

service, including computer search time, runs and printouts; and

- Any other direct or indirect costs related to the provision of services.

In conjunction with the opening of the HIPDB for reporting and as part of its obligations under the Privacy Act, the Department had previously announced a \$10 fee for health care practitioners, providers or suppliers to self-query (64 FR 58851). Based on the above criteria, the Department is now establishing a \$4 fee for queries submitted by authorized entities and a \$10 dollar fee for use of the Interactive Search Capability (ISC) available to authorized law enforcement agencies. The ISC permits free-form queries that are expressly designed to conform to the investigative nature of the request, and that typically contain significantly less identifying information than the standard structured queries available to non-law enforcement entities. The ISC involves far more data processing and greater cost per request. This additional cost is the result of the need to use an iterative, interactive algorithm to narrow a result to one appropriate record from an initial return of up to 100 records.

When an authorized entity query is submitted for information on one or more health care practitioners, providers or suppliers, the appropriate total fee will be \$4 multiplied by the

number of individuals or organizations about whom information is being requested. When an authorized law enforcement agency uses the ISC to obtain information on an individual or entity, the cost will be \$10 for each individual or entity that the authorized law enforcement agency enters into the ISC.

In order to minimize administrative costs, the Department will accept queries submitted by authorized entities and authorized law enforcement agencies by credit card or electronic funds transfer. This fee is effective beginning March 6, 2000. The Department will continue to accept payment for self-queries only by credit card. The HIPDB accepts Visa, MasterCard, and Discover. To submit queries, registered entities (including law enforcement agencies) must use the HIPDB website at www.npdb-hipdb.com.

The Department will continue to review the user fee periodically, and will revise it as necessary. Any changes in the fee and its effective date will be announced through notice in the **Federal Register**.

Dated: February 23, 2000.

June Gibbs Brown,
Inspector General.

[FR Doc. 00-5169 Filed 3-2-00; 8:45 am]

BILLING CODE 4152-01-U

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Fiscal Year (FY) 2000 Funding Opportunities

AGENCY: Substance Abuse and Mental Health Services Administration, HHS.

ACTION: Notice of Funding Availability.

SUMMARY: The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) announces the availability of FY 2000 funds for grants for the following activity. This activity is discussed in more detail under Section 4 of this notice. This notice is not a complete description of the activity; potential applicants *must* obtain a copy of Parts I and II of the Guidance for Applicants (GFA) before preparing an application. Part I is entitled *Cooperative Agreement for Centers for the Application of Prevention Technologies (CAPT)*. Part II is entitled *General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements*.

Activity	Application deadline	Estimated funds available, FY 2000	Estimated no. of awards	Project period
Centers for the Application of Prevention Technologies (CAPT).	4/26/00	\$7.5 million *	five	3 years

* SAMHSA/CSAP is making \$7.5 million available to support approximately five awards under this GFA in FY 2000. This amount may be increased slightly using SAMHSA/CSAP funds in each future year of the project period by up to \$3 million. The average award in FY 2000 is expected to be \$1.5 million in total (direct plus indirect costs), assuming the award is funded by SAMHSA/CSAP funds exclusively. Actual funding levels for each budget period may be significantly augmented on a discretionary basis if current exploratory talks with other federal agencies sharing SAMHSA/CSAP's interest in substance abuse prevention result in interagency agreements transferring funds to use for this program's use.

The actual amount available for awards and their allocation may vary, depending on unanticipated program requirements and the number and quality of applications received. FY 2000 funds for the activity discussed in this announcement were appropriated by the Congress under Public Law No. 106-113. SAMHSA's policies and procedures for peer review and Advisory Council review of grant and cooperative agreement applications were published in the **Federal Register** (Vol. 58, No. 126) on July 2, 1993.

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a PHS-led national activity for setting priority areas. The SAMHSA Centers'

substance abuse and mental health services activities address issues related to Healthy People 2000 objectives of Mental Health and Mental Disorders; Alcohol and Other Drugs; Clinical Preventive Services; HIV Infection; and Surveillance and Data Systems. Potential applicants may obtain a copy of Healthy People 2000 (Full Report: Stock No. 017-001-00474-0) or Summary Report: Stock No. 017-001-00473-1) through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325 (Telephone: 202-512-1800).

SAMHSA has published additional notices of available funding opportunities for FY 2000 in past issues of the **Federal Register**.

General Instructions

Applicants must use application form PHS 5161-1 (Rev. 6/99; OMB No. 0920-0428). The application kit contains the two-part application materials (complete programmatic guidance and instructions for preparing and submitting applications), the PHS 5161-1 which includes Standard Form 424 (Face Page), and other documentation and forms. Application kits may be obtained from the organization specified for the activity covered by this notice (see Section 4).

When requesting an application kit, the applicant must specify the particular activity for which detailed information is desired. This is to ensure receipt of all necessary forms and information,

including any specific program review and award criteria.

The PHS 5161-1 application form and the full text of the activity described in Section 4 are also available electronically via SAMHSA's World Wide Web Home Page (address: <http://www.samhsa.gov>).

Application Submission

Applications must be submitted to: SAMHSA Programs, Center for Scientific Review, National Institutes of Health, Suite 1040, 6701 Rockledge Drive MSC-7710, Bethesda, Maryland 20892-7710*

(*Applicants who wish to use express mail or courier service should change the zip code to 20817.)

Application Deadlines

The deadline for receipt of applications is April 26, 2000.

Competing applications must be received by the indicated receipt date to be accepted for review. An application received after the deadline may only be accepted if it carries a legible proof-of-mailing date assigned by the carrier and that date is not later than one week prior to the deadline date. Private metered postmarks are not acceptable as proof of timely mailing.

Applications received after the deadline date and those sent to an address other than the address specified above will be returned to the applicant without review.

FOR FURTHER INFORMATION CONTACT:

Requests for activity-specific technical information should be directed to the program contact person identified for the activity covered by this notice (see Section 4).

Requests for information concerning business management issues should be directed to the grants management contact person identified for the activity covered by this notice (see Section 4).

Programmatic Information

1. Program Background and Objectives

SAMHSA's mission within the Nation's health system is to improve the quality and availability of prevention, early intervention, treatment, and rehabilitation services for substance abuse and mental illnesses, including co-occurring disorders, in order to improve health and reduce illness, death, disability, and cost to society.

Reinventing government, with its emphases on redefining the role of Federal agencies and on improving customer service, has provided SAMHSA with a welcome opportunity to examine carefully its programs and activities. As a result of that process,

SAMHSA moved assertively to create a renewed and strategic emphasis on using its resources to generate knowledge about ways to improve the prevention and treatment of substance abuse and mental illness and to work with State and local governments as well as providers, families, and consumers to effectively use that knowledge in everyday practice.

SAMHSA's FY 2000 Knowledge Development and Application (KD&A) agenda is the outcome of a process whereby providers, services researchers, consumers, National Advisory Council members and other interested persons participated in special meetings or responded to calls for suggestions and reactions. From this input, each SAMHSA Center developed a "menu" of suggested topics. The topics were discussed jointly and an agency agenda of critical topics was agreed to. The selection of topics depended heavily on policy importance and on the existence of adequate research and practitioner experience on which to base studies. While SAMHSA's FY 2000 KD&A program will sometimes involve the evaluation of some delivery of services, they are services studies and application activities, not merely evaluation, since they are aimed at answering policy-relevant questions and putting that knowledge to use.

SAMHSA differs from other agencies in focusing on needed information at the services delivery level, and it is question-focus. Dissemination and application are integral, major features of the programs. SAMHSA believes that it is important to get the information into the hands of the public, providers, and systems administrators as effectively as possible. Technical assistance, training, and preparation of special materials will be used, in addition to normal communication means.

SAMHSA also continues to fund legislatively-mandated services programs for which funds are appropriated.

2. Special Concerns

SAMHSA's legislatively-mandated services programs do provide funds for mental health and/or substance abuse treatment and prevention services. However, SAMHSA's KD&A activities do not provide funds for mental health and/or substance abuse treatment and prevention services except sometimes for costs required by the particular activity's study design. Applicants are required to propose true knowledge application or knowledge development application projects. Applications seeking funding for services projects

under a KD&A activity will be considered nonresponsive.

Applications that are incomplete or nonresponsive to the GFA will be returned to the applicant without further consideration.

3. Criteria for Review and Funding

3.1 General Review Criteria

Review criteria that will be used by the peer review groups are specified in the application guidance material.

3.2 Funding Criteria for Scored Applications

Applications will be considered for funding on the basis of their overall technical merit as determined through the peer review group and the appropriate National Advisory Council review process. Availability of funds will also be an award criteria. Additional award criteria specific to the programmatic activity may be included in the application guidance materials.

4. Special FY 2000 SAMHSA Activities

Cooperative Agreement for Centers for the Application of Prevention Technologies (short title: CAPT, SP00-005).

- *Application Deadline:* The receipt date is April 26, 2000.

- *Purpose:* The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP) announced the availability of funds to continue the development and operation of the Centers for the Application of Prevention Technologies (CAPTs) in five regional sites. The CAPTs provide their clients with technical assistance and training in order to apply consistently the latest research-based knowledge about effective substance abuse prevention programs, practices, and policies. The CAPTs' primary clients are States receiving funds through CSAP's State Incentive Cooperative Agreements for Community-Based Action (SIGs) Program, other States, U.S. Jurisdictions, Tribes, and Territories. Other clients include communities, prevention organizations, and practitioners. The CAPT program is part of the DHHS Secretarial Initiative called the Youth Substance Abuse Prevention Initiative, and it is a major national resource supporting the dissemination and application of substance abuse preventive interventions that are scientifically sound and effective.

- *Eligible Applicants:* Applications are open to any organization with the expertise and capacity to operate one of the five regional CAPTs. Applications

may be submitted by domestic public and private non-profit and for profit entities, such as units of State or local government, community-based organizations, universities, colleges, and hospitals.

- **Amount:** SAMHSA/CSAP is making \$7.5 million available to support approximately five awards under this GFA in FY 2000. This amount may be increased slightly using SAMHSA/CSAP funds in each future year of the project period by up to \$3 million. The average award in FY 2000 is expected to be \$1.5 million in total (direct plus indirect costs), assuming the award is funded by SAMHSA/CSAP funds exclusively. Actual funding levels for each budget period may be significantly augmented on a discretionary basis if current exploratory talks with other federal agencies sharing SAMHSA/CSAP's interest in substance abuse prevention result in interagency agreements transferring funds to use for this program's use.

Period of Support: Support may be requested for a period of up to 3 years.

- **Catalog of Federal Domestic Assistance Number:** 93.230.

- **Program Contact:** For questions concerning program issues, contact:

Luisa del Carmen Pollard, M.A.,
Division of Prevention Application
and Education, Center for Substance
Abuse Prevention, Substance Abuse
and Mental Health Services
Administration, Rockwall II, Suite
800, 5600 Fishers Lane, Rockville, MD
20857, (301) 443-6728

OR

Jon Rolf, Ph.D., Division of Prevention
Application and Education, Center for
Substance Abuse Prevention,
Substance Abuse and Mental Health
Services Administration, Rockwall II,
Suite 800, 5600 Fishers Lane,
Rockville, MD 20857, (301) 443-0380

For questions regarding grants
management issues, contact: Edna
Frazier, Grants Management Officer,
Division of Grants Management, OPS,
Substance Abuse and Mental Health
Services Administration, Rockwall II,
Suite 640, 5600 Fishers Lane, Rockville,
Maryland 20857, (301) 443-6816.

- **Application kits are available from:** National Clearinghouse for Alcohol and Drug Information (NCADI), P.O. Box 2345, Rockville, MD 20847, Telephone: 1-800-729-6686, TDD: (800) 487-4889, Fax: (301) 468-6433.

5. Public Health System Reporting Requirements

The Public Health System Impact Statement (PHSIS) is intended to keep State and local health officials apprised

of proposed health services grant and cooperative agreement applications submitted by community-based nongovernmental organizations within their jurisdictions.

Community-based nongovernmental service providers who are not transmitting their applications through the State must submit a PHSIS to the head(s) of the appropriate State and local health agencies in the area(s) to be affected not later than the pertinent receipt date for applications. This PHSIS consists of the following information:

- a. A copy of the face page of the application (Standard form 424).
- b. A summary of the project (PHSIS), not to exceed one page, which provides:
 - (1) A description of the population to be served.
 - (2) A summary of the services to be provided.
 - (3) A description of the coordination planned with the appropriate State or local health agencies.

State and local governments and Indian Tribal Authority applicants are not subject to the Public Health System Reporting Requirements.

Application guidance materials will specify if a particular FY 2000 activity is subject to the Public Health System Reporting Requirements.

6. PHS Non-use of Tobacco Policy Statement

The PHS strongly encourages all grant and contract recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. In addition, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care, or early childhood development services are provided to children. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

7. Executive Order 12372

Applications submitted in response to the FY 2000 activity listed above are subject to the intergovernmental review requirements of Executive Order 12372, as implemented through DHHS regulations at 45 CFR Part 100. E.O. 12372 sets up a system for State and local government review of applications for Federal financial assistance. Applicants (other than Federally recognized Indian tribal governments) should contact the State's Single Point of Contact (SPOC) as early as possible to alert them to the prospective application(s) and to receive any

necessary instructions on the State's review process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC of each affected State. A current listing of SPOCs is included in the application guidance materials. The SPOC should send any State review process recommendations directly to: Division of Extramural Activities, Policy, and Review, Substance Abuse and Mental Health Services Administration, Parklawn Building, Room 17-89, 5600 Fishers Lane, Rockville, Maryland 20857.

The due date for State review process recommendations is no later than 60 days after the specified deadline date for the receipt of applications. SAMHSA does not guarantee to accommodate or explain SPOC comments that are received after the 60-day cut-off.

Dated: February 24, 2000.

Richard Kopanda,

Executive Officer, SAMHSA.

[FR Doc. 00-5095 Filed 3-2-00; 8:45 am]

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DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-4561-N-06]

Notice of Proposed Information Collection: Budget-Based Rent Increase Process

AGENCY: Office of the Chief Information Officer, HUD.

ACTION: Notice.

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

DATES: *Comments Due Date:* April 3, 2000.

ADDRESSES: Interested persons are invited to submit comments regarding this proposal. Comments should refer to the proposal by name and/or OMB approval number (2502-0324) and should be sent to: Joseph F. Lackey, Jr., OMB Desk Officer, Office of Management and Budget, Room 10235, New Executive Office Building, Washington, DC 20503.

FOR FURTHER INFORMATION CONTACT: Wayne Eddins, Reports Management Officer, Q, Department of Housing and Urban Development, 451 Seventh Street, Southwest, Washington, DC 20410; e-mail Wayne_Eddins@HUD.gov;