

ADDRESSES: Application materials (PHS Form 5161-1 with revised face sheet DHHS Form 424, as approved by the Office of Management and Budget (OMB) under control number 0937-0189) may be obtained from the Bureau of Primary Health Care (BPHC), Office of Grants Management, Nancy Benson, (301) 594-4260, 4350 East-West Highway, 11th Floor, Bethesda, MD 20814. Ms. Benson is available for further information regarding application submission procedures and to provide assistance on business management issues. Completed applications should be mailed to: Grants Management Officer, BPHC, c/o Houston Associates, Inc., 1010 Wayne Avenue, Suite 240, Silver Spring, MD 20910.

FOR FURTHER INFORMATION CONTACT: For general program information, contact Mr. Antonio Duran, Director, or Helen Kavanagh, Migrant Health Branch, Division of Community and Migrant Health, BPHC, Health Resources and Services Administration, (301) 594-4303, 4350 East-West Highway, 7th Floor, Bethesda, MD 20814.

SUPPLEMENTARY INFORMATION:

Background

There are 106 MHCs which provide comprehensive primary health care to migrant and seasonal farmworkers and their families in their home base or as they work along one of the three migrant streams. The technical and nonfinancial assistance will be arranged for or provided within available resources by four separate grantees in response to MHC requests for: (1) vision screening and treatment services, (2) bilingual seasonal outreach staff, (3) peer counselor training and outreach, and (4) outreach staff specializing in identifying children and youth who fall through the "cracks" of health care services.

Legislation governing these activities can be found at section 329 of the PHS Act. Paragraph (1)(B) of section 329(a) requires that a migrant health center provide "as may be appropriate for particular centers, supplemental health services necessary for the adequate support of primary health services," and paragraph (1)(G) requires that a migrant health center provide "information on the availability and proper use of health services and services which promote and facilitate optimal use of health services, including if a substantial number of the individuals in the population served by a center are of limited English-speaking ability, the services of appropriate personnel fluent in the language spoken by a

predominant number of such individuals".

Number and Amount of Awards

Each individual and/or organization is limited to submitting a maximum of one grant proposal for any one of the four activities mentioned. A maximum of 4 separate grants will be awarded for: optometric technical assistance for MHCs nationwide (approximately \$45,000); the recruitment, training and placement of outreach allied health and health professionals with MHCs on the East Coast (approximately \$800,000); the development, implementation and promotion of farmworker peer counselor programs at MHCs nationwide (approximately \$225,000); and the enhancement of farmworker outreach health care services targeting infants, children and youth at MHCs in Florida, in addition, to State and local strategic planning (approximately \$320,000).

Eligible Applicants

Eligible applicants are public and private nonprofit entities with culturally competent and diverse staff which have demonstrated experience, as appropriate to the requested grant, in optometric technical assistance for MHCs; farmworker outreach; the recruitment, training and placement of health and allied health professionals at MHCs; or in farmworker peer counselor recruitment, training and placement.

Criteria for Evaluation

Regulations governing these awards provide that the Secretary will award funds to applicants which, in her judgment, will best promote the purposes of the statute, taking into consideration (a) the cost effectiveness of the application, and (b) the number of centers and entities to be served by the applicant. 42 CFR 56.704. In addition to these two criteria, the Secretary, in considering what will best promote the purposes of the statute, will consider:

- (1) The extent to which the applicant's program activity demonstrates and addresses the particular needs of the migrant and seasonal farmworkers and migrant health centers;
- (2) The degree to which the applicant addresses the overall goals and objectives of one of the aforementioned activities;
- (3) The appropriateness and adequacy of the methodology which describes how the activity will be evaluated, along with relevant timeliness;
- (4) The information contained in annual progress reports (for existing grantees only);

(5) The extent to which the project plan describes activities in measurable terms;

(6) The extent of the organization's prior related and applicable experience (to be documented by a short synopsis of work completed for each Federal and non-Federal grant received, contact person(s) and phone number(s)); and

(7) The degree to which the fiscal and administrative management systems, and the budget are well organized, detailed, justified and consistent with the project plan.

All applications for the technical and nonfinancial assistance to MHCs will be reviewed competitively by a PHS Objective Review Committee.

Other Award Information

The grants awarded under this notice are not subject to the provisions of Executive Order 12372 or the Public Health System Reporting Requirements.

In the OMB Catalog of Federal Domestic Assistance, the Migrant Health Center program is Number 93.129.

Dated: April 14, 1995.

Ciro V. Sumaya,
Administrator.

[FR Doc. 95-10019 Filed 4-21-95; 8:45 am]

BILLING CODE 4160-15-P

Health Resources Services Administration

Availability of Funds for Grants To Build Primary Health Care Capacity in the Pacific Basin

AGENCY: Health Resources and Services Administration, PHS.

ACTION: Notice of availability of funds.

SUMMARY: The Health Resources and Services Administration (HRSA) announces the availability of approximately \$1.3 million in fiscal year (FY) 1995 for competing applications for the Pacific Basin Health Initiative. This Initiative supports the development of primary health care infrastructure in the Pacific Basin, and funds will be awarded under the authority of section 301 of the Public Health Service (PHS) Act. The overall goal of the program is to achieve the effective delivery of comprehensive primary health care services and to encourage community responsibility for health promotion and disease prevention. The six Pacific jurisdictions affected by this initiative are the three flag territories (the Commonwealth of the Northern Mariana Islands, American Samoa, and Guam), and the three sovereign nations whose relationships with the U.S. are governed by Compacts

of Free Association (the Federated States of Micronesia, the Republic of the Marshall Islands and the Republic of Palau).

Approximately 15–20 awards will be made, ranging from approximately \$15,000 to \$200,000, for up to three-year project periods and one-year budget periods. The average award will be approximately \$75,000.

The PHS is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a PHS-led national activity for setting health priorities. The Pacific Basin Health Initiative will contribute toward meeting the Healthy People 2000 objectives cited for: clinical preventive services, environmental health, maternal and infant health, nutrition, oral health, diabetes and chronic disabling conditions, and health data collection. Potential applicants may obtain a copy of Healthy People 2000 (Full Report: Stock No. 017-001-00474-0) or Healthy People 2000 (Summary Report: Stock No. 017-001-00473-1) through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325 (Telephone 202-783-3238).

Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities in which education, library, day care, regular and routine health care and early childhood development services are provided to children. Smoking must also be prohibited in indoor facilities that are constructed, operated or maintained with Federal funds.

DUE DATE: Applications are due by July 1, 1995. Applications will be considered as having met the deadline if they are: (1) received on or before the established deadline date; or (2) sent on or before the established deadline date and received in time for orderly processing. Applicants should obtain a legibly dated receipt from a commercial carrier or the U.S. Postal Service or obtain a legibly dated U.S. Postal Service postmark. Private metered postmarks will not be accepted as proof of timely mailing. Late applications will not be considered for funding and will be returned to the applicant.

ADDRESSES FOR APPLICATION KITS: Application kits and additional guidance (Form PHS 5161-1 with revised face sheet DHHS form 424, as approved by the OMB under control number 0937-0189) may be obtained from, and completed applications sent to: Bureau of Primary Health Care, c/o Houston Associates, Inc., 1010 Wayne Avenue, Suite 1200, Silver Spring, Maryland 20910. The telephone number

is (800) 523-2192. The FAX number is (800) 523-2193. Ms. Harriet Green, Acting Branch Chief, Grants Management Office can also assist with grants policy and business management issues. The telephone number is (301) 594-4242. The FAX number is (301) 594-4073. Her Internet address is: hgreen@hrsa.ssw.dhhs.gov.

FOR FURTHER INFORMATION CONTACT: For general program information and technical assistance, contact: Tom Coughlin, Chief, Special Initiatives, Policy and Evaluation Branch, Division of Programs for Special Populations, Bureau of Primary Health Care, 4350 East-West Highway, 9th Floor, Bethesda, Maryland 20814, Telephone (301) 594-4450, fax (301) 594-2470. Prospective applicants are encouraged to send or FAX a letter of intent before May 31, 1995. This will allow program staff the opportunity to offer technical assistance.

SUPPLEMENTARY INFORMATION: The six jurisdictions have different levels of economic/social development and varying capacities to meet the primary health care needs of their rapidly expanding populations, but they share characteristics of many developing nations, such as: Poor health status indicators including high infant mortality rates, rapidly expanding populations, a large portion of the health care budget spent on off-island referrals, a shortage of health care professionals, and high rates of poverty.

Based on these basic needs, the Pacific Basin Health Initiative is designed to support infrastructure development and capacity building for comprehensive primary health care delivery and preventive services in the six jurisdictions. It is the intention of the program to increase the jurisdictions' long-term self-sufficiency by investing in human resource and administrative development.

Through collaboration with the health departments in the Pacific jurisdictions, the Bureau of Primary Health Care is committed to achieving the health promotion and disease prevention objectives as defined by the individual Pacific jurisdictions. The Bureau intends to fund activities that best meet the program goals, originate within the jurisdiction(s), and align with the areas of concern outlined by each of the jurisdictions' Health Departments. A listing of the Health Department contacts and the areas of concern outlined by the six jurisdictions will be provided in the application package.

Program Areas of Emphasis

In addition to the areas of concern outlined by the jurisdictions, the Bureau has identified the following three areas of emphasis:

(1) Build local capacity to develop, improve upon and operationalize appropriate models for the delivery of comprehensive primary health care and prevention services—including strengthening of human resource components. This area of emphasis focuses on developing long-term, internal planning capacity and projects that demonstrate feasible and sustainable models of delivery.

(2) *Integrate information systems* among various health sectors within each jurisdiction.

(3) Promote services to remote islands and underserved communities.

Eligible Applicants

An eligible applicant is a public or private nonprofit entity within the jurisdictions or any U.S. state.

Restrictions

Applications may not exceed 50 pages including the cover sheet and appendices for new applicants and 55 pages for previously funded applicants (to include end-of-the year project reports). Grant funds may not be used to supplant locally funded public programs. Grant funds may not be used to pay for major construction or for the acquisition of major pieces of equipment. However, a very limited amount of grant funds may be requested for alterations, renovations and equipment purchases (less than \$25,000).

Applicants who propose projects that were primarily funded by PHS or other governmental agencies (such as laboratory capacity and epidemiology/CDC; sanitation/EPA) must specify why the funding from these agencies is insufficient or why this Initiative better serves the purposes of the project.

Criteria for Evaluation

Eligible applicants will be evaluated based upon the following:

Need

- The extent to which the applicant documents need for proposed services in the community or jurisdiction(s) based upon:

(1) A thorough description of demographic and health status indicators of the populations to be served as they relate to primary health care; (2) an identification of gaps within the existing health care system; and (3) an assessment of barriers within the

existing system that hinder the delivery of primary care services.

Organizational Capacity/Staffing Expertise

- The extent to which applicants demonstrate the expertise of the staff and organizational capacity to implement the project based upon:
 - (1) Experience in and knowledge of the proposed service area and health service project;
 - (2) strong leadership and staffing plans; and
 - (3) demonstration by grantees, previously funded under this Initiative, of their past success in managing and implementing projects.

Coordination/Collaboration:

- The extent to which services will be integrated:
 - (1) Within the community;
 - (2) with needs identified by officials of the jurisdiction(s); and
 - (3) with the private sector, where applicable.

Sustainability/Capacity Building

- The extent to which applicants demonstrate that the proposed projects will:
 - (1) Build local capacity,
 - (2) relate to the jurisdiction(s)' master health plan or areas of concern; and
 - (3) if applicable, decrease dependence on costly off-island referrals.

Health Care Plan (Proposed Plan to Close Gaps in Services)

- The adequacy of the project description will be evaluated based upon the extent to which:
 - (1) Problem statements are clear and are based on the needs assessment;
 - (2) Long-term goals are appropriate, measurable, and relate to the problem statements;
 - (3) Objectives are realistic, measurable and appropriate to the population being served;
 - (4) Action-steps are feasible and have a reasonable time-line, and;

Evaluation

- The adequacy of the evaluation plan designed to measure how well the goals and objectives were achieved.
- The extent to which grantees previously funded under this Initiative met their goals and objectives and analyzed their achievements and shortcomings.

Budget

The appropriateness of the budget in relation to other resources and the adequacy of the budget justification and future financial plans to support the proposed interventions for this initiative.

This program is not subject to the Public Health System Reporting Requirements.

This program is subject to the provisions of Executive Order 12372 concerning intergovernmental review of Federal programs as implemented by 45 CFR part 100. Executive Order 12372 allows States the option of setting up a system to review applications from within their States under certain Federal programs. The application kit, to be made available under this notice, will contain a listing of States which have chosen to set up a review system and will provide a single point of contact (SPOC) in the States for that review. Applicants (other than federally recognized Indian tribal governments) should contact their State SPOC as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC of each affected State. The due date for State process recommendations is 60 days after the appropriate application deadline date. The BPHC does not guarantee that it will accommodate or explain its responses to State process recommendations received after the due date.

The OMB Catalog of Federal Domestic Assistance number for this program is 93.163.

Dated: April 19, 1995.

Ciro V. Sumaya,
Administrator.

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BILLING CODE 4160-15-P

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Office of General Counsel

[Docket No. D-95-1089; FR-3909-D-01]

Order of Succession, Acting General Counsel

AGENCY: Office of General Counsel, HUD.

ACTION: Notice of Order of Succession.

SUMMARY: In this notice, the General Counsel for the Department of Housing and Development designates the Order of Succession for the position of General Counsel, and revokes the prior Order of Succession for this position.

EFFECTIVE DATE: April 18, 1995.

FOR FURTHER INFORMATION CONTACT: John P. Opitz, Assistant General Counsel for Training and Administrative Law, Department of Housing and Urban Development, Room 10246, 451 7th Street, SW, Washington, DC 20410, 202-708-9991. A telecommunications device

for hearing-impaired persons (TDD) is available at 202-708-3259. [These are not toll-free numbers.]

SUPPLEMENTARY INFORMATION: The General Counsel for the Department of Housing and Urban Development is issuing this Order of Succession of officials authorized to serve as Acting General Counsel when, by reason of absence, disability, or vacancy in office, the General Counsel is not available to exercise the powers or perform the duties of the office. The authorization to act under this Order is subject to the 120-day rule of the Vacancies Act, 5 U.S.C. 3348, whereby a vacancy caused by death or resignation of an appointee, whose appointment is vested in the President by and with the advice and consent of the Senate, may be filled temporarily for not more than 120 days.

Accordingly, the General Counsel designates the following order of succession:

Section A. Order of Succession

During any period when, by reason of absence, disability, or vacancy in office, the General Counsel is not available to exercise the powers or perform the duties of the Office of General Counsel, the following are hereby designated to serve as Acting General Counsel:

- (1) Deputy General Counsel (Civil Rights & Litigation);
- (2) Deputy General Counsel (Programs & Regulations);
- (3) Deputy General Counsel (Operations);
- (4) Associate General Counsel for Assisted Housing and Community Development;
- (5) Associate General Counsel for Legislation and Regulations;
- (6) Associate General Counsel for Program Enforcement;
- (7) Associate General Counsel for Insured Housing;
- (8) Associate General Counsel for Finance and Regulatory Enforcement.
- (9) Associate General Counsel for Litigation and Fair Housing Enforcement.
- (10) Associate General Counsel for Human Resources Law.

These officials shall serve as Acting General Counsel in the order specified herein, and no official shall serve unless all the other officials, whose position titles precede his/hers in this order, are unable to act by reason of absence, disability, or vacancy in office. If all the officials designated in this order of succession are unable to serve as Acting General Counsel by reason of absence, disability or vacancy in office, officials designated to serve as acting officials for these designated officials shall serve in