

FINAL FEDERAL FISCAL YEAR 1995 DISPROPORTIONATE SHARE HOSPITAL ALLOTMENTS UNDER PUBLIC LAW 102-234—
Continued

[Amounts are state and Federal shares; dollars are in thousands (000)]

State A	Final FFY 94 DSH allotments for all states B	Growth amounts for low DSH states ¹ C	Final FFY95 state DSH allotments D	High or low DSH state designation E
UT	5,514	429	5,943	Low.
VT	26,662	2,419	29,081	Low.
VA	185,746	19,051	204,798	Low.
WA	307,993	28,535	336,527	Low.
WV	121,883	4,211	126,094	Low.
WI	10,881	724	11,605	Low.
WY	1,389	131	1,520	Low.
Total	\$18,490,099	\$644,305	\$19,084,239	

Notes

¹ There was 1 low DSH state which had negative growth and 9 low DSH states which got partial growth up to 12% of FFY 95 MAP.

² Due to negative growth, allotment limited to 12% of FFY 95 MAP.

³ Allotment based upon minimum payment adjustment amount.

IV. Regulatory Impact Statement

We generally prepare a regulatory flexibility analysis that is consistent with the Regulatory Flexibility Act (RFA) (5 U.S.C. 601 through 612), unless the Secretary certifies that a notice would not have a significant economic impact on a substantial number of small entities. For purposes of a RFA, States and individuals are not considered small entities. However, providers are considered small entities. Additionally, section 1102(b) of the Act requires the Secretary to prepare a regulatory impact analysis if a notice may have a significant impact on the operations of a substantial number of small rural hospitals. Such an analysis must conform to the provisions of section 604 of the RFA. For purposes of section 1102(b) of the Act, we define a small rural hospital as a hospital that is located outside of a Metropolitan Statistical Area and has fewer than 50 beds.

This notice sets forth no changes in our regulations; rather, it reflects the DSH allotments for each State as determined in accordance with §§ 447.297 through 447.299.

We have discussed the method of calculating the final FFY 1995 national aggregate DSH target and the final FFY 1995 individual State DSH allotments in the previous sections of this preamble. These calculations should have a positive impact on payments to DSHs. Allotments will not be reduced for high-DSH States since we interpret the 12 percent limit as a target. Low-DSH States will get their prior FFY DSH allotments plus their growth amounts.

In accordance with the provisions of Executive Order 12866, this notice was

reviewed by the Office of Management and Budget.

(Catalog of Federal Assistance Program No. 93.778, Medical Assistance Program)

Dated: June 26, 1995.

Bruce C. Vladeck,

Administrator, Health Care Financing Administration.

[FR Doc. 95-22170 Filed 9-7-95; 8:45 am]

BILLING CODE 4120-01-P

Public Health Service

Announcement of Cooperative Agreement With the American School Health Association

AGENCY: Office of the Assistant Secretary for Health, Office of Disease Prevention and Health Promotion.

ACTION: Final notice.

SUMMARY: The Office of Disease Prevention and Health promotion (ODPHP) on behalf of the Interagency Committee on School Health announces the availability of fiscal year (FY) 1995 funds for a sole source cooperative agreement with the American School Health Association (ASHA) to review and synthesize the health and educational effects of school health programs and to set forth the research agenda. Approximately \$100,000 will be available in FY 1995 to support this project. This award will begin on or about September 1, 1995, for a 12 month budget period within a project period of up to 2 years. Funding estimates may vary and are subject to change. Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.

EFFECTIVE DATE: September 30, 1995.

FOR FURTHER INFORMATION CONTACT:

Kristine I. McCoy, M.P.H., School Health Coordinator, Office of Disease Prevention and Health Promotion, Office of the Assistant Secretary for Health, PHS U.S. Department of Health and Human Services, 330 C Street, SW, Room 2132, Washington, DC 20201, Phone: 202-205-8180.

SUPPLEMENTARY INFORMATION: The ODPHP will assist in identifying programs and procedures relevant to the project objectives; collaborate in developing, analyzing, and reviewing material for dissemination; and take responsibility for publication of final products.

The Public Health service (PHS) is committed to achieving the health promotion and disease prevention objectives of "Healthy People 2000," a PHS-led national activity to reduce morbidity and mortality and improve the quality of life. This announcement us related to objectives in nearly all priority areas, particularly those pertaining to school-aged children and youth. (To order a copy of "Healthy People 2000," see the section, "Where to Obtain Additional Information.")

Authority

This program is authorized under the Public Health Service Act, section 1701(a)(11).

Smoke-Free Workplace

The PHS strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products and Public Law 103-227, the Pro-Children's Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which

education, library, day care, health care, and early childhood development services are provided to the children.

Eligible Applicant

Assistance will be provided only to the ASHA. No other applications are solicited. The program announcement and application kit have been sent to ASHA. Eligibility is limited to ASHA because it provides representation from a wide variety of professionals in health, education, and social services around the country who serve children through school health programs or related research. ASHA was created specifically to represent this wide variety of professionals, and is unique in its role as a liaison between the school health community and government and other national organizations. With a current membership of 3500 the ASHA has served as a policy development and capacity building organization for more than 70 years. One of its major objectives is the sharing of information that will support school health programs and protect and improve the well-being of children. Thus, the ASHA membership will benefit directly from a compiled body of knowledge that can be used to improve and create quality school health programs and which helps ASHA affiliated researchers to focus their work on key questions.

The ASHA's commitment to improvement of the health of school-aged children and demonstrated ability to produce and disseminate information accessible to a wide variety of school health professionals are demonstrated by its flagship publication the *Journal of School Health* whose articles cover all areas of medical and education practice with special application to school health programs, and which circulates in the U.S. and 56 foreign countries. In addition, the ASHA has a long history of special publications including "Achieving the 1990 Health Objectives for the Nation: Agenda for the Nation's Schools" and "Recommendations for Delivery of Comprehensive Primary Health Care to Children and Youth in the School Setting."

The ASHA has established an advisory panel and a review panel of its members representing graduate academic programs training school health professionals within various disciplines to provide expertise in the planning and conduct of this project. Other professional organizations to which the advisory panel members belong and will serve as agents of for this project include the American Alliance for Health, Physical Education, Recreation and Dance, the American Public Health Association, the Society

for the Promotion of Health Education, the Association for the Advancement of Health Education, the International Union on Health Education and Promotion, the American Dietetic Association, and the American School Food Service Association. These organizations will serve as resources for the collection of school health evaluations and will benefit from the dissemination of the final review and synthesis.

Executive Order 12372 Review

This application is not subject to Intergovernmental Review of Federal Programs as governed by Executive Order 12372.

Public Health System Reporting Requirements

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

Where to Obtain More Information

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) referenced in the "Summary" may be obtained from the Superintendent of Documents, Government Printing Office, P.O. Box 371954, Pittsburgh, PA 15250-7954, telephone (202) 512-2250.

Dated: August 22, 1995.

Susanne A. Stoiber,

Acting Deputy Assistant Secretary for Health, (Disease Prevention and Health Promotion/Health Planning and Evaluation).

[FR Doc. 95-22252 Filed 9-7-95; 8:45 am]

BILLING CODE 4160-17-M

Violent Crime Control and Law Enforcement Act of 1994; Delegation of Authority

Notice is hereby given that I have delegated to the Assistant Secretary for Health, with authority to redelegate, all the authorities vested in the Secretary of Health and Human Services under Section 318—Demonstration Grants for Community Initiatives (42 U.S.C. 10418), of the Family Violence Prevention and Services Act as added by Section 40261 of the Violent Crime Control and Law Enforcement Act of 1994 (Public Law 103-322), as amended hereafter. This delegation excludes the authority to promulgate regulations and to submit reports to the Congress.

This delegation became effective upon date of signature. In addition, I have affirmed and ratified any actions taken by the Assistant Secretary for Health or his subordinates which, in effect, involved the exercise of the authorities

delegated herein prior to the effective date of the delegation.

Dated: August 29, 1995.

Donna E. Shalala,
Secretary.

[FR Doc. 95-22251 Filed 9-7-95; 8:45 am]

BILLING CODE 4160-18-M

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Office of the Assistant Secretary for Community Planning and Development

[Docket No. FR-3778-N-53]

Federal Property Suitable as Facilities To Assist the Homeless

AGENCY: Office of the Assistant Secretary for Community Planning and Development, HUD.

ACTION: Notice.

SUMMARY: This Notice identifies unutilized, underutilized, excess, and surplus Federal property reviewed by HUD for suitability for possible use to assist the homeless.

ADDRESSES: For further information, contact Mark Johnston, room 7256, Department of Housing and Urban Development, 451 Seventh Street SW, Washington, DC 20410; telephone (202) 708-1226; TDD number for the hearing- and speech-impaired (202) 708-2565 (these telephone numbers are not toll-free), or call the toll-free Title V information line at 1-800-927-7588.

SUPPLEMENTARY INFORMATION: In accordance with 56 FR 23789 (May 24, 1991) and section 501 of the Stewart B. McKinney Homeless Assistance Act (42 U.S.C. 11411), as amended, HUD is publishing this Notice to identify Federal buildings and other real property that HUD has reviewed for suitability for use to assist the homeless. The properties were reviewed using information provided to HUD by Federal landholding agencies regarding unutilized and underutilized buildings and real property controlled by such agencies or by GSA regarding its inventory of excess or surplus Federal property. This Notice is also published in order to comply with the December 12, 1998 Court Order in *National Coalition for the Homeless v. Veterans Administration*, No. 88-2503-OG (D.D.C.).

Properties reviewed are listed in this Notice according to the following categories: Suitable/available, suitable/unavailable, suitable/to be excess, and unsuitable. The properties listed in the three suitable categories have been