workplace, the employer must add the new information to an MSDS before the substance is reintroduced into the workplace.

(B) The employer must ensure that persons who have received, or will receive, this substance from the employer are provided an MSDS as described in § 721.72(c) containing the information required under paragraph (a)(2)(i)(A) of this section from the time the employer becomes aware of the new information.

(ii) *Industrial, commercial, and consumer activities.* Requirements as specified in § 721.80(q).

(b) *Specific requirements.* The provisions of subpart A of this part apply to this section except as modified by this paragraph.

(1) *Recordkeeping requirements.* The following recordkeeping requirements are applicable to manufacturers, importers, and processors of this substance, as specified in § 721.125(a), (c), (h), and (i).

(2) *Limitations or revocation of certain notification requirements.* The provisions of § 721.185 apply to this significant new use rule.

(3) *Determining whether a specific use is subject to this section.* The provisions of § 721.575(b)(1) apply to this section.

(Approved by the Office of Management and Budget under OMB control number 2070–0012)

13. By adding new § 721.1619 to subpart E to read as follows:

§ 721.1619 Polyfluorosulfonic acid salt.

(a) *Chemical substance and significant new uses subject to reporting.* (1) The chemical substance identified generically as polyfluorosulfonic acid salt, (P–90–587) is subject to reporting under this section for the significant new uses described in paragraph (a)(2) of this section.

(2) The significant new uses are:

(i) *Industrial, commercial, and consumer activities.* Requirements as specified in § 721.80 (y)(1) and (2).

(ii) [Reserved].

(b) *Specific requirements.* The provisions of subpart A of this part apply to this section except as modified by this paragraph.

(1) *Recordkeeping requirements.* The following recordkeeping requirements are applicable to manufacturers, importers, and processors of this substance, as specified in § 721.100(a), (b), (c), and (i).

(2) *Limitations or revocation of certain notification requirements.* The provisions of § 721.185 apply to this section.

(Approved by the Office of Management and Budget under OMB control number 2070–0012)

14. By adding new § 721.2085 to subpart E to read as follows:

§ 721.2085 Reaction product of alkylphenol, tetraalkyl titanate and tin complex.

(a) *Chemical substances and significant new uses subject to reporting.* (1) The chemical substance identified generically as reaction product of alkylphenol, tetraalkyl titanate and tin complex (P–90–583) is subject to reporting under this section for the significant new uses described in paragraph (a)(2) of this section.

(2) The significant new uses are:

(i) *Hazard communication program.* A significant new use of this substance is any manner or method of manufacture, import, or processing associated with any use of this substance without providing risk notification as follows. (A) If, as a result of the test data required under the section 5(e) consent order for this substance, the employer becomes aware that this substance may present a risk of injury to human health, the employer must incorporate this new information, and any information on methods for protecting against such risk, into a Material Safety Data Sheet (MSDS) as described in § 721.72(c) within 90 days from the time the employer becomes aware of the new information. If this substance is not being manufactured, imported, processed, or used in the employer's workplace, the employer must add the new information to an MSDS before the substance is reintroduced into the workplace.

(B) The employer must ensure that persons who have received, or will receive, this substance from the employer are provided an MSDS as described in § 721.72(c) containing the information required under paragraph (a)(2)(i)(A) of this section within 90 days from the time the employer becomes aware of the new information.

(ii) *Industrial, commercial, and consumer activities.* Requirements as specified in § 721.80(q).

(b) Specific requirements. The provisions of subpart A of this part apply to this section except as modified by this paragraph.

(1) *Recordkeeping requirements.* The following recordkeeping requirements are applicable to manufacturers, importers, and processors of this substance, as specified in § 721.125(a), (c), (h), and (i).

(2) *Limitations or revocation of certain modification requirements.* The provisions of § 721.185 apply to this significant new use rule.

(3) *Determining whether a specific use is subject to this section.* The provisions of § 721.575(b)(1) apply to this section.

(Approved by the Office of Management and Budget under OMB control number 2070–0012)

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Wednesday
April 17, 1991

Part VIII

Department of Health and Human Services

Health Resources and Services Administration

Healthy Start Initiative; Notice of Public Meetings and Availability of Funds

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Healthy Start Initiative

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice of public meetings.

SUMMARY: The Health Resources and Services Administration will conduct technical assistance conferences in four locations to begin implementation of the Department's Healthy Start initiative. This Initiative is designed to reduce infant mortality by 50 percent over 5 years in approximately 10 communities (including rural areas) with extremely high infant mortality. This demonstration program will fund new and innovative ways of delivering needed care to pregnant women and infants. Funding will be made available to urban and rural communities which have high infant mortality rates and new creative strategies.

PURPOSE: Implementation plans and application guidance will be discussed during the pre-application technical assistance conferences. Representatives of the potentially eligible communities and organizations are encouraged to attend. It is anticipated that presenters will be Federal program officials and their State counterparts involved in the planning and implementation of the Healthy Start initiative. This includes: the Health Resources and Services Administration; Health Care Financing Administration; Centers for Disease Control; Alcohol, Drug Abuse and Mental Health Administration; Supplemental Food Program for Women, Infants and Children, of the Department of Agriculture; and the Job Opportunities and Basic Skills program of the Family Support Administration. Information on program criteria and proposal development will be provided at these meetings. The meetings will be held as follows:

PHS regions	Date	Location
I, II, and III	May 9, 1991	Philadelphia, PA, Sheraton University City, Chestnut and 36 Sts.
IV and VI	May 10, 1991	Atlanta, GA, Russell Federal Building, 75 Spring Street.
V, VII, VIII	May 13, 1991	Chicago, IL, Marriott O'Hare, 8535 W. Higgins Rd.
VIII, IX and X	April 30, 1991	Los Angeles, CA, Hyatt Airport, LAX, 6225 W. Century Blvd.

Individuals interested in attending one of these meetings should call (703) 821–8955, and ask for the Healthy Start initiative. Phone calls should be made at least 5 working days before the scheduled date of the meeting. Attendees will be responsible for their own travel expenses.

Dated: April 12, 1991.

Robert G. Harmon,

Administrator.

[FR Doc. 91–9052 Filed 4–16–91; 8:45 am]

BILLING CODE 4160–15–M

Healthy Start Initiative

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

ACTION: Notice of availability of funds.

SUMMARY: The Health Resources and Services Administration (HRSA) announces availability of approximately $25 million in fisacl year (FY) 1991 funds under section 301 of the Public Health Service (PHS) Act (42 U.S.C. 241) for the Healthy Start initiative. This demonstration program will fund new and innovative ways of delivering needed care to pregnant women and infants. Funding will be made available to urban and rural communities which have exceptionally high infant mortality rates and new and creative strategies. In launching this Initiative, it is anticipated that approximately 10 new projects ranging from $1 million to $3 million including startup costs associated with organizational development and planning will be funded. Each grant will be for one year and will be renewable annually dependent upon satisifactory progress with the total project to cover a 5 year period. The fiscal year 1992 President's Budget includes $171 million for the Healthy Start initiative for continued support of these projects.

The PHS is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a PHS-led national activity for meeting health objectives in priority areas. This announcement addresses issues related to the priority area of improving maternal and infant health. Potential applicants may purchase a copy of Healthy People 2000 (Full Report; Stock Number 017–001–0474–0) or Healthy People 2000 Summary Report; Stock Number 017–001–00473–1) through the Superintendent of Documents, Government Printing Office, Washington, DC 20402–9325 (telephone 202 783–3238).

DATES: The deadline for receipt of applications is July 15, 1991. Applications shall be considered as meeting this deadline if they are either: (1) Received by the Grants Management Branch at the address below on or before the deadline date; or (2) postmarked on or before the deadline date, and received in time for submission to the reviewing program officials. Applicants must obtain a legibly dated U.S. Postal Services postmark or a legibly dated receipt from a commerical carrier or U.S. Postal Service. Private metered postmarks are not acceptable as proof of timely mailing. Applications received or postmarked after the announced closing date will not be considered for funding and will be returned to the applicant.

ADDRESSES: Grant applications (PHS Form 5161–1, approved under OMB #0937–0189), guidelines, grant application forms, and additional information regarding business management, administrative, or fiscal issues relating to the awarding of grants under this notice maybe obtained from: Chief, Grants Management Branch, Maternal and Child Health Bureau, 12300 Twinbrook Parkway, suite 100–A, Rockville, Maryland 20852, Telephone (301) 443–1440. Completed applications should be sent to the office indicated above.

FOR FURTHER INFORMATION CONTACT: Additional information relating to scientific, technical, and program issues may be obtained from: Mr. Ronald H. Carlson, Associate Administrator for Planning, Evaluation and Legislation, Parklawn Building, Room 14–33, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone (301) 443–2204.

SUPPLEMENTARY INFORMATION:

Program Background and Objectives

Although the United States infant mortality rate reached an all time low of 9.9 deaths per 1,000 live births in 1988, the rate of progress has slowed during the last decade and there continue to be areas—both urban and rural—in which infant mortality rates have been

stubbornly resisstant to change. Especially troubling is the fact that the infant mortality rate for some minority and ethnic populations is substantially higher than the rate for white babies. The Healthy Start initiative is designed to reduce infant mortality and improve maternal and infant health and well-being by targeting communities with high infant mortality rates and directing resources and interventions to improve access to, utilization of, and full participation in comprehensive maternity and infant care services.

Health Start communities must ensure access without any barriers to a comprehensive package of family planning counseling, pregancy testing, prenatal care, delivery, intrapartum and postpartum care, pediatric care for infants and social services, as appropriate and tailored to the community's specific needs, including outreach, home visits, child care, transportation, risk assessment, dental care, nutrition counselling, social support, mental health services, substance abuse services and prevention counselling.

The specific goal of the initiative is to reduce infant mortality by 50 percent over five years in both rural and urban communities with extremely high infant mortality. To accomplish this goal, medical and social services providers within the targeted communities will be called upon to work collaboratively to devleop new and innovative means of delivering services to meet the needs of pregnant women and infants. Therefore, it is expected that the programs will be developed in a manner which espouses the principles of innovation, community commitment and personal responsibility and, in so doing, enhances improved access to care.

In order to assure the availability of useful information from this initiative, an evaluation component will be an integral part of each project. A critical feature of the Healthy Start initiative is evaluation of program effectiveness. Project applications will, therefore, require the collection of baseline information on a variety of indicators. A major national evaluation of the Healthy Start initiative and its outcome will be conducted. Successful approaches to reducing infant mortality developed through the Healthy Start initiative will be replicated in other communities in the future. Details on the baseline data required in the application are included in the program guidance which accompanies application materials.

Grants made during this fiscal year will authorize the expenditure of funds for community-wide planning and organizational development and for the provision of direct services upon approval of a comprehensive plan. Full implementation of the Initiative is anticipated with FY 1992 funding.

Eligible Communities

It is intended that communities targeted under the Healthy Start initiative be those in which problems are most severe, resources can be concentrated, implementation is manageable, and progress can be measured. Applications will be developed around a geographic area known as the "project area." A project area is defined as one which is imposed of one or more contiguous or noncontiguous geographic areas or neighborhoods (also called "service areas") and for which improvements are to be planned and implemented which relate to these five principles: innovation, community commitment and involvement, increased access, service integration, and personal responsibility. When more than one service area is included in a project area, the rationale for the particular combination of service areas must be explained. All project areas must represent a reasonable and logical catchment area in which a consortium for delivering services can be developed, and in which resources can be effectively managed and utilized.

To be eligible for funding under the Healthy Start initiative, a project area must have an average annual infant mortality rate of 15.7 deaths or more per 1000 live births, based on an average of official vital statistics data for the 5-year period 1984–1988, as well as at least 50 but no more than 200 infant deaths per year. An infant mortality rate of 15.7 deaths per 1000 live births is equal to 150 percent of the U.S. average infant mortality rate. Use of a minimum of fifty infant deaths per year as an eligibility criterion is meant to assure selection of communities with a sufficient magnitude of the problem to justify concentrating resources to reduce infant mortality. An upper limit of 200 infant deaths per year was chosen to assure projects of a manageable size. The eligibility thresholds for urban and rural project areas are the same.

Eligible Applicants

Eligible applicants are a local or State health department or authority or other publicly supported provider organization, a tribal organization, a private nonprofit organization, or consortia of the same, approved by the chief elected official of the city or county in which the project area is located (or, if there is more than one county, the chief elected officials acting in concert), or by the tribal leadership of the tribe or tribal organization which has jurisdiction over the project area. No more than one application may be made for a given project area, and each application must be endorsed by the Governor of the State or the head of the tribal organization. The Department will review and fund those applications for Healthy Start which, in the Department's view, best contribute to reducing infant mortality in the project area by 50 percent over a five year period and address applicable Healthy People 2000 objectives in communities with demonstrated needs.

Review Criteria

Applications for grants will be reviewed and evaluated according to the following criteria:

1. The extent to which the applicant has justified and documented the need(s) for the project and developed measurable goals and objectives for meeting the need(s).

2. The level of community commitment and involvement with the project, including evidence of ability to organize appropriate consortia of major providers of care and other public and private entities committed to addressing the infant mortality issue in the target population. Consortia members might include such entities as public health departments, community and migrant health centers, hospitals, local professional associations, medical schools, grant-making foundations, civic groups, schools, churches, social and fraternal organizations and residents of areas to be served. A letter of intent from organization participants in the consortia is required.

3. The extent to which the applicant's approach to planning the proposed project appears feasible and likely to achieve the project's goals and objectives.

4. The extent to which the approach to planning is likely to address the social and medical service requirements of the Healthy Start initiative and the needs of the community.

5. The extent to which applicant demonstrates plans for coordinating and maximizing existing and proposed resources, e.g. Medicaid, Supplemental Food Program for Women, Infants and Children, Job Opportunities and Basic Skills, Family Planning and substance abuse treatment programs.

6. Evidence of substantial involvement with State and local providers of primary care and public health services, especially the State Maternal and Child Health program, State Medicaid agencies, and other publicly supported

providers such as Community and Migrant Health Centers.

7. The strength of the applicant's approach to planning for a public education campaign to address the maintenance of early and continuous prenatal care and of preventive health practices during pregnancy and infancy.

8. The strength of the applicant's plans for administrative and financial management of the project.

9. The ability of the applicant to make effective use of the funds provided under this initiative.

10. The strength of the applicant's commitment to evaluation and willingness to allocate resources to monitor progress toward achievement of program objectives.

11. Other factors which the Secretary determines will increase the potential of projects to reduce by 50 percent the rate of infant mortality in these jurisdictions.

Reporting Requirements

A successful applicant under this notice will submit reports in accordance with the provisions of the general regulations which apply under 45 CFR part 74, subpart J, Monitoring and Reporting of Program Performance, and part 92.40 which applies to State and local governments.

Executive Order 12372

This initiative has been determined to be a program which is subject to the provisions of Executive Order 12372 concerning intergovernmental review of Federal programs by appropriate health planning agencies, as implemented by 45 CFR part 100. Executive Order 12372 allows States the option of setting up a system for reviewing applications from within their States for assistance under certain Federal programs. The application packages to be made available under this notice will contain a listing of States which have chosen to set up such a review system and will provide a single point of contact (SPOC) in the States for review. Applicants (other than federally-recognized Indian tribal governments) should contact their State SPOCs as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC of each affected State. The due date for State process recommendations is 60 days after the application deadline for new and competing awards. The granting agency does not guarantee to "accommodate or explain" for State process recommendations it receives after that date. (See Part 148, Intergovernmental Review of PHS Programs under Executive Order 12372 and 45 CFR Part 100 for a description of the review process and requirements).

OMB Catalog of Federal Domestic Assistance

The OMB Catalog of Federal Domestic Assistance number is 93.926.

Dated: April 12, 1991.

Robert G. Harmon,

Administrator.

[FR Doc. 89-9054 Filed 4-16-91; 8:45 am]

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