

recruited as well as potential cost per student recruited. Those projects that have the potential to serve a greater number of Indians will be given first consideration.

5. Project Budget (10 pts.)

a. Provide a budget for the budget period requested. The funds requested should be appropriate and necessary for the scope of the project.

b. The available funding level of \$70,000 is inclusive of both direct and indirect costs. Because this project is for a training grant, the Department of Health and Human Services' policy limiting reimbursement of indirect cost to the lesser of the applicant's actual indirect costs or 8 percent of total direct costs (exclusive of tuition and related fees and expenditures for equipment) is applicable. This limitation applies to all institutions of higher education other than agencies of State and local government.

c. Projects requiring a second and third year must include a brief narrative and budget for each additional year of funding.

Appendix to include:

* Resumes and position descriptions for key staff.

* Organizational chart.

* Work plan.

* Tribal Resolution(s)/letters of support.

* Application Receipt Card, PHS-3038-1 Rev. 5-90.

I. Assurances

Assurances (SF-424B), and Certifications (PHS-5161-1-pages 17 and 18) need not be submitted with the application. They will be required prior to actual award if the application is approved for funding.

J. Reporting

1. *Annual Progress Report*—An annual progress report is due 60 days before the end of each budget period prior to the final budget period for all multi-year projects. This report will include a brief description of program accomplishments to the goals established, reasons for slippage, other pertinent information as required, and plans for the next budget period.

2. *Final Progress Report*—A final progress report is due 90 days after expiration of the project period. This report will include a description of program accomplishments to the goals established, reasons for slippage, and other pertinent information as required.

3. *Financial Status Report*—A final financial status report is due 90 days after expiration of the project period. Standard Form 269 (long form) will be used for financial reporting.

K. Grant Administration Requirements

Grants are administered in accordance with the following documents:

1. 45 CFR part 92, HHS, Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments, or 45 CFR part 74, Administration of Grants to Non-profit Recipients.

2. PHS Grants Policy Statement, and

3. OMB Circular A-21, Cost Principles for Educational Institutions.

L. Application Consideration+p300X

1. Application Review

Applications submitted by the closing date and verified by the postmark under this program announcement will undergo a review to determine that the applicant is eligible in accordance with the Eligibility and Documentation Section of this announcement; the application narrative, forms and materials submitted are adequate to allow the reviewers to undertake an in-depth evaluation; and that the application complies with this announcement; otherwise it will be returned without consideration.

2. Competitive Review of Accepted Applications

Applications meeting eligibility requirements that are complete, responsive, and conform to this program announcement will be reviewed for merit by reviewers appointed by the IHS. The review will be conducted in accordance with PHS review procedures. The review process ensures selection of quality projects in a national competition for limited funding. Applications will be evaluated and rated on the basis of the evaluation criteria listed above. These criteria are used to evaluate the quality of a proposed project, to assign a numerical score to each application, and to determine the likelihood of its success. Applications scoring below 60 points will not be funded.

3. Results of the Review

The results of the review are forwarded to the Division Director, Division of Health Professions Support (DHPS), for final review and approval. The Division Director will also consider the recommendations from the Grants Management Branch. After the decisions have been made on all applications, applicants are notified by July 17, 1997. Unsuccessful applicants will be notified in writing.

Successful applicants are notified through an official Notice of Grant Award (NGA) document. The NGA will state the amount of Federal funds

awarded, the purpose of the grant, the terms and conditions of the grant award, the effective date of the award, the project period, and the budget period.

Dated: April 22, 1997.

Michael H. Trujillo,

Assistant Surgeon General, Director.

[FR Doc. 97-14201 Filed 5-29-97; 8:45 am]

BILLING CODE 4160-16-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

[0917-ZA02]

Elder Health Care Initiative

AGENCY: Indian Service, HHS.

ACTION: Notice of availability of funds for Competitive Grants for Indian Elders Demographics and Health Services/Prevention/Education or Abuse/Neglect Treatment Programs Demonstration Projects for American Indians/Alaska Natives.

SUMMARY: The Indian Health Service (IHS) announces the availability of approximately \$800,000 for competitive grants to Tribal, Urban and non-profit Indian organizations for the support of five to ten Demonstration Projects for American Indian/Alaska Native elders established under the authority of Section 301(a) of the Public Health Service Act, as amended. There will be only one funding cycle during fiscal year (FY) 1997 (see Fund Availability and Period of Support). This program is described at 93.933 in the Catalog of Federal Domestic Assistance. Executive Order 12372 requiring intergovernmental review is not applicable to this program. The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of *Healthy People 2000*. *Healthy People 2000*, the full report, is currently out of print. You may obtain the objectives from the latest *Healthy People 2000 Review*. A copy may be obtained by calling the National Center for Health Statistics, telephone (301) 443-8500.

Projects will be included in one of two categories, either: (1) Services assessment, which may include the demographics of Native American elders, the development of a survey tool of elder services and needs, or the development of assessment tools or interdisciplinary teams or, (2) direct services with a prevention component, which may include the forming of elder specific clinics/services/programs, elder abuse/neglect prevention, detection, and

treatment programs or the development of patient, care giver, community and/or professional and paraprofessional educational material/media on the aging process and care of the elder.

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. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

Due Date: An original and two (2) copies of the completed grant application must be submitted, with all required documentation, to the Grant Management Branch, Division of Acquisition and Grants Management, Twinbrook Metro Plaza-Suite 100, 12300 Twinbrook Parkway, Rockville, MD 20852, by close of business July 7, 1997.

Applications shall be considered as meeting the deadline if they are either: (1) Received on or before the deadline with hand carried applications received by close of business 5:00 p.m.; or (2) postmarked on or before the deadline date and received in time to be reviewed along with all other timely applications. A legibly dated receipt from a commercial carrier or the U.S. Postal Service will be accepted as proof of timely mailing. Private metered postmarks will not be accepted as proof of timely mailing. Applications received after the announced closing date will be returned to the applicant and will not be considered for funding.

Additional Dates:

A. Application Review Date: August 5-6, 1997.

B. Applicants Notified of Results (approved, approved unfunded, or disapproved): September 1, 1997.

C. Anticipated Start Date: September 1, 1997.

Contacts for Assistance: For program information, contact Patrick Stenger, DO, Geriatric Consultant, IHS Elder Health Care Initiative, 3738 N. 16th Street, Phoenix, AZ 85016, (602) 640-5161, or Ron Freeman, MPH, Senior Public Health Advisor, IHS Headquarters East, Parklawn Bldg., Room 6A-55, 5600 Fishers Lane, Rockville, MD 20857 (301) 443-3024.

For grant application and business information, contact M. Kay Carpentier, Grants Management Officer, Grants Management Branch, Division of Acquisition and Grants Management, Indian Health Service, Twinbrook Metro Plaza-Suite 100, 12300 Twinbrook Parkway, Rockville, MD 20852, (301) 443-5204. (The telephone numbers are not toll-free numbers.)

SUPPLEMENTARY INFORMATION: This announcement provides information on the general program goal, eligibility and documentation requirements, programmatic activities, funding availability and period of support, and application procedures.

General Program Goals: The goal of this project is to establish health, assistance, prevention and treatment programs for American Indian and Alaska Native elders; for data acquisition, integration and management and data base development; for producing assessment, management, and advance health care directive instruments such as health care powers of attorney and living wills specific for the indigenous older population; for elder abuse/neglect detection, prevention, or treatment programs; and for the development of educational and training materials and media for Indian elders, their caregivers, and their health care providers.

Eligibility and Documentation Requirements: Any federally recognized Indian tribe, Indian tribal organization or 501(c)(3) non-profit organizations serving primarily American Indians and Alaska Natives is eligible to apply for a demonstration grant from the IHS under this announcement.

Documentation of Support:

(a) A resolution of the Indian tribe or Indian tribal organization supporting this specific project must accompany the application submission.

(b) Applications which propose services which will benefit more than one Indian tribe must include resolutions from all affected tribes to be served.

(c) Applications by tribal organizations will not require resolution(s) if the current tribal resolution(s) under which they operate would encompass the proposed grant activities. A statement of proof or a copy of the current operational resolution must accompany the application.

(d) If a resolution or a statement is not submitted, the application will be considered incomplete and will be returned without consideration.

2. Non-Profit organizations must submit a copy of the 501(c)(3) Certificate.

3. Letters of Cooperation/ Collaboration/Assistance

(a) Letters included in the application should be specific to this program.

(b) If other related human services programs are to be involved in the project, letters confirming the nature and extent of their cooperation/ collaboration/assistance must be submitted.

Project Types:

(1) Demographic projects will identify health and demographic characteristics of the American Indian/Alaska Native elder. They will use the Geographic Information System (GIS) and report on urban dwelling elders. The mapping must report the availability of health care and related community services, including location of facilities and transportation availability, socio-economic factors as revealed by the latest U.S. Census data, and selected health data from the Indian Health Service computerized, on-line patients medical records database. A project may also involve the search for and/or the development of a survey tool and the methodology to identify elders' services and needs.

(2) Projects may be aimed at developing geriatric or functional assessment tools or mental health evaluation including, but not limited to, cognitive function, mental competency tools, and advance health care directives. Modifications of existing instruments, taking into account local tribal culture, customs, taboos, language, religious beliefs and the average level of education and literacy, is acceptable.

(3) The development of elder specific clinics/programs (e.g., Well Elder Clinic, Immunization Clinic, Wellness Programs, Case Management, Elder Continuity Clinics, Home Health Agency, Visiting Nurse Program, Adult Day Care, Senior Citizens Centers, PACE Programs, Assisted Living Programs, and the like) are fitting under this grant. Programs that focus on elder abuse/neglect recognition, prevention and treatment are appropriate. The assembling, training and utilization of interdisciplinary teams for the assessment of the frail elderly (including assessment and management or case management), or for the assessment of the robust (i.e., the well functioning) elder for disease/disability prevention, health maintenance, or maximizing functional capacity may also be included in this grant proposal.

(4) Education of elders, their communities, their families, and their providers of care is an important part of the IHS efforts to establish primary health care for Indian elders. Therefore, proposed projects may plan, execute and demonstrate strategies that incorporate pamphlets, books, workbooks, posters, modules or training sessions, audio, video, educational television network programming, or other media presentations aimed either at the consumer and/or the provider of elder health care.

Fund Availability and Period of Support: In FY 1997, it is anticipated

that approximately \$800,000 will be available to support five to ten projects at approximately \$40,000 to \$200,000 inclusive of direct and indirect costs. Projects may be funded in annual budget periods for up to five years depending upon the defined scope of work. Continuation of projects will be based upon the availability of appropriations in future years, the continuing need of IHS for the projects, and satisfactory project performance. The anticipated start date will be September 1, 1997.

The Elder Health Care Initiative Grant Application Kit: An IHS Grant Application Kit, including form PHS 5161-1 (rev. 7/92), may be obtained from the Grants Management Branch, Division of Acquisition and Grants Management, Twinbrook Metro Plaza-Suite 100, 12300 Twinbrook Parkway, Rockville, MD 20852, telephone (301) 443-5204.

Factors for Consideration in Preparing the Application:

1. Following the outline provided in the announcement will guide the writing of the application and facilitate the reviewers in locating required information.

2. Projects should demonstrate coordination with other agencies and organizations within and without the community who serve the targeted population.

3. Indian cultural aspects should be considered in program design.

Application Process: All applications must be single-spaced, typewritten, and consecutively numbered pages using black type not smaller than 12 characters per one inch, with conventional one inch border margins, on only one side of standard size 8½ × 11 paper that can be photocopied. The application Narrative (not including the Appendix) must not exceed 10 typed pages. An additional page may be used for each additional year of funding requested. Exclusions from the 10 page limit are the Abstract, Tribal Resolution(s), 501(c)(3) non-profit certificate, Letters of Documentation or Support, Standard Forms, Table of Contents, and the Appendix. All applications must include the following in the order presented:

- Tribal Resolution(s) and Documentation or 501(c)(3) Certification.
- Standard Form 424, Application for Federal Assistance.
- Standard Form 424A, Budget Information—Non-Construction Programs (pages 1 and 2).
- Standard Form 424B, Assurances—Non-Construction Programs (front and back).

- Checklist (pages 23–24). Note: Each standard form and the checklist is contained in the PHS Grant Application, Form PHS 5161-1 (OMB #0937-0189; expires 07/31/98).

- A project Abstract (may not exceed 1 typewritten page) should present a summary view of “who-what-when-where-how-cost” to determine acceptability for review.

- A table of contents to correspond with numbered pages.

- Project Narrative (10 pages):

1. Introduction and Need for Assistance.
 2. Project Objective(s), Approach, and Results & Benefits.
 3. Project Evaluation.
 4. Organizational Capabilities and Qualifications.
 5. Budget.
- Appendix to include:
 - * Resumes of key staff;
 - * Position descriptions for key staff;
 - * Organizational chart;
 - * Documentation of current certified financial management systems;
 - * Copy of current negotiated indirect cost rate agreement;
 - * A map of the area to benefit from the project; and
 - * Application Receipt Card, PHS-3038-1, Rev. 5-90.

A. Narrative

The narrative section of the application must include the following: (1) justification for need for assistance; (2) work plan (including use of appropriate Native healing practices), project objectives, approach, expected results and evaluation process, (3) adequacy of management controls, and (4) key personnel. The work plan section should be project specific. These instructions for the preparation of the narrative are to be used in lieu of the instructions on pages 19–20 of the PHS 5161-1. The narrative section should be written in a manner that is clear to outside reviewers unfamiliar with prior related activities of the applicant. It should be well organized, succinct, and contain all information necessary for reviewers to understand the project fully. The Narrative may not exceed TEN single spaced pages in length, excluding attachments, budget and Tribal Resolutions/501(c)(3) non-profit certificate/Letters of Support. (Pages must be numbered.

1. Need for Assistance

(a) Describe and define the target population at the project location (e.g. tribal population, number of elders 55 years and older). Information sources must be appropriately identified.

(b) describe the existing resources and service available, including the

maintenance of Native healing systems, where appropriate, which are related to the specific program/service the applicant is proposing to provide. Supply the name, address and phone number of a contact person for each.

(c) Describe in detail the needs of the target population and what efforts have been made in the past to meet these needs, if any, (e.g. number of providers and their categories (doctor, nurse, CHR, pharmacist, physical therapist, recreational therapist, home health aid, etc.), collaborative efforts with state/county programs, availability of program funding from federal/non-federal sources).

(d) Summarize the applicable national, IHS, and/or State standards, laws and regulations, and describe the unmet needs of any applicant's current program in relation to applicable national, IHS, and/or State standards, laws and regulations, (e.g. Medicare/Medicaid, third-party payor reimbursements, federal/state/tribal laws regarding instituting home health agencies, elder housing, adult day-care, nursing homes, etc.).

2. Work Plan

(a) Program Objectives:

1. State concisely the objectives of the project.

2. Describe briefly what the project intends to accomplish.

3. Describe how accomplishment of the objectives will be measured (including if replicable).

(b) Approach:

1. Describe the tasks and resources needed to implement and complete this project.

2. Provide a task time (milestones) breakdown or chart. Include the date that the project will begin to accept clients, (if applicable).

(c) Describe the Expected Results:

1. Discuss data collection for the project, how it will be obtained, analyzed, and maintained by the project. Data should include, but is not limited to, the number and types of clients served, services provided, client outcomes and satisfaction, and costs associated with the program.

2. Describe how the data collection will support the stated program objectives and how it will support the program evaluation to determine the impact of the project.

(d) Program Evaluation:

1. Describe methods for evaluating program activities, effectiveness of interventions, success in achieving objectives, the impact of interventions, acceptance among the targeted population, and workload accomplishments.

2. Identify who will conduct the evaluation of the projected outcomes and when the evaluation is to be completed.

3. Identify the cost of the evaluation (whether internal or external).

(e) Program Continuance: Discuss how the program services will be continued after the grant expires.

(f) Experience Sharing: Indicate the project's willingness to share its program experience with IHS Areas, urban programs, tribes and other tribal organizations.

3. Adequacy of Management Controls

(a) Describe where the project will be housed, i.e., facilities and equipment available.

(b) Describe the management controls of the grantee over the directions and acceptability of work to be performed. Discuss personnel and financial systems in use and changes planned for this grant.

(c) Applicant must demonstrate that the organization has adequate systems and expertise to manage Federal funds. Also, include a letter from the accounting firm describing results of the most recent organization-wide audit.

4. Key Personnel

(a) Provide a biographical sketch (qualifications) and position descriptions for the program director and other key personnel as described on pages 20–21 of the PHS 5161–1. Identify existing personnel and new program staff to be hired.

(b) Provide an organizational chart and indicate how the project will operate within the organization. Describe how this program will interface with other existing available resources.

(c) List the qualifications and experience of consultants or contractors where their use is anticipated. Identify who will determine if the work of a contractor is acceptable.

B. Budget

1. An itemized estimate of costs and justification for the proposed program by line item must be provided on form SF 424A Budget Information Non-Construction Programs.

2. A narrative justification must be submitted for all costs. Indicate needs by listing individual items and quantities necessary. The need for items and quantities should be clearly specified in the narrative justification.

3. Any special start up costs should be indicated.

4. Multi-Year Projects—Projects requiring 2, 3, 4 or 5 years funding must include a brief program narrative and

budget for each additional year of funding requested. The applicant may use one additional page to describe the developmental plans for each additional year of the project.

5. Grant funding may not be used to supplant existing public and private resources.

C. Assurances

The application shall contain assurance to the Secretary that the applicant will comply with program regulations, 42 CFR 36, Subpart H.

Review Process: Applications meeting eligibility requirements that are complete, responsive, and conform to this program announcement will be reviewed for merit by reviewers appointed by the IHS. The review will be conducted in accordance with PHS review procedures. The review process ensures selection of quality projects in a national competition for limited funding. Applications will be evaluated and rated on the basis of the evaluation criteria listed below. These criteria are used to evaluate the quality of a proposed project, to assign a numerical score to each application, and to determine the likelihood of its success. Applications scoring below 60 points will not be funded.

Evaluation Criteria Applications will be evaluated against the following criteria and weights:

Weight (percent)	Criteria	Description
25	1	Need—The demonstration of identified problems and risks in the target population. Extent of community involvement and commitment.
40	2	Work Plan—The soundness and effectiveness of the applicant's plan for conducting the project, with special emphasis on the objectives and methodology portion of the application.

Weight (percent)	Criteria	Description
15	3	Adequacy of Management Controls—The apparent capability of the applicant to successfully conduct the project including both technical and business aspects. The soundness of the applicant's budget in relation to the project work plan and for assuring effective utilization of grant funds. Adequacy of facilities and equipment available within the organization or proposed for purchase under the project.
10	4	Key Personnel—Qualifications and adequacy of the staff.
10	5	Budget—Clarity and accuracy of program costs, and cost justification for the entire grant period.
100	Total Weight.

Reporting Requirements:

A. Progress Report—Program progress reports will be required semiannually. These reports will include a brief description of a comparison of actual accomplishments to the goals established for the period, reasons for slippage and other pertinent information as required. A final report is due 90 days after expiration of the project/budget period.

B. Financial Status Report—A semiannual financial status report will be submitted 30 days after the day of the end of the half-year. Final financial status reports are due 90 days after expiration of the project/budget period. Standard Form 269 (long form) will be used for financial reporting.

Grant Administration Requirements: Grants are administered in accordance with the following documents:

A. 45 CFR Part 92. Department of Health and Human Services, Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments, or 45 CFR Part 74, Administrative of Grants to Non-profit recipients.

B. Public Health Service Grants Policy Statement, and

C. Appropriate Cost Principles: OMB Circular A-87, State and Local Governments, or OMB Circular A-122, Nonprofit Organizations.

Results of the Review: Successful applicants are notified through the official Notice of Grant Award (NGA) document. The NGA will state the amount of Federal funds awarded, the purpose of the grant, the terms and conditions of the grant award, the effective date of the award, the project period, and the budget period.

Dated: April 14, 1997.

Michael H. Trujillo,

Assistant Surgeon General Director.

[FR Doc. 97-14149 Filed 5-29-97; 8:45 am]

BILLING CODE 4160-16-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

[0917-ZA03]

Indian Women's Health Demonstration Program for American Indians/Alaska Natives

AGENCY: Indian Health Service, HHS.

ACTION: Notice availability of funds for Competitive Grants for Indian Women's Health Demonstration Program for American Indians/Alaska Natives.

SUMMARY: The Indian Health Service (IHS) announces that approximately \$800,000 is available for support of competitive grants for approximately six to ten demonstration projects to Tribal, Urban and non-profit Indian organizations for Indian Women's Health Demonstration Program for American Indians/Alaska Natives established under the authority of Section 301(a) of the Public Health Service Act, as amended. There will be only one funding cycle during fiscal year (FY) 1997 (see Fund Availability and Period of Support). This program is described at 93.933 in the Catalog of Federal Domestic Assistance. Executive Order 12372 requiring intergovernmental review is not applicable to this program. The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of *Healthy People 2000*. *Healthy People 2000*, the full report, is currently out of print. You may obtain the objectives from the latest *Healthy People 2000 Review*. A copy may be obtained by calling the National Center for Health Statistics, telephone (301) 443-8500.

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. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

Due Date: An original and two (2) copies of the completed grant application must be submitted, with all required documentation, to the Grants Management Branch, Division of Acquisition and Grants Management, Twinbrook Metro Plaza-Suite 100, 12300 Twinbrook Parkway, Rockville, MD 20852, by close of business July 7, 1997.

Applications shall be considered as meeting the deadline if they are either: (1) received on or before the deadline with hand carried applications received by close of business 5:00 p.m.; or (2) postmarked on or before the deadline date and received in time to be reviewed along with all other timely applications. A legibly dated receipt from a commercial carrier or the U.S. Postal Service will be accepted as proof of timely mailing. Private metered postmarks will not be accepted as proof of timely mailing. Applications received after the announced closing date will be returned to the applicant and will not be considered for funding.

Additional Dates:

A. Applications Review Date: July 28-29, 1997.

B. Applicants Notified of Results (approved, approved unfunded, or disapproved): September 1, 1997.

C. Anticipated Start Date: September 1, 1997.

Contacts for Assistance: For program information, contact Ms. F. Louise Kiger, Chief, Principal Nursing Consultant, Office of Public Health, Indian Health Service, 5600 Fishers Lane, Rockville, MD 20857, (301) 443-1840 or Ms. Carolyn Lofgren, Management Analyst/External Program Liaison, Office of Health Programs, Indian Health Service, Headquarters West, 5300 Homestead Road, NE, Albuquerque, NM 87110, (505) 248-4239.

For grant application and business management information, contact Mrs. M. Kay Carpentier, Grants Management Officer, Grants Management Branch, Division of Acquisition and Grants Management, Indian Health Service, Twinbrook Metro Plaza-Suite 100, 12300 Twinbrook Parkway, Rockville, MD 20852, (301) 443-5204. (The telephone numbers are not toll-free numbers.)

SUPPLEMENTARY INFORMATION: This announcement provides information on the general program purpose, eligibility

and documentation requirements, programmatic activities, funding availability and period of support, and application procedures.

General Program Goals: The goal of this program is to establish and/or improve American Indian/Alaska Native women's health services. Funded programs will be community based and culturally appropriate with measurable outcomes related to the following: (1) increase access to health promotion; (2) promote disease prevention activities; (3) improve existing research data; and (4) foster advocacy in policy appropriate to meet *Healthy People 2000* objectives.

Eligibility and Documentation

Requirements: Any federally recognized Indian tribe, Indian tribal organization or non-profit organizations—501(c)(3) serving primarily American Indians and Alaska Natives is eligible to apply for a demonstration grant from the IHS under this announcement.

Documentation of Support:

1. Tribal Resolutions.

(a) A resolution of the Indian tribe or Indian tribal organization supporting this specific program must accompany the application submission.

(b) Applications which propose services which will benefit more than one Indian tribe must include resolutions from all affected tribes to be served.

(c) Applications by tribal organizations will not require resolution(s) if the current tribal resolution(s) under which they operate would encompass the proposed grant activities. A statement of proof or a copy of the current operational resolution must accompany the application.

(d) If a resolution or a statement is not submitted, the application will be considered incomplete and will be returned without consideration.

2. Non-Profit organizations must submit a copy of the 501(c)(3) Certificate.

3. Letters of Cooperation/Collaboration/Assistance.

(a) Letters included in the application should be specific to this program.

(b) If other related human services programs are to be involved in the program, letters confirming the nature and extent of their cooperation/collaboration/assistance must be submitted.

Programmatic Activities: A grant awarded under this announcement shall establish demonstration programs for improving and enhancing the health services for American Indian/Alaska Native women. The program shall expand on existing services or programs or build new capacity through activities that integrate or promote collaboration