application deadline established 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).

Authority: This program is authorized under section 1707(e)(1) of the Public Health Service Act, as amended by Public Law 105–392.

(OMB Catalog of Federal Domestic Assistance: The OMB Catalog of Federal Domestic Assistance number for the Minority Community Health Coalition Demonstration Program is 93–137.)

Dated: June 9, 1999.

Nathan Stinson, Jr.,

Acting Deputy Assistant Secretary for Minority Health.

[FR Doc. 99–15635 Filed 6–18–99; 8:45 am]

BILLING CODE 4160–17–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Office of Minority Health

Availability of Funds for Grants for State and Territorial Minority HIV/AIDS Demonstration Grant Program

AGENCY: Office of the Secretary, Office of Minority Health.

ACTION: Notice of availability of funds and request for applications for State and Territorial Minority HIV/AIDS Demonstration Grant Program.

Purpose

The purposes of this Fiscal Year 1999 State and Territorial Minority HIV/AIDS Demonstration Program are to:

(1) Assist in the identification of needs within the state for HIV/AIDS prevention and services among minority populations by collection, analysis, and/or tracking of existing data on surveillance and existing providers of HIV services for minority communities;

(2) Facilitate the linkage of minority community-based organizations with other state and local recipients of federal funds for HIV/AIDS to develop greater resource capacity and interventions in the identified areas of need; and

(3) Assist in coordinating federal resources coming into high need, minority communities including identifying the different programs and facilitating access to federal technical assistance available to minority community-based organizations.

This program is intended to demonstrate that the involvement of State and Territorial Offices of Minority Health in coordinating a statewide response to the HIV/AIDS crisis in minority communities can have a greater impact on the communities' understanding of the disease, and the coordination of prevention and treatment services for minority populations, than agencies/organizations working independently.

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 to reduce morbidity and mortality and to improve the quality of life. This announcement relates to 4 of the 22 priority areas established by Healthy People 2000: (1) Alcohol and other drugs; (2) educational and community-based programs; (3) HIV infection; and (4) sexually transmitted diseases. Potential applicants may obtain a copy of the Healthy People 2000 (Full Report: Stock No. 017–001–00474–0) or Healthy People 2000 Midcourse Review and 1995 Revisions (Stock No. 017–001–00526–6) through the Superintendent of Documents, Government Printing Office, Washington, D.C. 20402–9325 or telephone (202) 783–8238.

Background

The Office of Minority Health's (OMH) mission is to improve the health of racial and ethnic minority populations through the development of health policies and programs that will help to address the health disparities and gaps. Consistent with its mission, the role of OMH is to serve as the focal point within the Department for service demonstrations, coalition and partnership building, and related efforts to address the health needs of racial and ethnic minorities. In keeping with this mission, OMH is establishing the State and Territorial Minority HIV/AIDS Demonstration Program to assist in addressing the HIV/AIDS issues facing minority communities across the United States. This program is based on the hypothesis that a broad, state-level approach to HIV/AIDS health care promotion and prevention can be effective in reaching minority populations by both defining existing needs of prevention and treatment, and supporting strategies to address these needs. It is anticipated that this approach will strengthen existing state activities in addressing this health issue by facilitating infrastructure development or expansion of State and Territorial Offices of Minority Health to: (1) Take a lead role in identifying major areas of need in minority communities; (2) link minority community-based organizations with other state and local partners in the identified areas of need; and (3) assist in coordinating federal resources coming into high need, minority communities including identifying the different programs and facilitating access to federal technical assistance available to minority community-based organizations.

Disproportionate Effect of HIV/AIDS on Minorities

Current statistics indicate that although advances have been made in the treatment of HIV/AIDS, this epidemic continues as a significant threat to the public health of the United States (U.S.). Despite showing a decline in the past two years, it remains a disproportionate threat to minorities. While African-Americans and Hispanics respectively represent approximately 13% and 10% of the U.S. population, approximately 36% of the more than 640,000 reported total AIDS cases are African-American and 18% are Hispanic. Asian/Pacific Islanders and Native Americans respectively represent 4% and 1% of the U.S. population and currently each account for less than 1% of the AIDS cases.

In 1997, more African-Americans were reported with AIDS than any other racial/ethnic group. Of the total AIDS cases reported that year, 45% (27,075) were reported among African-Americans, 33% (20,197) were reported among whites, and 21% (12,466) were reported among Hispanics. Among women and children with AIDS, African-Americans have been especially affected, representing 60% of all women reported with AIDS in 1997 and 62% of reported pediatric AIDS cases in 1997. During 1997, the rate of new AIDS cases per 100,000 population in the U.S. was 83.7 among African-Americans, 37.7 among Hispanics, 10.4 among whites, 10.4 among American Indians/Alaska Natives, and 4.5 among Asians/Pacific Islanders.

Data from a recent Centers for Disease Control and Prevention study (Trends in the HIV and AIDS Epidemic, 1998) comparing HIV and AIDS diagnoses in 25 states with integrated reporting systems provide a clearer picture of recent shifts in the epidemic. The study indicates that many of the new HIV diagnoses are occurring among African-Americans, women, and people infected heterosexually, with an increase also observed among Hispanics. During the period from January 1994 through June

1997, African-Americans represented 45% of all AIDS diagnoses, but 57% of all HIV diagnoses. Among young people (ages 13 to 24) diagnosed with HIV, 63% were among African-Americans and 5% were among Hispanics. Although some of the states with large Hispanic populations did not have integrated HIV/AIDS reporting and could not be included in this study, HIV diagnoses among Hispanics increased 10% between 1995 and 1996.

From this same study, for 1996, an estimated 17,250 African-American men and 6,750 African-American women were diagnosed with AIDS. For African-American men, 40% of the transmissions were among men who have sex with men, 38% were linked with injection drug use and 13% were due to heterosexual contact with an HIV infected person. For African-American women, 53% of the transmissions were due to heterosexual contact and 43% were linked with injection drug use. For this same year, an estimated 8,680 Hispanic men and 2,210 Hispanic women were diagnosed with AIDS. Of this number, 45% of the transmissions were among men who have sex with men, 38% were linked with injection drug use and 10% were due to heterosexual contact. For Hispanic women, 60% of the transmissions were due to heterosexual contact and 37% linked with injection drug use.

Eligible Applicants

Eligibility is limited to State and Territorial [1] Offices of Minority Health or, for those states and territories that do not have an established Office of Minority Health, a state or territorial minority health entity located within a State or Territorial Department of Health which functions in the capacity of an Office of Minority Health. (See Definitions in this announcement.) *Each state and territory may submit no more than one proposal under this announcement.*

Documentation to verify official status as a State or Territorial Office of Minority Health must include a signed statement from a state/territorial level authorizing official (e.g., Governor or designated official, Commissioner of Health or designee).

Documentation to verify official status as a state or territorial minority health entity must include a signed statement from the Commissioner of Health or designee in the Department of Health stating that the identified entity has been functioning in the capacity of a State or Territorial Office of Minority Health and describing the types of activities performed or being performed.

Letters of support and commitment to the demonstration project from both the State or Territorial Commissioner of Health and the Office of the Governor are required as part of the application.

Deadline

To receive consideration, grant applications must be received by the Office of Minority Health (OMH) Grants Management Office by July 21, 1999. Applications will be considered as meeting the deadline if they are: (1) Received on or before the deadline date, or (2) postmarked on or before the deadline date and received in time for orderly processing. A legibly dated receipt from a commercial carrier or U.S. Postal Service will be accepted in lieu of a postmark. Private metered postmarks will not be accepted as proof of timely mailing. Applications submitted by facsimile transmission (FAX) or any other electronic format will not be accepted. Applications which do not meet the deadline will be considered late and will be returned to the applicant unread.

Addresses/Contacts

Applications must be prepared using Form PHS 5161–1 (Revised May 1996). Application kits and technical assistance on budget and business aspects of the application may be obtained from Ms. Carolyn A. Williams, Grants Management Officer, Division of Management Operations, Office of Minority Health, Rockwall II Building, Suite 1000, 5515 Security Lane, Rockville, MD 20852, telephone (301) 594–0758. Completed applications are to be submitted to the same address.

Questions regarding programmatic information and/or requests for technical assistance in the preparation of grant applications should be directed to Ms. Cynthia H. Amis, Director, Division of Program Operations, Office of Minority Health, Rockwall II Building, Suite 1000, 5515 Security Lane, Rockville, MD 20852, telephone (301) 594–0769.

Technical assistance is also available through the OMH Regional Minority Health Consultants (RMHCs). A listing of the RMHCs and how they may be contacted will be provided in the grant application kit. Additionally, applicants can contact the OMH Resource Center (OMH–RC) at 1–800–444–6472 for health information.

Availability of Funds

Approximately $3 million will be available for award in FY 1999. It is projected that awards of up to $150,000 total costs (direct and indirect) for a 12-month budget period will be made to approximately 20 competing applicants. The amount of funds requested should be based on the size and complexity of the proposed project.

Period of Support

The start date for the State and Territorial Minority HIV/AIDS Demonstration Program grants is September 30, 1999. Support may be requested for a total project period not to exceed 3 years. Noncompeting continuation awards of up to $150,000 will be made subject to satisfactory performance and availability of funds.

Project Requirements

Each applicant to this demonstration grant program must:

(1) Address the three purposes of the program announcement:

- Assist in the identification of needs within the state for HIV/AIDS prevention and services for minority populations by collection, analysis, and/or tracking of existing data on surveillance and existing providers of HIV services for minority communities. The use of geographic information systems and related techniques should be given due consideration as one of the tools to address this area;
- Facilitate the linkage of minority community-based organizations with other state and local recipients of federal funds for HIV/AIDS to develop greater resource capacity and interventions in the identified areas of need; and
- Assist in coordinating federal resources coming into high need, minority communities including identifying the different programs and facilitating access to federal technical assistance available to minority community-based organizations.

(2) Describe plans to establish a project advisory committee to assist the applicant in carrying out the activities specified in the project. The membership is to be comprised of five to seven individuals with the applicant serving as an ex officio member. Committee membership should include: a representative from a state Office on AIDS or state HIV/AIDS coordinator, an HIV/AIDS health care provider, a representative from an AIDS service organization serving a substantial number of people of color, and a minority person living with HIV/AIDS. Other potential members may include: a

[1] Includes all 50 states, the District of Columbia, American Samoa, Federated States of Micronesia, Guam, Marshall Islands, Northern Mariana Islands, Puerto Rico, Republic of Palau, and the Virgin Islands.

representative from an HIV/AIDS community planning committee or group (e.g., a group initiated by a local community; a group established under a Federal program, such as the HIV Prevention Cooperative Agreements projects supported by the Center for Disease Control and Prevention or Ryan White Planning Council), an outreach worker/social worker, or a consumer/patient advocate.

Use of Grant Funds

Budgets of up to $150,000 total cost (direct and indirect) per year may be requested to cover costs of: personnel, consultants, supplies, equipment, and grant related travel. Funds may not be used for medical treatment, construction, building alterations, or renovations. All budget requests must be fully justified in terms of the proposed goals and objectives and include a computational explanation of how costs were determined.

Criteria for Evaluation Applications

Review of Application

Applications will be screened upon receipt. Those that are judged to be incomplete, nonresponsive to the announcement or nonconforming will be returned without review. Each state and territory may submit no more than one proposal under this announcement. Accepted applications will be reviewed for technical merit in accordance with PHS policies. Applications will be evaluated by an objective review panel chosen for their expertise in minority health, experience relevant to this program, and their understanding and knowledge of the health problems and risk factors confronting racial and ethnic minorities in the United States.

Applicants are advised to pay close attention to the specific program guidelines and general instructions provided in the application kit.

Application Review Criteria

The technical review of applications will consider the following generic factors:

Factor 1: Background (15%)

Adequacy of demonstrated knowledge of the impact of HIV/AIDS on the state and within minority communities. Adequacy of the description of the HIV/AIDS problem confronting the state and minority communities and of the needs to be addressed. Extent of past efforts/activities in addressing HIV/AIDS in minority communities.

Factor 2: Goals and Objectives (15%)

Merit of objectives in addressing all three purposes stated in **Federal Register** notice and the identified problem. Extent to which objectives are attainable within the stated time frames.

Factor 3: Methodology (35%)

Appropriateness of proposed plan and specific activities for each objective (e.g., capacity to integrate surveillance data and an analysis of existing prevention and treatment delivery systems into a state-wide needs assessment for minority populations, partnership building, technical assistance and resource referral). Logic and sequencing of the planned approaches in relation to the objectives and program evaluation.

Factor 4: Evaluation (20%)

Thoroughness, feasibility and appropriateness of the evaluation design, and data collection and analysis procedures. Clarity of the intent and plans to document the activities and their outcomes. The potential for replication of the project for similar target populations and communities including the assessment of the utility of the different tools used to implement the program.

Factor 5: Management Plan (15%)

Applicant organization's capability to manage and evaluate the project as determined by: the qualifications of proposed staff or requirements for ''to be hired'' staff; proposed staff level of effort; and composition of proposed advisory committee (e.g., membership, role).

Award Criteria

Funding decisions will be determined by the Deputy Assistant Secretary for Minority Health, Office of Minority Health and will take under consideration: recommendations/ratings of the review panels; and geographic and racial/ethnic distribution. Consideration will also be given to projects proposed to be implemented in Empowerment Zones and Enterprise Communities.

Definitions

For purposes of this grant announcement, the following definitions are provided:

AIDS Service Organization (ASO)—A health association, support agency, or other service actively involved in the prevention and treatment of AIDS. (HIV/AIDS Treatment Information Service's Glossary of HIV/AIDS-Related Terms, March 1997.)

Minority Community-Based Organizations—Public and private nonprofit community-based minority organization or a local affiliate of a national minority organization that has: a governing board composed of 51 percent or more racial/ethnic minority members, a significant number of minorities employed in key staff positions, and an established record of service to a racial/ethnic minority community.

Minority Populations—American Indian or Alaska Native, Asian, Black or African-American, Hispanic or Latino, and Native Hawaiian or Other Pacific Islander. (Revision to the Standards for the Classification of Federal Data on Race and Ethnicity, **Federal Register**, Vol. 62, No. 210, pg. 58782, October 30, 1997.)

Needs Assessment—A systematic process whereby information (including epidemiologic data) is gathered in order to identify barriers to effective access to HIV/AIDS services at the state and local level, resulting in any number of outcomes including identification of risk factors, service gaps, infrastructure needs, strategic or action plans, and recommendations for policy changes.

State or Territorial Offices of Minority Health—An entity established by an Executive Order, a statute or a state/territorial health officer to improve the health of racial and ethnic populations.

State or Territorial Minority Health Entity—A unit or contact located within a State or Territorial Department of Health that addresses the health disparities experienced by minority populations.

Reporting and Other Requirements

General Reporting Requirements

A successful applicant under this notice will submit: (1) progress reports; (2) an annual Financial Status Report; and (3) a final project 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 45 CFR Part 92, Subpart C reporting requirements apply.

Provision of Smoke-Free Workplace and Non-Use 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 non-use of all tobacco products. In addition, Pub. L. 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.

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 established 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 this program is pending.)

Authority: This program is authorized under section 1707(e)(1) of the Public Health Service Act, as amended by Public Law 105–392.

Dated: June 9, 1999.

Nathan Stinson, Jr.,

Acting Deputy Assistant Secretary for Minority Health.

[FR Doc. 99–15634 Filed 6–18–99; 8:45 am]

BILLING CODE 4160–17–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Toxic Substances and Disease Registry

[ATSDR–148]

Public Health Assessments Completed

AGENCY: Agency for Toxic Substances and Disease Registry (ATSDR), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: This notice announces those sites for which ATSDR has completed public health assessments during the period January 1999 through March 1999. This list includes sites that are on or proposed for inclusion on the National Priorities List (NPL), and includes sites for which assessments were prepared in response to requests from the public.

FOR FURTHER INFORMATION CONTACT: Robert C. Williams, P.E., DEE, Director, Division of Health Assessment and Consultation, Agency for Toxic Substances and Disease Registry, 1600 Clifton Road, NE., Mailstop E–32, Atlanta, Georgia 30333, telephone (404) 639–0610.

SUPPLEMENTARY INFORMATION: The most recent list of completed public health assessments was published in the **Federal Register** on March 30, 1999, [64 FR 15168]. This announcement is the responsibility of ATSDR under the regulation, Public Health Assessments and Health Effects Studies of Hazardous Substances Releases and Facilities [42 CFR Part 90]. This rule sets forth ATSDR's procedures for the conduct of public health assessments under section 104(i) of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA), as amended by the Superfund Amendments and Reauthorization Act (SARA) [42 U.S.C. 9604(i)].

Availability

The completed public health assessments and addenda are available for public inspection at the Division of Health Assessment and Consultation, Agency for Toxic Substances and Disease Registry, Building 33, Executive Park Drive, Atlanta, Georgia (not a mailing address), between 8 a.m. and 4:30 p.m., Monday through Friday except legal holidays. The completed public health assessments are also available by mail through the U.S. Department of Commerce, National Technical Information Service (NTIS), 5285 Port Royal Road, Springfield, Virginia 22161, or by telephone at (703) 605–6000. NTIS charges for copies of public health assessments and addenda. The NTIS order numbers are listed in parentheses following the site names.

Public Health Assesssments Completed or Issued

Between January 1, 1999, and March 31, 1999, public health assessments were issued for the sites listed below:

NPL Sites

Alabama

USA Annniston Army Depot—Bynum—(PB99–123846).

California

Castle Air Force Base—Atwater—(PB99–139248).

Moffet Naval Air Station (a/k/a Moffett Federal Airfield)—Mountain View—(PB99–128910).

Connecticut

Former Clock Factories—Bristol—Thomaston—Waterbury—(PB99–128548).

Georgia

Griffith Oil Company—Arcade—(PB99–134769).

Idaho

USAF Mountain Air Force Base—Mountain Home AFB—(PB99–128258).

Maine

Loring Air Force Base—Limestone—(PB99–134231).

New Mexico

Rinchem Company Incorporated (a/k/a Old Rinchem Incorporated)—(PB99–123853).

Tennessee

American Bemburg Plant—Elizabethton—(PB99–129017).

Virginia

Greenwood Chemical Company—Greenwood—(PB99–132987).

U.S. Titanium—Piney River—(PB99–132979).

Non NPL Petitioned Sites

Georgia

Escambia Brunswick Wood (a/k/a Brunswick Wood Preserving)—(PB99–128993).

Illinois

West Pullman Iron & Metal (a/k/a West Pullman/Victory Heights)—Chicago—(PB99–134397).

Dated: June 14, 1999.

Georgi Jones,

Director, Office of Policy and External Affairs, Agency for Toxic Substances and Disease Registry.

[FR Doc. 99–15618 Filed 6–18–99; 8:45 am]

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