to: Office for Treatment Improvement, Rockwall II, 10th Floor, 5600 Fishers Land Rockville, Maryland 20857.

Review Process and Criteria

Grant applications will be subject to objective review by groups of experts in the drug treatment and related fields. This review will be to determine whether the application has technical merit, in accordance with the criteria specified below.

Review Criteria

- Adequacy of the needs assessment, with particular emphasis on identification of emergency drug abuse treatment needs as a result of the disaster which cannot be met with resources outside of this grant program.
- Clarity and relevance of the proposed objectives of the project to the needs assessment and the goals of the OTI program as stated in this announcement.
- Relevance and appropriateness of the proposed approach to meeting the types of needs identified by the assessment.
- Feasibility of the program plans.
- Appropriateness of any proposed services in terms of the target populations (e.g., ethnic, cultural, and age considerations) and in terms of state of the art of practices and knowledge in the drug treatment field.
- Adequacy of collaboration between the State and the local communities in conducting the needs assessment and in plans for conduct of the project.
- Adequacy of organization and staffing plans to ensure feasibility and quality of the proposed project.
- Likelihood of meeting identified emergency drug treatment needs within the six month period of the award.
- Appropriateness of the proposed budget.

Award Decisions

Upon completion of the objective, technical review of each application, award decisions will be made by OTI staff. Every effort will be made to complete the review process within 4 weeks of receipt of applications. Award decisions will be based on overall technical merit of the project as determined by objective review, OTI's program needs and balance, availability of funds, and focus on special populations in need.

Terms and Conditions

Grant funds may be requested for expenses clearly related and necessary to carry out the proposed project, including both direct costs which can be specifically identified with the project and allowable indirect costs of the applicant organization. Allowable items of expenditure include:

- Salaries, wages and fringe benefits of professionals and other supporting staff engaged in the project activities;
- Supplies, communications, rental of space or vehicles;
- Contracts for performance of specific project activities;
- Where these costs are not covered by FEMA under The Robert T. Stafford Disaster Relief and Emergency Assistance Act (Public Law 93–288, as amended), facility alterations and renovations (A&R) will be allowable where necessary for restoration of drug abuse treatment services disrupted by the disaster, [These costs are subject to Public Health Service (PHS) policy which states that "the maximum amount of PHS grant funds that may be spent for any single A&R project is lesser of—$150,000 or 25% of the total direct costs awarded—Construction costs are not allowable]. Under no circumstances may funds provided under this announcement be used to meet local cost sharing requirements for facility A&R funded by FEMA. Furthermore, OTI grant funds can not be used for costs covered by commercial insurance carriers.

No less than 95% of the total amount awarded must be allocated for activities to: (1) Restore drug abuse treatment services; and (2) meet emergency drug abuse treatment needs arising from the disaster. From any remaining funds, the State may recover up to its actual costs (but in no case more than 5%) of involvement (direct and indirect) in the program.

Grant funds cannot be used to supplant current funding for existing activities.

Grants must be administerd in accordance with the PHS Grants Policy Statement (Rev. January 1, 1987).

Federal regulations at Title 45 CFR Part 92, generic requirements concerning the administration of grants, are applicable to these awards.

A final report describing activities carried out under the grant will be required at the conclusion of the six month period of support. Instructions for this report will be made available at the time of the award.

Confidentiality

"Confidentiality of Alcohol and Drug Abuse Patient Records" regulations (42 CFR part 2) are applicable to any information about alcohol and other drug abuse patients obtained by a "program" (42 CFR 2.11), if the program is federally assisted in any manner (42 CFR 2.12b). This means that all project patient records are confidential and may be disclosed and used only in accordance with 42 CFR part 2.

Period of Support

As mandated by section 311(c)(2) of the Public Health Service (PHS) Act, support may be requested for a period of up to six months.

Availability of Funds

In Fiscal Year 1990, approximately $2 million is available to support this program. The award of grants under this program in future fiscal years is subject to availability of funds.

Contacts for Further Information

Questions concerning program issues may be directed to the office listed below: Dr. Walter Faggett, Chief, Community Assistance Branch, Office of Treatment Improvement ADAMHA, Rockwall II, 10th Floor, 5600 Fishers Lane, Rockville, Maryland 20857 (301) 443–6533.

Questions concerning grants management issues may be directed to the office listed below: Joseph Weeda, Grants Management Branch, NIAAA, Room 16–86, 5600 Fishers Lane, Rockville, Maryland 20857, (301) 443–4703.

The reporting requirements contained in this announcement are covered under the Paperwork Reduction Act of 1980, Public Law 96–511, OMB Approval Number 0937–0189.

(The Catalog of Federal Domestic Assistance number for this program is 13.195.)

Joseph R. Leone,

Associate Administrator for Management, Alcohol, Drug Abuse, and Mental Health Administration.

[FR Doc. 90–5912 Filed 3–14–90; 8:45 am]

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Cooperative Agreements for Drug Abuse Treatment Improvement Projects in Target Cities

Office: Office for Treatment Improvement, ADAMHA, HHS.

ACTION: Request for applications for cooperative agreements for drug abuse treatment improvement projects in target cities

Background/Purpose

Whereas most areas of the United States could benefit from additional financial aid for their drug treatment efforts, certain cities are facing such extreme numbers of drug users as to characterize them as crisis areas. In its role of implementing demand reduction programs for the National Drug Control

Strategy, and under statutory authority of Section 509G of the Public Health Service Act, the Office for Treatment Improvement (OTI) is undertaking a program to assist such crisis areas in improving their drug treatment services and systems. Cooperative agreement awards will be made to States on behalf of five to eight cities with urgent needs, and which meet the criteria stated elsewhere in this announcement. This program represents a major initiative under the National Drug Control Strategy.

The target cities program is designed to assist in improving the quality and effectiveness of treatment services in cities with critical drug abuse treatment needs. The program will support activities designed to improve the delivery, accessibility and success of treatment services, strengthen the drug treatment infrastructure, and foster coordination and collaboration among local treatment programs. Applicants will be expected to develop proposals based on a comprehensive assessment of the treatment system in the target city. It is intended that treatment improvement initiatives developed in the selected cities will serve as models to the rest of the nation, for systems to provide high quality, patient-oriented, coordinated, accessible drug abuse treatment. It should be noted that the intent of this program is not to support expanded treatment services, but rather to improve existing services.

Projects will be supported for cities in which demand for drug abuse treatment services exists, and in which there is a high prevalence of drug abuse and a high incidence of drug-related crimes. In addition, projects must have a focus on improvement of treatment services for at least one of the following populations: adolescents, minorities, pregnant women, female addicts and their children, or residents of public housing projects.

The cooperative agreement mechanism, involving substantial OTI staff participation after award, is being used to facilitate coordination with other ADAMHA treatment programs, promote collaboration and sharing among the projects funded under this program, and make available expert consultation to assist States and communities in improving drug treatment.

Eligibility

Eligibility is limited to States requesting support on behalf of cities with a population over 315,000, based on 1986 data published in Statistical Abstract of the United States 1989 (109th edition) by the U.S. Department of Commerce, Bureau of the Census (see Appendix A). These data refer to municipal limits as of December 31, 1985. A single State agency for drug abuse treatment (as designated in writing by the Governor) may apply. Each State must provide evidence of the collaboration and involvement of the affected city government, in a letter of agreement between the State and the city.

For purposes of this announcement, "State" is defined as the 50 States, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, and the successor States to the Trust Territory of the Pacific Islands (the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau).

Eligibility is restricted to States in order to maximize the long-term benefit of these awards. It is anticipated that the high degree of State involvement in the projects from the outset will facilitiate planning for State funding of future efforts in the target cities, after Federal funding for the projects has ended. It is also expected that awards to States will ensure coordination of activities in the target cities with ongoing Alcohol, Drug Abuse and Mental Health Services (ADMS) Block Grants, as well as with State drug abuse programs.

Competition is also being limited to applications for projects in cities with a population over 315,000 (representing the top 50 cities in population size) so as to maximize the impact of available funds in large cities of particularly high drug abuse incidence. Applicants will have to demonstrate, with the use of statistics, that the proposed target city has drug abuse problems of crisis proportions.

A State may request support on behalf of only one city. While some States may have multiple cities needing this type of assistance, OTI is restricting eligibility to a single city per State in order to achieve reasonable geographic balance in the overall program, and to permit sufficient intensity of efforts in the selected cities so that a positive outcome is likely.

Program Objectives

This program is designed to improve the quality and effectiveness of drug abuse treatment services in a limited number of cities, which hopefully can serve as models to the rest of the nation of systems providing high quality, patient-oriented, coordinated and accessible drug treatment. This program is intended primarily to enhance and improve existing treatment services, rather than to increase treatment slots or create new treatment programs. However, with appropriate justification and in limited circumstances, funding of increased treatment slots through this program may be considered, within the context of the overall treatment improvement strategy proposed by the applicant. It is not intended that the treatment programs herein described be entirely supported through OTI funds. Rather, these monies are intended to augment existing programs, and as seed money to initiate activities whose funding will later be assumed by other sources.

It is the intent of OTI that individual treatment improvement projects be developed on the basis of a comprehensive needs assessment carried out by the State, in collaboration with city officials and local treatment providers. The general sources of information appropriate for inclusion in such a needs assessment are described in this announcement. The focus of this needs assessment is to determine what problems exist, and to identify needs for improvement, in the current drug abuse treatment system and in the quality and effectiveness of services. This should lead to the development of a proposed treatment improvement project that addresses solutions to the problems identified in the assessment.

The primary objectives that OTI envisions for treatment improvement projects include:

(1) Improving patient retention and reducing relapse;

(2) Improving staff retention and quality;

(3) Providing a full range of drug treatment and related health and human services;

(4) Improving utilization of drug treatment resources; and

(5) Improving treatment services for at least one of the following populations: adolescents, minorities, pregnant women, female addicts and their children, or residents of public housing projects.

Achievement of these objectives will require the adaptation of treatment systems so as to address the complexity of patient needs: biological/physical; psychological; instrumental (child care, transportation, shelter); informational, vocational, and educational; and life skills.

The target cities program is also designed to enhance collaboration among State, local and Federal officials in seeking improvements in the treatment system. Whereas the primary responsibility for the pre-application

needs assessment, preparation of a treatment improvement project plan, and application and conduct of the treatment improvement program lies with the State and target city, OTI staff will play an important collaborative role after awards are made. They will: provide technical assistance in the development of operational plans for the treatment improvement project; offer specialized consultation on particular problem areas; promote exchange of information among the selected cities under this program, State and Federal agencies, and the drug abuse treatment field; conduct a national evaluation; and promote the replication of effective models with promise for use in other sites.

Applicants will be expected to document that there are drug abuse problems of crisis proportions in the target city. However, this is not a sufficient condition for award. Applications will be evaluated on the basis of the adequacy of the needs assessment, extent of systemic problems in the drug abuse treatment system, and adequacy and appropriateness of proposed solutions to these problems.

Program Description

Based on a comprehensive needs assessment, as documented in the application, the State, in collaboration with the city, will develop a proposed treatment improvement project for the target city. Specific treatment improvement objectives must be proposed. A wide range of types of activities can be proposed in support of these objectives. *Four activities are mandatory:*

- Improved coordination among local drug abuse, health, mental health, education, law enforcement, judicial, correctional, and human services agencies;
- Establishment or enhancement of central intake and referral facilities (see Appendix B), including automated patient tracking and referral systems, and the development of appropriate computer and management information system capabilities to support such facilities;
- Implementation of measures to ensure the quality of services provided, for example, the introduction of standards for treatment programs, and the introduction of a wider range of treatment and rehabilitation services to meet patient needs; and
- Activities in which there is a focus on improving treatment services for at least one of the following populations: adolescents, minorities, pregnant women, female addicts and their children, or residents of public housing projects.

Other proposed activities may include, for example: enhanced provision of primary medical care as a component of drug abuse treatment; staff development initiatives, including the development of performance, promotion, and incentive structures; staff training and in-service education to upgrade skills of treatment personnel and to provide information on research findings relating to treatment efficacy; treatment facilities improvements; aftercare enhancement, including activities to improve patient retention and involvement in treatment, and to develop drug-free cooperative living arrangements; enhancement of services for special populations in need; outreach enhancement; improved assessment and treatment planning; reductions in patient-to-staff ratios; mainstreaming treatment of substance abuse into primary medical care settings; improved case management; development and implementation of performance standards for drug treatment programs; and enhancement of counseling and support services for families of persons in treatment.

States/cities may give attention to improving treatment services for other populations, including HIV-infected drug users and the homeless. Also of importance are activities that enhance interagency coordination and services for substance abusers with co-occurring alcohol and/or mental health problems.

Funding for activities to improve treatment for certain special populations is also available under separate OTI grant announcements; however, funds for the same activities in the same program and for the same population may not be requested in more than one application (whether submitted by the State under this announcement or any eligible entity under another OTI announcement). This same principle also applies to other programs of ADAMHA, including those of the Office for Substance Abuse Prevention, the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute of Mental Health.

Coordination among related health and human services agencies and public and private drug treatment providers is expected to be of a substantive, collaborative nature, as indicated in formal letters of agreement or support. It may include such activities as: staff representation on oversight boards; interagency staff meetings or workshops; facilitation of treatment referral; facilitation of referral for aftercare or auxiliary social, vocational, and housing services; provision of training services; and interagency case conferences.

The funded activities for each target city will be overseen by a policy steering group. Each such group will be composed of State and city staff, county staff (if appropriate), and appropriate representation of treatment providing organizations, allied organizations, and OTI staff. It is expected that this group will have about 10 to 20 members. The State will be responsible for convening regular meetings of the group, on a schedule to be determined in collaboration with OTI staff. During such meetings, the group will review plans and progress to date, and will make recommendations to the State and the city.

Other than State costs specified below under Terms and Conditions, monies awarded through these cooperative agreements are designated primarily to serve the needs of residents living within the municipal limits of the affected city. At the State's option, however, proposed activities may also draw on resources located in areas of the surrounding jurisdictions, if use of such resources will enhance services for residents of the selected city. Support may also be requested for activities involving improvements in services and/or coordination with surrounding jurisdictions, but the primary focus of the project activities must be on the target city.

Letter of Intent

States planning to submit an application for a cooperative agreement under this program are requested to submit a letter of intent to OTI. Such notification is used by OTI for purposes of review and program planning. The letter of intent should be no longer than one page and should succinctly indicate:

- The title of this announcement;
- The potential applicant State and city;
- The name and affiliation of the individual who will be assigned to coordinate the development of the cooperative agreement project; and
- The overall scope of the proposed program, including a brief description of the likely goals and objectives of the proposed project, including specific treatment improvement strategies.

The letter of intent is due April 1, 1990. The letter should be directed to Walter Faggett, M.D., Office for Treatment Improvement, ADAMHA, 5600 Fishers Lane, Rockwall II Building, 10th Floor, Rockville, MD 20857. The

letter of intent is voluntary, and States submitting the letter incur no further obligation to submit a formal application.

Application Process

States should use the grant application form PHS 5161–1 (Rev. 3/89). This title of the RFA, "Cooperative Agreements for Drug Abuse Treatment Improvement Projects in Target Cities," should be typed in item number 9 on the face page of the form.

Application kits containing the PHS 5161–1 and necessary instructions may be obtained from: Office for Treatment Improvement, c/o Technical Resources, Inc., P.O. Box 919, Rockville, MD 20848–0919.

The signed original and two permanent, legible copies of the form PHS 5161–1 must be sent to: Office for Treatment Improvement, c/o Technical Resources, Inc., P.O. Box 919, Rockville, MD 20848–0919.

Application Receipt and Review

All applications must be received by OTI by May 23, 1990. Applications received after this date will be returned without consideration.

Applicants should request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.

Applications will be reviewed, and, if necessary, site visited, during June and July. Awards will be made by September 30, 1990.

Application Requirements

Each eligible State, in collaboration with the selected target city, will develop and submit an application for funding. The application should describe a plan of implementation covering the full period for which funding is requested (i.e. the full three-year period). The narrative section of the PHS 5161–1 form must address the following topics and be preceded by an Abstract and a Table of Contents identifying sections A–G and appendices as follows:

Narrative

A. Specific Aims
B. Background and Significance
C. Demonstration and Assessment of Need
D. Project Approach
E. Resources/Budget
F. Project Staffing and Organization
G. Evaluation Plan

Appendices

(Be sure to label appendices for each separate component.)

Appendix I. Information on Participating Organizations and Individuals
Appendix II. State/City Letter of Agreement
Appendix III. Other Letters of Agreement or Support
Appendix IV. Resources/Other Support
Appendix V. Organizational Charts
Appendix VI. Resumes of Key Staff
Appendix VII. Job Descriptions for Key Staff

Abstract. The abstract should not exceed thirty typed lines on a single page. The abstract should clearly present the application in summary form, from a "who-what-when-how-where" perspective, so that reviewers can see how the multiple parts of the application fit together to form a coherent whole.

The narrative section of the application shall consist of no more than 115 single-spaced, typed pages. Sections A, B, C, and G combined shall not exceed 15 pages. Sections D, E, and F combined shall not exceed 20 pages for each component, as defined below under instructions for those sections. Separate plans may be submitted for no more than five program components. The narrative should be written in a manner that is self-explanatory to outside reviewers who are unfamiliar with prior related activities of the applicant or the community involved.

A. *Specific Aims.* This section of the application must specify goals and objectives for the proposed program and indicate how these relate to the needs identified in the needs assessment.

B. *Background and Significance.* This section specifies the social and historical context of drug abuse problems in the targeted locality, and the resources that have been devoted to their treatment. It demonstrates familiarity and experience with, and understanding of, drug abuse treatment in the targeted community. It provides a description of the community the proposed project is intended to serve (e.g., population, location, demographic and socioeconomic characteristics, ethnic minority composition). It describes how the project will contribute to drug treatment improvement and enhancement for the city, rather than duplication of efforts already underway.

C. *Demonstration and Assessment of Need.* This section must describe need through the use of a quantitative and qualitative analysis, and must present an overview of the current capacity of the existing treatment system.

Applications must demonstrate that there are drug abuse problems of crisis proportions by use of statitics such as: drug abuse admissions to emergency rooms; drug abuse-related deaths; drug abuse-related HIV infection rates; incidence of drug use among arrestees; crime statistics; and data on waiting lists or other measures of demand for treatment.

The applicant's assessment of needs for treatment improvement must be described in the application in detail. The assessment approach may include such qualitative as ethnographic analyses, surveys of key individuals in the community, community forums, and focus groups. The applicant may also examine quantitative data from such sources as the U.S. Census, market research, surveys of treatment programs, epidemiologic and other surveys, city planning department records, medical records/utilization figures, and criminal justice/local police profiles. The submission of maps indicating specific communities or neighborhoods in need of drug treatment improvement is encouraged. In addition, the procedures used in conducting the needs assessment must be described in the application, including what individuals, agencies, and organizations participated in the assessment.

Treatment system assessments may focus on currently constituted program components, such as:

- Patient intake and referral procedures within and across programs;
- Community outreach activities to encourage entrance to treatment;
- Resource conditions and needs of treatment programs, including physical plant, staffing (quality, recruitment, retention, training, and caseload);
- Availability and quality of appropriate treatment and aftercare modalities to serve populations in need of services, including current number of drug treatment slots;
- Types of services commonly found in local treatment programs;
- Coordination among relevant agencies (e.g., general health care, criminal justice system, education, welfare, and other social service agencies) as related to intake/referral, treatment, and post-treatment follow-up.

Applications should include examples of how the affected city has attempted to deal with the identified needs and other deficiencies to date. Applications should describe the needs of special populations, including pregnant women and their children, female drug abusers, ethnic minorities, adolescents, HIV-infected drug users, residents of public housing projects, the homeless, and substance abusers with co-occurring alcohol and/or mental health problems.

D. *Project Approach.* To the extent possible, separate the project into discrete components centered around major objectives of the treatment improvement project, and present a

separate plan for each. In this section, clearly identify specific proposed activities that address each of the mandatory activities cited under *Program Description,* as well as other proposed activities. Each plan must provide the following information:

- A discussion of specific objectives, which should be stated in measurable terms and related to behavioral, environmental, and/or administrative changes the project will aim to achieve. Also, there should be a clear statement as to how each objective relates to the overall goal of treatment improvement;
- A detailed description of planned activities for addressing each objective;
- A brief, clear description of the proposed organizations and agencies with central involvement in the project. This description may be provided once, rather than repeated in the project plan for each component. Provide, as an appendix to the application, names, addresses, and brief descriptions of organizations, along with the name and phone number of the responsible contact person at each organization. A description of the collaborative relationship between the State and the city should be provided in the narrative. A letter of agreement between the State and the city must be included in a specially labeled appendix. Letters of agreement or support with other organizations or agencies should also be included in a separate appendix.
- A description of the activities to be undertaken, and how these activities address the needs described under section C.
- A project management plan with specific timelines for implementation of the activities. This must include a description of tasks to be performed, their sequence, performance schedule, and their relationship to each other. The accomplishment of these tasks should be related to the project goals and objectives.
- Measures to address the needs of relevant minority groups in the community.
- A description of the involvement and role of the policy steering group, suggested candidates for membership, and a proposed meeting schedule. This description may be provided once, rather than repeated in the project plan for each component.

E. *Resources/Budget.* To the extent possible, separate the project into discrete components centered around major objectives of the treatment improvement project, and present a separate plan for each. Each plan should describe and justify the resources requested, including personnel, fringe benefits, travel, equipment, supplies, contractual, renovation, other, direct, and indirect charges. Describe the facilities, equipment, services, and other resources available to carry out the project and specify their source (e.g., agency, organization, individual). Indicate the terms, conditions, and timetables of availability of these resources. Include plans for obtaining continued support for the project after funding under this cooperative agreement program has ended, such as State or local revenues, support from the business community, third party revenues, Federal Block Grant funds, patient fees, or other fund-raising activities.

"Other support" refers to all current or pending support related to this application. Applicant organizations are reminded of the necessity to provide full and reliable information regarding "other support," i.e. all Federal and non-Federal active or pending support. Applications should be cognizant that serious consequences could result if failure to provide complete and accurate information is construed as misleading to PHS, and could therefore lead to delay in the processing of the application. In signing the face page of the application, the authorized representative of the applicant organization certifies that the application information is accurate and complete.

For your organization and key organizations that are collaborating with you in this proposed project, list all currently active support and any applications/proposals pending review or funding that relate to the project. If none, state "none."

For all active and pending support listed, also provide the following information:

(1) Source of support (including identifying number and title).

(2) Dates of entire project period.

(3) Annual direct costs supported/requested.

(4) Brief description of the project.

(5) Whether project overlaps, duplicates, or is being supplemented by the present application. Delineate and justify the nature and extent of any programmatic and/or budgetary overlaps.

This information must be provided in a specially labeled appendix, "Resources/Other Support."

F. *Project Staffing and Organization.* To the extent possible, separate the project into discrete components centered around major objectives of the treatment improvement project, and present a separate plan for each. Each plan should provide a description of the organizational structure of the proposed project, and a chart showing the relationships among the proposed organizations and agencies with central involvement in the project should be included in a specially labeled appendix.

Designate key staff on the project, and include their resumes in a specially labeled appendix. Distinguish between staff whose salaries are funded by the project, and key staff involved in the project, but not paid through the cooperative agreement monies. Job descriptions for all key professional positions identified in the proposed budget must be included in a specially labeled appendix. Provide a staff loading chart, indicating proportion of staff time to be spent on the designated tasks outlined in section D.

Include a brief narrative section describing how staff will be recruited and selected, and whether any particular mix of background, skills, and personal qualities of staff is proposed. Consideration must be given to the employment of staff representing the gender, ethnic, and cultural composition of the target communities.

G. *Evaluation Plan.* Aplications must include an evaluation plan that addresses both process and outcome components. The results of the process evaluation should, at a minimum, provide a useful description of what kind of changes were made in the treatment system, by whom, and how and where the changes were implemented. The outcome evaluation is intended to assess whether the program was effective in meeting the goals resulting from the applicant's needs assessment. The applicant must incorporate into the plan responsibilities for the data collection and analysis necessary to conduct evaluation at the project level, and an outline of the types of data to be collected.

In addition to the applicant's individual project evaluation, a national evaluation will be conducted by a contractor whose services are procured by OTI. The application must state the willingness of the applicant to participate in the national evaluation.

Review Process

Applications will be reviewed in accordance with PHS/ADAMHA policies for objective review. One or more review groups, consisting primarily of non-Federal experts, will review the applications for technical merit.

The objective review group(s) will conduct an initial review of each application on the basis of the review criteria listed below, and will determine

whether each application is competitive or non-competitive. Members of the review group(s) will conduct site visits for those applications judged to be competitive. Following the site visits, the reviewers will assign ratings based on merit. These ratings will be a major consideration in making funding decisions. Written notification of the results of the review will be sent to the States.

For projects proposing multiple components, the rating assigned to each application will reflect an assessment of the merits of individual components, along with an asssessment of the overall project as an integrated approach to treatment improvement in the target city. Reviewers may disapprove individual components if they are deemed not to be sufficiently meritorious. However, since the rating will reflect the assessment of all approved components and the approved project as a whole, it is important that all parts of the application be well designed.

Review Criteria

Review criteria will include:

- Demonstrated drug abuse problems of crisis proportions in the city;
- Demonstrated need of the city for improvement of drug abuse treatment services;
- Adequacy and comprehensiveness of the needs assessment;
- Clarity and reasonability of the goals and objectives in view of the needs assessment;
- Adequacy and appropriateness of the proposed plan to carry out the project;
- Feasibility of the proposed project;
- Qualifications and experience of the project director and other key personnel;
- Availability of adequate facilities, other resources, and collaborative arrangements necessary for the project;
- Appropriateness of budget request for the proposed activities;
- Evidence of support and specific commitments from relevant State and local groups and agencies involved in the project;
- Evidence that the proposed project is ethnically, racially, and culturally relevant to target populations;
- Appropriateness of plans for improving services for special populations in need;
- Logic and reasonability of project management plan;
- Feasibility of the approach for continued support for the project after Federal funding has ended;
- Degree to which Federal funds are likely to have an impact or to be able to leverage other available resources.
- Adequacy of the evaluation plan.

Award Criteria

Upon completion of the technical review, award decisions will be made by OTI staff. These will be based upon: overall technical merit of the project as determined by objective review; OTI's program needs and balance; availability of funds; geographic balance; potential applicability of the proposed project to other cities; and focus on cultural and ethnic minority populations.

Cities that have been declared high intensity drug trafficking areas by the Office of National Drug Control Policy will be given special consideration. However, such designation is neither a necessary nor a sufficient condition for award.

National Evaluation

The Office for Treatment Improvement will award an independent contract for the national evaluation of the programs in the selected cities. Participation in the national evaluation is a requirement of the cooperative agreement.

Confidentiality

"Confidentiality of Alcohol and Drug Abuse Patient Records Regulations" (42 CFR part 2) are applicable to any information about alcohol and other drug abuse patients obtained by a "program" (42 CFR 2.11), if the program is Federally assisted in any manner (42 CFR 2.12b). This means that all project patient records are confidential and may be disclosed and used only in accordance with 42 CFR part 2.

Role of OTI Staff

The cooperative agreement mechanism involves substantial Federal programmatic involvement in the conduct of the treatment improvement project, post-award. This may include: assisting in design of systems changes; provisions of extensive technical assistance; promoting exchange of relevent information among the selected cities, including the facilitation of a learning community, an ongoing information exchange involving the selected cities, States, and treatment experts; contributing guidance to enhance the potential reproducibility of results by other communities; participating in and/or providing support services for training, evaluation, and data collection; arranging for conferences designed to support the activities of the individual cooperative agreements; and membership on policy steering groups and other working groups established to facilitate accomplishment of the project goals.

OTI will provide technical assistance to target cities on an ongoing basis. Such technical assistance will include, but not be limited to, the identification of treatment and management consultants who can provide on-site technical assistance (both within and outside the Federal government), and logistical support to bring consultative assistance on site (travel, compensation, etc.).

Moving from planning to implementation of the overall project will require the prior written approval of the OTI Grants Management Officer. OTI staff must approve plans to subcontract any significant program activities.

Terms and Conditions

Funds may be used for expenses clearly related and necessary to carry out the described project, including both direct costs that can be specifically identified with the project and allowable indirect costs of the organizations. Funds cannot be used to supplant current funding for existing activities. Allowable items of expenditure for which support may be request include:

- Salaries, wages, and fringe benefits of professional and other supporting staff engaged in the project activities.
- Travel directly related to carrying out activities under the approved project.
- Supplies, communications, and rental of space directly related to approved project activities.
- Contracts for performance of activities under the approved project.
- Alterations and renovations (A & R). Costs for A & R of facilities will be allowable where necessary for carrying out treatment improvement objectives. These costs are subject to PHS policy, which states that the costs for A & R cannot exceed the lesser of $150,000 or 25% of the total funds to be awarded for direct costs in a three-year period. In addition, the maximum amount of PHS funds that may be sent for any single A & R project is $150,000. Construction costs are not allowable.
- Other such items necessary to support project activities.

This program is intended primarily to enhance and improve treatment services, rather than simply to increase the availability of treatment slots. In certain instances, however, the funding of increased treatment slots or the purchase of treatment services through this program may be considered, if it is justified by the needs assessment.

Whereas these cooperative agreements are intended to serve the needs of residents living in the approved

city, no less than 95 percent of the total amount awarded must be allocated for activities at the local level to improve treatment services for these residents. From any remaining funds, the States may recover up to its actual costs (but in no case more than 5 percent) of involvement (direct and indirect) in the program.

Recipients will be responsible for assuring that any subcontracts are made by competent contractual agreements, as appropriate under State or local law, and as approved by the OTI Government Project Officer.

The cooperative agreements will be subject to the Department of Health and Human Service's generic requirements concerning the administration of grants, as set forth in 45 CFR part 92. Cooperative agreements must be administered in accordance with the PHS Grants Policy Statement (Rev. January 1, 1987).

Executive Order 12372

Intergovernmental review requirements of Executive Order 12372, as implemented through Department of Health and Human Services Regulations in 45 CFR part 100 are applicable to this program. Through this process, States, in consultation with local governments, are provided the opportunity to review and to comment on applications for Federal financial assistance. Applicants should contact the State's Single Point of Contact (SPOC) as early as possible to determine the applicable procedure. A current listing of SPOCs will be included in the application kit. SPOC comments should be forwarded, within 60 days of the receipt date, to:

Office for Treatment Improvement, c/o Technical Resources, Inc., P.O. Box 919, Rockville, MD 20848–0919.

OTI does not guarantee to accommodate or to explain comments from the SPOC that are received after the 60-day period.

Cooperative Agreement Product Ownership

All products developed with these cooperative agreement funds (with the exception of publications in scientific journals) must be published in the public domain and may not be copyrighted, unless prior approval is obtained from the Grants Management Officer. In addition, such products must prominently state: "This document is in the public domain, is not copyrighted, and may be duplicated and used without prior approval." Recipients of the cooperative agreement funds are strongly encouraged to make such products widely available.

Period of Support

Support may be requested for a period of three years. Annual awards will be made subject to continued availability of funds and progress achieved.

Availability of Funds

In fiscal year 1990, approximately $28 million is available to support this program. The expected average amount of an award is $4 million. Awards in future fiscal years are subject to availability of funds.

For Further Information

Questions concerning programs issues may be directed to: Walter Faggett, M.D., Office for Treatment Improvement, ADAMHA, 5600 Fishers Lane, Rockwall II Building, 10th Floor, Rockville, MD 20857, (301) 443–6501.

Questions concerning grants management issues may be directed to: Joseph Weeda, Grants Management Branch, NIAAA, Room 16–86, 5600 Fishers Lane, Rockville, MD 20857, (301) 443–4703. The reporting requirements contained in this announcement are covered under the Paperwork Reduction Act of 1980, Public Law 96–511, OMB Approval Number 0937–0189.

(The Catalog of Federal Domestic Assistance Number for this program is 13.196).

Appendix A—Cities With a Population Over 315,000 in 1986

(Based on 1986 data published in Statistical Abstract of the United States 1989, 109th edition, by the U.S. Department of Commerce, Bureau of the Census. Data refer to municipal limits as of December 31, 1985.)

Albuquerque, NM
Atlanta, GA
Austin, TX
Baltimore, MD
Boston, MA
Buffalo, NY
Charlotte, NC
Chicago, IL
Cincinnati, OH
Cleveland, OH
Columbus, OH
Dallas, TX
Denver, CO
Detroit, MI
El Paso, TX
Fort Worth, TX
Honolulu, HI
Houston, TX
Indianapolis, IN
Jacksonville, FL
Kansas City, MO
Long Beach, CA
Los Angeles, CA
Memphis, TN
Miami, FL
Milwaukee, WI
Minneapolis, MN
Nashville-Davidson, TN
Newark, NJ
New Orleans, LA
New York, NY
Oakland, CA
Oklahoma City, OK
Omaha, NE
Philadelphia, PA
Phoenix, AZ
Pittsburgh, PA
Portland, OR
Sacramento, CA
St. Louis, Mo
San Antonio, TX
San Diego, CA
San Francisco, CA
San Jose, CA
Seattle, WA
Toledo, OH
Tucson, AZ
Tulsa, OK
Virginia Beach, VA
Washington, DC

Appendix B—Design for a Model Central Intake and Referral Unit

What Is It?

"Central intake units" were originally developed in the 1970's. These units were designed to serve an entire city, to evaluate the treatment needs of drug abusers, and to refer them to an appropriate external program for treatment. The unit would: interview applicants; put together a personal history; undertake medical, psychological, and other tests if required; and then supply information to the treatment program.

Central intake and referral units generally perform these functions, but also:

- Operate a well-publicized hotline for drug abusers, parents, schools, employers, or others interested in getting information about treatment;
- Conduct outreach programs in jails, courts, schools, emergency rooms, places of employment, and on the street to entice drug abusers into treatment;
- Enroll persons seeking treatment and monitor their movement through the system and their treatment progress;
- Serve as a treatment broker by selecting the appropriate programs for applicants;
- Collect data on the nature, capacity, and quality of the programs in the local treatment network;
- Serve as a resource for epidemiological studies of the local drug scene, shifts in patterns of use, and the spread of AIDS among drug abusers.

Each city funded under this cooperative agreement program must establish or enhance a centralized intake and referral process. In most cities, this will be in a central location.

What Are the Advantages?

These units do not replace the existing outreach, case finding, and intake procedures of local treatment programs, but a local program could contract with the units to provide the program with assessment and intake services.

Employee assistance programs may contract with the units for referral and case management.

The units add to the rapidity and flexibility with which the treatment network responds to changing drug abuse patterns. Because the units are in continuous contact with drug abusers throughout the community, they can

immediately detect changes in treatment needs. Because they are in contact with the entire treatment network, they can identify gaps in services.

Joseph R. Leone,

Associate Administrator for Management, Alcohol, Drug Abuse, and Mental Health Administration.

[FR Doc. 90-5911 Filed 3-14-90; 8:45 am]

BILLING CODE 4160-20-M

Centers for Disease Control

National Institute for Occupational Safety and Health; Meeting of the Performance Characterization Testing of Certified Coal Mine Dust Personal Sampling Units

Name: Performance Characterization Testing of Certified Coal Mine Dust Personal Sampling Units.

Time and Date: 1 p.m.–4 p.m., March 22, 1990.

Place: Alice Hamilton Laboratory, NIOSH, CDC, Conference Room C, 5555 Ridge Avenue, Cincinnati, Ohio 45213.

Status: Open to the public, limited only by the space available.

Purpose: To conduct an open meeting for the review of a project entitled, "Performance Characterization Testing of Certified Coal Mine Dust Personal Sampling Units." This project will assess the performance characteristics of coal mine dust personal sampling units currently certified by National Institute for Occupational Safety and Health (NIOSH) under title 30, part 74 of the Code of Federal Regulations. Determining the level of performance of currently certified coal mine dust personal sampler units during subjection to any array of national and international tests will aid in the development of measurable performance criteria for candidate sampler acceptance and certification.

CONTACT PERSON FOR ADDITIONAL INFORMATION: John M. Dower, NIOSH, CDC, 944 Chestnut Ridge Road, Morgantown, West Virginia 26505–2888 Telephone: Commercial (304) 291–4716, FTS: 923–4716.

Dated: March 9, 1990.

Elvin Hilyer,

Associate Director for Policy Coordination, Centers for Disease Control.

[FR Doc. 90-5910 Filed 3-14-90; 8:45 am]

BILLING CODE 4160-19-M

Food and Drug Administration

Lasalocid for Use in Rabbits; Data; Availability

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the availability of target animal safety and effectiveness and environmental data to be used in support of a new animal drug application (NADA) for use of lasalocid sodium in Type C rabbit feed. The data, contained in Public Master File (PMF) 5042, were compiled under Interregional Research Project No. 4 (IR–4), a national agricultural program for obtaining clearances for use of agricultural products for minor or special uses.

ADDRESSES: Submit NADA's to Document Control Section (HFV–16), Center for Veterinary Medicine, Food and Drug Administration, Rm. 6B–45, 5600 Fishers Lane, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: Marcia K. Larkins, Center for Veterinary Medicine (HFV–112), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–443–3430.

SUPPLEMENTARY INFORMATION: The use of lasalocid in rabbit feed is a new animal drug use under section 201(w) of the Federal Food, Drug, and Cosmetic Act (the act) (21 U.S.C. 321(w)). As a new animal drug, it is subject to section 512 of the act (21 U.S.C. 360b), requiring that it uses be the subject of an approved NADA. The University of Florida IR–4 Project, Southern Region, College of Veterinary Medicine, P.O. Box J–137 JHMHC, Gainesville, FL 32610–0137, provided data and information to demonstrate effectiveness, safety to the target animal, and tissue residue depletion, for use of 125 parts per million lasalocid sodium Type C rabbit feed for prevention of liver coccidiosis caused by *Eimeria stiedae*. The University of Florida also provided an environmental assessment of possible impacts at the site of use of the animal drug product. The data and information are contained in PMF 5042.

Sponsors of NADA's or supplemental NADA's may reference the PMF without further authorization to support the application's approval. An NADA or supplemental NADA should include, in addition to a reference to the PMF, animal drug labeling; other information needed for approval such as human food safety data; information and data concerning manufacturing methods, facilities, and controls; and information addressing the potential environmental impacts of the manufacturing process. Persons desiring more information concerning the PMF or requirements for appoval of an NADA may contact Marcia K. Larkins (address above).

In accordance with the freedom of information provisions of Part 20 (21 CFR part 20) and § 514.11(e)(2)(ii) (21 CFR 514.11(e)(2)(ii)), a summary of safety and effectiveness data and information in this PMF submitted to support approval of an application may be seen in the Dockets Management Branch (HFA–305), Food and Drug Administration, Rm. 4–62, 5600 Fishers Lane, Rockville, MD 20857, from 9 a.m. to 4 p.m., Monday through Friday.

Dated: March 7, 1990.

Gerald B. Guest,

Director, Center for Veterinary Medicine.

[FR Doc. 90-5934 Filed 3-14-90; 8:45 am]

BILLING CODE 4160-01-M

[Docket No. 90F-0064]

Adeka Argus Chemical Co., Ltd.; Filing of Food Additive Petition

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that Adeka Argus Chemical Co, Ltd., has filed a petition proposing that the food additive regulations be amended to provide for the safe use of phosphorous acid, cyclic neopentanetetrayl bis(2,6-di-*tert*-butyl-4-methylphenyl) ester as an antioxidant and/or a stabilizer in polypropylene articles intended for contact with food.

FOR FURTHER INFORMATION CONTACT: Sandra L. Varner, Center for Food Safety and Applied Nutrition (HFF–335), Food and Drug Administration, 200 C St. SW., Washington, DC 20204, 202–472–5690.

SUPPLEMENTARY INFORMATION: Under the Federal Food, Drug, and Cosmetic Act (sec. 409(b)(5) (21 U.S.C. 348(b)(5))), notice is given that Adeka Argus Chemical Co., Ltd., 5–2–13, Shirahata, Urawa City, Saitama Prefecture, Japan has filed a petition (FAP OB4186), proposing that the food additive regulations be amended to provide for the safe use of phosphorous acid, cyclic neopentanetetrayl bis(2,6-di-*tert*-butyl-4-methylphenyl) ester as an antioxidant and/or a stabilizer in polypropylene articles intended for contact with food.

The potential environmental impact of this action is being reviewed. If the agency finds that an environmental impact statement is not required and this petition results in a regulation, the notice of availability of the agency's finding of no significant impact and the evidence supporting that finding will be published with the regulation in the

Federal Register in accordance with 21 CFR 25.40(c).

Dated: March 6, 1990.

Fred R. Shank,

Director, Center for Food Safety and Applied Nutrition.

[FR Doc. 90-5861 Filed 3-14-90; 8:45 am]

BILLING CODE 4160-01-M

[Docket No. 90F-0074]

Alpha Omega Technology, Inc.; Filing of Food Additive Petition

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that Alpha Omega Technology, Inc., has filed a petition proposing that the food additive regulations be amended to provide for the safe use of a source of radiation to treat shellfish and finfish.

FOR FURTHER INFORMATION CONTACT:

Clyde A. Takeguchi,

Center for Food Safety and Applied Nutrition (HFF-330),

Food and Drug Administration,

200 C St. SW.,

Washington, DC 20204,

202-472-5740.

SUPPLEMENTARY INFORMATION: Under the Federal Food, Drug, and Cosmetic Act (sec. 409(b)(5) (21 U.S.C. 348(b)(5))), notice is given that Alpha Omega Technology, Inc., 1279 Route 46 East, Parsippany, NJ 07054, has filed a petition (FAP OM4181) proposing that § 179.26 *Ionizing radiation for the treatment of food* (21 CFR 179.26) be amended to provide for the safe use of a source of radiation to irradiate shellfish and finfish for the purpose of extending shelf life and to control infection of microorganisms and parasites.

The potential environmental impact of this action is being reviewed. If the agency finds that an environmental impact statement is not required and this petition results in a regulation, the notice of availability of the agency's finding of no significant impact and the evidence supporting that finding will be published with the regulation in the Federal Register in accordance with 21 CFR 25.40(c).

Dated: March 6, 1990.

Fred R. Shank,

Director, Center for Food Safety and Applied Nutrition.

[FR Doc. 90-5862 Filed 3-14-90; 8:45 am]

BILLING CODE 4160-01-M

[Docket No. 90F-0063]

Henkel Corp.; Filing of Food Additive Petition

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that Henkel Corp. has filed a petition proposing that the food additive regulations be amended to provide for the safe use of a mixed ester product resulting from the reaction of pentaerythritol and dipentaerythritol with C_{14}–C_{22} fatty acids as a release agent for ethylene-1,4-cyclohexylene dimethylene terephthalate copolymers, polyethylene phthalate polymers, and poly(tetramethylene terephthalate) intended for use in contact with food.

FOR FURTHER INFORMATION CONTACT:

Sandra L. Varner,

Center for Food Safety and Applied Nutrition (HFF-335),

Food and Drug Administration,

200 C St. SW.,

Washington, DC 20204,

202-472-5690.

SUPPLEMENTARY INFORMATION: Under the Federal Food, Drug, and Cosmetic Act (sec. 409(b)(5) (21 U.S.C. 348(b)(5))), notice is given that a petition (FAP OB4194) has been filed by Henkel Corp., Organic Products Division, 300 Brookside Ave., Ambler, PA 19002, proposing that § 178.3860 Release agents (21 CFR 178.3860) be amended to provide for the safe use of a mixed ester product resulting from the reaction of pentaerythritol and dipentaerythritol with C_{14}–C_{22} fatty acids as a release agent for ethylene-1,4-cyclohexylene dimethylene terephthalate copolymers, polyethylene phthalate polymers, and poly(tetramethylene terephthalate) intended for use in contact with food.

The potential environmental impact of this action is being reviewed. If the agency finds that an environmental impact statement is not required and this petition results in a regulation, the notice of availability of the agency's finding of no significant impact and the evidence supporting that finding will be published with the regulation in the Federal Register in accordance with 21 CFR 25.40(c).

Dated: March 6, 1990.

Fred R. Shank,

Director, Center for Food Safety and Applied Nutrition.

[FR Doc. 90-5863 Filed 3-14-90; 8:45 am]

BILLING CODE 4160-01-M

[Docket No. 90G-0035]

Novo Laboratories, Inc.; Filing of Petition for Affirmation of GRAS Status

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that Novo Laboratories, Inc., has filed a petition (GRASP 7G0326), proposing that maltogenic amylase enzyme preparation derived from a genetically modified *Bacillus subtilis* be affirmed as generally recognized as safe (GRAS) as a direct human food ingredient.

DATES: Comments by May 14, 1990.

ADDRESSES: Written comments to the Dockets Management Branch (HFA-305), Food and Drug Administration, Rm. 4-62, 5600 Fishers Lane, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT:

Eric L. Flamm,

Center for Food Safety and Applied Nutrition (HFF-334),

Food and Drug Administration,

200 C St. SW.,

Washington, DC 20204,

202-426-8950.

SUPPLEMENTARY INFORMATION: Under the Federal Food, Drug, and Cosmetic Act (secs. 201(s), 409 (21 U.S.C. 321(s), 348)) and the regulations for affirmation of GRAS status in § 170.35 (21 CFR 170.35), notice is given that Novo Laboratories, Inc., 33 Turner Rd., Danbury, CT 06810-5101, has filed a petition (GRASP 7G0326), proposing that maltogenic amylase enzyme preparation derived from a genetically modified *B. subtilis* be affirmed as GRAS for use as a direct human food ingredient.

The petition has been placed on display at the Dockets Management Branch (address above).

Any petition that meets the requirements outlined in §§ 170.30 and 170.35 (21 CFR 170.30 and 170.35) is filed by the agency. There is no prefiling review of the adequacy of data to support a GRAS conclusion. Thus, the filing of a petition for GRAS affirmation should not be interpreted as a preliminary indication of suitability for GRAS affirmation.

The potential environmental impact of this action is being reviewed. If the agency finds that an environmental impact statement is not required and this petition results in a regulation, the notice of availability of the agency's finding of no significant impact and the evidence supporting that finding will be published with the regulation in the