bstrickland@hrsa.gov.

HRSA-04-084 State Oral Health Collaborative Systems (SOHCS)

CFDA: 93.110.

Legislative Authority: Social Security Act, Title V, Section 501(a)(2).

Purpose: This grant program has been developed with the intention of supporting States' efforts to develop, implement or otherwise strengthen State strategies to better integrate oral health into State MCH programs, address MCHB performance measures in oral health and stimulate action toward implementation of the Surgeon General's National Call to Action to Promote Oral Health as it affects women and children. The underlying goal of this grant program is to increase access to oral health services for Medicaid and State Children's Health Insurance Program (SCHIP) eligible children, and other underserved children and their families. Because of the cross-cutting oral health needs of women and children, collaborative strategies may range from broad-based interventions such as strategic planning, public/private partnerships and comprehensive integrated support systems to more narrowly focused interventions in such areas as early childhood dental decay, sealant and prevention programs.

Eligibility: Only State (defined in this offering as State and State Jurisdictions/Territories) oral health program offices are eligible to apply for State Oral Health Collaborative Systems grant funding. A State may specifically request and designate another government or non-government agency, so long as it provides a convincing justification for so doing. States designating another agency must submit an endorsement acknowledging that the applicant has consulted with the State and that the State has been assured that the applicant will work with the State on the proposed project. This endorsement must accompany the application. Without the endorsement, the application will not be considered for funding. Additionally, because of the importance of linking oral health activities with systems of care for children, the involvement of the State MCH program must be demonstrated either by a co-signed application or by a letter of support.

Review Criteria: Final review criteria are included in the application kit.

Estimated Amount of This Competition: \$3,835,000.00.*Estimated Number of Awards:* 59.
Estimated Project Period: 3 years.**HRSA-04-084** State Oral Health Collaborative Systems (SOHCS)*Application Availability:* April 27, 2004.*Letter of Intent Deadline:* May 12, 2004.*Application Deadline:* June 25, 2004.
Project Award Date: September 1, 2004.*Program Contact Person:* Mark E. Nehring, DMD, MPH.*Program Contact Phone Number:* (301) 443-3449.*Program Contact E-Mail:* mnehring@hrsa.gov.**HRSA-04-085** Heritable Disorders Program (HDP)*CFDA:* 93.110.*Legislative Authority:* Social Security Act, Title V, Section 501(a)(2).

Purpose: Heritable Disorders Program (Program) was established to enhance, improve or expand the ability of State and local public health agencies to provide screening, counseling or health care services to newborns and children having or at risk for heritable disorders. This Program shall improve the access to newborn screening and genetic services for medically underserved populations and shall enhance such activities as: screening, follow-up services; augmentation of capacity needs; training, education; subspecialty linkage; expansion of long term follow-up activities; strengthening of linkage to medical homes; strengthening of linkage to tertiary care; strengthening of genetic counseling services; and enhancement of communication/education to families and health practitioners and other forms of information sharing.

This initiative, through the use of cooperative agreements, supports the Heritable Disorders Program through: (1) A national coordinating center; (2) regional genetic service and newborn screening collaboratives; and (3) increasing the screening capacity of newborn screening programs to improve early identification of infants with hyperbilirubinemia. The Program is divided into three projects:

Project 1: Regional Genetics and Newborn Screening Collaboratives National Coordinating Center—The Regional Genetics and Newborn Screening Collaboratives National Coordinating Center is to be responsive to the priorities of the Heritable Disorders Program as indicated under title V, section 501(a)(2) of the Social Security Act. The National Coordinating

Center will serve to coordinate and monitor the implementation of MCHB-funded Regional Genetics and Newborn Screening Collaboratives projects and provide a community forum between the Regional Collaborative projects, MCHB, and other relevant organizational entities to identify and prioritize issues of importance to the genetics and newborn screening community, specifically regarding the utilization of genetic services at the National, State, and community levels.

Project 2: Regional Genetics and Newborn Screening Collaboratives—The Regional Genetics and Newborn Screening Collaboratives are to be responsive to the priorities of the Heritable Disorders Program as indicated under Title V, Section 501(a)(2) of the Social Security Act. The Regional Genetics and Newborn Screening Collaboratives project will enhance and support the genetics and newborn screening capacity of States across the nation by undertaking a regional approach toward addressing the maldistribution of genetic resources. These grants are expected to improve the health of children and their families by promoting the translation of genetic medicine into public health and health care services. In order to address capacity needs nationally, seven regions have been identified. These regions are:

Region 1: CT, MA, ME, NH, RI, VT
Region 2: DC, DE, MD, NY, NJ, PA, VA, WV
Region 3: AL, FL, GA, LA, MS, NC, PR, SC, TN, VI
Region 4: IL, IN, KY, MI, MN, OH, WI
Region 5: AR, IA, KS, MO, ND, NE, OK, SD
Region 6: AZ, CO, MT, NM, TX, UT, WY
Region 7: AK, CA, HI, ID, NV, OR, WA, Pacific Basin

Applicants must propose to serve one of the defined regions.

Project 3: Screening for Hyperbilirubinemia in the Term Newborn—The purpose of this project is to prospectively assess and validate one or more previously published methods that will predict the risk of a term or near-term newborn developing significant hyperbilirubinemia in the first two weeks of life. Potential methods to be assessed and validated include clinical risk factors analysis, hour specific nomogram for total serum bilirubin levels and transcutaneous measurements of serum bilirubin.

Eligibility: For all Projects: As cited in 42 CFR part 51a.3(a), any public or private entity, including a faith-based or community-based organization, an Indian Tribe or tribal organization (as those terms are defined in 25 U.S.C.

450b), is eligible to apply for Federal funding. For Project 2: Those eligible applicants must be based within the identified region it will serve and be part of a collaborative network of public health program entities responsible for genetic and/or newborn screening and services in at least 4 different States.

Federal Involvement: The scope of federal involvement with respect to all of the cooperative agreements is included in the application kit.

Review Criteria: Final review criteria are included in the application kit.

Estimated Amount of This Competition: \$3,950,000.00.*Estimated Number of Awards:* Project 1: 1; Project 2: 7; Project 3: 1.*Estimated Project Period:* 3 years.**HRSA-04-085** Heritable Disorders Program (HDP)*Application Availability:* April 16, 2004.*Letter of Intent Deadline:* April 23, 2004.*Application Deadline:* June 30, 2004.
Project Award Date: September 30, 2004.*Program Contact Person:* Michele A. Lloyd-Puryear, M.D., Ph.D.*Program Contact Phone Number:* (301) 443-1080.*Program Contact E-Mail:* mpuryear@hrsa.gov.**HRSA-04-088** State Grants for Perinatal Depression (SGPD)*CFDA:* 93.110.*Legislative Authority:* Social Security Act, Title V, 42 U.S.C. 701.

Purpose: The purpose of this grant program is to focus on expanding the capacity in State Maternal and Child Health programs to launch an intensive multi-lingual public health campaign that, at the grassroots level, will promote mental wellness for mothers and their families, as well as a better understanding of perinatal depression and the warning signs associated with it. The goals of this endeavor are to reduce the stigma associated with perinatal depression; to increase the number of women and their families who seek treatment; and, to increase the number of health and community-based providers to be able to recognize the signs and symptoms of perinatal depression, provide screening for perinatal depression and related mental health problems, and refer for further assessment and treatment as necessary. This initiative would require the States to work to decrease barriers to care for families with signs of perinatal depression and related mental health problems. To maximize the use of this one-time funding, the competition

would capitalize on existing State assets, such as a hotline that has the existing capacity to make referrals, an American College of Obstetrics and Gynecology chapter currently working on perinatal depression, one or more Healthy Start sites that screen and refer for treatment, Postpartum Support International chapters that offer support groups, or other similar endeavors that are already working to address the needs of mothers and their families in perinatal depression and other related mental health problems.

Eligibility: Any State Maternal and Child Health Department is eligible to apply. If designated by the State Title V agency as cited in 42 CFR part 51a.3(a), any public/private entity, including an Indian Tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b), faith-based or community-based organization is eligible to apply for this Federal funding. Funding would be made available to States that have existing community-based activities in perinatal depression and related mental health problems, including infant mental health.

Special Consideration: For the purposes of this grant program, only one (1) applicant per State will be funded.

Review Criteria: Final review criteria are included in the application kit.

Estimated Amount of This

Competition: \$1,000,000.00.

Estimated Number of Awards: 4–5.

Estimated Project Period: 1 year.

HRSA–04–088 State Grants for Perinatal Depression (SGPD)

Application Availability: April 15, 2004.

Letter of Intent Deadline: May 3, 2004.

Application Deadline: June 1, 2004.

Project Award Date: September 30, 2004.

Program Contact Person: Janice Berger.

Program Contact Phone Number: (301) 443–9992.

Program Contact E-Mail: jberger@hrsa.gov.

HRSA–04–094 State Maternal and Child Health Early Childhood Comprehensive Systems (SECCS)

CFDA: 93.110.

Legislative Authority: Social Security Act, Title V, Section 502(a)(1).

Purpose: The purpose of these grants is to support States to plan, develop, and ultimately implement collaborations and partnerships to support families and communities in their development of children that are healthy and ready to learn at school entry. This grant initiative combines the thrust engendered in the Maternal and

Child Health Bureau's (MCHB) Early Childhood Health Strategic Plan with the experience of the State and local systems building initiatives supported through MCHB's Community Integrated Services Systems (CISS) grants program since 1992. While funding will be in two stages, planning and implementation, only planning grants are offered at this time. Plans would anticipate the implementation of systems which would include, but not be limited to, the following initiatives: (1) Access to medical homes providing comprehensive physical and child development services for all children in early childhood including children with special health care needs and assessment, intervention, and referral of children with developmental, behavioral and psycho-social problems; (2) availability of services to address the needs of children at risk for the development of mental health problems, and service delivery pathways to facilitate entrance of at risk children into appropriate child development and mental health delivery systems; (3) early care and education services for children from birth through five years of age that support children's early learning, health, and development of social competence; (4) parenting education services that provide support to parents in their role as prime educators of their children; and (5) family support services that address the stressors impairing the ability of families to nurture and support the healthy development of their children.

Through Planning Grants, State Maternal and Child Health programs would be expected to provide leadership in the development of cross systems service integration. They would work closely with other State public and private agencies to coordinate their efforts into a common focus on assuring the availability of a broad range of early childhood intervention services. Examples of such agencies would be the State administrations for Mental Health, Public Welfare, Education, Child Welfare, local and county health departments, March of Dimes, Easter Seal Society, etc. This grant should facilitate: (1) A completed needs assessment with respect to early childhood intervention; (2) a completed plan for action based on the needs assessment; and (3) documented evidence of the contribution and commitment of their partners to carry out this plan. The achievement of these essential goals is requisite for States to apply for an implementation grant.

Eligibility: Only State (defined in this offering as State and State Jurisdictions/Territories) Title V Maternal and Child

Health Program Offices are eligible to apply for State Maternal and Child Health Early Childhood Comprehensive Systems grant funding. Furthermore, this offering is limited to those States which have never received funding through this initiative or those States whose funding has been limited to a one-year project period.

Review Criteria: Final review criteria are included in the application kit.

Estimated Amount of This

Competition: \$1,000,000.00.

Estimated Number of Awards: 10.

Estimated Project Period: 2 years.

HRSA–04–094 State Maternal and Child Health Early Childhood Comprehensive Systems (SECCS)

Application Availability: April 23, 2004.

Letter of Intent Deadline: May 7, 2004.

Application Deadline: June 18, 2004.

Project Award Date: August 1, 2004.

Program Contact Person: Joseph Zogby, MSW.

Program Contact Phone Number: (301) 443–4393.

Program Contact E-Mail: jzogby@hrsa.gov.

Rural Health Policy Programs

HRSA–04–089 Public Access Defibrillation Demonstration Projects (PADDP)

CFDA: 93.259.

Legislative Authority: Section 330A of the PHS Act, note (42 U.S.C. 254c, note).

Purpose: The Public Access Defibrillation Demonstration Grant Program is designed to assist both urban and rural communities in increasing survivability from sudden cardiac arrest. This grant program provides funding for the purchase, placement, and training in the use of automated external defibrillators (AEDs).

Eligibility: Eligible applicants will include, but not be limited to: first responders (e.g., EMS, law enforcement and fire departments) and local for and non-profit entities that may include, but are not limited to, long-term care facilities, rural health clinics, Federally Qualified Health Centers, Indian Health Service clinics and tribal EMS services, post offices, libraries and other civic centers, athletic facilities (i.e., high school playing fields where a town may gather for games), senior citizen and child day care facilities, faith-based organizations and schools.

Review Criteria: Final review criteria are included in the application kit. Pre-applications will be reviewed and scored based on how well applicants developed their abstract based on their need and the criteria provided in the

program guidance. Top applicants will be invited to submit a fully developed application which will be field reviewed.

Administrative Funding Preference: Applicants proposing to use a regional approach and distance learning to address common needs of one region are strongly encouraged to apply.

Estimated Amount of This Competition: \$900,000.00.

Estimated Number of Awards: 3–5.

Estimated Project Period: 3 years.

HRSA–04–089 Public Access Defibrillation Demonstration Projects (PADDP)

Application Availability: May 10, 2004.

Letter of Intent Deadline: Not required.

Application Deadline: June 10, 2004. HRSA will be using a pre-application process. Deadline to submit a nine-page pre-application is June 10, 2004. Pre-applications will undergo an internal review process and a subset of the reviewed proposals will be invited to submit a full and complete proposal, which will be due on July 30, 2004.

Project Award Date: Prior to September 30, 2004.

Program Contact Person: Blanca Fuertes.

Program Contact Phone Number: (301) 443–0612.

Program Contact E-Mail: bfuertes@hrsa.gov.

HRSA–04–090 Rural Emergency Medical Service Training and Equipment Assistance Program (REMSTEP)

CFDA: 93.912.

Legislative Authority: Public Health Service Act, Section 330J.

Purpose: The Rural EMS Training and Equipment Assistance Grant Program was enacted to assist rural and frontier communities in increasing access to desperately needed funding for EMS agencies serving such areas. This grant program provides funding for innovative solutions to continuing education, initial provider licensure, skill retention and expanding scopes of practice to support paramedicine as a source of primary care in rural and frontier communities. Medical direction and emergency medical dispatcher training is also eligible. In addition, assistance towards the purchase of life saving equipment may also be obtained via this program. Such equipment could include advanced airway adjuncts, manual defibrillators, intravascular (IV) access training and equipment, etc.

Eligibility: Eligible applicants will be emergency services training entities,

State Offices of Rural Health, State EMS Offices (and regional affiliates), State EMS associations, local governmental entities, and individual EMS agencies. Former and current rural health grantees already involved in EMS are also encouraged to apply.

All services funded via this program must take place in an eligible rural area. Eligible rural counties may be found at <http://www.ruralhealth.hrsa.gov/ruralcoI.htm> and Rural-Urban Commuting Area ZIP Codes may be found at <http://www.ruralhealth.hrsa.gov/ruralcoZIPII.htm>. Each listing is sorted by State. ZIP Code listings are to include rural census tracts of Metropolitan Statistical Areas (MSAs) as determined by the most recent Goldsmith Modification, originally published in the **Federal Register** on February 27, 1992, 57 FR 6725. The applicant of record, however, may be located in an MSA if they can document in their application that serves non-MSA residents.

Matching Requirement: Mandatory 25 percent matching requirement.

Review Criteria: Final review criteria are included in the application kit. Pre-applications will be reviewed and scored based on how well applicants developed their abstract based on their need and the criteria provided in the program guidance. Top applicants will be invited to submit a fully developed application which will be field reviewed.

Estimated Amount of This Competition: \$370,000.00.

Estimated Number of Awards: 2–3.

Estimated Project Period: 3 years.

HRSA–04–090 Rural Emergency Medical Service Training and Equipment Assistance Program (REMSTEP)

Application Availability: May 10, 2004.

Letter of Intent Deadline: Not required.

Application Deadline: June 10, 2004. HRSA will be using a pre-application process. Deadline to submit a nine page pre-application is June 10, 2004. Pre-applications will undergo an internal review process and a subset of the reviewed proposals will be invited to submit a full and complete proposal, which will be due on July 30, 2004.

Project Award Date: prior to September 30, 2004.

Program Contact Person: Blanca Fuertes.

Program Contact Phone Number: (301) 443–0612.

Program Contact E-Mail: bfuertes@hrsa.gov.

HRSA–04–091 Rural Health Best Practices and Community Development Cooperative Agreement (RHCD)

CFDA: 93.155.

Legislative Authority: Section 711(b) of the Social Security Act, 42 U.S.C. 912(b).

Purpose: The purpose of this program is to develop and continue a number of projects that (1) help identify and promote best practices for rural health care providers in terms of quality of care and economic viability by addressing needs related to access to care, workforce, networking and performance improvement through a variety of approaches, including workshops, conferences, technical assistance and other outreach efforts; (2) provide resources to communities for help in shaping their local health care systems to best meet community need; (3) promote best practices to help rural communities with health quality initiatives; (4) identify and translate the key points from emerging policy issues to rural health care providers, researchers and policymakers; and (5) work with State-based entities such as State Offices of Rural Health and State Rural Health Associations to provide technical assistance in identifying key rural health challenges and programs and resources that will assist rural communities in addressing these challenges.

Eligibility: Eligibility is open to public and private non-profit organizations, faith-based and community-based organizations, State Governments and their agencies such as universities, colleges, research institutions, hospitals, State and local governments or their bona fide agents along with federally recognized Indian tribal governments, Indian tribes, and Indian tribal organizations. Applicants who currently receive funding through the HRSA Office of Rural Health Policy Rural Health Research Center Cooperative Agreement program are not eligible.

Federal Involvement: The scope of Federal involvement is included in the application kit.

Review Criteria: Final review criteria are included in the application kit.

Estimated Amount of This Competition: \$800,000.00.

Estimated Number of Awards: 1.

Estimated Project Period: 5 years.

HRSA–04–091 Rural Health Best Practices and Community Development Cooperative Agreement (RHCD)

Application Availability: May 10, 2004.

Letter of Intent Deadline: May 24, 2004.

Application Deadline: June 21, 2004.
Project Award Date: Prior to September 1, 2004.
Program Contact Person: Jennifer Riggle.
Program Contact Phone Number: (301) 443-7530.
Program Contact E-Mail: jriggle@hrsa.gov.

HRSA-04-092 Frontier Extended Stay Clinic Cooperative Agreement (FESC)

CFDA: 93.912.

Legislative Authority: Section 330A of the Public Health Service Act, 42 U.S.C. 254c.

Purpose: The purpose of this cooperative agreement program is to evaluate the effectiveness of a new type of provider, the "Frontier Extended Stay Clinic." Funds awarded under Category One/Model Development must be used for the support of activities related to the coordination of FESC efforts throughout a State, including the development of FESC protocols, licensure and certification criteria and program evaluation. Funds awarded under Category Two/Model Feasibility must be used to educate eligible providers about the FESC model and determine if the model would be viable for those providers.

Eligibility: Funds awarded under the authority of Section 330A of the Public Health Service Act must be awarded to a rural public or rural non-profit private entity. Funds awarded under this authority also require the development of a consortium of at least three separately owned organizations that provide health care services. For-profit organizations may be members of consortiums, but they are not eligible to be applicants. The purpose of the consortium requirement is to encourage creative and lasting collaborative relationships among service providers in rural areas. Members of a consortium might include hospitals, public health agencies, primary care service providers, rural health clinics, emergency services providers, and community and migrant health centers. Faith-based organizations are eligible to apply as members of a consortium. At least one member of the consortium must be an operational clinic or hospital, currently providing primary care services and located at least 75 miles from the nearest acute care or critical access hospital. The roles and responsibilities of each member organization must be clearly defined and each must contribute significantly to the goals of the project.

The applicant organization must not have received a grant under this subsection (other than for planning

activities) for the same or a similar project.

Applicants for funds under Category One/Model Development of this program must also submit evidence of the support of the agency of their State's government responsible for the licensure and certification of health care entities.

Funding Preferences: Section 330A of the Public Health Service Act provides a funding preference for some applicants. Applicants receiving a preference will be placed in a more competitive position among the applicants that can be funded. A funding preference will be given to qualified applicants that can demonstrate either of the following two criteria:

A. Those applicants for which the service area is located in officially designated health professional shortage areas (HPSAs) OR medically underserved communities (MUCs) OR serve medically underserved populations (MUPs). To ascertain HPSA and MUP designation status, please refer to the following Web site: <http://bhpr.hrsa.gov/shortage/index.htm>.

To qualify as a Medically Underserved Community (MUC), the project must include facilities that are federally designated as one of the following:

- (i) Community Health Centers;
- (ii) Migrant Health Centers;
- (iii) Health Care for the Homeless Grantees;
- (iv) Public Housing Primary Care Grantees;
- (v) Rural Health Clinics;
- (vi) National Health Service Corps sites;
- (vii) Indian Health Service sites;
- (viii) Federally Qualified Health Centers;
- (ix) Primary Medical Care Health Professional Shortage Areas;
- (x) Dental Health Professional Shortage Areas;
- (xi) Nurse Shortage Areas;
- (xii) State or Local Health Departments;
- (xiii) Ambulatory practice sites designated by State Governors as serving medically underserved communities; or

B. Those applicants whose projects focus on primary care, and wellness and prevention strategies.

To receive a funding preference, applicants must clearly identify and demonstrate which preference they are requesting as instructed in the program guidance and application instructions.

Prospective applicants are required to notify their State Office of Rural Health or other appropriate State government

entity early in the application process to advise them of their intent to apply. The State Offices can often provide technical assistance to applicants.

Federal Involvement: The scope of Federal involvement is included in the application kit.

Review Criteria: Final review criteria are included in the application kit.

Estimated Amount of This Competition: \$1,500,000.00.

Estimated Number of Awards: 6.
Estimated Project Period: 1 year.

HRSA-04-092 Frontier Extended Stay Clinic Cooperative Agreement (FESC)

Application Availability: April 16, 2004.

Letter of Intent Deadline: Not required.

Application Deadline: July 2, 2004.

Project Award Date: Prior to September 30, 2004.

Program Contact Person: Emily Costich.

Program Contact Phone Number: (301) 443-0502.

Program Contact E-Mail: ecostich@hrsa.gov.

HRSA-04-093 Rural Policy Analysis Cooperative Agreement (RPACA)

CFDA: 93.155.

Legislative Authority: Section 711(b) of the Social Security Act, 42 U.S.C. 912(b).

Purpose: The purpose of this program is to (1) facilitate public dialogue on key rural policy issues by tracking emerging rural health policy issues, and synthesize them in a manner that provides for easy understanding by rural community leaders with particular emphasis on rural health care providers and systems; (2) identify opportunities for integrating health and human services in rural policy, program and evaluation in a local community context; (3) assist rural communities in understanding how geographic information systems technology can be brought to bear in rural community planning activities; and (4) provide community leaders with assistance in examining ways community colleges and workforce investment boards can help address rural health and human service workforce needs.

Eligibility: Eligibility is open to public and private non-profit organizations, faith-based and community-based organizations, State Governments and their agencies such as universities, colleges, research institutions, hospitals, State and local governments or their bona fide agents, along with Federally recognized Indian tribal governments, Indian tribes and Indian tribal organizations. Applicants who currently

receive funding through the HRSA Office of Rural Health Policy Rural Health Research Center Cooperative Agreement program are not eligible.

Federal Involvement: The scope of Federal involvement is included in the application kit.

Review Criteria: Final review criteria are included in the application kit.

Estimated Amount of This

Competition: \$175,000.00.

Estimated Number of Awards: 1.

Estimated Project Period: 3 years.

HRSA-04-093 Rural Policy Analysis Cooperative Agreement (RPACA)

Application Availability: April 23, 2004.

Letter of Intent Deadline: May 30, 2004.

Application Deadline: June 30, 2004.

Project Award Date: Prior to September 1, 2004

Program Contact Person: Nisha Patel.

Program Contact Phone Number:

(301) 443-6894.

Program Contact E-Mail:

npatel@hrsa.gov.

Special Programs—Grants

HRSA-04-082 State Planning Grants (SPGP)

CFDA: 93.256.

Legislative Authority: Public Law 108-199.

Purpose: The purpose of this program is to ensure that every citizen in every State has access to affordable health insurance benefits similar in scope to the Federal Employee Benefit Plan, Medicaid, benefits offered to State employees, or other similar quality benchmarks. Each new State grantee is to develop a plan or propose options to meet this objective. Continuation Limited Competition Grants will be awarded to complete and/or enhance existing work. Pilot Planning Limited Competition Grants will be awarded to plan for a pilot project to expand insurance based on options previously developed.

Eligibility: For new grants, eligible applicants are any public State entity designated by the Governor of that State. Applicant States for new grants may not have previously received a State Planning Grant. For continuation and pilot planning limited competition grants, eligible applicants are any public State entity that has previously received a State Planning Grants Program grant. Only one overall application per State is accepted.

Review Criteria: Final review criteria are included in the application kit.

Estimated Amount of This

Competition: \$14,800,000.00.

Estimated Number of Awards: 7 new grants; 24 Continuation Limited Competition grants; 8 Pilot Planning Limited Competition grants.

Estimated Project Period: 1 year.

HRSA-04-082 State Planning Grants (SPGP)

Application Availability: April 16, 2004.

Letter of Intent Deadline: May 7, 2004.

Application Deadline: June 15, 2004.

Project Award Date: Prior to September 1, 2004.

Program Contact Person: Judy Humphrey.

Program Contact Phone Number:

(301) 443-2309.

Program Contact E-Mail:

jhumphrey@hrsa.gov.

HRSA-04-095 Media-Based Grass Roots Efforts To Increase Minority Organ Donation (MBMOD)

CFDA: 93.134.

Legislative Authority: Public Health Service Act, Section 371(a)(3), 42 U.S.C. 273(a)(3) as Amended.

Purpose: The goal of this grant program is to promote multifaceted interventions that use broadcast media to increase intent to donate solid organs in minority communities. Specifically, HRSA's Division of Transplantation (DoT) wishes to fund projects that consist of a television or television and radio component with complementary community donation education programs in multiple venues (e.g., schools, worksites, faith institutions). Projects must target an ethnic minority group in a geographic area with particularly high numbers of that population. Funds from this grant program are primarily to support the media component of the intervention. No less than 80 percent of grant funds may be used to purchase media air time. No grant funds shall be used for development of radio or television ads. Projects must use existing ads that are appropriate for the target population (such as those produced by the Coalition on Donation, Division of Transplantation grants, or other organizations). Only if media ads do not exist for the target population may applicants justify use of grant funds for ad development. In all cases, up to 20 percent of grant funds may be used to support evaluation and grass roots activities.

Eligibility: Federally designated organ procurement organizations and other private not-for-profit entities eligible for funds under section 371(a)(3) of the Public Health Service Act (42 U.S.C. 273(a)(3)).

Special Considerations: HRSA reserves the option to achieve a balance

among funded projects with respect to various parameters, e.g., target populations, geography, and intervention diversity.

Review Criteria: Review criteria are included in the application kit.

Estimated Amount of This

Competition: \$1,250,000.00.

Estimated Number of Awards: 4–5.

Estimated Project Period: 2 years.

HRSA-04-095 Media-Based Grass Roots Efforts To Increase Minority Organ Donation (MBMOD)

Application Availability: May 11, 2004.

Letter of Intent Deadline: June 4, 2004.

Application Deadline: June 25, 2004.

Project Award Date: September 30, 2004.

Program Contact Person: Judy Ceresa.

Program Contact Phone Number:

(301) 443-8727.

Program Contact E-Mail:

judy.ceresa@hrsa.gov.

HRSA News—Additional Information

Guidance and Policy Statement of Religious Nondiscrimination in Grant Eligibility and Service Delivery Faith-Based and Other Community Organizations

The Department, in formulating and developing policies with implications for faith-based organizations and other community organizations, assists in furthering the national effort to expand opportunities for, and strengthen the capacity of, faith-based and other community organizations so that they may better meet social needs in America's communities. In awarding grant funding, the Department follows these fundamental principles regarding faith-based and other community organizations:

(a) Federal financial assistance for grant programs will be distributed in the most effective and efficient manner possible;

(b) The Nation's social service capacity will benefit if all eligible organizations, including faith-based and other community organizations, are able to compete on an equal footing for the Department's grant funding;

(c) No organization will be discriminated against on the basis of religion or religious belief in the administration or distribution of these grant funds;

(d) All organizations that receive such Departmental grant funding will be prohibited from discriminating against beneficiaries or potential beneficiaries of the funded programs on the basis of religion or religious belief. Accordingly, organizations, in providing services

supported in whole or in part with these grant funds, and in their outreach activities related to such services, cannot discriminate against current or prospective program beneficiaries on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to actively participate in a religious practice;

(e) Organizations that engage in inherently religious activities, such as worship, religious instruction, and proselytization, must offer those services separately in time or location from any programs or services supported with direct grant funding, and participation in any such inherently religious activities must be voluntary for the beneficiaries of the grant program; and

(f) A faith-based organization that applies for or participates in a Departmental grant program may retain its independence and may continue to carry out its mission, including the definition, development, practice, and expression of its religious beliefs, provided that it does not use direct Departmental grant funding to support any inherently religious activities, such as worship, religious instruction, or proselytization. Among other things, faith-based organizations that receive Departmental grant funding may use their facilities to provide the grant funded activities without removing or altering religious art, icons, scriptures, or other symbols from these facilities. In addition, a faith-based organization that receives Departmental grant funding may retain religious terms in its organization's name, select its board members on a religious basis, and include religious references in its organization's mission statements and other chartering or governing documents.

Key Facts About the Grants.gov Program Spring 2004

www.grants.gov. Find. Apply. Succeed.
Overview

Grants.gov has simplified the grants management process, and created a centralized, online process to find and apply for over 600 grant programs from the 26 Federal grant-making agencies. Grants.gov has streamlined the process of awarding \$360+ billion annually to state and local governments, academia, not-for-profits and other organizations. This program is one of the 24 Federal cross-agency e-government initiatives focused on improving access to services via the Internet. The vision for grants.gov is to produce a simple, unified source to electronically find, apply, and manage grant opportunities.

Additionally, the grants.gov initiative will facilitate efficient operations for Federal grant agencies and the grant community.

Agencies will allow applicants for Federal grants to apply for and ultimately manage grant funds online through a common Web site, simplifying grants management and eliminating redundancies.

(The President's FY 2002 Management Agenda)

Standardizing Federal grant management activities is a priority for the Administration and Congress, as evidenced by Public Law 106-107, legislation that mandates streamlining and improved accountability for Federal grants, and related references in the President's Management Agenda.

Benefits

Grants.gov will serve as the common face for Federal grant program information and applications. Key benefits include: (1) A single source for finding grant opportunities, helping applicants locate and learn more about funding opportunities in a standardized manner; and (2) a single, secure and reliable source for applying for Federal Grants online, simplifying the grant application process and reducing paperwork

Grants.gov will provide a unified interface for all agencies to announce their grant opportunities, and for all potential grantees to find and apply for grants. Grants.gov simplifies the entire application process, while also creating avenues for consolidation and best practices within each grant-making agency.

Progress and Next Steps

The first stage of Grants.gov was a successful pilot that enabled participating grantors to post and grant seekers to search for grant opportunities. Most Federal grant-making agencies are now posting all of their competitive grant opportunities to Grants.gov. Here's how it works: a grant seeker from an organization, for instance, visits the Grants.gov Web site to search for grant opportunities. Once a match is found, the organization downloads an electronic application to apply for the grant. The organization would complete the application and then submit it through the Grants.gov site. The application is time stamped and the appropriate Federal agency has immediate access to it. The agency will receive the application, sending confirmation back to the applicant through Grants.gov. Processing will be accelerated by avoiding the handling of paper applications. The Department of

Health and Human Services, managing partner for the Grants.gov program, is supported by 10 additional "partner" agencies. A list of these agencies can be found on the Grants.gov Web site, at <http://www.grants.gov>. The Grants.gov team is also working closely with the grant community and organizations that represent them, to facilitate delivery of a system that will meet their needs. We are in close contact with the Council of State Governments, the National Council for Nonprofit Associations, and the Federal Demonstration Partnership, to name just a few. Questions? Visit <http://www.grants.gov> to access past and current materials on the Grants.gov program or e-mail your questions to info@grants.gov.

Office of Management & Budget Requirement—DUNS Number for all Federal Applicants

In order to improve the statistical reporting of federal grants and cooperative agreements, the Office of Management and Budget has directed federal agencies to require all applicants to provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for Federal grants or cooperative agreements on or after October 1, 2003. The DUNS number is now required whether an applicant is submitting a paper or an electronic application, and whether an applicant is applying for a new award or renewal of a current award.

Use of the DUNS number government-wide will provide a cost-effective means to identify entities receiving those awards and their business relationships. The identifier will be used for tracking purposes, and to validate address and point of contact information. The DUNS number already is in use by the federal government to identify entities receiving federal contracts, and by some agencies in their grant and cooperative agreement processes.

Organizations should verify that they have a DUNS number or take the steps needed to obtain one as soon as possible. Organizations can receive a DUNS number at no cost by calling the dedicated toll-free DUNS Number request line at 1-866-705-5711. Individuals who would personally receive a grant or cooperative agreement award from the federal government apart from any business or non-profit organization they may operate, and foreign entities are exempt from this requirement.

If your organization does not have a DUNS number, and you anticipate that your organization will apply for a grant or cooperative agreement now or in the

future, you should take steps to obtain a DUNS number in advance of the application deadline. If your organization does not have a DUNS number, you may not be able to apply for Federal grants or cooperative agreements. Future potential applicants should also consider requesting a DUNS number now if there is any intention of applying for a Federal grant in the future. Further information can be found in the **Federal Register**, located at: <http://a257.gakamaitech.net/7/257/2422/14mar20010800/edocket.access.gpo.gov/2003/pdf/03-16356.pdf>.

Register in the Central Contract Registry (CCR)

In order to help centralize information about grant recipients and provide a central location for grant recipients to change organizational information, the government will be using the Central Contractor Registry (CCR) for grant applicants and recipients. Use of the CCR is to provide one location for applicants and recipients to change information about their organization and enter information on where government payments should be made. The registry will enable recipients to make a change in one place and one time for all Federal agencies to use.

General Information

Organizations should register on how they want to do business. A separate registration in the CCR may be required if an organization wants to have a single unit conduct business and it has a direct payment flow to that organization, it would require a separate DUNS number specified for that unit (if a different address from the parent organization). If the same address, the organization could use the DUNS + 4 found in the CCR. For example, a university that wants to have its payment information flow through one central point for grants should register as the entity doing business with the government. This registration would require a specific DUNS number for that business.

Instructions for Registering

Information for registering in the CCR and online documents can be found at <http://www.ccr.gov>. Before registering applicants and recipients should review the Central Contractor Registration Handbook (March 2003). In the handbook is a Registration Worksheet. It is recommended that registrants print this worksheet and gather the needed information prior to starting the online registration process. The fastest and easiest method to register is by computer. To register via the computer,

click on "Start New Registration." Registering in the CCR should be the first preparation step in the submission for a grant. Allow a minimum of 5 days to complete the CCR registration. Organizations can register independently of submitting a grant application.

Registration Worksheet for Grant Applicants/Recipients

General Information: Enter all information that has an M placed next to the line meaning Mandatory or Required.

Prior to registering in the CCR, an applicant organization must receive a DUNS number. This can be done by telephone and the numbers are on the bottom of the worksheet. Many of the items are self-explanatory. Identified below are some items that may not be familiar to grant applicants and recipients.

Cage Code: For U.S. applicants, do not enter a Cage Code, one will be assigned. For foreign applicants, follow the instructions in the CCR.

Legal Business Name: Enter the name of the business or entity as it appears on legal documents.

Business Name: Enter the name of the organization/entity under which it is applying for a grant.

Annual Revenue: For some organizations/entities this can be an annual budget.

Type of Organization: In this section, indicate whether the organization/entity is Tax Exempt or Not. Indicate what type or how the organization is recognized. Use "Other" if the organization does not fit in the designated categories.

Owner Information: Fill-in if a sole proprietorship.

Business Types: As indicated, check all that apply. Check the ones that are the closest description to your organization. Most grant applicants can use "Nonprofit Institution" plus any other type that may fit the description. (The listing is being revised to include grant applicants business types.)

Party Performing Certification: Enter information only if the organization has a certification from SBA. Most grant recipients and applicants do not fall into this category.

Goods and Services: This section is required. It will require the grant applicant/recipient to look up a code and enter the ones that best fit the type of services the organization provides. It is not required to fill-in all the spaces provided for the codes.

NAICS Code: Is required. Follow the instructions.

SIC Code: Is required. Follow the instructions.

Financial Information: Follow the instructions found in the CCR Handbook on page 14.

Registration Acknowledgment and Point of Contact Information

This section is very important and needs to have names and telephone numbers put in for specific purposes. For grant applicants and recipients the M fields are required.

CCR Point of Contact: Mandatory. Enter the name of the person that knows and acknowledges that the information in the CCR is current, accurate and complete. The person named here will be the only person within the registering organization to receive the Trading Partner Identification Number (TPIN) via e-mail or U.S. mail services. The registrant and the alternate are the only people authorized to share the information with the CCR Assistance Center personnel. An e-mail address is required. An alternate is also required for registration.

Government Business Point of Contact: Not mandatory; review CCR Handbook.

Electronic Business Point of Contact: Mandatory. Grant applicants/ recipients must provide a name of an individual who will be responsible for approving the Role Manager for the organization. The Role Manager will be required to approve individuals who are authorized to submit grant applications on behalf of the organization. E-mail and telephone number are required. An alternate is required.

Past Performance Point of Contact: Not required.

Marketing Partner ID (MPIN): Mandatory for grants.gov submission. This is a self-defined access code that will be shared with authorized electronic partner applications. The MPIN will act as your password in other systems. The MPIN must be nine positions and contain at least one alpha character, one number and no spaces or special characters.

Registration Notification: Once the registration is completed, a TPIN will be e-mailed or sent via the U.S. Postal Service to the organization's point of contact. If registration is done electronically, notification will be sent via e-mail within five days of registration.