

plan (15 points). Do not include letters of support from CDC or EPA personnel.

3. Objectives and Technical Approach (55 points total)

a. Extent to which applicant adequately describes specific objectives of the proposed project which are consistent with the purpose and goals of this cooperative agreement program and which are measurable and time-phased. (10 points)

b. Extent to which applicant presents a detailed operational plan for initiating and conducting the project, which clearly and appropriately addresses all "Recipient Activities." Extent to which applicant clearly identifies specific assigned responsibilities for all key professional personnel. Extent to which the plan clearly describes applicant's technical approach/methods for conducting the proposed studies and extent to which the plan is adequate to accomplish the objectives. Extent to which the described cohort and water supply will be appropriate for achieving the goals of this request for assistance. Extent to which applicant describes specific study protocols or plans for the development of study protocols that are appropriate for achieving project objectives. If there is a laboratory component to the proposal, the extent to which plans for ensuring quality of measurements are included. If the proposed project involves human subjects, whether or not exempt from the DHHS regulations, the extent to which adequate procedures are described for the protection of human subjects. This specifically includes working with CDC and EPA to obtain human subjects clearances and approval for data collection activities.

Note: Objective Review Group (ORG) recommendations on the adequacy of protections include: (1) protections appear adequate and there are no comments to make or concerns to raise, or (2) protections appear adequate, but there are comments regarding the protocol, or (3) protections appear inadequate and the ORG has concerns related to human subjects, or (4) disapproval of the application is recommended because the research risks are sufficiently serious and protection against the risks are inadequate as to make the entire application unacceptable. Extent to which the applicant has met the CDC Policy requirements regarding the inclusion of women, ethnic, and racial groups in the proposed research. This includes: (1) the proposed plan for inclusion of both sexes and racial and ethnic minority populations for appropriate representation, (2) the proposed justification when representation is limited or absent, (3) a statement as to whether the design of the study is adequate to measure differences when warranted, and (4) a statement as to whether the plans for recruitment and outreach for study participants include the

process of establishing partnerships with community(ies) and recognition of mutual benefits. (25 points)

c. Extent to which the applicant describes adequate and appropriate collaboration with CDC, EPA and/or others (e.g. water utilities and health departments) during various phases of the project. (10 points)

d. Extent to which the applicant provides a detailed and adequate plan for evaluating study results and for evaluating study results for evaluating progress toward achieving project objectives. (10 points)

4. Budget (not scored)

Extent to which the proposed budget is reasonable, clearly justifiable, and consistent with the intended use of grant/cooperative agreement funds.

H. Other Requirements

Technical Reporting Requirements

Provide CDC with original plus two copies of

1. Progress reports (annual);
2. Financial status report, no more than 90 days after the end of the budget period; and
3. Final financial status and performance reports, no more than 90 days after the end of the project period.

Send all reports to: Andrea Wooddall, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention, 2920 Brandywine Road, Room 3000, Atlanta, GA 30341.

The following additional requirements are applicable to this program. For a complete description of each, see Attachment 1, in the application kit.

- AR-1 Human Subjects Requirements.
- AR-2 Requirements for Inclusion of Women and Racial and Ethnic Minorities in Research.
- AR-7 Executive Order 12372 Review.
- AR-9 Paperwork Reduction Act Requirements.
- AR-10 Smoke-Free Workplace Requirements.
- AR-11 Healthy People 2000.
- AR-12 Lobbying Restrictions.
- AR-14 Accounting System Requirements.
- AR-15 Proof of Non-Profit Status.

I. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under the Public Health Service Act Sections 301(a)[42 U.S.C. 241(a)], 317(k)(1)(2), [42 U.S.C. 247b (k)(1)] and [247b(k)(2)], as amended. The Catalog of Federal Domestic Assistance number is 93.283.

J. Where To Obtain Additional Information

Please refer to Program Announcement 99018 when you request information. For a complete program description, information on application procedures, an application package, and business management technical assistance, contact: Andrea Wooddall, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement 99018, Centers for Disease Control and Prevention, 2920 Brandywine Road, Room 3000, Atlanta, GA 30341, telephone (770) 488-2751, E-mail address ayw3@cdc.gov.

See also the CDC home page on the Internet: <http://www.cdc.gov>.

For program technical assistance, contact Deborah Levy, Ph.D., Division of Parasitic Diseases, National Center for Infectious Diseases, Center for Disease Control and Prevention, 4770 Buford Highway, Mail Stop F22, Atlanta, GA 30341, telephone (770) 488-7760, E-mail address DEL7@cdc.gov.

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

Dated: March 2, 1999.

John L. Williams,

Director, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 99-5559 Filed 3-5-99; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Fiscal Year (FY) 1999 Funding Opportunities

AGENCY: Substance Abuse and Mental Health Services Administration, HHS.

ACTION: Notice of funding availability.

SUMMARY: The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT) and the Center for Mental Health Services (CMHS) announce the availability of FY 1999 funds for the following activities. These activities are discussed in more detail under Section 4 of this notice. This notice is not a complete description of the activities; potential applicants *must* obtain a copy of the Guidance for

Applicants (GFA) before preparing an application.

Activity	Application deadline	Estimated funds available (in millions)	Estimated No. of awards	Project period
CSAT Action Grant Program	5/10/99	\$1.5	10	1 yr.
Community Treatment Program	5/10/99	5.3	15	Up to 3 yrs.
Basic Action Grant, Hispanic Priority	5/10/99	3	20	1 yr.

Note: SAMHSA also published notices of available funding opportunities for FY 1999 in subsequent issues of the **Federal Register**.

The actual amount available for awards and their allocation may vary, depending on unanticipated program requirements and the volume and quality of applications. Awards are usually made for grant periods from one to three years in duration. FY 1999 funds for activities discussed in this announcement were appropriated by the Congress under Public Law No. 105-277. SAMHSA's policies and procedures for peer review and Advisory Council review of grant and cooperative agreement applications were published in the **Federal Register** (Vol. 58, No. 126) on July 2, 1993.

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 for setting priority areas. The SAMHSA Centers' substance abuse and mental health services activities address issues related to Healthy People 2000 objectives of Mental Health and Mental Disorders; Alcohol and Other Drugs; Clinical Preventive Services; HIV Infection; and Surveillance and Data Systems. Potential applicants may obtain a copy of Healthy People 2000 (Full Report: Stock No. 017-001-00474-0) or Summary Report: Stock No. 017-001-00473-1) through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325 (Telephone: 202-512-1800).

GENERAL INSTRUCTIONS: Applicants must use application form PHS 5161-1 (Rev. 5/96; OMB No. 0937-0189). The application kit contains the GFA (complete programmatic guidance and instructions for preparing and submitting applications), the PHS 5161-1 which includes Standard Form 424 (Face Page), and other documentation and forms. Application kits may be obtained from the organization specified for each activity covered by this notice (see Section 4).

When requesting an application kit, the applicant must specify the particular activity for which detailed information is desired. This is to ensure receipt of

all necessary forms and information, including any specific program review and award criteria.

The PHS 5161-1 application form and the full text of each of the activities (i.e., the GFA) described in Section 4 are available electronically via SAMHSA's World Wide Web Home Page (address: <http://www.samhsa.gov>).

APPLICATION SUBMISSION: Unless otherwise stated in the GFA, applications must be submitted to: SAMHSA Programs, Center for Scientific Review, National Institutes of Health, Suite 1040, 6701 Rockledge Drive MSC-7710, Bethesda, Maryland 20892-7710 *

(* Applicants who wish to use express mail or courier service should change the zip code to 20817.)

APPLICATION DEADLINES: The deadlines for receipt of applications are listed in the table above. Please note that the deadlines may differ for the individual activities.

Competing applications must be received by the indicated receipt dates to be accepted for review. An application received after the deadline may be acceptable if it carries a legible proof-of-mailing date assigned by the carrier and that date is not later than one week prior to the deadline date. Private metered postmarks are not acceptable as proof of timely mailing.

Applications received after the deadline date and those sent to an address other than the address specified above will be returned to the applicant without review.

FOR FURTHER INFORMATION CONTACT: Requests for activity-specific technical information should be directed to the program contact person identified for each activity covered by this notice (see Section 4).

Requests for information concerning business management issues should be directed to the grants management contact person identified for each activity covered by this notice (see Section 4).

SUPPLEMENTARY INFORMATION: To facilitate the use of this Notice of Funding Availability, information has been organized as outlined in the Table

of Contents below. For each activity, the following information is provided:

- Application Deadline.
- Purpose.
- Priorities.
- Eligible Applicants.
- Grants/Amounts.
- Catalog of Federal Domestic Assistance Number.
- Contacts.
- Application Kits.

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1. Program Background and Objectives

SAMHSA's mission within the Nation's health system is to improve the quality and availability of prevention, early intervention, treatment, and rehabilitation services for substance abuse and mental illnesses, including co-occurring disorders, in order to improve health and reduce illness, death, disability, and cost to society.

Reinventing government, with its emphases on redefining the role of Federal agencies and on improving customer service, has provided SAMHSA with a welcome opportunity to examine carefully its programs and activities. As a result of that process, SAMHSA moved assertively to create a renewed and strategic emphasis on using its resources to generate

knowledge about ways to improve the prevention and treatment of substance abuse and mental illness and to work with State and local governments as well as providers, families, and consumers to effectively use that knowledge in everyday practice.

SAMHSA's FY 1999 Knowledge Development and Application (KD&A) agenda is the outcome of a process whereby providers, services researchers, consumers, National Advisory Council members and other interested persons participated in special meetings or responded to calls for suggestions and reactions. From this input, each SAMHSA Center developed a "menu" of suggested topics. The topics were discussed jointly and an agency agenda of critical topics was agreed to. The selection of topics depended heavily on policy importance and on the existence of adequate research and practitioner experience on which to base studies. While SAMHSA's FY 1999 KD&A programs will sometimes involve the evaluation of some delivery of services, they are services studies and application activities, not merely evaluation, since they are aimed at answering policy-relevant questions and putting that knowledge to use.

SAMHSA differs from other agencies in focusing on needed information at the services delivery level, and in its question-focus. Dissemination and application are integral, major features of the programs. SAMHSA believes that it is important to get the information into the hands of the public, providers, and systems administrators as effectively as possible. Technical assistance, training, preparation of special materials will be used, in addition to normal communications means.

SAMHSA also continues to fund legislatively-mandated services programs for which funds are appropriated.

2. Special Concerns

SAMHSA's legislatively-mandated services programs do provide funds for mental health and/or substance abuse treatment and prevention services. However, SAMHSA's KD&A activities do not provide funds for mental health and/or substance abuse treatment and prevention services except sometimes for costs required by the particular activity's study design. Applicants are required to propose true knowledge application or knowledge development and application projects. Applications seeking funding for services projects under a KD&A activity will be considered nonresponsive.

Applications that are incomplete or nonresponsive to the GFA will be returned to the applicant without further consideration.

3. Criteria for Review and Funding

Consistent with the statutory mandate for SAMHSA to support activities that will improve the provision of treatment, prevention and related services, including the development of national mental health and substance abuse goals and model programs, competing applications requesting funding under the specific project activities in Section 4 will be reviewed for technical merit in accordance with established PHS/SAMHSA peer review procedures.

3.1 General Review Criteria

As published in the **Federal Register** on July 2, 1993 (Vol. 58, No. 126), SAMHSA's "Peer Review and Advisory Council Review of Grant and Cooperative Agreement Applications and Contract Proposals," peer review groups will take into account, among other factors as may be specified in the application guidance materials, the following general criteria:

- Potential significance of the proposed project;
- Appropriateness of the applicant's proposed objectives to the goals of the specific program;
- Adequacy and appropriateness of the proposed approach and activities;
- Adequacy of available resources, such as facilities and equipment;
- Qualifications and experience of the applicant organization, the project director, and other key personnel; and
- Reasonableness of the proposed budget.

3.2 Funding Criteria for Scored Applications

Applications will be considered for funding on the basis of their overall technical merit as determined through the peer review group and the appropriate National Advisory Council (if applicable) review process.

Other funding criteria will include:

- Availability of funds.

Additional funding criteria specific to the programmatic activity may be included in the application guidance materials.

4. Special FY 1999 SAMHSA Activities

4.1 Community Action Grants For Service Systems Change (Short Title: CSAT Action Grant Program, GFA No. TI 99-003)

- Application Deadline: May 10, 1999.
- Purpose: The Substance Abuse and Mental Health Services

Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) announces the availability of funds to communities for supporting the adoption of specific exemplary practices related to the delivery or organization of services or supports into their systems of care for adolescents and adults with alcohol and other drug use problems. This program is designed to stimulate activities by communities that will result in adoption of specific exemplary service delivery practices that yield the best results for these target populations.

The CSAT Action Grant Program is intended to stimulate the adoption of exemplary practices through convening partners, building consensus, aiding in eliminating barriers, decision-support and adaptation of service models to meet local needs. The term exemplary practice connotes that the proposed practice has a reliable record of improving outcomes for those receiving the service. A proven outcome-based record of success will be a prerequisite to Federal support for adoption of a proposed exemplary practice. Grants will not support direct funding of service delivery.

The Program is designed to encourage communities to identify and build consensus around exemplary service delivery practices that meet their own needs, and that meet criteria identified in the full announcement for defining what constitutes an exemplary practice. For purposes of this program, exemplary practices are limited to those that involve service delivery or the organization of services or supports. Proposed exemplary practices should be limited to practices which are consistent with the concept of systems of care as defined in the full announcement. Grant funds may be used for any activity that is part of the consensus building and decision-support process. Individual projects will be successful if a decision to adopt the proposed practice is made.

- Priorities: None.
- Eligible Applicants: Applications for grants will be accepted from public and private entities. Public entities include State and local government agencies, and federally designated Indian tribes and tribal organizations. Private entities include those organized as not-for-profits and those organized as for-profits. Such organizations include, but are not necessarily limited to, those responsible for service delivery policy, those representing consumers and families, those providing services to the target population, and those responsible for training and accrediting service providers.
- Grants/Amounts: An estimated \$1.5 million is available under the CSAT

Action Grant Program. Award amounts will range from approximately \$50,000 to not more than \$150,000. These funds will support approximately 10 or more grant awards in FY 1999. CSAT projects will be funded for 1 year.

- Catalog of Domestic Federal Assistance: 93.230.
- Program Contact: For programmatic or technical assistance (not for application kits) contact: Clifton Mitchell or Jane Ruiz, Division of Practice and Systems Development, Center for Substance Abuse Treatment, SAMHSA, 5600 Fishers Lane, Rockville, MD 20857, (301) 443-8802.

For grants management assistance, contact: Andrea Brandon, Grants Management Specialist, Substance Abuse and Mental Health Services Administration, Rockwall II, 6th Floor, 5600 Fishers Lane, Rockville, MD 20857, (301) 443-9667.

- Application kits are available from: National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, Maryland 20847-2345, Telephone: 1-800-729-6686.

4.2 Comprehensive Community Treatment Program for the Development of New and Useful Knowledge (Short Title: Community Treatment Program, PA No. 99-050)

- Initial Application Deadline: May 10, 1999 (and depending on the availability of funds, annual receipt dates of September 10, January 10 and May 10 thereafter).

- Purpose: The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT) announces the availability of grants to support the development or modification of treatment approaches for special populations and/or service settings and to support rigorous study of their effectiveness.

The purpose of this program is to generate new knowledge about three aspects of substance abuse treatment: (1) special populations, (2) integrated substance abuse treatment, screening, and early intervention in non-traditional settings, and (3) innovative programs.

This grant program is a vehicle by which treatment providers and other experts in the substance abuse treatment field can identify innovative clinical and service delivery approaches in need of development and study. Through this announcement, CSAT will support three types of grants: (1) full studies of treatment programs and services, (2) exploratory/pilot studies; and (3) enhancement/expansion grants.

Applicants must clearly indicate which type of grant they are applying for in

their application to SAMHSA. Lastly, CSAT seeks to promote partnerships and collaboration between community-based organizations, to foster broad participation among researchers, practitioners, consumers, and payers, and to support the development of an infrastructure to facilitate knowledge development.

- Priorities: None.
- Eligible Applicants: Applications for full studies of treatment programs and services and exploratory/pilot studies may be submitted by public and domestic private nonprofit and for-profit entities, such as units of State or local government, community-based organizations and State or private universities, colleges, and hospitals.

Applications for enhancement/expansion grants may be submitted by currently active CSAT grantees (including those in no cost extension periods) who can demonstrate successful implementation of planned activities in their current project. These grants are restricted to currently active grantees because their studies are in place allowing them to immediately proceed to the next step of expanding the project's scope to improve the knowledge base. In addition, because their study structure, database, enrolled participants, relationships with participants and their families and collaborating organizations are already established, start-up time for the enhancement/expansion is minimal.

- Grants/Amounts: It is estimated that \$5.3 million will be available to support approximately 15 awards under this announcement in FY 1999. The amount of an award is expected to range from \$100,000 to \$500,000 in total costs (direct + indirect). Funds will be divided evenly among the three types of grants. The number of applications funded in each group will depend on the quality of applications as determined by peer review. Funds may be used to conduct all aspects of data collection and evaluation. Limited funds are available to support substance abuse treatment intervention services and substance abuse related services necessary for successful conduct of the proposed study. Support may be requested for a period of up to 3 years. Annual awards will be made subject to continued availability of funds and progress achieved.

- Catalog of Domestic Federal Assistance: 93.230.
- Program Contact: For programmatic or technical assistance (not for application kits) contact: Thomas Edwards, Jr., Branch Chief, Organization of Services Branch/ Division of Practice and Systems Development, Center for

Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, Rockwall II, Suite 740, 5600 Fishers Lane, Rockville, MD 20857, (301) 443-8453.

For grants management assistance, contact: Peggy Jones, Grants Management Officer, Division of Grants Management, OPS, Substance Abuse and Mental Health Services Administration, Rockwall II, 6th Floor, 5600 Fishers Lane, Rockville, Maryland 20857, (301) 443-9666.

- Application kits are available from: National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, Maryland 20847-2345, 1-800-729-6686.

4.3 Community Action Grants For Service Systems Change-Phase I (Short Title: Basic Action Grant, Hispanic Priority, GFA No. SM 99-007)

- Application Deadline: May 10, 1999.

- Purpose: The goal of the Action Grant Program is to promote the adoption of exemplary practices related to the delivery and/or organization of services or supports for children with serious emotional disturbances and adults with serious mental illness who may also have co-occurring disorders. (Basic Program)

Additionally, the Action Grant Program establishes a priority initiative for Hispanic Communities to promote the adoption of exemplary practices for Hispanic adults and adolescents that need prevention services because they are at-risk for alcohol and illicit drug problems or treatment services because they are seriously chemically dependent and/or mentally ill. (Hispanic Priority initiative)

It is understood that adoption of exemplary practices involves more than consensus building and decisions to act. Projects for both the Basic Program and the Hispanic Priority initiative will be successful if a grantee can develop consensus among key stakeholders on the adaptations of the chosen exemplary practice needed for that community and on a plan for implementing the adapted practice.

- Priorities: None.
- Eligible Applicants: Applications may be submitted by units of State or local governments and by domestic private nonprofit and for-profit organizations such as community-based organizations, universities, colleges, and hospitals. SAMHSA encourages applications from consumer and family organizations.

Applications for the Hispanic Priority initiative must target Hispanics, identify an exemplary practice specific to the

needs of Hispanic Americans and demonstrate the involvement of Hispanic community leadership.

- **Grants/Amounts:** It is estimated that approximately \$1.5 million will be available under the Basic Program to support approximately 10 awards in FY 1999. The average award is expected to range from \$50,000 to \$150,000 in total costs.

In addition to the estimated \$1.5 million available under the Basic Program noted above, an additional \$1.5 million will be made available to approximately 10 awards under the Hispanic Priority initiative in FY 1999. The average award under this initiative is expected to range from \$50,000 to not more than \$150,000 in total costs.

CMHS Action Grant projects will be funded for one year.

- **Catalog of Federal Domestic Assistance Number:** 93.125.

- **Program Contact:** For programmatic or technical information regarding Adult Serious Mentally Ill Populations, contact: Santo (Buddy) Ruiz, Community Support Programs Branch, Division of Knowledge Development and Systems Change, Center for Mental Health Services, Substance Abuse and Mental Health Service Administration, 5600 Fishers Lane, Room 11C-22, Rockville, MD 20857, (301) 443-3653.

For programmatic or technical information regarding Homeless Populations, contact: Larry W. Rickards, Ph.D., Homeless Program Branch, Division of Knowledge Development and Systems Change, Center for Mental Health Services, Substance Abuse and Mental Health Service Administration, 5600 Fishers Lane, Room 11C-05, Rockville, MD 20857, (301) 443-3706.

For programmatic or technical information regarding Children and Adolescents with Serious Emotional Disorders and their Families, contact: Michele Herman, Child, Adolescents and Family Services Branch, Division of Knowledge Development and Systems Change, Center for Mental Health Services, Substance Abuse and Mental Health Service Administration, 5600 Fishers Lane, Room 18-49, Rockville, MD 20857, (301) 443-1333.

For programmatic or technical information regarding Substance Abuse Treatment, contact: Jane Ruiz, Division of Practice and Systems Development, Clinical Interventions Branch, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, Rockwall II Building, Suite 740, 5600 Fishers Lane, Rockville, Maryland 20857, (301) 443-8237.

For programmatic or technical information regarding Substance Abuse Prevention, contact: Donna Simms

d'Almeida, Division of State and Community Systems Development, Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, Rockwall II Building, Suite 930, 5600 Fishers Lane, Rockville, Maryland 20857, (301) 443-1789.

Questions regarding Grants Management issues may be directed to: Stephen J. Hudak, Division of Grants Management, OPS, Substance Abuse and Mental Health Services Administration, Room 15C-05, 5600 Fishers Lane, Rockville, MD 20857, (301) 443-4456.

- For application kits, contact: Knowledge Exchange Network (KEN), P.O. Box 42490, Washington, DC 20015, Voice: (800)789-2647, TTY: (301)443-9006, FAX: (301)984-8796.

4.4. SAMHSA Technical Assistance Workshop

SAMHSA is sponsoring three technical assistance workshops for potential applicants. The workshops will be held at the following locations: March 11, 1999—Washington, DC; March 17, 1999—Chicago, IL; and March 19—Los Angeles, CA. For more information, please call Ms. Lisa Wilder, Workshop Coordinator, at 301-984-1471, extension 333.

5. Public Health System Reporting Requirements

The Public Health System Impact Statement (PHSIS) is intended to keep State and local health officials apprised of proposed health services grant and cooperative agreement applications submitted by community-based nongovernmental organizations within their jurisdictions.

Community-based nongovernmental service providers who are not transmitting their applications through the State must submit a PHSIS to the head(s) of the appropriate State and local health agencies in the area(s) to be affected not later than the pertinent receipt date for applications. This PHSIS consists of the following information:

- A copy of the face page of the application (Standard form 424).
- A summary of the project (PHSIS), not to exceed one page, which provides:
 - (1) A description of the population to be served.
 - (2) A summary of the services to be provided.
 - (3) A description of the coordination planned with the appropriate State or local health agencies.

State and local governments and Indian Tribal Authority applicants are

not subject to the Public Health System Reporting Requirements.

Application guidance materials will specify if a particular FY 1999 activity described above is/is not subject to the Public Health System Reporting Requirements.

6. PHS Non-Use of Tobacco Policy Statement

The PHS strongly encourages all grant and contract recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. In addition, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care, or early childhood development services are provided to children. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

7. Executive Order 12372

Applications submitted in response to all FY 1999 activities listed above are subject to the intergovernmental review requirements of Executive Order 12372, as implemented through DHHS regulations at 45 CFR Part 100. E.O. 12372 sets up a system for State and local government review of applications for Federal financial assistance. Applicants (other than Federally recognized Indian tribal governments) should contact the State's Single Point of Contact (SPOC) as early as possible to alert them to the prospective application(s) and to receive any necessary instructions on the State's review process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC of each affected State. A current listing of SPOCs is included in the application guidance materials. The SPOC should send any State review process recommendations directly to: Office of Extramural Activities Review, Substance Abuse and Mental Health Services Administration, Parklawn Building, Room 17-89, 5600 Fishers Lane, Rockville, Maryland 20857.

The due date for State review process recommendations is no later than 60 days after the specified deadline date for the receipt of applications. SAMHSA does not guarantee to accommodate or explain SPOC comments that are received after the 60-day cut-off.

Dated: March 2, 1999.

Richard Kopanda,

Executive Officer, SAMHSA.

[FR Doc. 99-5586 Filed 3-5-99; 8:45 am]

BILLING CODE 4162-20-P