

**FEDERAL RESERVE SYSTEM****Buena Vista Bancorp, Inc.; Application To Engage de novo in Permissible Nonbanking Activities**

The company listed in this notice has filed an application under § 225.23(a)(1) of the Board's Regulation Y (12 CFR 225.23(a)(1)) for the Board's approval under section 4(c)(8) of the Bank Holding Company Act (12 U.S.C. 1843(c)(8)) and § 225.21(a) of Regulation Y (12 CFR 225.21(a)) to commence or to engage *de novo*, either directly or through a subsidiary, in a nonbanking activity that is listed in § 225.25 of Regulation Y as closely related to banking and permissible for bank holding companies. Unless otherwise noted, such activities will be conducted throughout the United States.

The application is available for immediate inspection at the Federal Reserve Bank indicated. Once the application has been accepted for processing, it will also be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the question whether consummation of the proposal can "reasonably be expected to produce benefits to the public, such as greater convenience, increased competition, or gains in efficiency, that outweigh possible adverse effects, such as undue concentration of resources, decreased or unfair competition, conflicts of interests, or unsound banking practices." Any request for a hearing on this question must be accompanied by a statement of the reasons a written presentation would not suffice in lieu of a hearing, identifying specifically any questions of fact that are in dispute, summarizing the evidence that would be presented at a hearing, and indicating how the party commenting would be aggrieved by approval of the proposal.

Comments regarding the application must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than April 3, 1991.

**A. Federal Reserve Bank of St. Louis** (Randall C. Sumner, Vice President) 411 Locust Street, St. Louis, Missouri 63166:

1. *Buena Vista Bancorp, Inc.*, Chester, Illinois; to receive a percentage of all credit life insurance premiums generated by its subsidiary bank, Buena Vista National Bank of Chester, Chester, Illinois, pursuant to § 225.25(b)(8)(i) of the Board's Regulation Y. These activities will be conducted in Randolph County, Illinois, as well as contiguous portions of Jackson County, Illinois; Perry County, Missouri, and other such areas in which depositors are located.

Board of Governors of the Federal Reserve System, March 11, 1991.

William W. Wiles,

Secretary of the Board.

[FR Doc. 91-6173 Filed 3-14-91; 8:45 am]

BILLING CODE 6210-01-F

**First Staunton Bancshares, Inc., et al.; Formations of, Acquisitions by, and Mergers of Bank Holding Companies**

The companies listed in this notice have applied for the Board's approval under section 3 of the Bank Holding Company Act (12 U.S.C. 1842) and § 225.14 of the Board's Regulation Y (12 CFR 225.14) to become a bank holding company or to acquire a bank or bank holding company. The factors that are considered in acting on the applications are set forth in section 3(c) of the Act (12 U.S.C. 1842(c)).

Each application is available for immediate inspection at the Federal Reserve Bank indicated. Once the application has been accepted for processing, it will also be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing to the Reserve Bank or to the offices of the Board of Governors. Any comment on an application that requests a hearing must include a statement of why a written presentation would not suffice in lieu of a hearing, identifying specifically any questions of fact that are in dispute and summarizing the evidence that would be presented at a hearing.

Unless otherwise noted, comments regarding each of these applications must be received not later than April 3, 1991.

**A. Federal Reserve Bank of St. Louis** (Randall C. Sumner, Vice President) 411 Locust Street, St. Louis, Missouri 63166:

1. *First Staunton Bancshares, Inc.*, Staunton, Illinois; to become a bank holding company by acquiring 100 percent of the voting shares of The First National Bank in Staunton, Staunton, Illinois.

**B. Federal Reserve Bank of Kansas City** (Thomas M. Hoenig, Vice President) 925 Grand Avenue, Kansas City, Missouri 64198:

1. *Bancshares of Jackson Hole, Inc.*, Jackson, Wyoming; to become a bank holding company by acquiring 100 percent of the voting shares of Jackson Hole Bancshares Corporation, Jackson, Wyoming, and thereby indirectly acquire 83.9 percent of the voting shares of Bank of Jackson Hole, Jackson, Wyoming.

Board of Governors of the Federal Reserve System, March 11, 1991.

William W. Wiles,

Secretary of the Board.

[FR Doc. 91-6174 Filed 3-14-91; 8:45 am]

BILLING CODE 6210-01-F

**GENERAL SERVICES ADMINISTRATION****Information Collection Activities Under Office of Management and Budget Review**

**AGENCY:** Office of Acquisition Policy (VP), GSA.

**SUMMARY:** The GSA hereby gives notice under the Paperwork Reduction Act of 1980 that it is requesting the Office of Management and Budget (OMB) to renew expiring information collection 3090-0200, GSAR part 514: Sealed Bidding. The information requested regarding an offeror's monthly production capability is needed to make progressive awards to ensure coverage of stock items.

**ADDRESSES:** Send comments to Bruce McConnell, GSA Desk Officer, room 3235, NEOB, Washington, DC, 20503, and to Mary L. Cunningham, GSA Clearance Officer, General Services Administration (CAIR), 18th & F Street NW., Washington, DC 20405.

Annual Reporting Burden:

Respondents: 26; annual responses:

1.0; average hours per response:

0.1667; burden hours: 4.33.

**FOR FURTHER INFORMATION CONTACT:** Ida M. Ustad, (202) 501-1224. Copy of Proposal: May be obtained from the Information Collection Management Branch (CAIR), room 7102, GSA Building, 18th & F St. NW., Washington, DC 20405, by telephoning (202) 501-2691, or by faxing your request to (202) 501-2727.

Dated: March 5, 1991.

Emily C. Karam,

Director, Information Management Division.

[FR Doc. 91-6140 Filed 3-14-91; 8:45 am]

BILLING CODE 6820-61-M

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Agency for Toxic Substances and Disease Registry**

[ATSDR-28]

**Interim Guidelines for Public Comment on Health Assessments**

**AGENCY:** Agency for Toxic Substances and Disease Registry (ATSDR), Public

Health Service (PHS), Department of Health and Human Services (DHHS).

**ACTION:** Notice.

**SUMMARY:** This notice announces the intent of ATSDR to make health assessments available for public comment. The document to be made available is the Health Assessment-Public Comment Release. It contains a summary of the interim procedures that will be used to obtain comments from the public concerning these health assessments. These procedures will be used on an interim basis, subject to change based on experiences gained during the implementation period.

**FOR FURTHER INFORMATION CONTACT:** Robert C. Williams, P.E., Director, Division of Health Assessment and Consultation, Agency for Toxic Substances and Disease Registry, 1600 Clifton Road, Atlanta, Georgia 30333, telephone (404) 639-0610, FTS 236-0610.

**SUPPLEMENTARY INFORMATION:** The Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA), section 104(i) (42 U.S.C. 9604(i)), as amended, requires that ATSDR perform a health assessment for all sites that are proposed for or are on the CERCLA National Priorities List (NPL). In addition, CERCLA authorizes ATSDR, at its discretion, to conduct health assessments for sites in response to requests from the public (petitioned health assessments). The statutory criteria for a health assessment are set out in CERCLA 104(i)(6) (F), (G), and (H). A health assessment is an evaluation of data and information on the release of hazardous substances into the environment in order to assess any current or future impact on public health, develop health advisories or other recommendations, and identify studies or actions needed to evaluate and mitigate or prevent human health effects. The results of health assessments are to be provided to EPA and the affected state (CERCLA 104(i)(6)(H)).

At this time, ATSDR intends to release health assessments in three iterations; Health Assessment-Initial Release, which is provided to EPA and the affected state(s), Health Assessment-Public Comment Release, which reflects EPA and state comments, as appropriate, and the Health Assessment, which contains responses to public comments.

The Health Assessment-Initial Release represents the agency's best effort, based on currently available information, to fulfill the statutory criteria set out in CERCLA 104(i)(6). To the extent possible, the Health

Assessment-Initial Release presents an assessment of the potential risks to human health posed by the site or facility at issue. When appropriate, based on the results of this document, actions authorized by CERCLA 104(i)(11) or otherwise authorized by CERCLA may be undertaken to prevent or mitigate human exposure or risks to health. In addition, ATSDR utilizes the Health Assessment-Initial Release to determine if follow-up health actions are appropriate at the time. Therefore, since this document fulfills those statutory criteria, and serves the purposes and intentions of CERCLA, it is completed for purposes of CERCLA 104(i)(6)(A).

However, it is the further scientific judgment of ATSDR that additional input from EPA, state and local health entities, and the general public, regarding the health assessment document serves valuable public health objectives. As mentioned in the preamble to the final rule for Health Assessments and Health Effects Studies of Hazardous Substances Releases and Facilities (55 FR 5136, February 13, 1990, 42 CFR part 90), ATSDR is not required to provide a public comment period for health assessments. However, based on the results of a pilot study of the impact and effectiveness of providing a public comment period for health assessments, it has been determined that it is beneficial and feasible to do so. A public comment period provides certain benefits to the health assessment process that could not be otherwise obtained. Public confidence is increased and the quality of individual health assessments is enhanced. Although community involvement is actively solicited throughout the development of the health assessment, certain information that would not be available through other means can be acquired through the public comment process. Every effort is made to collect the most current information regarding a site when the health assessment is initiated; however, the public comment period helps to ensure that no critical information has been overlooked.

The Health Assessment-Public Comment Release will include relevant changes in response to comments from EPA and the State. After the close of the public comment period, ATSDR will prepare a response to all written comments received during the public comment period. After all public comments are addressed, the Health Assessment will be issued. This will conclude the health assessment process unless additional information is obtained by ATSDR which, in the agency's sole discretion, indicates a

need to revise or append the conclusions previously issued.

Interim procedures for the conduct of a public comment period for health assessment have been developed and are summarized below.

#### Public Comment on Health Assessments Summary of Interim Procedures

1. A public notice announcing that a Health Assessment-Public Comment Release is available for public comment will appear in at least one newspaper serving the community near the site. A press release may also be used to announce that a Health Assessment-Public Comment Release is available for public comment. Individual notice of the public comment period for a health assessment may be provided, where deemed appropriate, to Federal and state authorities; potentially responsible parties; owner or operator (if known); individual or group petitioning for a health assessment; and citizen groups.

2. The Health Assessment-Public Comment Release will be distributed to certain repositories (e.g., local libraries) so that any interested person may review the Health Assessment-Public Comment Release. The repositories and an address where comments must be sent will be announced in the public notice. The Health Assessment-Public Comment Release will not be available through the mail.

3. The public comment period will extend for 30 calendar days from the date of the public notice. To be considered, public comments must be in writing and be received at the ATSDR office listed in the public notice by the close of business on the 30th day (or close of business the first business day after the 30th day).

4. After the close of the public comment period, ATSDR will prepare a response to all written comments received during the public comment period. These comments from the public and ATSDR's responses will become part of the Agency's record for individual sites.

5. After all public comments are addressed, the health assessment will be finalized; the responses to the comments will be contained as an appendix.

6. ATSDR may use public meetings to present health assessments contingent upon community interest and the extent and complexity of comments received during the public comment period.

#### Availability

The interim procedures for public comment on health assessments are available for public inspection at the

Division of Health Assessment and Consultation, Agency for Toxic Substances and Disease Registry, Building 31, Executive Park Drive, Atlanta, Georgia, (not a mailing address) between 8 a.m. and 4:30 p.m., Monday through Friday except legal holidays.

Dated: March 8, 1991.

William L. Roper,

Administrator, Agency for Toxic Substances and Disease Registry.

[FR Doc. 91-6181 Filed 3-14-91; 8:45 am]

BILLING CODE 4160-70-M

## Centers for Disease Control

### Identification of High-Risk Procedures During Surgery Using Real-Time Monitoring

#### Name:

The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control (CDC) announces the following meeting: Identification of High-Risk Procedures During Surgery Using Real-Time Monitoring

*Time and Date:* 9 a.m.-12 noon, March 25, 1992.

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

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

*Purpose:* To conduct an open meeting for peer review of a project titled "Identification of High-Risk Procedures During Surgery Using Real-Time Monitoring." This project will employ a combination of real-time monitoring and videotaping of surgical procedures to identify surgical tasks and tools that produce emissions during surgical procedures. This combination can be used by surgical personnel to identify tasks that produce emissions and to demonstrate devices and work practices that can be used to reduce emissions.

**CONTACT PERSON FOR ADDITIONAL INFORMATION:** Jerome P. Smith, Ph.D., Project Officer, NIOSH, CDC, 4676 Columbia Parkway, Mailstop R-8, Cincinnati, Ohio 45226, telephone 513/841-4293 or FTS 684-4293.

Dated: March 21, 1991.

Elvin Hilyer,

Associate Director for Policy Coordination Centers for Disease Control.

[FR Doc. 91-6357 Filed 3-14-91; 8:45 am]

BILLING CODE 4160-19-M

## Food and Drug Administration

[Docket No. 91F-0066]

### Alcoa Separations 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 ALCOA Separations Technology, Inc., Aluminum Co. of America has filed a petition proposing that the food additive regulations be amended to provide for the safe use of an ultra-filtration membrane consisting of a zirconium oxide membrane containing up to 5 percent yttrium oxide on a porous aluminum oxide support, for use in food processing.

**FOR FURTHER INFORMATION CONTACT:** Daniel N. Harrison, 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 (section 409(b)(5) (21 U.S.C. 348(b)(5))), notice is given that ALCOA Separations Technology, Inc., Aluminum Co. of America, 161 Thorn Hill Rd., Warrendale, PA 15086-7527, has filed a petition (FAP 1B4254) proposing that the food additive regulations in § 177.2910 *Ultra-filtration membranes* be amended to provide for the safe use of an ultra-filtration membrane consisting of a zirconium oxide membrane containing up to 5 percent yttrium oxide on a porous aluminum oxide support, for use in food processing.

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 11, 1991.

Fred R. Shank,

Director, Center for Food Safety and Applied Nutrition.

[FR Doc. 91-6177 Filed 3-14-91; 8:45 am]

BILLING CODE 4160-01-M

## Health Care Financing Administration

### Reconsideration of Disapproval of Colorado State Plan Amendment (SPA); Hearing

**AGENCY:** Health Care Financing Administration (HCFA), HHS.

**ACTION:** Notice of hearing.

**SUMMARY:** This notice announces an administrative hearing on April 16, 1991, in room 431 Federal Office Building, 1961 Stout Street, Denver, Colorado to reconsider our decision to disapprove Colorado State Plan Amendment 89-12.

**CLOSING DATE:** Requests to participate in the hearing as a party must be received by the Docket Clerk by April 1, 1991.

**FOR FURTHER INFORMATION CONTACT:** Docket Clerk, HCFA Hearing Staff, Suite 110, Security Office Park, 7000 Security Blvd., Baltimore, Maryland 21207, telephone: (301) 597-3013.

**SUPPLEMENTARY INFORMATION:** This notice announces an administrative hearing to reconsider our decision to disapprove Colorado State Plan amendment (SPA) number 89-12.

Section 1116 of the Social Security Act (the Act) and 42 CFR part 430 establish Department procedures that provide an administrative hearing for reconsideration of a disapproval of a State plan amendment. HCFA is required to publish a copy of the notice to a State Medicaid Agency that informs the agency of the time and place of the hearing and the issues to be considered. If we subsequently notify the agency of additional issues that will be considered at the hearing, we will also publish that notice.

Any individual or group that wants to participate in the hearing as a party must petition the Hearing Officer within 15 days after publication of this notice, in accordance with the requirements contained at 42 CFR 430.76(b)(2). Any interested person or organization that wants to participate as amicus curiae must petition the Hearing Officer before the hearing begins in accordance with the requirement contained at 42 CFR 430.76(c).

If the hearing is later rescheduled, the Hearing Officer will notify all participants.

The State of Colorado sought protection for several income and resource eligibility policies under the authority of the moratorium enacted by section 2373(c) of the Deficit Reduction Act of 1984 (DEFRA) as amended by section 9 of the Medicare and Medicaid Patient and Program Protection Act of 1987. The DEFRA moratorium provided protection from adverse actions by the

Secretary against States because he determined their plan violated section 1902(a)(10)(a)(ii) (IV), (V), or section 1902(a)(10)(C)(i)(III) of the Social Security Act because the plan includes a standard or methodology which is less restrictive than that required by those sections.

The DEFRA moratorium did not alter the substantive authority governing the approval of State plans or plan amendments. Thus, material submitted for moratorium protection would be disapproved unless it qualified for approval under the Medicaid statute independent of the provisions of the moratorium. However, HCFA would confer protected status upon submissions which qualified for protection under the moratorium. Furthermore, plan amendments which increase services or eligibility cannot have a retroactive effective date any earlier than the beginning of the calendar quarter in which they were submitted. This limitation has been, and continues to be, part of the Department's appropriations statutes and is reflected in 42 CFR 430.20.

The moratorium protected qualifying plan policies for the period from October 1, 1981 through February 17, 1989. The moratorium was replaced by section 1902(r)(2) of the Social Security Act, which amended the substantive provisions of the Medicaid statute. Colorado does not seek approval of its amendment under the authority of section 1902(r)(2). The Health Care Financing Administration has treated State requests for protection under the DEFRA moratorium through the State plan amendment process.

The eligibility groups to which Colorado applied these policies were (1) institutionalized individuals who met the resource requirements of the Supplemental Security Income (SSI) program and who satisfied a special income standard established by the State (section 1902(a)(10)(A)(ii)(V)), and (2) individuals who received a State supplementary payment (section 1902(a)(10)(A)(ii)(IV)).

Colorado's amendment included two resource policies. One would exempt from countable resources the home of an institutionalized individual as long as the individual intends to return to it (even if just to die there).

This policy is consistent with the SSI rules. Thus, since the Secretary did not find it to be more liberal than the SSI policy, it does not qualify for protection under the DEFRA moratorium. For the same reason, the State should not be penalized for employing this policy.

The second resource policy was to reduce the cash surrender value of a life

insurance policy by \$1500 for funeral and burial funds, if the individual has no other burial funds. These exempt funeral and burial funds could be clearly designated funds which are part of a larger insurance policy. This policy is more liberal than SSI. However, HCFA disapproved it because Colorado could not demonstrate that it was a policy which qualified under the definition of a State plan for purposes of the DEFRA moratorium. Section 2373(c)(5) of the amended DEFRA moratorium defines a State plan to include any amendment or other change which is submitted by the State (whether approved, disapproved, or not acted upon) or any policy or guideline delineated in the State's Medicaid operations or program manual which are submitted to the Secretary. HCFA believes that the State must submit documentation which establishes that the policy was in place as of the time in which the State purports it was in effect. Since Colorado could not document that the policy was not in the plan or its manuals, or had been submitted in a timely manner for the period in question (even if ultimately disapproved), HCFA concluded that the provision did not qualify for protection.

Colorado also seeks moratorium protection for three income deductions. They are deductions from the income of non-recipients before the remainder of their income is deemed to a Medicaid applicant or recipient. The specific deductions are: (1) An allowance for self (standard of assistance); (2) an allowance for dependent children (AFDC); (3) an allowance for work related expenses; and (4) an allowance for medical expenses for which the (non-recipient) individual is responsible that are not covered by Medicaid and/or Medicare. These deductions are in certain respects more liberal than those of the SSI program.

While the DEFRA moratorium could protect more liberal income counting methods than those of the SSI program, its legislative history demonstrates that Congress did not intend for States to use the moratorium to override the income based limits on Federal financial participation established in section 1903(f) of the Social Security Act. Also, the moratorium does not refer to protection against the limits specified in section 1903(f). Because a State plan amendment which could produce a violation of these limits would necessarily cause avoidable administrative burdens, HCFA concluded that providing protection for potential violations of these limits is contrary to sections 1902(a)(4) and (a)(19) of the Social Security Act. These provisions dictate that the State's plan

must contain such methods of administration which the Secretary finds to be necessary for the proper and efficient operation of the plan. It must also provide such safeguards as may be necessary to ensure that eligibility will be determined in a manner consistent with simplicity of administration and the best interests of recipients. The DEFRA moratorium does not protect States against the violation of either section 1902(a)(4) or section 1902(a)(19).

The issues to be considered in the hearing are specified in the notice to Colorado announcing the administrative hearing to reconsider the disapproval of State plan amendment 89-12 which is reproduced below:

Ms. Irene M. Ibarra,  
Executive Director, Colorado Department of  
Social Services, 1575 Sherman Street, 8th  
Floor, Denver, Colorado 80203-1714

Dear Ms. Ibarra: I am responding to your request for reconsideration of the decision to disapprove Colorado State Plan Amendment (SPA) 89-12. This amendment, seeks to implement various resource and income policies that apply to individuals eligible for Medicaid under a special income level and individuals eligible for Medicaid because of receipt of a State supplementary payment (SSP). You have requested that these policies be protected under the moratorium provisions of the Deficit Reduction Act 1984 (DEFRA) beginning October 1, 1991. You also note that you do not want protection under section 1902(r)(2) of the Social Security Act (the Act) for these policies.

The basic issue to be considered in the hearing is whether the plan amendment qualifies for protection under the DEFRA moratorium. This includes two subsidiary issues: (1) Whether the submittal violates section 1902(a)(4) and section 1902(a)(19) of the Act and (2) whether the burial fund resource exclusion contained in a State plan or operating manual meets the requirements of section 2373(c)(5). Also, in the context of considering the disapproval of the submittal as a plan amendment, we note there is an issue whether the amendment would retroactively amend the State's plan in a manner which increases eligibility for services, beyond the time frames authorized under 42 CFR 430.20 and the Department's appropriations statutes.

I am scheduling a hearing on your request for reconsideration to be held on April 16, 1991, in room 431 Federal Office Building, 1916 Stout Street, Denver, Colorado. If the date is not acceptable, we would be glad to set another date that is mutually agreeable to the parties. The hearing will be governed by the procedures prescribed at 42 CFR part 430.

I am designating Mr. Stanley Katz as the presiding officer. If these arrangements present any problems, please contact the Docket Clerk. In order to facilitate any communication which may be necessary between the parties to the hearing, please notify the Docket Clerk of the names of the individuals who will represent the State at

the hearing. The Docket Clerk may be reached at (301) 597-3013.

Sincerely,

Gail R. Wilensky, Ph.D.,

Administrator

(Section 1116 of the Social Security Act)  
(42 U.S.C. section 1316; 42 430.18)

(Catalog of Federal Domestic Assistance  
Program No. 13.714, Medicaid Assistance  
Program)

Dated: March 8, 1991.

Gail R. Wilensky,

Administrator, Health Care Financing  
Administration.

[FR Doc. 91-6185 Filed 3-14-91; 8:45 am]

BILLING CODE 4120-03-M

## Health Resources and Services Administration

### Advisory Council; Committee Renewal

Pursuant to the Federal Advisory  
Committee Act, Public Law 92-463 (5  
U.S.C. appendix II), the Health  
Resources and Service Administration  
announces the renewal of the following  
advisory committee.

Council	Termination date
Advanced General Dentistry Review Committee.	June 8, 1993.

Dated: March 11, 1991.

Jackie E. Baum,

Advisory Committee Management Officer,  
HRSA.

[FR Doc. 91-6115 Filed 3-14-91; 8:45 am]

BILLING CODE 4160-15-M

## Public Health Service

### Project Grants for Renovation or Construction of Non-Acute Care Intermediate and Long-Term Care Facilities for Patients with Acquired Immune Deficiency Syndrome (AIDS)

**AGENCY:** Health Resources and Services  
Administration, PHS, DHHS.

**ACTION:** Notice of availability of funds.

**SUMMARY:** The Bureau of Health  
Resources Development (BHRD), Health  
Resources and Services Administration  
(HRSA) announces that fiscal year (FY)  
1991 funds are available for project  
grants for the renovation or construction  
of non-acute care, intermediate and  
long-term care facilities for patients with  
AIDS or other Human  
Immunodeficiency Virus (HIV) related  
conditions. Funds were appropriated for  
this purpose by Public Law 101-517  
under the authority of section 1610(b) of  
the Public Health Service (PHS) Act.

**DATES:** To receive consideration,  
applications for the renovation or  
construction of facilities for patients  
with AIDS or other HIV-related  
conditions must be received by the close  
of business June 13, 1991 by the Grants  
Management Officer, Ms. Glenna B.  
Wilcom, at the address below.  
Applications will meet the deadline if  
they are either: (1) Received on or before  
the deadline date; or (2) postmarked on  
or before the deadline date, and  
received in time for submission to the  
review committee. A legibly dated  
receipt from a commercial carrier or U.S.  
Postal Service will be accepted instead  
of a postmark. Private metered  
postmarks will not be acceptable as  
proof of timely mailing. Hand delivered  
applications must be received by 5 pm,  
June 13, 1991. Grant applications that  
are received after the deadline date will  
be returned to the applicant.

**FOR FURTHER INFORMATION CONTACT:**  
Additional information relating to  
technical and program issues may be  
obtained from Ms. Katharine Buckner,  
Division of Facilities Assistance and  
Recovery, Bureau of Health Resources  
Development, Parklawn Building, room  
11A-10, 5600 Fishers Lane, Rockville,  
Maryland 20857, (301) 443-0271. Grant  
applications and additional information  
regarding business, administrative or  
fiscal issues related to the awarding of  
grants under this Notice may be  
requested from the Grants Management  
Officer, Ms. Glenna B. Wilcom,  
Parklawn Building, room 13A-38, 5600  
Fishers Lane, Rockville, Maryland 20857,  
(301) 443-2280. Applicants for grants will  
use form PHS 5161-1, approved under  
OMB Control Number 0937-0189.

### SUPPLEMENTARY INFORMATION:

#### Program Background and Objectives

Public Law 101-517 provides funds for  
grants under the authority of section  
1610(b) of the PHS Act, for the  
renovation or construction of non-acute  
care, intermediate and long-term care  
facilities for patients with AIDS or other  
HIV-related conditions. Section 1610(b)  
requires that grantees provide services  
for patients with AIDS or other HIV-  
related conditions and that the amount  
of any grant may not exceed 80 percent  
of the cost of the project for which the  
grant is made unless the project is  
located in an area determined by the  
Secretary to be an urban or rural  
poverty area, which case the grant may  
cover up to 100 percent of such costs.  
(Urban or rural poverty area is defined  
as a medically underserved area  
designated by the Secretary (42 CFR  
51c.102).) For information regarding the  
current medically underserved areas,

contact the Director, Office of Shortage  
Designation, room 4-101, Parklawn  
Building, 5600 Fishers Lane, Rockville,  
Maryland 20857, or telephone (301) 443-  
6932.

The purpose of these funds is to  
support the construction and/or  
renovation of facilities that provide a  
comprehensive and cost-effective  
approach to non-acute care,  
intermediate and/or long-term care for  
patients with AIDS or other HIV-related  
conditions. Examples of such a project  
may include:

(1) Projects for the renovation of  
existing traditional health care facilities  
such as hospitals, nursing homes, or  
hospices. For example, funds might be  
used to convert a small number of  
existing beds (i.e., 5-10) or to expand a  
facility to include several new beds for  
AIDS patients;

(2) Projects for the construction of  
new health care facilities to provide  
comprehensive intermediate and/or  
long-term care for some or all of the  
various stages of illness of an HIV-  
infected individual. Services may  
include, among others, outpatient care,  
skilled nursing care and hospice care;  
and

(3) Projects for the renovation of  
existing facilities other than traditional  
health care facilities, such as residential  
housing.

### Availability of Funds

A total of \$3,989,000 is available in FY  
1991 to be awarded for the renovation or  
construction of non-acute care,  
intermediate and long-term care  
facilities for AIDS patients. It is  
anticipated that: (1) Approximately 13  
grants averaging approximately \$300,000  
each will be awarded and (2) the  
minimum amount of a grant will be  
\$100,000.

### Eligible Applicants

To be eligible, applicants must: (1) Be  
a public or private nonprofit entity; (2)  
have a source of funding to meet the  
non-Federal portion of the eligible  
construction cost; (3) have title to a  
building site or have a 25 year lease, or  
have a written commitment to acquire  
such title or lease within 6 months from  
the date of the grant award; (4) provide  
non-acute care, intermediate and/or  
long-term care for patients with AIDS or  
other HIV-related conditions as a part of  
whatever coordinated group of HIV-  
related outpatient and ambulatory  
health and support services exists in  
the community; (5) demonstrate that  
health care services, under the general  
direction of a physician, are an essential  
part of the programmatic scope of the