

throughout the United States, to act as regional centers or "nodes." Under these cooperative agreements, Regional Nodes are working together to design and implement multi-site studies of pediatric emergencies and best practices for their management. The Steering Committee, which is composed of the principal investigators of the four cooperative agreements, representatives from each hospital emergency department affiliated with the principal investigators within Regional Nodes, MCHB/HRSA program staff, and the Principal Investigator for the Central Data Management and Analysis Center (under this cooperative agreement), will provide leadership and direction for the overall governance of the EMSC-NDDP.

This announcement provides for the establishment of a Central Data Management and Coordinating Center (CDMCC) to provide statistical, clinical coordination, technical, regulatory, and administrative support for the EMSC-NDDP. The period of performance for this cooperative agreement is three years.

**Authorization:** Title XIX, Section 1910, Public Health Service Act (42 U.S.C. 300w-9).

#### **Purpose**

The purpose of this cooperative agreement is to support the establishment, administration, and management of a Central Data Management and Coordinating Center (CDMCC) to provide EMSC-NDDP with data collection, data management, data analysis guidelines, in order to demonstrate how it can serve as a central repository for generated data and serve as a central resource network of data bases for the EMSC-NDDP and the public. The purpose of the EMSC-NDDP is to demonstrate the feasibility and value of an infrastructure or network designed to be the platform from which to conduct investigations on the efficacy of treatments, transport, and care responses, including those preceding the arrival of children to hospital emergency departments.

#### **Eligibility**

Eligibility is open to State governments and accredited schools of medicine. The term "schools of medicine" for the purpose of this announcement is defined as having the same meaning as set forth in section 799B(1)(A) of the PHS Act (42 U.S.C. 295p(1)(A)). "Accredited" in this context has the same meaning as set forth in section 799B(1)(E) of the PHS Act (42 U.S.C. 295p(1)(E)).

#### **Funding Level/Project Period**

The administrative and funding instrument to be used for the national CDMCC will be a cooperative agreement, in which substantial MCHB scientific and/or programmatic involvement with the awardees is anticipated during the performance of the project. Under the terms of this cooperative agreement, in addition to the required monitoring and technical assistance, Federal responsibilities will include:

- (1) Provision of services of experienced federal personnel as participants in the planning and development of all phases of this activity.
- (2) Participation, as appropriate, in meetings conducted during the period of the cooperative agreement.
- (3) Ongoing review and concurrence with activities and procedures to be established and implemented for accomplishing the scope of work.
- (4) Participation in the preparation of project information prior to dissemination.
- (5) Participation in the presentation of information on project activities.
- (6) Assistance with the establishment of contacts with Federal and State agencies, MCHB grant projects, and other contacts that may be relevant to the project's mission; and referrals to these agencies.

Approximately \$450,000 in FY 2002 funds is available to support this cooperative agreement. A single award will be made in FY 2002, with a project period of up to three years. The initial budget period is expected to be 12 months, with subsequent budget periods being 12 months. Continuation of any project from one budget period to the next is subject to satisfactory performance, availability of funds, and program priorities.

#### **Review Criteria**

Applications that are complete and responsive to the guidance will be evaluated for scientific and technical merit by an appropriate peer review group specifically convened for this solicitation and in accordance with HRSA grants management policies and procedures. As part of the initial merit review, all applications will receive a written critique. All applications recommended for approval will be discussed fully by the ad hoc peer review group and assigned a priority score for funding.

Applications will be reviewed using a set of criteria covering the following areas:

1. Soundness and practicality of the technical approach for executing the

requirements as specified in the Terms and Conditions of the Award

2. Principal Investigator's documented history of leadership in the conduct of multi-site clinical and observational studies and a publication record.

3. Documented availability, training, qualifications, expertise, relevant experience, education and competence of the clinical, analytical, technical, and administrative staff and any other proposed personnel (including proposed subcontractors and consultants), to perform the requirements of the work activities

4. Adequacy of the administrative and organizational framework

5. Budget requests commensurate with the complexities involved in what is being proposed and carefully justified;

6. Positive evaluation of pre-award site visit (if recommended by the review panel).

Final criteria used to review and rank applications for this competition are included in the application kit. Applicants should pay strict attention to addressing these criteria, as they are the basis upon which their applications will be judged.

#### **Paperwork Reduction Act**

If the cooperative agreement described in this announcement involves data collection activities that fall under the purview of the Paperwork Reduction Act of 1995, OMB clearance will be sought prior to collection of data.

Dated: April 19, 2002.

**Elizabeth M. Duke,**

*Administrator.*

[FR Doc. 02-10278 Filed 4-25-02; 8:45 am]

**BILLING CODE 4165-15-P**

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

#### **Substance Abuse and Mental Health Services Administration**

#### **Fiscal Year (FY) 2002 Funding Opportunities**

**AGENCY:** Substance Abuse and Mental Health Services Administration, DHHS.

**ACTION:** Notice of funding availability.

**SUMMARY:** The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) announces the availability of FY 2002 funds for grants for the following activity. This notice is not a complete description of the activity; potential applicants *must*

obtain a copy of the Guidance for Applicants (GFA), including Part I, Targeted Capacity Expansion Grants to Address Mental Health Service Needs of

Public Safety Workers Responding to Terrorist Attacks (SM 02-00), and Part II, General Policies and Procedures Applicable to all SAMHSA Applications

for Discretionary Grants and Cooperative Agreements, before preparing and submitting an application.

Activity	Application deadline	Est. funds FY 2001	Est. number of awards	Project period (years)
Targeted Capacity Expansion Grants to Address Mental Health Service Needs of Public Safety Workers Responding to Terrorist Attacks.	June 19, 2002 .....	\$2,200,000	6	3

The actual amount available for the award may vary, depending on unanticipated program requirements and the number and quality of applications received. FY 2002 funds for the activity discussed in this announcement were appropriated by the Congress under Public Law No. 106-310. 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.

#### General Instructions

Applicants must use application form PHS 5161-1 (Rev. 7/00). 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: Knowledge Exchange Network, P.O. Box 42490, Washington, DC 20015. 800-789-2647.

The PHS 5161-1 application form and the full text of the activity are also available electronically via SAMHSA's World Wide Web home page: <http://www.samhsa.gov>.

When requesting an application kit, the applicant must specify the particular activity for which detailed information is desired. All information necessary to apply, including where to submit applications and application deadline instructions, are included in the application kit.

#### Purpose

The Substance Abuse and Mental Health Services Administration (SAMHSA), The Center for Mental Health Services (CMHS), announces the availability of fiscal year 2002 funds to support the provision of mental health services to public safety workers who respond to major national disasters such as the September 11, 2001, terrorist attacks.

The purpose of this program is to provide high-quality community-based

mental health services for fire and rescue personnel, police officers, and other workers directly involved in recovery efforts resulting from such events. In particular, the program is aimed at addressing the needs of workers engaged in rescue efforts or in searches for the missing and deceased. Emphasis will be placed on services that build upon the available evidence of effective ways to promote healthy coping behaviors in response to traumatic exposure and grief.

#### Eligibility

States, political subdivisions of States, private nonprofit agencies, and Indian Tribes and tribal organizations may apply for targeted capacity expansion grants. For example, the following are eligible to apply:

- Community-based mental health providers.
- Nonprofit employee assistance programs.
- Occupational health organizations.
- Voluntary organizations, including faith-based organizations.

Funds under this announcement are intended to provide interim and long-term services for public safety workers involved in the response to the September 11 terrorist attacks. Therefore, applications are limited to programs from States that were directly impacted by the September 11 attacks (New York, Virginia, and Pennsylvania) and to programs from adjacent States (New Jersey, Connecticut, Massachusetts, Rhode Island, Maryland and the District of Columbia), where significant numbers of public safety workers were involved in response efforts through mutual aid agreements. Applicants must provide a detailed justification of needs directly related to the September 11 attacks.

#### Availability of Funds

In FY 2002, approximately \$2,200,000 will be available for up to six awards.

#### Period of Support

The award may be requested for up to three years.

#### Criteria for Review and Funding

*General Review Criteria:* Competing applications requesting funding under this activity will be reviewed for technical merit in accordance with established PHS/SAMHSA peer review procedures. Review criteria that will be used by the peer review groups are specified in the application guidance material.

#### Award 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 may be included in the application guidance materials.*

Catalog of Federal Domestic Assistance Number: 93.243.

#### Program Contact

For questions concerning program issues, contact: Seth Hassett, M.S.W., Public Health Advisor, 5600 Fishers Lane, Room 17C-20, Rockville, MD 20857.

(301) 443-4735.

E-mail: [shassett@samhsa.gov](mailto:shassett@samhsa.gov).

For questions regarding grants management issues, contact: Steve Hudak, Division of Grants Management, Substance Abuse and Mental Health, Services Administration, 5600 Fishers Lane 13-103, Rockville, MD 20857.

(301) 443-9666.

E-Mail: [shudak@samhsa.gov](mailto:shudak@samhsa.gov).

#### Public Health System Reporting Requirements

The Public Health System Impact Statement (PHSIS) is intended to keep state and local health officials apprized 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 activity is subject to the Public Health System Reporting Requirements.

*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.

*Executive Order 12372*

Applications submitted in response to the FY 2002 activity listed above are subject to the intergovernmental review requirements of Executive Order 12372, as implemented through DHHS regulations at 45 CFR part 100. Executive Order 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: April 18, 2002.

**Richard Kopanda,**

*Executive Officer, SAMHSA.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Substance Abuse and Mental Health Services Administration**

**Fiscal Year (FY) 2002 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 Treatment (CSAT) announces the availability of FY 2002 funds for grants for the following activity. This notice is not a complete description of the activity; potential applicants *must* obtain a copy of the Guidance for Applicants (GFA), including Part I, *Targeted Capacity Expansion Program for Substance Abuse Treatment and HIV/AIDS Services (TI-02-009)*, and Part II, *General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements*, before preparing and submitting an application.

Activity	Application deadline	Est. Funds FY 2002	Est. No. of Awards	Project Period (years)
Targeted Capacity Expansion Program for Substance Abuse Treatment and HIV/AIDS Services.	July 10, 2002 .....	\$24,500,000	50	5

The actual amount available for the award may vary, depending on unanticipated program requirements and the number and quality of applications received. FY 2002 funds for the activity discussed in this announcement were appropriated by the Congress under Public Law No. 106-310. 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.

**General Instructions**

Applicants must use application form PHS 5161-1 (Rev. 7/00). 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:

National Clearinghouse for Alcohol and Drug Information (NCADI), P.O. Box 2345, Rockville, MD 20847-2345. Telephone: 1-800-729-6686.

The PHS 5161-1 application form and the full text of the activity are also available electronically via SAMHSA's World Wide Web home page: <http://www.samhsa.gov>.

When requesting an application kit, the applicant must specify the particular activity for which detailed information

is desired. All information necessary to apply, including where to submit applications and application deadline instructions, are included in the application kit.

**Purpose**

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) announces the availability of FY 2002 funds for grants to enhance and expand substance abuse treatment and/or outreach services in conjunction with HIV/AIDS services in African American, Latino/Hispanic, and/or other racial or ethnic communities highly affected by the twin epidemics of substance abuse and HIV/AIDS.