

proposed staff or requirements for "to be hired" staff; proposed staff level of effort; management experience of the lead agency; and experience of each member of the linkage as it relates to its defined roles and the project.

#### **Award Criteria**

Funding decisions will be determined by the Deputy Assistant Secretary of Minority Health, Office of Minority Health, and will take under consideration: The recommendations and ratings of the review panel, geographic and racial/ethnic distribution, and health problem areas having the greatest impact on minority health. Consistent with the Congressional intent of Public Law 101-527, section 1707(c)(3), consideration will be given to projects targeting Asian, American Samoan, and other Pacific Islander populations. Consideration will also be given to projects proposed to be implemented in Empowerment Zones and Enterprise Communities.

#### **Reporting and Other Requirements**

##### *General Reporting Requirements*

A successful applicant under this notice will submit: (1) Annual progress report; (2) an annual Financial Status Report, and (3) a final progress report and Financial Status Report in the format established by the Office of Minority Health, in accordance with provisions of the general regulations which apply under "Monitoring and Reporting Program Performance," 45 CFR part 74, subpart J, with the exception of State and local governments to which 45 CFR part 92, subpart C reporting requirements apply.

##### *Provision of Smoke-Free Workplace and Nonuse of Tobacco Products by Recipients of PHS Grants*

The Public Health Service strongly encourages all grant recipients to provide a smoke-free workplace and to promote the nonuse 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.

##### *Public Health System Reporting Requirements*

This program is subject to Public Health Systems Reporting Requirements. Under these requirements, a community-based nongovernmental applicant must prepare and submit a Public Health System Impact Statement (PHSIS). The

PHSIS is intended to provide information to State and local health officials to keep them apprised of proposed health services grant applications submitted by community-based nongovernmental organizations within their jurisdictions.

Community-based, nongovernmental applicants are required to submit, no later than the Federal due date for receipt of the application, the following information to the head of the appropriate state and local health agencies in the area(s) to be impacted: (a) A copy of the face page of the applications (SF 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. Copies of the letters forwarding the PHSIS to these authorities must be contained in the application materials submitted to the Office of Minority Health.

##### *State Reviews*

This program is subject to the requirements of Executive Order 12372 which allows States the option of setting up a system for reviewing applications from within their States for assistance under certain Federal programs. The application kit to be made available under this notice will contain a listing of States which have chosen to set up a review system and will include a State Single Point of Contact (SPOC) in the State for review. Applicants (other than federally recognized Indian tribes) should contact their SPOCs as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC of each affected State. The due date for State process recommendations is 60 days after the application deadline by the Office of Minority Health's Grants Management Officer. The Office of Minority Health does not guarantee that it will accommodate or explain its responses to State process recommendations received after that date. (See "Intergovernmental Review of Federal Programs," Executive Order 12372, and 45 CFR part 100 for a description of the review process and requirements.)

#### **OMB Catalog of Federal Domestic Assistance**

The OMB Catalog of Federal Domestic Assistance Number for the Bilingual and

Bicultural Service Demonstration Program is 93.105.

**Clay E. Simpson, Jr.,**

*Deputy Assistant Secretary for Minority Health.*

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## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **Office of the Secretary**

#### **Notice of a Cooperative Agreement With the Minority Faculty Development Program and Harvard Medical School**

The Office of Minority Health (OMH), Office of Public Health and Science, announces that it will enter into an umbrella cooperative agreement with the Minority Faculty Development Program (MFDP)/Harvard Medical School. This cooperative agreement is an umbrella cooperative agreement and will establish the broad programmatic framework in which specific projects can be supported by various agencies during the project period.

The purpose of this cooperative agreement is to assist MFDP in expanding and enhancing its activities relevant to health issues affecting the minority communities by supporting the training experience of minority physicians in its Fellowship in Minority Health Policy program. MFDP will provide leadership skills training in health policy, financial and organizational management, politics, economics and ethics.

It is anticipated that this training experience will enable minority physicians to assume leadership roles in programs and policy making entities aimed at improving or eliminating health disparities that affect minority communities. OMH will provide consultation, including administrative and technical assistance as needed, for the execution and evaluation of all aspects of this cooperative agreement. OMH will also participate and/or collaborate with the awardee in any workshops or training sessions to exchange current information, opinions, and research findings during this agreement.

#### **Authorizing Legislation**

This cooperative agreement is authorized under, Section 1707(d)(1) of the Public Health Service Act.

#### **Background**

Assistance will be provided only to the Minority Faculty Development Program/Harvard Medical School. No order applications are solicited. MFDP

is the only organization uniquely qualified to administer this cooperative agreement because it has:

- developed an umbrella organization for minority recruitment, development and retention initiatives undertaken by Harvard Medical School and affiliated hospitals; operated a one-year Fellowship on Minority Health Policy program for minority physicians, through the support of The Commonwealth Fund, designed to create minority physician leaders who pursue careers in health policy, public health practice and academia;
- developed a comprehensive leadership program for minority physicians;
- successfully developed and operated minority career/training projects for minority students such as: Project Success: Opening The Door To Biomedical Careers, Visiting Clerkship Program, and the Biomedical Science Careers Project;
- developed partnerships with surrounding high schools and middle schools to increase awareness and encourage minority students to pursue science careers.

This cooperative agreement will be awarded in FY 1998 for a 12-month budget period within a project period of 5 years. Depending upon the types of projects and availability of funds, it is anticipated that this cooperative agreement will receive approximately \$50,000 to \$100,000. Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.

#### **Where To Obtain Additional Information**

If you are interested in obtaining additional information regarding this project, contact Mr. Guadalupe Pacheco, Office of Minority Health, 5515 Security Lane, Suite 1000, Rockville, Maryland 20852 or telephone (301) 443-5084.

(The Catalogue of Federal Domestic Assistance number is 93.004.)

Dated: February 10, 1998.

**Clay E. Simpson, Jr.,**

*Deputy Assistant Secretary for Minority Health.*

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## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **Office of the Secretary**

#### **Notice of a Cooperative Agreement With the National Asian Pacific American Families Against Substance Abuse, Inc.**

The Office of Minority Health (OMH), Office of Public Health and Science, announces that it will enter into an umbrella cooperative agreement with the National Asian Pacific American Families Against Substance Abuse, Inc. (NAPAFASA). This cooperative agreement is an umbrella cooperative agreement and will establish the broad framework in which specific projects can be supported by various agencies during the project period.

The purpose of this cooperative agreement is to assist NAPAFASA to expand and enhance its activities in the prevention and treatment of substance abuse and its related harmful effects among Asian American and Pacific Islander populations. Through its advocacy, educational and technical assistance programs, NAPAFASA addresses such issues as access to health care, cultural competency, youth health issues, service delivery, mental health, and disease prevention and health promotion. It is anticipated that future activities will focus on programs and policies aimed at improving the overall health status of Asian Americans and Pacific Islanders in order to eliminate the health gaps which exist between Asian Americans and Pacific Islanders and others. OMH will provide consultation, including administrative and technical assistance as needed, for the execution and evaluation of all aspects of this cooperative agreement. OMH will also participate and/or collaborate with the awardee in any workshops or symposia to exchange current information, opinions, and research findings during this agreement.

#### **Authorizing Legislation**

This cooperative agreement is authorized under Section 1707(d)(1) of the Public Health Service Act.

#### **Background**

Assistance will be provided only to the NAPAFASA. No other applications are solicited. NAPAFASA is the only organization capable of administering this cooperative agreement because it:

1. Established an infrastructure to coordinate and implement various health promotion and disease prevention programs within local communities and service delivery organizations that deal extensively with

Asian American and Pacific Islander substance abuse and mental health issues. The NAPAFASA network, which is composed of about 500 individual and organizational members, extends across the continental United States, Hawaii, Alaska and the six island jurisdictions in the Pacific (i.e., American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Republic of the Marshall Islands, and the Republic of Palau).

2. Established itself as an organization with Asian American and Pacific Islander professionals who serve as leaders and experts in the advocacy, research, development and promotion of policies, health education programs, and data collection and dissemination efforts which are aimed at reducing excessive mortality and adverse health behaviors among Asian American and Pacific Islander populations.

3. Maintains information sharing capacity among Asian American and Pacific Islander service organizations to develop and implement comprehensive national strategies that address substance abuse and related health problems of Asian Americans and Pacific Islanders. NAPAFASA provides a computerized electronic mail LISTserv which offers subscribers regularly updated substance abuse and mental health information related to Asian American and Pacific Islander populations.

4. Provides technical assistance, capacity building and other support to member organizations in applying for federal and other funds, improving local programs, and sharing the experiences of successful programs within Asian American and Pacific Islander communities.

5. Sponsors national and regional workshops, seminars and conferences to promote improved understanding among professionals, service providers and community representatives of Asian American and Pacific Islander cultures and their relationship to a wide range of health concerns, including alcohol, tobacco and other drug use.

6. Provides specialized research and consultations to State and Federal government agencies, and public and private organizations on the incidence and prevalence of substance abuse among Asian Americans and Pacific Islanders, and planning, assessment and evaluation of substance abuse prevention and treatment services for this population.

7. Collaborates and forms partnerships with national and regional substance abuse prevention organizations in order to address the growing substance abuse problems in