CPG Number	Title	Date
7157.69	MOU with the *Arizona Department of Health Services* concerning mutual planning and sharing and sharing reports of inspections, investigations, and analytical findings relating to food, device, and drug firms in the State of Arizona. (FDA–225–94–4006)	Sept. 28, 1994
7157.70	MOU with the *Florida Department of Agriculture and Consumer Services* concerning mutual planning and sharing of reports of inspections, investigations, and analytical findings involving milk, foods, medicated feeds, and pesticide residues in the State of Florida. (FDA–225–95–4001)	Sept. 28, 1994
7157.71	MOU with the *Wisconsin Department of Agriculture, Trade, and Consumer Protection* concerning the mutual planning and sharing reports of inspections, investigations, and analytical findings relating to food and drug firms in the State of Wisconsin. (FDA 225–92–4012)	Aug. 24, 1992

Dated: December 15, 1995.

William K. Hubbard,

Associate Commissioner for Policy Coordination.

[FR Doc. 96–637 Filed 1–19–96; 8:45 am]

BILLING CODE 4160–01–F

Health Resources and Services Administration

Annual Report of Federal Advisory Committee

Notice is hereby given that pursuant to section 13 of Public Law 92–463, the Annual Report for the following Health Resources and Service Administration's Federal Advisory Committees have been filed with the Library of Congress:

National Advisory Council on Migrant Health

National Advisory Council on the National Health Service Corps

National Advisory Council on Nurse Education and Practice Copies are available to the public for inspection at the Library of Congress Newspaper and Current Periodical Reading Room, Room 1026, Thomas Jefferson Building, Second Street and Independence Avenue SE., Washington, DC. Copies may be obtained from: Mr. Antonio E. Duran, Executive Secretary, National Advisory Council on Migrant Health, 4350 East/West Highway, Bethesda, MD 20814, Telephone (301) 594–4303. Nada Schnabel, National Advisory Council on the National Health Service Corps, 4350 East/West Highway, 8th Floor, Rockville, Maryland 20857, Telephone (301) 594–4137. Melaine Timberlake, Executive Secretary, National Advisory Council on Nurse Education and Practice, Room 9–36, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone (301) 443–5786.

Dated: January 16, 1996.

Jackie E. Baum,

Advisory Committee Management Officer, HRSA.

[FR Doc. 96–642 Filed 1–19–96; 8:45 am]

BILLING CODE 4160–15–M

Program Announcement for Cooperative Agreements for Basic/Core Area Health Education Center Programs, and Model State-Supported Area Health Education Center Programs and Grants for Health Education and Training Centers for Fiscal Year 1996

The Health Resources and Services Administration (HRSA) announces that applications will be accepted for fiscal year (FY) 1996 Cooperative Agreements for Basic/Core Area Health Education Center (AHEC) Programs authorized under section 746(a)(1), and Model State-Supported Area Health Education Center Programs authorized under section 746(a)(3), and Grants for Health Education and Training Center (HETC) Programs authorized under section 746(f), title VII of the Public Health Service Act, as amended by the Health Professions Education Extension Amendments of 1992, Public Law 102–408, dated October 13, 1992.

This program announcement for the above stated programs is subject to reauthorization of the legislative authority and to the appropriation of funds. Applicants are advised that this program announcement is a contingency action being taken to assure that should authority and funds become available for these purposes, awards can be made in a timely fashion consistent with the needs of the programs as well as to provide for even distribution of funds throughout the fiscal year. At this time, given a continuing resolution and the absence of FY 1996 appropriations for title VII programs, the amount of funds available for these specific cooperative agreement and grant programs cannot be estimated.

Funding factors may be applied in determining the funding of approved applications for these programs. A funding preference is defined as the funding of a specific category or group of approved applications ahead of other categories or groups of applications. A funding priority is defined as the favorable adjustment of aggregate review scores of individual approved applications when applications meet specified objective criteria. It is not required that applicants request consideration for a funding factor. Applications which do not request consideration for funding factors will be reviewed and given full consideration for funding.

Cooperative Agreements for Basic/Core Area Health Education Center (AHEC) Program; Section 746(a)(1)

Purpose: Section 746(a)(1) of the PHS Act authorizes Federal assistance to schools of medicine (allopathic and osteopathic) which have cooperative arrangements with one or more public or nonprofit private area health education centers for the planning, development and operation of area health education center programs.

Eligibility: To be eligible to receive support for an area health education center cooperative agreement, the applicant must be a public or nonprofit private accredited school of medicine (allopathic or osteopathic) or

consortium of such schools, or the parent institution on behalf of such school(s).

Period of Support: Applicants may request up to 3 years of support with the expectation that AHECs planned and developed in years 1 and 2 would be fully operational no later than the 3rd year. The period of Federal support should not exceed 12 years for an area health education center program and 6 years for an area health education center.

General Requirements: As provided in section 746(b), a medical school (allopathic or osteopathic) may not receive an award for operational expenses under the existing basic AHEC award authority unless the program:

(a) Maintains preceptorship educational experiences for health science students;

(b) Maintains community-based primary care residency programs or is affiliated with such programs;

(c) Maintains continuing education programs for health professionals or coordinates with such programs;

(d) Maintains learning resource and dissemination systems for information identification and retrieval;

(e) Has agreements with community-based organizations for the delivery of education and training in the health professions;

(f) Is involved in the training of health professionals (including nurses and allied health professionals), except to the extent inconsistent with the law of the State in which the training is conducted; and

(g) Carries out recruitment programs for the health science professions, or programs for health-career awareness, among minority and other elementary or secondary students from the areas the program has determined to be medically underserved;

Provisions Regarding Funding:

1. Section 746(e)(1)(B) of the Act requires that not more than 75 percent of total operating funds of a program in any year shall be provided by the Federal Government. However, as provided in section 746(e)(2), for an AHEC center developed as part of an AHEC program first funded under the basic AHEC authority on or after October 13, 1992, a ceiling of 55 percent of any fifth or sixth year of the development or operation of a center is established.

2. The participating medical schools must provide for the active participation of at least two schools or programs of other health professions (including a school of dentistry) if there is one affiliated with the medical school's university and a graduate program of mental health practice, if there is one affiliated with the university.

3. At least 75 percent of the total funds provided to a school under any AHEC program authority (Basic/Core AHEC Program(s), or Model State-Supported AHEC Program(s)) must be expended by the AHEC program in AHEC centers and the school is required to enter into an agreement with each of such centers for purposes of specifying the allocation of the 75 percent of funds.

Review Criteria: The following review criteria apply to the Basic/Core AHEC Programs, section 746(a)(1) and the Model State-Supported AHEC Programs, section 746(a)(3). These review criteria were established after public comment at 60 FR 24638, dated May 9, 1995.

The review of applications will take into consideration the following criteria:

1. The degree to which the proposed project adequately provides for the program requirements set forth in sections 746(a)(1) and 746(a)(3);

2. The capability of the applicant to carry out the proposed project activities in a cost-efficient manner;

3. The extent of the need which the proposed AHEC program is addressing in the area to be served by the area health education center(s);

4. The potential of the proposed AHEC program and participating center(s) to continue on a self-sustaining basis; and

5. The extent to which the proposed project adequately responds to AHEC Program performance measures and outcome indicators.

Basic AHEC and Model AHEC Programs Performance Measures and Outcome Indicators: The development of outcome measures and other types of effectiveness measures is stressed in the title VII authorization legislation, the Health Professions Education Extension Amendments of 1992, Pub. L. 102–408. The Division of Medicine of the Bureau of Health Professions is continuing to identify and develop outcome measures for ongoing programs. Applicants are encouraged to respond in their applications to the following performance measures and outcome indicators:

A. State/local Funding (100 points). The current level of State funding or local funding for the proposed or ongoing AHEC program, and the percentage of funds from non-Federal sources which make up the annual budget of the AHEC program and/or AHEC center(s).

B. AHEC Program Elements (280 points).

(1) 10 percent Clinical Training with an emphasis on Ambulatory Care Settings (40 points). The anticipated number of medical students trained annually in AHEC-supported remote ambulatory care sites, and the percentage (10 percent or more) of clinical undergraduate training of the medical school provided at AHEC-supported sites.

(2) Primary Care Residency (40 points). The number of residents participating in at least one AHEC affiliated primary care residency (in Family Medicine, General Internal Medicine, or General Pediatrics) and the percentage of medical school graduates selecting primary care specialties over a most recent three-year period.

(3) PA/NP Training and Recruitment (30 points). The number of students participating in at least one AHEC affiliated PA or NP training program.

(4) Linkages to Other Federal Initiatives—Underserved Sites (30 points). The active working relationships with other federally supported primary care oriented programs such as CHCs, MHCs, NHSC, and IHS facilities serving the underserved.

(5) Linkages to other State Initiatives (10 points). Active working relationships with State supported programs such as state offices of rural health, state loan repayment programs, state health department, primary care associations, and other statewide initiatives.

(6) Statewide Consortium (10 points). Participation within a statewide consortium which addresses health professions training needs and improvement of access to health services through educational interventions, including the supply and distribution of primary care personnel to underserved areas.

(7) Multidisciplinary/Interdisciplinary training (40 points). The sites, number of trainees and the expected impact on primary care needs of underserved areas by proposed or ongoing AHEC-supported primary care multidisciplinary training programs.

(8) Disadvantaged and/or Minority Recruitment/Retention Institutional Performance—Percent Minority Graduates (40 points). The relationship of minority recruitment efforts to admission and retention at specific health career training programs/institutions, and the percentage of disadvantaged and underrepresented minority graduates of the programs/institutions.

(9) Evidence of proposed or existing AHEC(s), and participation in community-based decision-making (20 points). Collaboration of community-based AHEC centers with medical and other health professions training

programs and a network of primary care training sites.

(10) AHEC Services to enhance the practice environment of program area (20 points). The range of AHEC services provided to enhance the practice environment (i.e., learning resources, telecommunications as a teaching tool), and the number of regional practitioners involved in the AHEC as adjunct faculty.

C. Expected Outcomes in AHEC Geographic Areas (20 points). A system is proposed or in place for tracking AHEC-experienced trainees (students, residents) who eventually practice in primary care in underserved areas.

Each of the performance measures and outcome indicators presented above contributes to overall project performance.

Substantial Programmatic Involvement:

The Bureau of Health Professions, within the Health Resources and Services Administration, has substantial programmatic involvement in the planning, development, and administration of the Basic/Core AHEC and Model AHEC projects by:

1. Reviewing and approving plans upon which continuation of the cooperative agreement is contingent in order to permit appropriate direction and redirection of activities;

2. Reviewing and approving all contracts and agreements among recipient medical or osteopathic schools, other health professions schools and community-based centers;

3. Participating with project staff in the development of funding projections;

4. Developing, with project staff, individual project data collection systems and procedures; and

5. Participating with project staff in the design of project evaluation protocols and methodologies.

To receive support, these programs must meet the requirements of the regulations as set forth in 42 CFR part 57, subpart MM.

Model State-Supported Area Health Education Center Programs Section 746(a)(3)

Purpose and Eligibility: Section 746(a)(3) authorizes Federal assistance to any school of medicine (allopathic or osteopathic) that is operating an area health education centers program and that is not receiving financial assistance under section 746(a)(1), title VII of the PHS Act. In general, an area health education center program shall be a cooperative program of one or more medical (M.D. and D.O.) school(s) and one or more public or nonprofit private regional area health education centers.

The statutory authority for the Model State-Supported AHEC Program contains explicit language regarding activities and agreements between the medical and osteopathic schools of medicine which develop AHEC programs and the free-standing, community-based area health education centers which provide training sites and resources for the activities. To accomplish these specific tasks, a system of subcontracts is developed between the health professions schools and the independent AHEC centers in the communities.

Matching Funds Requirement: With respect to the costs of operating the Model State-Supported AHEC program, the school will make available (directly or through donations from public or private entities) non-Federal contributions in cash toward such costs in an amount that is not less than 50 percent of such costs. These funds must be for the express use of the AHEC Program and Centers, and not funds designated for other categorical or specific purposes. Amounts provided by the Federal Government may not be included in determining the amount of non-Federal contributions in cash.

Section 746(a)(3)(D) states that schools must maintain expenditures of non-Federal amounts at a level that is not less than the level of such expenditures for the fiscal year preceding the first fiscal year for which the school receives an award.

Programmatic Agreements of Model State-Supported AHEC Programs: Certain programmatic agreements are required for the operation of a Model State-Supported AHEC Program. In operating this program, the school must agree to:

a. Coordinate the activities of the program with the activities of any office of rural health established by the State or States in which the program is operating;

b. Conduct health professions education and training activities consistent with national and State priorities in the area served by the program in coordination with the National Health Service Corps, entities receiving funds under section 329 or 330 and public health departments; and

c. Cooperate with any entities that are in operation in the area served by the program and that receive Federal or State funds to carry out activities regarding the recruitment and retention of health care providers.

Other Considerations: Applicants in States where more than one eligible entity exists are encouraged to collaborate in the submission of a single Model State-Supported AHEC Program application, which reflects a consortium of Statewide programs to coordinate community-based health professions training activities.

The principal objective of this legislation is to encourage State coordination and support for AHEC activities. The most effective approach for obtaining support from State legislatures is to present a unified plan showing how all the programs are working together to provide the needed services in the State. Competitive applications from one State tend to be divisive rather than unifying in reaching common goals.

Criteria for Allocation of Available Funds: The following criteria for allocation of funds were established in the Federal Register on September 14, 1993, (at 58 FR 48068) after public comment and are being continued in FY 1996.

As a condition of receiving funding:

(l) Applicants must meet the eligibility conditions of programs as set forth in section 746(b), and the AHEC centers they wish to have included must meet eligibility requirements in accordance with section 746(d);

(2) The non-Federal contribution to the AHEC program(s) in the current year is at least equal to the amount to be received from the Federal program as required by section 746(a)(3)(B); and

(3) The program activities for which support is requested are determined by peer reviewers to be qualitatively acceptable. Programs that submit acceptable applications, in accordance with the above criteria, will receive funding based on the following allocation of funds:

1. Annually, the total amount available for funding under section 746(a)(3) will be divided by the total number of qualifying AHEC centers in approved applications. This will yield the per center allocation. The coordinating AHEC applicant for each State will receive an amount equal to the number of qualifying centers in the approved application times the per center allocation, subject to the amount of non-Federal cost contributions and approved program activities.

2. In accordance with the provisions of section 746(e)(l)(A), the award will clearly indicate that 75 percent of the awarded funds are to be spent in approved centers. The remaining 25 percent may be allocated to the AHEC program office and/or other participating schools. Awardees may distribute 75 percent or more of funds to centers according to need.

The State matching provision was included in this legislation to promote State funding. The allocation of Federal

funds to all qualifying AHEC programs is intended to provide as broad as possible a base for the accomplishment of this purpose. The number of qualifying AHEC centers provides the means for distribution of funds because the statute requires that 75 percent of the funds are designated to go to these entities.

Health Education and Training Centers

Eligibility and Purpose: Eligible applicants are public or nonprofit private accredited schools of allopathic or osteopathic medicine, or the parent institution on behalf of such schools, or a consortium of such schools. Assistance is for planning, developing, establishing, maintaining, and operating Health Education and Training Centers. Such support is designed to improve the supply, distribution, quality, and efficiency of personnel providing health services in the State of Florida or (in the United States) along the border between the United States and Mexico or providing, in other urban and rural areas (including frontier areas) of the United States, health services to any population group, including Hispanic individuals and recent refugees, that has demonstrated serious health care needs. Assistance is also to encourage health promotion and disease prevention through public education.

Project Requirements: Each project must meet the following statutory requirements:

(a) Establish an advisory group comprised of health service providers, educators and consumers from the service area and of faculty from participating schools;

(b) Develop a plan for carrying out the Health Education and Training Centers Program, after consultation with the advisory group required in item (a) above;

(c) Enter into contracts, as needed, with other institutions or entities to carry out the plan as required in item (b) above;

(d) Enter into a contract or other written agreement with one or more public or nonprofit private entities in the State which have expertise in providing health education to the public;

(e) Be responsible for the evaluation of the program;

(f) Evaluate the specific service needs for health care personnel in the service area;

(g) Assist in the planning, development, and conduct of training programs to meet the needs determined under item (f) above;

(h) Conduct or support not less than one training and education program for physicians and one program for nurses for at least a portion of the clinical training of such students;

(i) Conduct or support training in health education services, including training to prepare community health workers to implement health education programs in communities, health departments, health clinics, and public schools that are located in the service area;

(j) Conduct or support continuing medical education programs for physicians and other health professionals (including allied health personnel) practicing in the service area;

(k) Support health career educational opportunities designed to provide students residing in the service area with counseling, education, and training in the health professions;

(l) With respect to Border HETCs, assist in coordinating their activities and programs with any similar activities and programs carried out in Mexico along the border between the United States and Mexico;

(m) Make available technical assistance in the service area in the aspects of health care organization, financing and delivery;

(n) In the case of any school of public health located in the service area of the HETC, to permit any such school to participate in the program of the center if the school makes a request to so participate; and

(o) Encourage health promotion and disease prevention through health education in the service area.

In addition, in order to assure effective program administration and assessment, each project must also meet the following requirements which were established following public comment at 55 FR 31237, dated August 1, 1990 .

Each grantee must:

(a) Have a project director who holds a faculty appointment at an allopathic or osteopathic medical school and who is responsible for the overall direction of the project;

(b) Provide faculty to assist in the conduct of community-based educational programs and training activities;

(c) Be responsible for the quality of the community-based educational programs and training activities, and the evaluation of trainees;

(d) Provide for active participation of individuals who are associated with the administration of the medical school, and staff and faculty members of departments of family medicine, internal medicine, pediatrics, and obstetrics and gynecology; and

(e) Provide an annual evaluation of the project, including an assessment of the educational programs and the trainees.

Definitions: The following definitions are statutory.

''Border Health Education and Training Center'' means an entity that is a recipient of an award under section 746(f)(1) and that is carrying out (or will carry out) the purpose of the program as described under Eligibility and Purpose above.

''Community Health Center'' means an entity as defined in section 330(a) of the Act and in regulations at 42 CFR 51c.102(c).

''Health Education and Training Center'' or ''center'' means an entity that is the recipient of an HETC grant under section 746(f)(1).

''Migrant Health Center'' means an entity as defined in section 329 (a)(1) of the Act and in regulations at 42 CFR 56.102(g)(1).

''Service area'' means the geographic area designated for the center to carry out the HETC program, as designated by HRSA.

It is located entirely within the State in which the center is located.

''School of Medicine or Osteopathic Medicine'' means a school as described in section 799 and which is accredited as provided in section 799(E) of the Act.

''State'' means, in addition to the several States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the Virgin Islands, Guam, American Samoa, and the Republic of Palau, the Republic of the Marshall Islands, and the Federated States of Micronesia.

In addition, the following definitions were established following public comment at 55 FR 31237, dated August 1, 1990

''Close proximity to the Border'' means a county, in a State, any portion of which lies within three hundred (300) miles of the Border between the United States and Mexico.

''Frontier area'' means those areas with a population density of less than seven individuals per square mile.

''Health professional'' means any physician, dentist, optometrist, podiatrist, pharmacist, nurse, nurse practitioner, nurse mid-wife, physician assistant or allied health personnel.

Review Criteria: The Health Resources and Services Administration will review applications taking into consideration the following criteria which were established following public comment at 55 FR 31237, dated August 1, 1990:

1. The potential effectiveness of the proposed project in carrying out the intent of section 746(f);

2. The extent to which the proposed project adequately provides for the project requirements;

3. The extent to which the proposed project explains and documents the need for the project in the geographic area to be served, including relevant socio-economic and cultural characteristics of the population to be served;

4. The administrative and management capability of the applicant to carry out the proposed project in a cost-effective manner;

5. The evaluative strategy to assess the project and the trainees in terms of effectiveness and proposed outcomes;

6. The extent of coordination of HETC training and education with similar activities in the areas involved; and

7. The potential of the proposed project to continue on a self-sustaining basis.

Statutory Funding Preference: In making awards for FY 1996, the Secretary shall make available 50 percent of the appropriated funds for approved applications for border health education and training centers in the State of Florida and (in the United States) along the border between the United States and Mexico. The remaining 50 percent shall be made available for approved applications for HETCs from non-border areas (both urban and rural). If funds remain available after all approved applications in one category are funded, the balance shall be utilized for approved applications in the other category. This addresses the statutory funding requirements while allowing maximum flexibility in the use of funds.

Established Funding Priorities: The following funding priorities were established following public comment at 58 FR 30066, dated May 25, 1993.

A funding priority will be given to:

1. Applicants which propose to implement HETC training programs for a minimum of 50 underrepresented minority trainees annually in Sites that Serve Medically Underserved. The term ''underrepresented minorities'' means, with respect to a health profession, racial and ethnic populations that are underrepresented in the health profession relative to the number of individuals who are members of the population involved. For this program, it means American Indians or Alaskan Natives, Blacks, Hispanics, and potentially, various subpopulations of Asian individuals.

2. Applicants which propose to implement a substantial public health training experience (of 4 to 8 weeks for a minimum of 25 trainees, annually) in one or more of the following training sites: (1) facilities operated by a State or local health department; (2) a Migrant Health Center designated under section 329 (a)(l) of the PHS Act; (3) a Community Health Center designated under section 330 (a) of the PHS Act; or (4) hospitals or other health care facilities of the Indian Health Service. If such training sites are unavailable in a proposed HETC service area, applicants may propose comparable public health training experiences (e.g., a 4 to 8 week community health project supervised by a rural preceptor). Trainees participating in activities described in Priorities Nos. 1 and 2 may include: students pursuing health professions education, medicine, nursing; students pursuing nurse practitioner, certified nurse midwifery, or physician assistant training; residents (in family medicine, general internal medicine, general pediatrics, or preventive medicine); community health worker trainees (indigenous to the area); dentists, nurses, physicians, or environmental health personnel pursuing a training program in Public Health.

3. Applicants which propose to have as part of the advisory group, as described in section 746(f)(4), a representative from a health department from the area being served.

Grant Funds: Grants are to assist in meeting the costs of the program which cannot be met from other sources. The following restrictions apply to all funding:

(a) not less than 75 percent of the total funds provided to a school or schools of allopathic or osteopathic medicine must be spent in the development and operation of the health education and training center in the service area of such program;

(b) to the maximum extent feasible, the grantee will obtain from non-Federal sources the amount of the total operating funds for the HETC program which are not provided by HRSA;

(c) no grant or contract shall provide funds solely for the planning or development of an HETC program for a period in excess of two years;

(d) not more than 10 percent of the annual budget of each program may be used for the renovation and equipping of clinical teaching sites; and

(e) no grant or contract shall provide funds to be used outside the United States except as HRSA may prescribe for travel and communications purposes related to the conduct of a border Health Education and Training Center.

Border Area Funding: Section 746(f) requires that certain criteria relative to the service area be considered by the Secretary in the establishment of a formula for allocating funds for each approved application for a border health education and training center. Specifically, these criteria are:

1. the low-income population, including Hispanic individuals, and the growth rate of such population in the State of Florida and along the border between the United States and Mexico;

2. the need of the low-income population referenced in Item 1 above for additional personnel to provide health care services along such border and in the State of Florida; and

3. the most current information concerning mortality and morbidity and other indicators of health status for such population.

Formula for Allocating Border Area Funds: Considering the criteria in the statute, the following formula, which was established following public comment at 55 FR 31237, dated August 1, 1990, will be used for allocating Border Area funds in FY 1996, to be applied to each of the counties included in the service area of the center on behalf of which the application is made:

$$P \times (1 + C) \times N \times I \times 100{,}000 = F$$

Where:

(P) = Low-income population in the county

(C) = Percent change of population in the county

(N) = Need for primary care physicians in the county

(I) = Infant mortality rate in the county

(F) = Factor for each county in close proximity to the border, and each county in the State of Florida

For this program (HETC), project support recommended for future years will be subject to enabling legislation, appropriations, satisfactory progress, adjustment (up or down) based upon changes in data utilized in the above formula, and any changes in the scope of the project, as approved.

Formula Definitions and Data Sources:

(P) ''Low-income population'': The population in the county classified by the United States Bureau of the Census as having an average income at or below 125 percent of the poverty level.

Data Source: U.S. 1990 Census Population, U. S. Department of Commerce, Bureau of the Census

(C) ''Percent change of population'': The number of births minus the number of all deaths, plus or minus net migration in the county, divided by the 1990 county population.

Data Source: County and City Data Book, 1990, U.S. Department of Commerce, Bureau of the Census.

(N) ''Need for primary care physicians'': The ratio derived by

computing the number of primary care physicians per 100,000 population in all 236 counties in close proximity to the border, and all 67 counties in the State of Florida, divided by the ratio of primary care physicians to 100,000 population in the county.

Data Source: Area Resource File (ARF) System, U.S. Department of Health and Human Services (Year: most recent ARF data available annually)

(I) ''Infant mortality rate'': The 5-year infant mortality rate for the county, divided by the average of the 5-year infant mortality rate in all 236 counties in close proximity to the border and all 67 counties in the State of Florida.

Data Source: Area Resource File (ARF) System, U.S. Department of Health and Human Services (most recent data available: annually)

(F) ''Factor for each county'': A factor for each of the 236 counties in close proximity to the border and each of the 67 counties in the State of Florida is calculated from the formula. The factor will be recalculated each year to reflect most recent data available. The calculated factor of each county is aggregated for a multi-county service area.

For the purposes of allocating border area funds, the 236 counties in close proximity (within 300 miles) of the border between the United States and Mexico are located in the four States contiguous to the border: Arizona, California, New Mexico, and Texas. All 67 counties located in the State of Florida are also included.

Considerations for Designating Geographic Service Areas: The following considerations will be used in designating geographic service areas:

1. Low-income population for the specific county(ies) in the service areas;
2. Percent change in low-income population for the specific county(ies);
3. Ratio of primary care physicians per 100,000 population for the specific county(ies); and
4. Infant mortality rate for the specific county(ies) in the service area.

National Health Objectives for the Year 2000

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 Cooperative Agreements for the Basic/Core AHEC Programs and the Model State-Supported Area Health Education Center Programs and the Grants for Health Education and Training Centers are related to the priority area of *Educational and Community-Based Programs.* Potential applicants may obtain a copy of *Healthy People 2000* (Full Report; Stock No. 017–001–00474–0) or *Healthy People 2000* (Summary Report; Stock No. 017–001–00473–1) through the Superintendent of Documents, Government Printing Office, Washington, D.C. 20402–9325 (Telephone 202–783–3238).

Education and Service Linkage

As part of its long-range planning, HRSA will be targeting its efforts to strengthening linkages between U.S. Public Health Service education programs and programs which provide comprehensive primary care services to the underserved.

Smoke-Free Workplace

The Public Health Service strongly encourages all grant and cooperative agreement recipients to provide a smoke-free workplace and promote the non-use of all tobacco products and Public Law 103–227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, and early childhood development services are provided to children.

Application Availability

Application materials are available on the World Wide Web at address: http://www.os.dhhs.gov/hrsa/. Click on the file name you want to download to your computer. It will be saved as a self-extracting WordPerfect 5.1 file. Once the file is downloaded to the applicant's PC, it will still be in a compressed state. To decompress the file, go to the directory where the file has been downloaded and type in the file name followed by a <return>. The file will expand into a WordPerfect 5.1 file. Applicants are strongly encouraged to obtain application materials from the World Wide Web via the Internet.

However, for applicants which do not have Internet capability, application materials are also available on the BHPr BBS. Use your computer and modem to call (301) 443–5913. Set your modem parameters to 2400 baud, parity to none, data bits to 8, and stop bits to 1. Set your terminal emulation to ANSI or VT–100.

Once you have accessed the BHPr Bulletin Board, you will be asked for your first and last name. It will also ask you to choose a password. *REMEMBER YOUR PASSWORD!* The first time you logon you ''register'' by answering a number of other questions. The next time you logon, BHPr's Bulletin Board will know you.

Press (F) for the (F)iles Menu and (L) to (L)ist Files. Press (L) again to see a list of numbered file areas. To see a list of files in any area, type the number corresponding to that area. Competitive application materials for grant programs administered by the Bureau of Health Professions are located in the File Area item ''B'' titled Grants Announcements.

To (R)ead a file or (D)ownload a file, you need to know its exact name as listed on BHPr's Bulletin Board. Press (R) to (R)ead a file and type the name of the file. Press (D) to (D)ownload a file to your computer. You need to know how your communications software accomplishes downloading.

When you have completed your tour of BHPr's Bulletin Board for this session, press (G) for (G)oodbye and press <enter>.

If you have difficulty accessing the BHPr BBS, please try the Internet address listed above. If you do not have Internet capability and need assistance in accessing the BHPr BBS or technical assistance with any aspect of the BHPr BBS, please call Mr. Larry DiGiulio, Systems Operator for BHPr BBS at (301) 443–2850 or ''ldigiuli@hrsa.ssw.dhhs.gov''.

Questions regarding grants policy and business management issues should be directed to Ms. Wilma Johnson, Acting Chief, Centers and Formula Grants Section (wjohnson@hrsa.ssw.dhhs.gov), Grants Management Branch, Bureau of Health Professions, Health Resources and Services Administration, Parklawn Building, Room 8C–26, 5600 Fishers Lane, Rockville, Maryland 20857. If you are unable to obtain the application materials from the BHPr Bulletin Board, you may obtain application materials in the mail by sending a written request to the Grants Management Branch at the address above. Written requests may also be sent via FAX (301) 443–6343 or via the internet address listed above. Completed applications should be returned to the Grants Management Branch at the above address.

If additional programmatic information is needed, please contact Louis D. Coccodrilli, M.P.H., Acting Chief, AHEC and Special Programs Branch, Division of Medicine, Bureau of Health Professions, Health Resources and Services Administration, Parklawn Building, Room 8A–25, 5600 Fishers Lane, Rockville, Maryland 20857. Telephone: (301) 443–6950, FAX: (301) 443–8890.

Paperwork Reduction Act

The standard application form PHS 6025–1, HRSA Competing Training Grant Application, General Instructions and supplement for these grant

programs have been approved by the Office of Management and Budget under the Paperwork Reduction Act. The OMB Clearance Number is 0915–0060.

Deadline Date

The deadline date for receipt of applications for each of these programs is March 15, 1996. Applications will be considered to be ''on time'' if they are either:

(1) *Received on or before* the established deadline date, or

(2) *Sent on or before* the established deadline date and received in time for orderly processing. (Applicants should request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.)

Late applications not accepted for processing will be returned to the applicant. In addition, applications which exceed the page limitation and/or do not follow format instructions will not be accepted for processing and will be returned to the applicant.

TABLE 1

PHS section #, title, CFDA #, regulation	Type of assistance	Period of support	Deadline date
746(a)(1), Basic/Core AHEC, 93.824, 42 CFR part 57 subpart MM	Cooperative Agreement	3 years	3/15/96
746(a)(3), State Supported Model AHEC, 93.107	Cooperative Agreement	3 years	3/15/96
746(f) HETC 93.189	Grant	3 years	3/15/96

These programs are not subject to the provisions of Executive Order 12372, Intergovernmental Review of Federal Programs (as implemented through 45 CFR part 100) or the Public Health System Reporting Requirements.

Dated: January 11, 1996.

Ciro V. Sumaya,

Administrator.

[FR Doc. 96–641 Filed 1–19–96; 8:45 am]

BILLING CODE 4160–15–P

Funding Notice for Grant Programs Funded Under Title VII of the Public Health Service Act for Fiscal Year 1996; Notice of Extension of Application Due Date

This notice extends the application due date for fiscal year (FY) 1996 for three grant programs:

Grants for Centers of Excellence (COE) in Minority Health Professions Education (section 739, PHS Act)

Grants for Health Careers Opportunity Program (HCOP) (section 740, PHS Act)

Grants for the Minority Faculty Fellowship Program (MFFP) (section 738(b), PHS Act)

The application due date is extended to February 23, 1996 for the three programs. All applications must be received in the Parklawn Building by close of business on February 23, 1996. This change is necessary because of difficulties experienced with electronically accessing the program materials and the unavailability of technical assistance during the period of government shutdown. All other aspects of the December 4, 1995 Federal Register Notice (60 FR 62098) remain the same.

Dated: January 16, 1996.

Ciro V. Sumaya,

Administrator.

[FR Doc. 96–643 Filed 1–19–96; 8:45 am]

BILLING CODE 4160–15–M

Statement of Organization, Functions and Delegations of Authority

Part HB (Health Resources and Services Administration) of the Statement of Organization, Functions and Delegations of Authority of the Department of Health and Human Services (47 FR 38409–24, August 31, 1982, as amended most recently at changes 60 FR 58370, Nov. 27, 1995). The changes are to establish an Office of Field Coordination within the Office of Operations and Management (HBA4); and to establish HRSA Field Offices. The changes are as follows:

I. Under Part HB, Health Resources and Services Administration. Section HB–20, Functions, ''Office of Operations and Management (HBA4)'' do the following:

A. Delete the ''Office of Operations and Management (HBA4)'' in its entirety and replace the following:

Office of Operations and Management (HBA4)—Under the direction of the Associate Administrator who is a member of the Administrator's immediate staff: (1) Provides Agency-wide leadership, program direction, and coordination to all phases of management; (2) provides management expertise and staff advice and support to the Administrator in program and policy formulation and execution; (3) plans, directs, and coordinates the Agency's activities in the areas of administrative management, financial management, personnel management, debt management, manpower management, grants and contracts management, procurement, real and personal property accountability and management, and administrative services; (4) coordinates the implementation of the Freedom of Information Act for the Agency; (5) oversees the development of annual operating objectives and coordinates HRSA work planning and appraisals; (6) directs the Equal Employ Opportunity activities for the Office of the Administrator; and (7) oversees the HRSA field activities.

B. Establish the Office of Field Coordination (HBA45), by inserting the following statement before the Division of Grants and Procurement Management (HBA46):

Office of Field Coordination (HBA45)—The Office of Field Coordination serves as the Agency's focal point for Field programs and activities. Specifically: (1) Oversees and manages HRSA activities in the field; (2) advises the Administrator on appropriate resource allocation for field activities; (3) at the direction of the Administrator, assists in the implementation and evaluation of HRSA programs in the field through coordination of activities, and assessing the effectiveness of programs to identify opportunities for improving policies and service delivery systems; (4) develops and implements activities in the field designed to improve customer service and relationships; (5) at the direction of the Administrator, develops and coordinates the field implementation of special program initiatives which involve multiple HRSA field components and/or multiple HRSA programs; (6) serves as field liaison to the Administrator, Bureau Directors, State and local health officials as well as private and professional organizations; (7) acts as liaison to provide administrative and financial