

- 63. Helena and John Aiken on behalf of Olivia Aiken, Boston, Massachusetts, Court of Federal Claims Number 98-0917 V
- 64. Theresa and Michael Cedillo on behalf of Michelle Cedillo, Yuma, Arizona, Court of Federal Claims Number 98-0916 V
- 65. Maryanne and Gerald Nash on behalf of Patrick T. Nash, North Syracuse, New York, Court of Federal Claims Number 98-0918 V
- 66. Blanca Bahena, Lawndale, California, Court of Federal Claims Number 98-0920 V
- 67. Stanley Irving Lippmann, Seattle, Washington, Court of Federal Claims Number 98-0923 V
- 68. Marilyn J. Boren, Paris, Texas, Court of Federal Claims Number 98-0925 V
- 69. Andrea and Tony Arnett on behalf of Andrew Arnett, Kokomo, Indiana, Court of Federal Claims Number 98-0933 V

Dated: March 1, 1999.

Claude Earl Fox,

Administrator.

[FR Doc. 99-5680 Filed 3-8-99; 8:45 am]

BILLING CODE 4160-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Statement of Organization, Functions, and Delegations of Authority

This notice amends Part R of the Statement of Organization, Functions and Delegations of Authority of the Department of Health and Human Services (DHHS), Health Resources and Services Administration (60 FR 56605 as amended November 6, 1995, as last amended at 63 FR 47033, September 3, 1998). This notice reflects the revision of the Division of Facilities and Loans

(RR3), in the Office of Special Programs. Amend the functional statement to read as follows:

Division of Facilities and Loans

The Division plans and directs the development of regulations and program guidelines for administering loan, loan guarantee and interest subsidy programs for health care facilities. Specifically: (1) develops regulations, policy and procedures for administering loan and loan guarantee with interest subsidy programs; (2) administers the DHHS responsibility for facility construction, renovation, and modification as described in interagency memoranda of agreement; (3) provides overall consultation and guidance on factors affecting future national requirements in specific types of facilities utilization; (4) maintains an automated data system for the issuance of periodic and special reports and for the manipulation of institution specific data in performing tests for financial feasibility; (5) assists in the evaluation and analysis of applications for construction under assigned grant programs; (6) reviews and recommends action on: (a) proposals for new health facilities or additions to or modernization of existing facilities under loan programs assigned to the Division, (b) requests for mortgage relief, such as forbearance of principal and/or interest payment, suspension of sinking fund deposits, modifications of loan terms, and (c) requests for recovery and/or waiver of repayment of Federal facilities loan funds; (7) provides advice and guidance to regional staff on statutory and regulatory provisions and policy and procedures for administering programs assigned to the Division; (8) maintains liaison with and coordinates its activities and jointly develops pertinent programmatic materials with other components of the HRSA, DHHS, other concerned Federal agencies, and with

private lending institutions and associations; (9) provides program policy interpretation and technical assistance to other governmental and private organizations and institutions; and (10) administers the HRSA facilities engineering and construction assistance programs.

Delegations of Authority

All delegations and redelegations of authority which were in effect immediately prior to the effective date hereof have been continued in effect in them or their successors pending further redelegation.

This reorganization is effective upon date of signature.

Dated: February 26, 1999.

Claude Earl Fox,

Administrator.

[FR Doc. 99-5678 Filed 3-8-99; 8:45 am]

BILLING CODE 4160-15-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) announces the availability of FY 1999 funds for the following activities. These activities are discussed in more detail under Section 3 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
Targeted Capacity Expansion	5/10/99	\$12.5	25	Up to 3 yrs.
Targeted Capacity Expansion—HIV/AIDS	6/17/99	16	40	Up to 3 yrs.
HIV/AIDS Outreach Program	5/18/99	7	20-25	Up to 3 yrs.

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 3).

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 3).

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 3).

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 Numbers.
- Contacts.
- Application Kits.

Table of Contents

1. Program Background and Objectives
2. Criteria for Review and Funding
 - 2.1 General Review Criteria
 - 2.2 Funding Criteria for Scored Applications
3. Special FY 1999 Substance Abuse and Mental Health Services Activities
 - 3.1. Grants to Expand Substance Abuse Treatment Capacity in Targeted Areas of Need (Short Title: Targeted Capacity Expansion, GFA No. TI 99-002)
 - 3.2. Targeted Capacity Expansion Program for Substance Abuse Treatment and HIV/AIDS Services (Short Title: TCE/HIV, GFA No. TI 99-004)
 - 3.3. Community-Based Substance Abuse and HIV/AIDS Outreach Program (Short Title: HIV/AIDS Outreach Program, GFA No. TI 99-005)
 - 3.4. SAMHSA/CSAT FY 1999 Programs for Substance Abuse Treatment and/or HIV/AIDS Services
 - 3.5. SAMHSA Technical Assistance Workshop
4. Public Health System Reporting Requirements
5. PHS Non-use of Tobacco Policy Statement
6. Executive Order 12372

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 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. 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 3 will be reviewed for technical merit in accordance with established PHS/SAMHSA peer review procedures.

2.1 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.

2.2 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.

3. Special FY 1999 SAMHSA Activities

3.1. Grants to Expand Substance Abuse Treatment in Targeted Areas of Need (Short Title: Targeted Capacity Expansion, GFA No. TI 99-002)

- 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 for grants to expand substance abuse treatment capacity in targeted areas. This program is designed to address gaps in treatment capacity by supporting rapid and strategic responses to demands for substance abuse (including alcohol and drug) treatment services. This announcement is a reissuance (with revisions) of a prior announcement by the same title, "Targeted Capacity Expansion," GFA No. TI 98-006. Applications are solicited

for a targeted response to treatment capacity problems including communities with serious, emerging drug problems as well as communities with innovative solutions to unmet needs. Applicants must have an existing infrastructure (facility/program) and may either apply to expand (add treatment slots) an existing treatment program or create a new program. The proposed treatment services must be based on sound, scientifically based theory or empirical evidence of effectiveness. Further, the services should be designed to significantly impact the identified treatment gap or emerging issue within the three year grant period. A plan for continuation of the effort beyond the life of the grant should be presented if such continuation is expected to be necessary. Finally, the proposed services should be consistent with and fit within the overall response to substance abuse problems in the target area.

- Eligible Applicants: Only units of local (cities, towns, counties) and State governments and Indian Tribes and tribal organizations (as defined in the Indian Self-Determination Act—25 U.S.C., section 450b) are eligible to apply. These applicants may engage (coordinate/subcontract) the skills of a wide variety of private, non-profit, and community-based organizations not eligible to apply on their own; however, the applicant will be legally, administratively and fiscally responsible for the grant. This is not a pass through arrangement; "umbrella" applications will not be accepted for review. Eligibility is being limited to cities, towns, counties, regional authorities, boroughs, States, Tribes, and tribal organizations in recognition of the primacy of their responsibility for, and interest in, providing for the

needs of their citizens, and because the success of the program will depend upon the authority and ability available to broadly coordinate the variety of resources to ensure full program success. Furthermore, in addition to licensure, applicants/proposed providers of services must have been providing substance abuse treatment services for a minimum of two years prior to the date of application. Without this documentation, applications will be considered ineligible and not considered for peer review. SAMHSA believes that only existing providers have the infrastructure and expertise to address emerging and unmet needs as quickly as possible. CSAT is interested in applications from local governments because they are closer to the problem and in a better position to identify emerging needs and respond quickly; therefore, in its award decision-making process, CSAT will give priority to applications from local (cities, towns, counties) governments, and Indian Tribes and tribal organizations.

- Grants/Amounts: Approximately \$12.5 million will be available to support awards in FY 1999. Of this amount, \$8 million is available for general program applications from units of local (cities, towns, counties) and State government, and Indian Tribes and tribal organizations; up to \$2 million is reserved for applications from such entities from Alaska for new projects (for women and children in rural areas) and Iowa (for methamphetamine abuse) as was specified in Congressional report language; and up to \$2.5 million is reserved for applications from such government entities specifically addressing substance abuse and HIV/AIDS in African American, Hispanic/Latino, and other racial/ethnic minority communities.

AVAILABILITY OF FUNDS: FY 1999

<i>Eligible Entities:</i> All applicants must be units of local or State government or Indian Tribes and tribal organizations	Available funds
Entities from Alaska that address women and children in rural areas, and	Up to \$1 million.
Entities from Iowa that address methamphetamine abuse	Up to \$1 Million.
Entities that specifically address substance abuse and HIV/AIDS in African American, Hispanic/Latino, and/or other racial/ethnic minority communities. Applications will be divided into two population categories for purposes of review:	Up to \$2.5 million.
—those proposing to serve populations of more than 30,000; and	
—those proposing to serve populations of 30,000 or fewer whether urban or rural.	
General Program Entities. Applications will be divided into two population categories for purposes of review:	Up to \$8 million*.
—those proposing to serve populations of more than 30,000; and	
—those proposing to serve populations of 30,000 or fewer whether urban or rural.	
Total	\$12.5 million

* Average awards of \$100,000–\$500,000 apply to these entities.

Support may be requested for a period of up to three (3) years.

In accordance with the Congressional conference agreement and based on

previously planned targeted HIV/AIDS activities, the \$2.5 million noted above

is intended to augment the capabilities of substance abuse treatment programs to address the growing HIV/AIDS problem in African American, Hispanic/Latino, and other racial/ethnic minority communities. As required by the Targeted Capacity Expansion program, applicants applying for grants to enhance or expand substance abuse treatment and HIV/AIDS, STDs, TB, and hepatitis B and C services must have an existing infrastructure (program/facility). Applicants may request funding to: (1) Expand organizational capacity to provide a more comprehensive array of community-based services through well defined linkages to other organizations/providers; (2) expand program capacity by increasing the number of slots in a residential, day, or outpatient substance abuse treatment program, or by adding a new component (outpatient/continuing care) to an existing program; (3) expand a core program to accommodate clients who are HIV positive or AIDS symptomatic; and (4) enhance accessibility of existing HIV/AIDS, STDs, TB, and hepatitis B and C services by adding community health education and risk reduction programming, outreach services, mobile HIV, STD, TB, and hepatitis B and C services including counseling/testing/treatment capabilities. Federal funds may not be used to carry out syringe exchange programs, such as the purchase and distribution of syringes and/or needles, nor can funds authorized under this program be used to pay for pharmacologies for antiretroviral therapy, STDs, TB and hepatitis B and C.

- Catalog of Domestic Federal Assistance: 93.230.

- Program Contact: For programmatic or technical assistance (not for application kits) contact: Clifton Mitchell, Chief, Treatment and Systems Improvement Branch, Division of Practice and Systems Development, Center for Substance Abuse Treatment, SAMHSA, Rockwall II, 6th Floor, 5600 Fishers Lane, Rockville, Maryland 20857, (301) 443-8804.

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

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

3.2. Targeted Capacity Expansion Program for Substance Abuse Treatment and HIV/AIDS Services (Short Title: TCE/HIV, GFA No, TI 99-004)

- Application Deadline: June 17, 1999.

- Purpose: The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) announces the availability of funds for grants to enhance and expand substance abuse treatment and services related to HIV/AIDS in African American, Hispanic/Latino, and other racial/ethnic minority communities highly affected by the twin epidemics of substance abuse and HIV/AIDS. This program seeks to address gaps in substance abuse treatment capacity, and increase the accessibility and availability of substance abuse treatment and related HIV/AIDS services (including STDs, TB and hepatitis B and C) to African American, Hispanic/Latino, and other racial/ethnic minority substance abusers. This announcement solicits applications for innovative targeted responses to the epidemic of substance abuse and related HIV/AIDS.

- SAMHSA CSAT is soliciting applications from organizations that have the capacity to provide substance abuse treatment services to African American, Hispanic/Latino, and other racial/ethnic minority communities. While many organizations have been successful over the years in securing linkages with providers of primary health care, mental health, and HIV/AIDS services, these efforts have typically not provided specific mechanisms to include the participation of indigenous members of the affected community, and those community based organizations with experience in serving these communities have not been a critical component of the linkage strategy. SAMHSA CSAT is most interested in applications that demonstrate a comprehensive, integrated, creative and community-based response to a targeted, well documented substance abuse and HIV/AIDS treatment need/problem. SAMHSA/CSAT believes that the accomplishment of this goal requires that applications be submitted by organizations that (1) have strong ties to the grassroots/community-based organizations that are deeply rooted in the culture of the targeted community, and (2) have demonstrated experience in providing culturally appropriate services to the targeted communities in the targeted area(s).

- Priorities: None.

- Eligible Applicants: Applications may be submitted by public and domestic private non-profit and for-profit entities, such as units of State or local government and grassroots and/or community-based organizations that have the capacity to provide substance abuse treatment services to African American, Hispanic/Latino, and other racial/ethnic minority communities. Targeted communities must be located in a metropolitan statistical area (MSA) with an annual AIDS case rate of 20/100,000 or in a State with an annual AIDS case rate of or greater than 10/100,000. SAMHSA CSAT's intention is to target areas at highest risk for HIV transmission. In the absence of consistent reporting of HIV data by all jurisdictions, the best indicator of the magnitude of the epidemic is AIDS case rates derived from Center for Disease Control and Prevention HIV/AIDS Surveillance Reports.

- In addition to the basic requirements for eligibility, applicants must provide evidence of providing substance abuse treatment services for a minimum of two years prior to the application. SAMHSA CSAT believes that only existing providers have the infrastructure and expertise to address emerging and unmet needs as quickly as possible.

- Grants/Amounts: Approximately \$16 million will be available to support awards under this announcement in FY 1999. Awards are expected to range from \$100,000 to \$600,000 (direct and indirect costs) for projects directed to the following substance abusing populations in African American, Hispanic/Latino, and other racial/ethnic minority communities: women and their children (about \$10 million); adolescents (about \$3 million); and men who inject drugs and men who have sex with men and inject drugs (MSM) (about \$3 million). Support may be requested for a period of up to three (3) years.

- Catalog Domestic Federal Assistance: 93.230

- Program Contact: For programmatic or technical assistance (not for application kits) contact: Clifton Mitchell, Chief, Treatment and Systems Improvement Branch, Division of Practice and Systems Development, Center for Substance Abuse Treatment, SAMHSA, Rockwall II, 6th Floor, 5600 Fishers Lane, Rockville, Maryland 20857, (301) 443-8804.

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

• Application kits are available from: National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, Maryland 30847-2345, 1-800-729-6686.

3.3. Community-Based Substance Abuse and HIV/AIDS Outreach Program (Short Title: HIV/AIDS Outreach Program, GFA No. TI-99-005)

• Application Deadline: May 18, 1999.

• Purpose: The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT), announces the availability of funds for grants to support community-based HIV/AIDS outreach programs in African American, Hispanic/Latino, and other racial/ethnic minority communities with high rates of substance abuse and AIDS. This program, hereinafter referred to as the "HIV/AIDS Outreach Program", is designed to develop community-based outreach projects to provide HIV counseling and testing services, health education and risk reduction information, access and referrals to sexually transmitted disease (STD) and Tuberculosis (TB) testing, substance abuse treatment, primary care, mental health and medical services for those who are HIV positive or have AIDS.

The purpose of this announcement is to promote behavioral transition and change among injecting drug users (IDUs) and other drug users with respect to risk exposures to HIV infection, STDs, TB and hepatitis, and to increase the number of substance abusers entering treatment among African American, Hispanic/Latino, and other racial/ethnic minority populations in high AIDS case rate areas.

All applicants are expected to develop outreach program strategies that can effectively target women who are IDUs, the sexual partners of IDUs, sex workers or women who exchange sex for drugs, men who are IDUs and their needle sharing partners, men who have sex with men (MSM) and MSM who inject drugs, and adolescents. Projects are expected to formulate an overall outreach strategy that specifies the proposed interventions and how they will affect behavior change in the targeted population(s). Projects are expected to accomplish this by: (1) providing community-based outreach services to encourage entry and facilitate access to substance abuse treatment; (2) offering HIV/AIDS risk reduction education interventions; (3) making available medical diagnostic testing and screening for HIV, STDs, (e.g., syphilis, gonorrhea, chlamydia),

and TB; and (4) providing linkages and follow-up primary medical care, mental health, and social services, as well as other prophylactic means to affect those behavior changes most likely to decrease the risk of acquiring or transmitting HIV, STDs, TB, hepatitis B and C and related diseases.

• Priority: None.

• Eligible Applicants: Applicants may be public and domestic private non-profit and for-profit entities, such as units of State or local government and community-based organizations. Eligible organizations must have two years of experience in providing outreach services to out-of-treatment substance abusers, and be located in Metropolitan Statistical Areas (MSAs) with annual AIDS case rates that are greater than 20 per 100,000 or in States with annual AIDS case rates greater than 10 per 100,000 population. While SAMHSA/CSAT acknowledges that outreach services provide a vital adjunctive resource to treatment irrespective of the locality, SAMHSA's intention in this announcement is to target areas deemed to be at highest risk for HIV transmission. In the absence of consistent reporting of HIV seroprevalence data by all jurisdictions, the best indicators of the magnitude of the epidemic are AIDS case rates derived from the Centers for Disease Control and Prevention (CDC) HIV Surveillance Reports. In addition, SAMHSA/CSAT believes that only existing providers have the infrastructure and the expertise to address unmet outreach needs as quickly as possible.

• SAMHSA/CSAT encourages applications from substance abuse treatment programs, AIDS-specific organizations, community-based organizations, community health centers, STD clinics, or other entities (e.g., central intake and referral agencies, TASC agencies) that have a good record of reaching and serving hardcore, chronic drug users and their sex/needle-sharing partner(s) and facilitating their entry into substance abuse treatment.

• Grants/Amounts: Approximately \$7.0 million will be available in FY 1999 to support 20-25 awards under this announcement. The average award is expected to range from \$300,000 to \$400,000 in total costs (direct + indirect). Federal funds awarded under this announcement may not be used to carry out syringe exchange programs, such as the purchase and distribution of syringes and/or needles; nor pay for pharmacologics for antiretroviral therapy, STDs, TB and hepatitis B and

C. Support may be requested for a period of up to three (3) years.

• Catalog of Federal Domestic Assistance: 93.230

• For programmatic or technical assistance (not for application kits) contact: David C. Thompson, Clinical Interventions and Organizational Model Branch, Division of Practice and Systems Development, Center for Substance Abuse Treatment, SAMHSA, Rockwall II, 6th Floor, 5600 Fishers Lane, Rockville, Maryland 20857, (301) 443-6523, E-Mail: dthomps@SAMHSA.gov.

For grants management issues, contact: Andrea L. Brandon, Division of Grants Management, OPS, Substance Abuse and Mental Health Services Administration, Rockwall II, 6th Floor, 5600 Fishers Lane, Rockville, Maryland 20857, (301) 443-9667.

• For application kits, contact: National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345, 1-800-729-6686.

3.4. SAMHSA/CSAT FY 1999 Programs for Substance Abuse Treatment and/or HIV/AIDS Services

SAMHSA/CSAT has three FY 1999 programs under which funding is available for substance abuse treatment and/or HIV/AIDS services. The three programs are: TI 99-002—Grants to Expand Substance Abuse Treatment Capacity in Targeted Areas of Need; TI 99-004—Targeted Capacity Expansion Program for Substance Abuse Treatment and HIV/AIDS Services; and TI 99-005—Community Based Substance Abuse and HIV/AIDS Outreach Program. The eligibility requirements vary for each program; therefore, potential applicants must refer to the specific announcement to determine if they are eligible to apply.

3.5. 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.

4. 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. A copy of the face page of the application (Standard form 424).
- b. 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.

5. 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.

6. 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 4, 1999.

Nelba Chavez,

Administrator, SAMHSA.

[FR Doc. 99-5761 Filed 3-8-99; 8:45 am]

BILLING CODE 4162-20-P

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-4441-N-18]

Submission for OMB Review: Comment Request

AGENCY: Office of the Assistant Secretary for Administration, HUD.

ACTION: Notice.

SUMMARY: The proposed information collection requirement described below has been submitted to the Office of Management and Budget (OMB) for review, as required by the Paperwork Reduction Act. The Department is soliciting public comments on the subject proposal.

DATES: Comments due date: April 1, 1999.

ADDRESSES: Interested persons are invited to submit comments regarding this proposal. Comments must be received within thirty (30) days from the date of this Notice. Comments should refer to the proposal by name and/or OMB approval number and should be sent to: Joseph F. Lackey, Jr., OMB Desk Officer, Office of Management and Budget, Room 10235, New Executive Office Building, Washington, DC 20503.

FOR FURTHER INFORMATION CONTACT: Wayne Eddins, Reports Management Officer, Department of Housing and Urban Development, 451 7th Street,

Southwest, Washington, DC 20410, telephone (202) 708-1305. This is not a toll-free number. Copies of the proposed forms and other available documents submitted to OMB may be obtained from Mr. Eddins.

SUPPLEMENTARY INFORMATION: The Department has submitted the proposal for the collection of information, as described below, to OMB for review, as required by the Paperwork Reduction Act (44 U.S.C. Chapter 35).

The Notice lists the following information: (1) The title of the information collection proposal; (2) the office of the agency to collect the information; (3) the OMB approval number, if applicable; (4) the description of the need for the information and its proposed use; (5) the agency form number, if applicable; (6) what members of the public will be affected by the proposal; (7) how frequently information submissions will be required; (8) an estimate of the total number of hours needed to prepare the information submission including number of respondents, frequency of response, and hours of response; (9) whether the proposal is new, an extension, reinstatement, or revision of an information collection requirement; and (10) the names and telephone numbers of an agency official familiar with the proposal and of the OMB Desk Officer for the Department.

Authority: Section 3507 of the Paperwork Reduction Act of 1995, 44 U.S.C. 35, as amended.

Dated: March 3, 1999.

David S. Cristy,

Director, IRM Policy and Management Division.

Notice of Submission of Proposed Information Collection to OMB

Title of Proposal: Single Family Premium Collection Subsystem—Periodic (SEPCS-P).

Office: Housing.

OMB Approval Number: 2502-XXXX.

Description of the Need for the Information and its Proposed Use: The SEPCS-P will be used to collect mortgages monthly mortgage insurance premiums. CFR 203.264 requires mortgages to pay monthly MIP's electronically.

Form Number: None.

Respondents: State, Local or Tribal Government Business or Other For-Profit.

Frequency of Submission: Monthly.

Reporting burden: