

Candice A. Jacobson, Secretary/
Treas./Director.
Tara International, 636 Valle Vista Ave.,
Vallejo, CA 94590, Officer: Paul M.
Tiger, III, President.
Priority One Forwarding, Inc., 3419
Trentwood Blvd., Orlando, FL 32812,
Officers: Susan Marla Pomerantz,
President, Gregory Scott Carkeet, Vice
President, John James Yarwood, Vice
President.
Trans Line Corp., 163 East Compton
Blvd., Gardena, CA 90248, Officer:
Taek Kwan Hwang, President.
Amerpole International, Inc., 220
McClellan Highway, East Boston, MA
02128, Officers: Alfred Landano,
President/Chief Exec. Officer, Paul
Durkin, Vice President, Anna
Landano, Treasurer.

Dated: February 24, 1992.

Joseph C. Polking,
Secretary.

[FR Doc. 92-4511 Filed 2-26-92; 8:45 am]

BILLING CODE 6730-01-M

Organization and Functions of the Federal Maritime Commission

[C.O. 1, Amdt. No. 19]

The following delegation of authority
is made to the Director, Bureau of
Tariffs, Certification and Licensing, by
amending Commission Order 1, section
9, as revised, Specific Authorities
Delegated to the Director, Bureau of
Tariffs, Certification and Licensing by
amending subsection 9.11(b) to read as
follows:

(b) approve applications for
Certificates (Performance) evidenced by
a surety or guaranty issued by an
approved entity; and issue, reissue, or
amend such Certifications.

Dated: February 20, 1992.

Christopher L. Koch,
Chairman.

[FR Doc. 92-4459 Filed 2-26-92; 8:45 am]

BILLING CODE 6730-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 92N-0079]

Drug Export; Recombigen® HIV-1/HIV-2 EIA Test Kit

AGENCY: Food and Drug Administration,
HHS.

ACTION: Notice.

SUMMARY: The Food and Drug
Administration (FDA) is announcing
that Cambridge Biotech Corp. has filed

an application requesting approval for
the export of the biological product
Recombigen® HIV-1/HIV-2 EIA Test
Kit to Australia, Belgium, Canada,
Denmark, Federal Republic of Germany,
France, Italy, Norway, Portugal, Spain,
Sweden, Switzerland, and the United
Kingdom.

ADDRESSES: Relevant information on
this application may be directed to the
Dockets Management Branch (HFA-
305), Food and Drug Administration, rm.
1-23, 12420 Parklawn Dr., Rockville, MD
20857, and to the contact person
identified below. Any future inquiries
concerning the export of human
biological products under the Drug
Export Amendments Act of 1986 should
also be directed to the contact person.

FOR FURTHER INFORMATION CONTACT:
Boyd Fogle, Jr., Center for Biologics
Evaluation and Research (HFB-120),
Food and Drug Administration, 5600
Fishers Lane, Rockville, MD 20857, 301-
295-8191.

SUPPLEMENTARY INFORMATION: The Drug
Export Amendments Act of 1986 (Pub. L.
99-660) (section 802 of the Federal Food,
Drug, and Cosmetic Act (the act) (21
U.S.C. 382)) provides that FDA may
approve applications for the export of
biological products that are not
currently approved in the United States.
Section 802(b)(3)(B) of the act sets forth
the requirements that must be met in an
application for approval. Section
802(b)(3)(C) of the act requires that the
agency review the application within 30
days of its filing to determine whether
the requirements of section 802(b)(3)(B)
have been satisfied. Section 802(b)(3)(A)
of the act requires that the agency
publish a notice in the *Federal Register*
within 10 days of the filing of an
application for export to facilitate public
participation in its review of the
application. To meet this requirement,
the agency is providing notice that
Cambridge Biotech Corp., 365 Plantation
St., Worcester, MA 01605, has filed an
application requesting approval for the
export of the biological product
Recombigen® HIV-1/HIV-2 EIA Test Kit
to Australia, Belgium, Canada,
Denmark, Federal Republic of Germany,
France, Italy, Norway, Portugal, Spain,
Sweden, Switzerland, and The United
Kingdom. Recombigen® HIV-1/HIV-2
EIA Test Kit is an invitro qualitative
enzyme immunoassay for the detection
of antibodies to Human
Immunodeficiency Virus Type 1 (HIV-1)
and/or Human Immunodeficiency Virus
Type 2 (HIV-2) in serum or plasma. It is
intended for screening of blood donors
or other individuals at unknown risk for
HIV-1 or HIV-2 infection and for clinical
diagnostic testing. The application was

received and filed in the Center for
Biologics Evaluation and Research on
January 22, 1992, which shall be
considered the filing date for purposes of
the act.

Interested persons may submit
relevant information on the application
to the Dockets Management Branch
(address above) in two copies (except
that individuals may submit single
copies) and identified with the docket
number found in brackets in the heading
of this document. These submissions
may be seen in the Dockets
Management Branch between 9 a.m. and
4 p.m., Monday through Friday.

The agency encourages any person
who submits relevant information on the
application to do so by March 9, 1992,
and to provide an additional copy of the
submission directly to the contact
person identified above, to facilitate
consideration of the information during
the 30-day review period.

This notice is issued under the Federal
Food, Drug, and Cosmetic Act (section
802 (21 U.S.C. 382)) and under authority
delegated to the Commissioner of Food
and Drugs (21 CFR 5.10) and redelegated
to the Center for Biologics Evaluation
and Research (21 CFR 5.44).

Dated: February 7, 1992.

Thomas S. Bozzo,
Director, Office of Compliance, Center for
Biologics Evaluation and Research.

[FR Doc. 92-4426 Filed 2-26-92; 8:45 am]

BILLING CODE 4160-01-M

Health Resources and Services Administration

The Ryan White Comprehensive AIDS Resources Emergency Act of 1990; Early Intervention Services

AGENCY: Health Resources and Services
Administration, HHS.

ACTION: Notice of public meeting.

SUMMARY: The Health Resources and
Services Administration will hold a pre-
application technical assistance meeting
for new grants under Title III, Early
Intervention Services, of the Ryan White
Comprehensive AIDS Resources
Emergency Act of 1990, Public Law 101-
381. Grants under this program will be
awarded to eligible ambulatory service
entities that have strong primary care
programs to increase their capacity and
capability to provide a continuum of
HIV prevention and care services.
Eligible applicants are Community and
Migrant Health Centers, Health Care for
the Homeless Programs, Comprehensive
Hemophilia Diagnostic and Treatment
Centers, Family Planning Grantees

(other than State), Federally Qualified Health Centers and Public and Private Not-for-Profit Providers of Comprehensive Primary Care Services.

PURPOSE: The purpose of this meeting is to discuss plans for implementing this program and to provide an overview of the requirements of the program.

Arrangements for attending the meeting can be made with Ms. Jill Newman, MayaTech Corporation, telephone 301 984-4014. Attendees will be responsible for their own expenses.

The meeting will be held on March 30, 1992, at 9:30 a.m., in Atlanta, Georgia, at the Hyatt Regency, 265 Peachtree Street NE., Atlanta, Georgia 30303, telephone 404 577-1234.

Dated: February 21, 1992.

Robert G. Harmon,
Administrator.

[FR Doc. 92-4540 Filed 2-26-92; 8:45 am]

BILLING CODE 4160-15-M

Special Project Grants and Cooperative Agreements; Maternal and Child Health (MCH) Federal Set-Aside Program; Pediatric Acquired Immune Deficiency (AIDS) Demonstration Program; Hemophilia Grant Projects

AGENCY: Health Resources and Services Administration (HRSA), HHS.

ACTION: Notice of pre-application technical assistance meetings.

SUMMARY: The Health Resources and Services Administration is conducting a two-day pre-application technical assistance meeting concerning fiscal year (FY) 1992 funding available under Public Law 102-170, through two different programs administered by the Maternal and Child Health Bureau (MCHB) to broaden the service capability of existing regional hemophilia diagnostic and treatment centers to meet unmet needs of underserved HIV/AIDS populations and to improve their coordination and integration with other programs serving children and families in the same service area. One group of grants will be awarded under the Pediatric AIDS Health Care Demonstration Grant Program, authorized under Section 301 of the Public Health Service Act, to expand the capacity of hemophilia treatment centers to provide pediatric and family HIV/AIDS services to unserved or underserved HIV/AIDS affected populations. At Congressional direction, eligible applicants for grants under this initiative are limited to existing hemophilia treatment centers. The second group of grants will be

awarded under the MCH Federal-Set-Aside Program, authorized under section 502(a) of the Social Security Act, to demonstrate ways in which hemophilia diagnostic and treatment centers can work in which hemophilia diagnostic and treatment centers can work collaboratively with State Title V programs in the development of statewide systems of care required under the MCH Services Block Grant. The hemophilia grants under this initiative will be awarded to public or private entities, including existing hemophilia treatment centers.

PURPOSE: The meeting will provide technical assistance and an overview of the requirements for funding under each program. The program guidance and application process will be discussed.

CONTACT: Anyone interested in attending the meeting should contact Ms. Sharon E. Barrett, M.S., Director, Hemophilia Program, Division of Services for Children with Special Health Needs, room 18A-19, 5600 Fishers Lane, Rockville, Maryland 20857, telephone (301) 443-9051. Costs of attending are to be borne by prospective applicants.

DATE AND TIME: March 23-24, 1992, 8:30 a.m. to 4 p.m.

PLACE: Clarion Inn at Harrisons, 711 Eastern Avenue, Baltimore, Maryland 21202, telephone (410) 783-5553.

Dated: February 21, 1992.

Robert G. Harmon,
Administrator.

[FR Doc. 92-4539 Filed 2-26-92; 8:45 am]

BILLING CODE 4165-15-M

Rural Health Outreach Grant Program

AGENCY: Health Resources and Services Administration (HRSA), HHS.

ACTION: Notice of availability of funds.

SUMMARY: The Office of Rural Health Policy, Health Resources and Services Administration (HRSA), announces that applications are being accepted for Rural Health Outreach Demonstration Grants to expand or enhance the availability of essential health services in rural areas. Awards will be made from funds appropriated under Public Law 102-170 (HHS Appropriation Act for FY 1992). Grants for these projects are authorized under section 301 of the Public Health Service Act.

NATIONAL HEALTH OBJECTIVES FOR THE YEAR 2000: The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a PHS-led national activity for setting priority areas. The Rural Health

Outreach program is related to the priority areas for health promotion, health protection and preventive services. Potential applicants may obtain a copy of Healthy People 2000 (Full Report: Stock No. 017-001-00474-C) or Healthy People (Summary Report: Stock No. 017-001-00473-1) through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325 (Telephone (202) 783-3238).

FUNDS AVAILABLE: Approximately \$21.5 million is available for the Outreach Grant program in FY 1992. Of this amount, approximately \$18.5 million is for noncompeting continuances and \$3 million will be available to support new one-year outreach grants. With these funds the Office of Rural Health Policy expects to make approximately 15 new awards for one year. The start date for new projects will be September 30, 1992.

Individual grant awards under this notice will be limited to a total amount of \$300,000 (direct and indirect costs) per year. Applications for smaller amounts are strongly encouraged. It is expected that the average grant award will be approximately \$190,000 for one year. Applicant may propose project periods for up to three years. However applicants are advised that continued funding of grants awarded under this announcement beyond FY 1992 is subject to appropriation of funds.

DATES: Applications for the program must be received by the close of business on May 8, 1992. Applications must be received by the Grants Management Officer at the address shown below.

Applications shall be considered as meeting 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 orderly processing. Applicants must obtain a legible dated receipt from a commercial carrier or the U.S. Postal Service in lieu of a postmark. Private metered postmarks will not be acceptable as proof of timely mailing. Late applications will be returned to the sender.

ADDRESSES: Requests for grant application kits and additional information regarding business or fiscal issues should be directed to: Opal McCarthy, Grants Management Office, Bureau of Health Care Delivery and Assistance, 12100 Parklawn Drive, Rockville, Maryland 20857, (301) 443-5414. The standard application form and general instructions for completing applications (Form PHS-5161-1, OMB

#0937-0189) have been approved by the Office of Management and Budget.

FOR FURTHER INFORMATION CONTACT: Requests for technical or programmatic information on this announcement should be directed to Glenda Koby, Office of Rural Health Policy, room 14-22, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857, (301) 443-0835.

SUPPLEMENTARY INFORMATION:

Program Objectives

The purpose of the program is to support projects that demonstrate new and innovative models of outreach and health care services delivery in rural areas that lack basic health services. Grants will be awarded either for the direct provision of health services to rural populations, especially for those who are not currently receiving them, or to enhance access to and utilization of existing available services.

Applicants may propose projects to address the needs of a wide range of rural population groups including the poor, the elderly, the disabled, pregnant women, infants, adolescents, rural minority populations, and rural populations with special health care needs. Projects should be responsive to the special cultural and linguistic needs of specific populations. The following areas are of special interest. Applications in these areas are particularly encouraged.

1. Projects to provide ambulatory health and/or mental health or substance abuse services in Health Professions Shortage Areas and in frontier areas.
2. Projects to provide, enhance or revitalize emergency medical services in rural areas.
3. Projects to reduce high rates of infant mortality in rural areas.
4. Projects designed to reduce high rates of suicide and depression among rural adolescents through the provision of mental, social, educational and related services.
5. Projects to enhance the health and safety of farmers, farm families, and migrant and seasonal farm workers through direct services.

A central goal of the demonstration program is to develop new and innovative models for more effective integration and coordination of health services in rural areas. It is hoped that some of these models will prove significant to solving rural health problems in States, regions of the country, or throughout the country. In order to better integrate the provision of health services in rural areas, participation in the program requires the

formation of consortium arrangements among three or more separate and distinct entities to carry out the demonstrations. A consortium must be composed of three or more existing health care providers, or a combination of three or more health care and social service providers. Individual members of a consortium might include such entities as hospitals, public health agencies, home health providers, mental health centers, substance abuse service providers, rural health clinics, social service agencies, health profession schools, emergency service providers, community and migrant health centers, etc. Successful applicants must propose strong consortium arrangements where the roles and responsibilities of each member organization are clearly defined, where each member contributes significantly to the goals of the project, and where there is a strong management plan for operating the consortium.

The HRSA is particularly interested in consortia involving primary care providers and public health organizations.

Eligible Applicants

All public and private entities, both nonprofit and for-profit may participate as members of a consortium arrangement as described above. However, a grant award will be made to only one entity in a consortium. The grant recipient must be a nonprofit or public entity which meets one of the three requirements stated below.

(1) The applicant is located outside of a Metropolitan Statistical Area as defined by the Office of Management and Budget. A list of the cities and counties that are designated as being within a Metropolitan Statistical Area will be included with the application kit.

(2) The applicant is located in a rural census tract of one of the counties listed in appendix I to this announcement. Although each of these counties is a Metropolitan Statistical Area, or part of one, large parts of the counties are rural. Organizations located in these rural areas are eligible for the program. Rural portions of these counties have been identified by census tract since this is the only way we have found to clearly differentiate them from urban areas in the large counties. Appendix I provides a list of these census tracts for each county. Appendix II includes the telephone numbers for regional offices of the Census Bureau. Applicants may call these offices to determine the census tract in which they are located.

(3) The applicant is an organization that is constituted exclusively to provide services to migrant and seasonal farmworkers in rural areas and is

supported under section 329 of the Public Health Service Act. These organizations are eligible regardless of the urban or rural location of their administrative headquarters.

Applications from organizations that do not meet one of the three requirements described above will not be reviewed.

Review Consideration

Grant applications will be evaluated on the basis of the following criteria:

(1) The extent to which the applicant has proposed a new and innovative approach to health care in the rural area.

(2) 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).

(3) The extent to which the applicant has clearly defined the roles and responsibilities for each member of the consortium and developed a workable plan for managing the consortium's activities.

(4) The reasonableness of the budget proposed for the project.

(5) The extent to which the proposed project would be capable of replication in rural areas with similar needs and characteristics.

(6) The level of local commitment and involvement with the project, including the extent of cost participation by the applicant and/or other organizations, and the extent to which the project will contribute to enhancing the local economy.

(7) The feasibility of plans to continue the project after federal grant support is completed.

(8) The strength of the project evaluation plan.

The HRSA hopes to expand the outreach program into geographic areas not currently served by the program. Consequently, HRSA will consider geographic coverage when deciding which approved applications to fund. We do not anticipate supporting services in areas that are currently funded by this program.

Other Information

Grantees will be required to use at least 85 percent of the total amount awarded for outreach and care services as opposed to administrative costs. It is also required that more than 50 percent of the funds awarded be spent in rural areas. Grant funds may not be used for purchase, construction or renovation of real property or to support the delivery of inpatient services.

Applicants are advised that the narrative description of their program and the budget justification may not exceed 40 pages in length. Applications that exceed the 40 page limit for the program narrative and budget justification will not receive consideration. All applications must be typewritten and clearly legible with no less than 1/2" margin on all sides.

Executive Order 12372

The Rural Health Outreach Grant Program 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. Applicants (other than federally-recognized Indian tribal governments) should contact their State Single Point of Contact (SPOCs), a

list of which will be included in application kit, 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. All SPOC recommendations should be submitted to Opal McCarthy, Grants Management Office, Bureau of Health Care Delivery and Assistance, 12100 Parklawn Drive, Rockville, Maryland 20857, (301) 443-5414. 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.)

The OMB Catalog of Federal Domestic Assistance number is 93.912.

Dated: December 20, 1991.

Robert G. Harmon,
Administrator.

Appendix I

*Census tract numbers are shown below each county name.

County	State tract number
Alabama	
<i>Baldwin</i>	<i>Mobile</i>
0101	0059
0102	0062
0106	0066
0110	0072.02
0114	<i>Tuscaloosa</i>
0115	0107
0116	
Arizona	
<i>Maricopa</i>	5228
0101	7233
0405.02	<i>Pima</i>
0507	0044.05
0611	0048
0622.02	0049

	California	9001	0456.02	0210	1542
<i>Butte</i>	0074	9002	0457.01	0212.01	1543
0024	0077	9004	0457.02	0212.02	<i>Stanislaus</i>
0025	0078	9012.02	0458	0213	0001
0026	0079	9100	0459	<i>San Joaquin</i>	0002.01
0027	0080	9101	0460	0040	0032
0028	0081	9108.02	0461	0044	0033
0029	0082	9109	0462	0045	0034
0030	0083	9110	<i>San Bernardino</i>	0052.01	0035
0031	0084.01	9200.01	0089.01	0052.02	0038.05
0032	0084.02	9201	0089.02	0053.02	0037
0033	<i>Kern</i>	9202	0090.01	0053.03	0038
0034	0033.01	9203.03	0090.02	0053.04	0039.01
0035	0033.02	9301	0091.01	0054	0039.02
0036	0034	<i>Monterey</i>	0091.02	0055	<i>Tulare</i>
<i>El Dorado</i>	0035	0109	0093	<i>Santa Barbara</i>	0002
0301.01	0036	0112	0094	0018	0003
0301.02	0037	0113	0095	0019.03	0004
0302	0040	0114.01	0096.01	<i>Santa Clara</i>	0005
0303	0041	0114.02	0096.02	5117.04	0006
0304.01	0042	0115	0096.03	5118	0007
0304.02	0043	<i>Placer</i>	0097.01	5125.01	0026
0305.01	0044	0201.01	0097.03	5127	0028
0305.02	0045	0201.02	0097.04	<i>Shasta</i>	0040
0305.03	0046	0202	0098	0128	0043
0306	0047	0203	0099	0127	0044
0310	0048	0204	0100.01	1504	<i>Ventura</i>
0311	0049	0216	0100.02	<i>Sonoma</i>	0001
0312	0050	0217	0102.01	1506.04	0002
0313	0051.01	0219	0102.02	1537.01	0046
0314	0052	0220	0103	1541	0075.01
0315	0053	<i>Riverside</i>	0104.01		
	0054	0421	0104.02		Colorado
<i>Fresno</i>	0055.01	0427.02	0104.03	<i>Adams</i>	0020.01
0040	0055.02	0427.03	0105	0084	0022
0063	0056	0429	0106	0085.13	<i>Pueblo</i>
0064.01	0057	0430	0107	0087.01	0028.04
0064.03	0058	0431	<i>San Diego</i>	<i>El Paso</i>	0032
0065	0059	0432	0189.01	0038	0034
0066	0060	0444	0189.02	0039.01	<i>Weld</i>
0067	0061	0452.02	0190	0046	0019.02
0068	0063	0453	0191.01	<i>Larimer</i>	0020
0071	<i>Los Angeles</i>	0454	0208	0014	0024
0072	5990	0455	0209.01	0017.02	0025.01
0073	5991	0456.01	0209.02	0019.02	0025.02

Texas

Laramie
0016

Wyoming

0017
0018

Appendix II

Bureau of the Census Regional Information Service

Atlanta, GA 404-347-2274
Alabama, Florida, Georgia
Boston, MA 617-565-7078
Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont, Upstate New York
Charlotte, NC 704-344-6144
Kentucky, North Carolina, South Carolina, Tennessee, Virginia
Chicago, IL 708-409-4617
Illinois, Indiana, Wisconsin
Dallas, TX 214-767-7105
Louisiana, Mississippi, Texas
Denver, CO 303-969-7750
Arizona, Colorado, Nebraska, New Mexico, North Dakota, South Dakota, Utah, Wyoming
Detroit, MI 313-354-4654
Michigan, Ohio, West Virginia
Kansas City, KS 913-236-3711
Arkansas, Iowa, Kansas, Missouri, New Mexico, Oklahoma
Los Angeles, CA 818-904-6339
California
New York, NY 212-264-4730
Brooklyn, Bronx, Manhattan, Queens, Staten Island, Nassau Co., Orange Co., Suffolk Co., Rockland Co., Westchester Co.
Philadelphia, PA 215-597-8313
Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania
Seattle, WA 206-728-5314
Idaho, Montana, Nevada, Oregon, Washington

[FR Doc. 92-4538 Filed 2-26-92; 8:45 am]

BILLING CODE 4160-15-M

Public Health Service

Reestablishment; Advisory Committee on Scientific Integrity, Public Health Service

Pursuant to the Federal Advisory Committee Act, Public Law 92-463 (5 U.S.C. appendix II), the Office of the Assistant Secretary for Health (OASH) announces the reestablishment by the Secretary, HHS, of the Advisory Committee on Scientific Integrity on February 20, 1992, pursuant to 42 U.S.C.

217a, section 222 of the Public Health Service Act, as amended.

Designation. Advisory Committee on Scientific Integrity.

Purpose. Provides advice to the Secretary of Health and Human Services and the Assistant Secretary for Health on issues that relate to the Department's activities in deterring, investigating, and resolving allegations of misconduct in science.

Unless renewed by appropriate action prior to its expiration, this committee will terminate on February 20, 1995.

Dated: February 20, 1992.

Lyle W. Bivens,

Director, Office of Scientific Integrity Review.

[FR Doc. 92-4502 Filed 2-26-92; 8:45 am]

BILLING CODE 4160-17-M

State Offices of Rural Health Grant Program

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice of availability of funds.

SUMMARY: The Office of Rural Health Policy, Health Resources and Services Administration (HRSA), announces that applications are being accepted for matching grants to States for the purpose of improving health care in rural areas through the operation of State Offices of Rural Health. This program is authorized by section 338] of the Public Health Service Act, 42 U.S.C. 254r, as added by Public Law 101-597, and awards will be made from funds appropriated under Public Law 102-170 (HHS Appropriations Act for FY 1992). It is anticipated that approximately \$350,000 will be available to support the first year of new grants under this program, and \$1.65 million will be available to support continuation of existing grants.

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a PHS-led national activity for setting

priority areas. The State Offices of Rural Health Program is related to the priority areas as Educational and Community-Based Programs as well as Clinical Preventive Services. Potential applicants may obtain a copy of Healthy People 2000 (Full Report; Stock No. 017-001-00474-C) or Healthy People 2000 (Summary Report; Stock No. 017-001-00473-1) through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325, (Telephone (202) 763-3238).

DATES: Application deadline for this program is April 30, 1992. Applications must be received by the Grants Management Officer at the address shown below.

Applications shall be considered as meeting 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 orderly processing. A legibly dated receipt from a commercial carrier or U.S. Postal Service will be accepted in lieu of a postmark. Private metered postmarks will not be acceptable as proof of timely mailing. Late applications will be returned to the sender.

ADDRESSES: Requests for grant application kits and guidance should be directed to: Grants Management Office (GMO), Bureau of Health Care Delivery and Assistance, HRSA, PHS, U.S. Department of Health and Human Services, 12100 Parklawn U.S. Department of Health and Human Services, 12100 Parklawn Drive, Rockville, Maryland 20857, (Telephone (301) 443-5887). The GMO can also provide information on business management issues.

The standard application form and general instructions for completing applications (Form PHS-5161-1, OMB #0937-0189) have been approved by the Office of Management and Budget.

FOR FURTHER INFORMATION CONTACT: Requests for technical or programmatic information should be directed to Jerry Coopey, Senior Policy Analyst, Office of