

—The qualifications and experience of the Project Director and proposed staff.

—The extent to which the applicant will employ products and expertise of EMSC programs in other States, especially of current and former grantees of the Federal EMSC program. Such resources include, but are not limited to, technical assistance and consultation.

—The extent to which the applicant demonstrates the involvement and participation of consumers (i.e., families) and parent involvement groups in planning, needs assessment, and project implementation.

—The extent to which the project gives special emphasis to the concerns identified in the Special Concerns section (see page 19–20).

—The evidence that the applicant will collaborate and coordinate with other participants in the EMSC continuum including, but not limited to, the State EMS agency (if not the applicant) the State MCH/CSHN agency, the State Highway Safety Office, other relevant State agencies, tribal nations, State and local professional organizations, private sector voluntary organizations, business organizations, parent advocacy groups, consumer or community representatives, hospital organizations, and any other ongoing Federally-funded projects in EMS, injury prevention, and rural health.

—The extent to which the applicant demonstrates a multi-disciplinary approach to EMSC system development, including providers at all levels (e.g., physicians, nurses, EMTs, social workers, and others appropriate to project activities).

—The adequacy of the applicant's plan to integrate pediatric emergency care into the primary care delivery system.

—The adequacy with which the applicant addresses institutionalization of the proposed project.

• For Category (3) State Partnership Grants:

—The adequacy of the applicant's plan to institutionalize EMSC into EMS.

—The evidence that the applicant will collaborate and coordinate with other participants in the EMSC continuum including, but not limited to, the State MCH/CHSN agency, the State Highway Office, tribal nations, State and local professional organizations, private sector voluntary organizations, parent advocacy groups, consumer or community representatives, hospital organizations, and any other ongoing Federally-funded projects in EMS, injury prevention, and rural health.

—The reasonableness of the proposed budget and soundness of the applicant's plans for fiscal management.

• For Category (4), Targeted Issue Grants:

—The appropriateness of project objectives and outcomes in relation to the specific nature of the problems identified by the applicant.

—The adequacy of the proposed methodology for achieving project goals and outcome objectives.

—The soundness of the plan for evaluating progress in achieving project objectives and outcomes.

—The reasonableness of the proposed budget and soundness of the arrangements for fiscal management.

—The adequacy of the plan for organizing and carrying out the project.

—The qualifications and experiences of the Project Director and proposed staff.

—The extent to which the project addresses the issues raised in the section on Special Concerns.

—The relevance of the proposed project to the MCHB/NHTSA Five Year Plan for EMSC.

Allowable Costs

The HRSA may support reasonable and necessary costs of EMSC Demonstration Grant projects within the scope of approved projects. Allowable costs may include salaries, equipment and supplies, travel, contracts, consultants, and others, as well as indirect costs as negotiated. The HRSA adheres to administrative standards reflected in the Code of Federal Regulations, 45 CFR Part 92 and 45 CFR Part 74.

Public Health System Reporting Requirements

This program is subject to the Public Health System Reporting Requirements (approved under OMB No. 0937–0195). Under these requirements, community-based nongovernmental applicants must prepare and submit a Public Health System Impact Statement (PHSIS). The PHSIS is intended to provide information to State and local health officials to keep them apprised of proposed health services grant applications submitted by community-based nongovernmental organizations within their jurisdictions. Community-based non-governmental applicants are required to submit the following information to the head of the appropriate State and local health agencies in the area(s) to be impacted no later than the Federal application receipt due date:

(a) A copy of the face page of the application (SF 424).

(b) A summary of the project (PHSIS), not to exceed one page, which provides:

(1) A description of the population to be served.

(2) A summary of the services to be provided.

(3) A description of the coordination planned with the appropriate State or local health agencies.

The project abstract may be used in lieu of the one-page PHSIS, if the applicant is required to submit a PHSIS.

Executive Order 12372

This 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. 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).

The OMB Catalog of Federal Domestic Assistance number is 93.127.

Dated: December 23, 1996.

Ciro V. Sumaya,
Administrator.

[FR Doc. 96–33097 Filed 12–30–96; 8:45 am]

BILLING CODE 4160–15–P

Advisory Council; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), announcement is made of the following National Advisory body are scheduled to meet during the month of February 1997:

Name: HRSA AIDS Advisory Committee.

Time: February 25–26, 1997 8:00 a.m.
Place: JW Marriott Hotel, Capitol Ballroom
D, 1331 Pennsylvania Avenue, N.W.,
Washington, D.C. 20004.

The meeting is open to the public.

Agenda: The topics to be discussed include the Ryan White CARE Act Title IV program; pending HRSA reorganization; and access to treatment advances for HIV/AIDS.

Anyone requiring information regarding the subject Committee should contact Gloria Weissman, AIDS Program Office, Health Resources and Services Administration, Room 18A19, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone (301) 443–3478.

Agenda Items are subject to change as priorities dictate.

Dated: December 23, 1996.

Jackie E. Baum,
Advisory Committee Management Officer,
HRSA.

[FR Doc. 96–33095 Filed 12–30–96; 8:45 am]

BILLING CODE 4160–15–P

Substance Abuse and Mental Health Services Administration (SAMHSA)

Notice of Meetings

Pursuant to Public Law 92–463, notice is hereby given of meetings of five Substance Abuse and Mental Health Services Administration committees (SAMHSA National Advisory Council, Center for Substance Abuse Prevention National Advisory Council, Center for Substance Abuse Treatment National Advisory Council, Center for Mental Health Services National Advisory Council, and the Advisory Committee for Women's Services) in January 1997.

The first meeting will be a combined session of the committees and will be open and include discussions on parity for alcohol, drug abuse and mental health services; implications of welfare reform for populations that SAMHSA serves; and future directions for the Agency's Knowledge Development and Application program. Attendance by the public will be limited to space available. Interested persons may present information or views, orally or in writing, on issues pending before the committees. Those desiring to make formal presentations should contact Dr. Mary C. Knipmeyer, Acting Associate Administrator for Program and Policy Coordination, SAMHSA, 5600 Fishers Lane, Room 12C–06, Rockville, Maryland, 20857, before January 10, and submit a brief statement of: the general nature of the information or arguments they wish to present, the names, addresses, and telephone number of proposed participants, identification of organizational affiliation, and an indication of the approximate time required to make their comments. Time

for presentations may be limited by the number of requests. Photocopies, up to five pages of material, may be distributed at the meeting through the Executive Secretary, if provided by January 10.

Substantive program information may be obtained from the contact whose name and telephone number is listed below.

Committee Names:

Substance Abuse and Mental Health Services Administration National Advisory Council

Center for Substance Abuse Prevention National Advisory Council

Center for Substance Abuse Treatment National Advisory Council

Center for Mental Health Services National Advisory Council

Advisory Committee for Women's Services

Meeting Date: January 27, 1997

Place: Hyatt Regency Hotel, 1800 Presidents Street, Reston, Virginia

Open: January 27, 1997, 8:30 a.m. to 6:00 p.m.

The SAMHSA National Advisory Council will hold an individual meeting and a portion of the meeting will be open and will provide orientation sessions about the mission of the Agency for new members. Attendance by the public will be limited to space available. Interested persons may present information or views, orally or in writing, on issues pending before the SAMHSA Council. Those desiring to make formal presentations should notify the contact person before January 10, and submit a brief statement of: the general nature of the information or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time required to make their comments. Time for presentations may be limited by the number of requests, so photocopies may be distributed at the meeting through the Executive Secretary, if provided by January 10.

The meeting of the SAMHSA Council will also include a presentation and discussion of information about the Agency's procurement plans. Therefore, a portion of the meeting will be closed to the public as determined by the Administrator, SAMHSA in accordance with Title 5 U.S.C. 552b(c)(3) and 5 U.S.C. App. 2, Section 10(d).

A summary of the meeting and a roster of Council members may be obtained from: Ms. Susan E. Day, Program Assistant, SAMHSA National Advisory Council, 5600 Fishers Lane, Room 12C–15, Rockville, Maryland 20857. Telephone: (301) 443–4640.

Substantive program information may be obtained from the contact whose name and telephone number is listed below.

Committee Name:

Substance Abuse and Mental Health Services Administration
National Advisory Council

Meeting

Dates: January 28, 1997

Place: Hyatt Regency Hotel, 1800 Presidents Street, Reston, Virginia

Closed: January 28, 1997, 9:00 a.m. to 9:30 a.m.

Open: January 28, 1997, 10:00 a.m. to 12:00 p.m.

Contact: Toian Vaughn, Executive Secretary, Parklawn Building, Room 12C–15, Telephone: (301) 443–4640, Fax: (301) 443–1450

The Center for Substance Abuse Prevention (CSAP) National Advisory Council will also hold an individual meeting and a portion of the meeting will include the presentation and discussion of the Center's procurement plans. Therefore, a portion of this meeting will be closed to the public as determined by the Administrator, SAMHSA, in accordance with Title 5 U.S.C. 552(b)(3) and 5 U.S.C. App. 2, section 10(d).

The agenda will also include a presentation from the Department of Education, discussions of administrative matters and announcements, and reports of workgroups of the SAMHSA National Advisory Council and the CSAP National Advisory Council.

A summary of this meeting and roster of Council members may be obtained from: Yuth Nimit, Ph.D., Executive Secretary, CSAP National Advisory Council, Rockwall II Building Suite 901, 5600 Fishers Lane, Rockville, Maryland 20857. Telephone: (301) 443–8455.

Substantive program information may be obtained from the contact whose name and telephone number is listed below.

Committee Name: Center for Substance Abuse Prevention National Advisory Council

Meeting Date: January 28, 1997

Place: Hyatt Regency Hotel, 1800 Presidents Street, Reston, Virginia

Closed: January 28, 1997, 8:30 a.m. to 9:30 a.m.

Open: January 28, 1997, 9:30 a.m. to 4:30 p.m.

Contact: Yuth Nimit, Ph.D., Executive Secretary, Rockwall II Building, Suite 901, Telephone: (301) 443–8455

The Center for Substance Abuse Treatment (CSAT) National Advisory Council will also hold an individual meeting. The meeting will include the