collaborative action and potential effects of inaction. as distance learning, remote patient monitoring, personal data assistants

• Examining the strengths, weaknesses, and opportunities of potential network members and the communities they serve. d.Develops a business, operational, or strategic plan. e.Develops a plan for the network's sustainability. f.Carries out organizational development activities *e.g.*, creating a formal Memorandum of Agreement/Understanding (MOA/ MOU); establishing a network board; establishing bylaws; applying for 501(c)3 status, etc.

(4) Begins carrying out network activities, including activities to promote the network's sustainability.

*Models That Work:* If the application proposal is based upon another program that has worked in another community, please describe that program, why you think it will succeed in your community, what elements will be different in your community and how it was funded. There is particular interest in programs that may have received funding from the Department of Health and Human Services.

(5) *Project Monitoring:* The applicant describes measures to be implemented for assuring effective performance of the proposed project. The applicant describes on-going quality assurance/ quality improvement strategies that will assist in the early identification and modification of ineffective project activities. For example, if one of the network's key strategies for reaching a network goal turns out to be ineffective, the applicant describes the measures in place to identify and address this situation.

#### IV. Budget (15 Points)

Applicants must provide details and justification for all items in the budget and explain the relevance of each cost to the overall goals and activities of the project. This includes a budget spreadsheet and a descriptive narrative justification that provides details for each budget item including contractual costs. The applicant illustrates that proposed grant funds will not be used to supplant funds already in place. The applicant is encouraged to include a description of funds already expended in support of networking activities.

# V. Network Characteristics (5 Points)

Applicants that can demonstrate that their projects address any of the following criteria will receive a maximum of five additional points:

A. Projects that use telehealth and/or new and emerging technologies to help achieve their project goals. The advent of advanced communication tools such as distance learning, remote patient monitoring, personal data assistants (PDAs), interactive video, satellite broadcasting and store-and-forward technology are just some of the many health care focused technological applications that can help improve access to care either directly or indirectly by improving the efficiency of local health care providers; or

B. Projects that significantly address oral health care needs of the community to be served; or

C. Projects that significantly address mental health service needs of the community to be served; or

D. Projects in which the proposed network includes at least one Critical Access Hospital; or

E. Projects in which the proposed network does not include a facility that currently receives a DHHS-sponsored grant.

## **Funding Preference**

The authorizing legislation for Network Development Planning Grants provides a funding preference for some applicants. Applicants receiving a preference will be placed in a more competitive position among the applications that can be funded. A funding preference will be given to any qualified applicant that can demonstrate either of the following two criteria:

A. Those applicants for which at least 50 percent of the proposed rural health network's service area is located in officially designated health professional shortage areas (HPSAs) or medically underserved communities (MUCs) or serve medically underserved populations (MUPs).

<sup>†</sup> To ascertain HPSA and MUP designation status, please refer to the following Web site: *http:// bhpr.hrsa.gov/shortage/index.htm*.

To qualify as a Medically Underserved Community (MUC), at least 50 percent of the network's participation must include facilities that are federally designated as any of the following:

- (a) Community Health Centers,
- (b) Migrant Health Centers,

(c) Health Care for the Homeless Grantees,

(d) Public Housing Primary Care Grantees,

(e) Rural Health Clinics,

(f) National Health Service Corps sites,

(g) Indian Health Service Sites, (h) Federally Qualified Health Centers,

(i) Primary Medical Care Health Professional Shortage Areas,

(j) Dental Health Professional Shortage Areas, (k) Nurse Shortage Areas,

(1) State or Local Health Departments, (m) Ambulatory practice sites designated by State Governors as serving medically underserved

communities; or B. Those applicants whose projects

focus on primary care, and wellness and prevention strategies.

To receive a funding preference, applicants must clearly identify and demonstrate which preference they are requesting as instructed in the program guidance and application instructions.

#### **Executive Order 12372**

This grant program is subject to Executive Order 12372, which requires applicants to seek comments on the application from their State Single Point of Contact (SPOC) unless the applicant is a Federally recognized Indian tribal government or the State does not participate in this process. A list of State SPOCs and the non-participating States is included with the application kit and is also available at http:// www.whitehouse.gov/omb/grants/ spoc.html. In general, SPOCs are State agents that review grant applications to determine if they are in accordance with State policy. Applicants in States with a SPOC must contact the SPOC about the application and receive any instructions on the State process. Further, applicants in participating States must submit a copy of the application to the SPOC no later than the Federal application receipt deadline.

Dated: July 3, 2003.

Elizabeth M. Duke,

Administrator.

[FR Doc. 03–19443 Filed 7–30–03; 8:45 am] BILLING CODE 4165–15–P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

# Substance Abuse and Mental Health Services Administration

# Fiscal Year (FY) 2003 Funding Opportunity

**AGENCY:** Substance Abuse and Mental Health Services Administration, HHS. **ACTION:** Notice of intent to award a Single Source Cooperative Agreement to the Ohio Department of Alcohol and Drug Addictions Services' (ODADAS) Rehabilitation and Restitution project in Cuyahoga County, Ohio.

**SUMMARY:** The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) is publishing this notice to provide information to the public concerning a planned single source cooperative agreement in the amount of \$600,000 in FY 2003 to the Ohio Department of Alcohol and Drug Addictions Services' (ODADAS) Rehabilitation and Restitution project in Cuyahoga County, Ohio. This is not a formal request for applications. Assistance will be provided only to the above named agency based on the receipt of a satisfactory application that is approved by an independent review group.

*Funding Opportunity Number:* TI 03–013.

## Catalog of Federal Domestic Assistance (CFDA) Number: 93.243

Authority/Justification: Section: 509 of the Public Health Service Act, as amended and subject to the availability of funds. Only the Ohio Department of Alcohol and Drug Addiction Services (ODADAS)/Cuyahoga County is eligible to apply for supplemental funding.

SAMHSA/CSAT's Rehabilitation and Restitution Program (RRP), announced in 2001, is a unique program containing some previously untested program elements and approaches. RRP is limited to applicants in States that have laws permitting the sealing of the records of most convicted, first-time, non-violent ex-felons within 5 years of the end of post-release supervision. This restriction is essential because SAMHSA/CSAT grants are no longer than 5 years in length, and consequently, States requiring longer waiting periods cannot provide the results needed within a 5-year project period. Only 4 applications were received due to this limitation.

Two Ohio projects were funded in 2002, ODADAS/Cuyahoga County and the Clermont County Treatment Alternatives for Safe Communities (TASC). Uncertainty about appropriate program costs and the uniqueness and importance of the program resulted in a requirement that grantees go through a planning year to design their projects. The ODADAS/Cuyahoga County project has, in the planning year, demonstrated management skills necessary to implement the project, entered into close collaborative relationships with other agencies essential to the successful completion of the project, and demonstrated the ability to recruit the required 1200 eligible project participants. However, other unanticipated gaps in their comprehensive project could jeopardize its success. These result in a need to increase, among other things:

Residential treatment capacity;Employment and educational

• Employment and education training components;

• Case management services; and • Treatment services after the initial treatment period, typically beginning when the offender ends probation or parole.

Supplemental funding is critically necessary to address these gaps in services and ensure the success of the ODADAS/Cuyahoga County project. Project results will inform the national substance abuse field: (1) Whether comprehensive substance abuse treatment and other services and case management available for up to 5 years will reduce relapse and recidivism compared to programs that are much shorter; (2) Whether this program will increase the percentage of persons who have their first offense non-violent felony records sealed in States which permit this; and (3) whether the possibility of having felony records sealed significantly alters client behavior with respect to educational and job choices, relapse, and recidivism.

Contact for Additional Information: Bruce Fry, Government Project Officer, Division of Services Improvement, SAMHSA/CSAT, Rockwall II, 5600 Fishers Lane, Suite 740, Rockville, MD 20857; (301) 443–0128, bfry@samhsa.gov

Dated: July 25, 2003.

#### Anna Marsh,

Acting Executive Officer, Substance Abuse and Mental Health Services Administration. [FR Doc. 03–19507 Filed 7–30–03; 8:45 am] BILLING CODE 4162–20–P

# DEPARTMENT OF THE INTERIOR

#### Office of the Secretary

## Blackstone River Valley National Heritage Corridor Commission; Notice of Meeting

Notice is hereby given in accordance with section 552b of Title 5, United States Code, that a meeting of the John H. Chafee, Blackstone River Valley National Heritage Corridor Commission will be held on Thursday, September 18, 2003.

The Commission was established pursuant to Pub. L. 99–647. The purpose of the Commission is to assist federal, state and local authorities in the development and implementation of an integrated resource management plan for those lands and waters within the Corridor.

The meeting will convene on September 18, 2003 at 7 p.m. in Lincoln Town Hall located at 100 Old River Road, Lincoln, Rhode Island, for the following reasons:

1. Approval of Minutes.

2. Chairman's Report.

- 3. Executive Director's Report.
- 4. Financial Budget.
- 5. Public Input.

It is anticipated that about twenty-five people will be able to attend the session in addition to the Commission members.

Interested persons may make oral or written presentations to the Commission or file written statements. Such requests should be made prior to the meeting to: Michael Creasey, Executive Director, John H. Chafee, Blackstone River Valley National Heritage Corridor Commission, One Depot Square, Woonsocket, RI 02895, Tel.: (401) 762–0250.

Further information concerning this meeting may be obtained from Michael Creasey, Executive Director of the Commission at the aforementioned address.

#### Michael Creasey,

Executive Director BRVNHCC. [FR Doc. 03–19483 Filed 7–30–03; 8:45 am] BILLING CODE 4310–RK–P

## DEPARTMENT OF THE INTERIOR

#### **Fish and Wildlife Service**

## Information Collection Submitted to the Office of Management and Budget (OMB) for Approval Under the Paperwork Reduction Act; Alaska Subsistence Household Survey

**AGENCY:** Fish and Wildlife Service, Interior.

**ACTION:** Notice; request for comments.

**SUMMARY:** The U.S. Fish and Wildlife Service has submitted the collection of information listed below to OMB for approval under the provisions of the Paperwork Reduction Act. If you wish to obtain copies of the proposed information collection requirement, related forms, or explanatory material, contact the Service Information Collection Officer at the address listed below.

**DATES:** We will accept comments until September 2, 2003.

ADDRESSES: Submit your comments on this information collection to the Desk Officer for the Department of the Interior at OMB–OIRA via facsimile or e-mail using the following fax number or e-mail address: (202) 395–5806 (fax); *ruth\_solomon@omb.eop.gov* (e-mail). Please provide a copy of your comments to the Fish and Wildlife Service's Information Collection Officer, 4401 N. Fairfax Dr., MS 222 ARLSQ, Arlington, VA 22207; (703) 358–2269 (fax); or *anissa craghead@fws.gov* (e-mail).