

2. Technical Approach (30 percent)

a. The overall technical merit of the research plan and the soundness and scientific validity of the proposed technologies. The research plan must be thoroughly described and must include a detailed explanation of the operating principles of the technology to be developed, and the rationale for selecting the nutritional status marker to be measured.

b. The adequacy of the research plan includes the extent to which the applicant has adequately addressed all issues described and how well the evaluation plan can be used to effectively measure progress towards the stated objectives.

c. The background of the application, the critical evaluation of existing knowledge, and the specific identification of the knowledge gaps which the application intends to address.

3. Understanding the Problem (20 percent)

Applicant's understanding of the nature and difficulty of nutritional assessments, and the special challenges imposed in field settings for sample collection, storage and transport, maintenance, supply, and technical support, and sustainability.

a. The clinical, nutritional, biochemical, and practical basis for the appropriate selection of measurement parameters for the micronutrient(s) addressed by the applicant.

b. The applicant's demonstration of an awareness and understanding of strengths and weaknesses of previous work related to the proposed technology.

4. Program Personnel (10 percent)

The extent to which the application has described:

a. The qualifications and commitment of the applicant including training and experience in chemistry, biochemistry, biomedical engineering, medicine, nutrition, or other relevant scientific disciplines.

b. The qualifications of the proposed key staff.

c. Detailed allocations of time and effort of staff devoted to the project.

d. Information on how the applicant will develop, implement, evaluate progress, and administer the program.

e. The degree to which the applicant has met the CDC Policy requirements regarding the inclusion of women, ethnic, and racial groups in the proposed research. This includes:

(1) The proposed plan for the inclusion of both sexes and racial and

ethnic minority populations for appropriate representation.

(2) The proposed justification when representation is limited or absent.

(3) A statement as to whether the design of the study is adequate to measure differences when warranted.

(4) A statement as to whether the plans for recruitment and outreach for study participants include the process of establishing partnerships with community(ies) and recognition of mutual benefits.

5. Collaboration (5 percent)

Collaboration is encouraged to accomplish the research objectives in a timely manner. The applicant should demonstrate the ability to collaborate and/or form partnerships with appropriate research centers, manufacturers, or commercial interests to conduct the described research and development plan.

6. Plans to Publicize the Research Effort (5 percent)

The applicant should provide an explanation of plans to encourage the publication of the research findings or otherwise make the information available to the public as soon as is feasible within the limits of protecting proprietary interests of the developer.

7. Human Subjects Protection (Not Scored)

Does the application adequately address the requirements of Title 45 CFR Part 46 for the protection of human subjects?

8. Budget (Not Scored)

The budget will be evaluated for the extent to which it is reasonable, clearly justified, and consistent with the intended use of grant funds.

H. Other Requirements

Technical Reporting Requirements

Provide CDC with original plus two copies of:

1. semiannual progress reports;
2. financial status report, no more than 90 days after the end of the budget period; and
3. final financial status and performance reports, no more than 90 days after the end of the project period.

Send all reports to the Grants Management Specialist identified in the "Where to Obtain Additional Information" section of this announcement.

The following additional requirements are applicable to this program. For a complete description of each, see Attachment I in the application kit.

AR-1 Human Subjects Requirements

AR-2 Requirements for Inclusion of Women and Racial and Ethnic Minorities in Research

AR-3 Animal Subjects Requirements

AR-9 Paperwork Reduction Act Requirements

AR-10 Smoke-Free Workplace Requirements

AR-11 Healthy People 2010

AR-12 Lobbying Restrictions

I. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under section 301(a) and 317 of the Public Health Service Act, [42 U.S.C. section 241(a) and 247(b), as amended.] The Catalog of Federal Domestic Assistance number is 93.283.

J. Where To Obtain Additional Information

This and other CDC announcements may be downloaded through the CDC homepage on the Internet at <http://www.cdc.gov> (click on funding). Please refer to Program Announcement Number 00077 when requesting information. To receive an application kit, call 1-888-GRANTS (1-888-472-6874). You will be asked to leave your name and address and will be instructed to identify the Announcement number of interest. If you have any questions after reviewing the contents of all the documents, business management technical assistance may be obtained from:

Sonia V. Rowell, Grants Management Specialist, Procurement and Grants Office, Centers for Disease Control and Prevention, 2920 Brandywine Road, Room 3000, Atlanta, GA 30341-4146, Telephone: (770) 488-2724, Email address: svp1@cdc.gov

For program technical assistance, contact: Dayton T. Miller, Ph.D., Centers for Disease Control and Prevention, 4770 Buford Highway (F-18), Atlanta, Georgia 30341, Telephone: (770) 488-4452, Email address: dtm1@cdc.gov

Dated: May 3, 2000.

Henry S. Cassell, III,

Acting Director, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 00-11515 Filed 5-8-00; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Mental Health and Community Safety Initiative for American Indian/Alaska Native Children, Youth and Families

AGENCY: Indian Health Service.

ACTION: Notice of funding availability for competitive grants for the Mental Health and Community Safety Initiative for American Indian/Alaska Native (AI/AN) Children, Youth, and Families.

SUMMARY: The Indian Health Service (IHS) announces the development of the Mental Health and Community Safety Initiative for American Indian/Alaska Native (AI/AN) Children, Youth, and Families and the availability of competitive grants under this Initiative for fiscal year (FY) 2000. Grants under this Initiative will be administered by the following Federal agencies: (1) The IHS and Substance Abuse and Mental Health Services Administration (SAMHSA), United States Department of Health and Human Services (HHS); (2) Office of Community Oriented Policing Services (COPS) and Office of Juvenile Justice and Delinquency Prevention (OJJDP), United States Department of Justice (DOJ); and (3) Office of Elementary and Secondary Education (OESE), United States Department of Education (ED).

The Initiative will provide tribes and tribal organizations with easy-to-access assistance in developing innovative strategies that focus on the mental health, behavioral, substance abuse, and community safety needs of AI/AN young people and their families through a coordinated Federal grant process. Total funding available for the four grant programs involved in the Initiative is \$4.13 million.

Coordination of this effort has been initiated through the White House Domestic Policy Council and was announced at the June 7, 1999, White House Conference on Mental Health.

The primary purpose of the Initiative is to promote Indian youth mental health, education, and substance abuse-related (alcohol as well as drug abuse) services, and to support juvenile delinquency prevention and intervention through the creation and implementation of culturally sensitive programs. Grant funds will be available beginning in FY 2000 and a coordinated grant program will continue over a three-year period.

The Initiative will support tribes in providing a range of youth support services and programs to address the mental health and related needs of AI/AN young people and their families through various settings within the community, such as in the home, in the schools, in violence prevention education programs, in health care treatment programs, and in the juvenile justice system.

Interagency programs included in this effort have been selected based upon

their combined potential to address comprehensively mental health, juvenile justice, substance abuse, and related issues. As part of this Initiative, tribes are encouraged to promote coordination and collaboration among the local programs that serve young people in their communities.

Tribes may apply for one or more of the grant programs included in the Initiative to address their programmatic needs. In submitting an application or applications, tribes should identify the complex community issues involved and demonstrate how the proposed application(s) will provide for a comprehensive approach to addressing and attempting to solve these issues.

Government Agencies Providing Grants Funding

A. HHS Agencies Providing Grant Funding for the Initiative are: the IHS and the SAMHSA

1. IHS

The IHS announces the availability of \$1.13 million in FY 2000 for competitive grant awards for the AI/AN Mental Health Grants Program. Under this program, tribes and tribal organizations will be considered for two types of projects:

- Mental Health Projects will provide demonstration projects that serve the AI/AN children and youth involved with the juvenile justice system and their families. These projects should be targeted at providing culturally relevant systems of care resulting in reduced hospitalization, better case-management, and increased family participation in the treatment process.

- Child Abuse and Neglect Projects will provide projects that develop screening, evaluation, and referral systems in collaboration with tribal child protection teams for AI/AN children and youth in the juvenile justice system who have been abused and/or neglected. The grantee would be required to initiate the development of prevention programs targeting children and families at risk for abuse and neglect.

This program is included in the Catalog of Federal Domestic Assistance under #93.228. The deadline for receipt of applications is June 2, 2000.

For information regarding the IHS program, contact Lahoma Roebuck, Division of Clinical and Preventive Services, Indian Health Service, 5600 Fishers Ln., Rm. 6A-20, Rockville, MD 20857, (301) 443-1068, Fax: (301) 594-6213, e-mail: LRoebuck@hqe.ihs.gov

2. SAMHSA

The Center for Mental Health Service in partnership with the Center for Substance Abuse Treatment and the Center for Substance Abuse Prevention has available approximately \$450,000 in FY 2000 for 1-year grant awards to tribal and urban Indian communities for the AI/AN Youth Priority Initiative. The average award may range from \$50,000 to \$150,000 depending on the size of the identified service population of the applicant.

This Initiative supports the adoption of exemplary practices related to the delivery and organization of services for AI/AN youth with serious emotional and substance abuse problems. Applicants must identify an exemplary practice specific to the needs of the AI/AN youth, and demonstrate the involvement of the tribal leadership, as well as education; law enforcement; and substance abuse, health, social services, and mental health entities in the community. Examples of an exemplary practice include: wrap-around, multi-systemic treatment, or case management services to improve access to services, increase family voice in the system of care, and reduce institutional placements; mentoring programs; culturally specific programs to restore rites of passage and intergenerational support; and gathering of Native American programs to convene youth serving programs; and peer counseling programs.

This program is described in the Catalog of Federal Domestic Assistance under #93.230. Deadline date for receipt of applications is May 10, 2000.

For information regarding the SAMHSA program, contact Jill Shepard Erickson, MSW Public Health Advisor, Child, Adolescent and Family Branch, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, Suite 11 C-16, Parklawn Building, 5600 Fishers Ln., Rm. 6A-54, Rockville, MD 20857, (301) 443-1333, Fax: (301) 443-3693, e-mail: jerickso@samhsa.gov

B. DOJ Agencies Providing Grant Funding for the Initiative are: the COPS and the OJJDP

1. COPS

The COPS announces the availability of \$1.5 million for the Mental Health and Community Safety Initiative for AI/AN Children, Youth and Families. Grants will be awarded for salaries and benefits for new police officers, as well as law enforcement training and equipment, including technology and vehicles, for new and existing police officers. It is expected that resources

funded under this program (officer positions, equipment and/or training) will be used to meet the mental health, behavioral, and substance abuse needs for Native American youth and their families and provide a range of youth support services and programs both in the community and in the school arena. Sworn police officers may be deployed as Community Resource Officers or as School Resource Officers to engage in community policing activities. Salaries and benefits cover a 3-year period. A 25% local match requirement may be waived on the basis of demonstrated fiscal distress. All applicants must submit a written plan to retain their COPS-funded officer positions after Federal funding has ended.

Grants funded under the COPS initiative will be supplemented with \$50,000 provided by OESE, ED, from FY 2000 Safe and Drug-free Schools and Communities Act National Program funds. These funds will be awarded to the recipients of COPS funds under this initiative and will be used to support alcohol, tobacco, and other drug or violence prevention activities in school-based settings to be implemented by police officers supported by COPS funds.

This program is described in the Catalog of Federal Domestic Assistance under #16710. The deadline for receipt of applications is May 26, 2000.

Contact for the COPS program: June Kress, Senior Policy Analyst, Office of Community Oriented Policing Services (COPS), U.S. Department of Justice, 1100 Vermont Avenue, NW 9th Floor, Washington, DC 20530, (202) 616-2915, Fax: (202) 616-9612, e-mail: june.kress2@usdoj.gov.

2. OJJDP

The purpose of the Tribal Youth Program (TYP) is to support and enhance tribal efforts for comprehensive delinquency prevention and control and for juvenile justice system improvement for Native American youth. In FY 2000, \$1 million of the total appropriation for the TYP has been set aside to provide mental health services to youth in Tribal and/or State juvenile justice systems. The programs or projects to be funded must provide mental health services through one or more of the following activities:

- (1) Reduce, control, and prevent crime and delinquency both by and against tribal youth;
- (2) Provide interventions for court-involved tribal youth;
- (3) Improve tribal juvenile justice systems; and
- (4) Provide prevention programs focusing on alcohol and drugs.

The description for this program is located in #16.731 in the Catalog of Federal Domestic Assistance. The deadline for receipt of applications for this TYP Mental Health Initiative is June 15, 2000.

For more information, please contact: Chyrl Andrews, Acting Tribal Youth Manager, Office of Juvenile Justice and Delinquency Prevention (OJJDP), State Relations and Assistance Division, U.S. Department of Justice, 810 Seventh Street, NW, Washington, DC 20531, 202-307-5924, Fax: (202) 307-2819, e-mail: andrewsc@ojp.usdoj.gov

Distribution of Grant Application Kits

The IHS, SAMHSA, COPS, and OJJDP are preparing a single, consolidated grant application package that will include the program announcement and application kit for each of the four grant programs described above. The consolidated application package will be distributed in early May 2000. A package will be sent directly to (1) the Tribal Chairman of every federally recognized tribe; (2) the Director of every tribal organization as defined by section 4(1) of Pub. L. 93-638, Indian Self-Determination and Education Assistance Act, as amended, and (3) the Director of every tribal health department.

To request additional application packages, please contact: Office of Juvenile Justice and Delinquency Prevention, Juvenile Justice Clearinghouse, 2277 Research Boulevard, Rockville, Maryland 20850, Reference: White House Initiative on Mental Health (Solicitation #410), Telephone: 1-800-683-8736.

Dated: April 24, 2000.

Michel E. Lincoln,

Deputy Director.

[FR Doc. 00-11480 Filed 5-8-00; 8:45 am]

BILLING CODE 4160-16-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration (SAMHSA)

Notice of Meetings

Pursuant to Public Law 92-463, notice is hereby given of the following meetings of SAMHSA Special Emphasis Panels I in May and June 2000.

A summary of the meetings and a roster of the members may be obtained from: Ms. Coral Sweeney, Review Specialist, SAMHSA, Office of Policy and Program Coordination, Division of Extramural Activities, Policy, and Review, 5600 Fishers Lane, Room 17-

89, Rockville, Maryland 20857.

Telephone: 301-443-2998.

Substantive program information may be obtained from the individual named as Contact for the meeting listed below.

The meetings will include the review, discussion and evaluation of individual grant applications. These discussions could reveal personal information concerning individuals associated with the applications. Accordingly, these meetings are concerned with matters exempt from mandatory disclosure in Title 5 U.S.C. 552b(c) (6) and 5 U.S.C. App.2, § 10(d).

Committee Name: SAMHSA Special Emphasis Panel I (SEP I).

Meeting Dates: May 15-19, 2000.

Place: Bethesda Marriott, 5151 Pooks Hill Road, Bethesda, MD 20814.

Closed: May 15-19, 2000, 8:30 a.m.-5 p.m./adjournment.

Panel: Targeted Capacity Expansion, PA 00-001.

Contact: Peggy Thompson, Lead Review Administrator, Room 17-89, Parklawn Bldg. Telephone: 301-443-9912 / FAX: 301-443-3437.

Committee Name: SAMHSA Special Emphasis Panel I (SEP I).

Meeting Dates: May 23-26, 2000.

Place: Bethesda Marriott, 5151 Pooks Hill Road, Bethesda, MD 20814.

Closed: May 23-26, 2000.

Panel: Centers for the Application of Prevention Technologies, SP 00-005.

Contact: Peggy Riccio, Review Administrator, Room 17-89, Parklawn Building, 301-443-9996 and FAX 301-443-3437.

Committee Name: SAMHSA Special Emphasis Panel I (SEP I).

Meeting Dates: June 5-8, 2000.

Place: Bethesda Marriott, 5151 Pooks Hill Road, Bethesda, MD 20814.

Closed: June 5-8, 2000, 8:30 a.m.-5 p.m./Adjournment.

Panel: State Incentive Program, SP 00-004.

Contact: Stanley Kusnetz, Review Administrator, (301) 443-3042, Parklawn Building, Room 17-89.

Committee Name: SAMHSA, Special Emphasis Panel I (SEP I).

Meeting Dates: June 12-15, 2000.

Place: Bethesda Marriott, 5151 Pooks Hill Road, Bethesda, MD 20814.

Closed: June 12-15, 2000, 8:30 a.m.-5 p.m./Adjournment.

Panel: Community Action Grants for Service Systems Change, CMHS PA 00-003.

Contact: Raquel Crider, Review Administrator, (301) 443-5063, Parklawn Building, Room 17-89.

Committee Name: SAMHSA Special Emphasis Panel I (SEP I).

Meeting Dates: June 19-23, 2000.

Place: Bethesda Marriott, 5151 Pooks Hill Road, Bethesda, MD 20814.

Closed: June 19-23, 2000, 8:30 a.m.-5:00 p.m./Adjournment.

Panel: Community Action Grants for Service Systems Change, CSAT PA 00-002.