

jurisdiction; programs under titles I, X, and XIV operate only in Guam and the Virgin Islands; while a program under title XVI (AABD) operates only in Puerto Rico. Programs under title XXI began functioning in fiscal year 1998. The percentages in this notice apply to State expenditures for assistance payments, medical services and medical insurance services (except family planning which is subject to a higher matching rate). The statute provides separately for Federal matching of administrative costs.

Sections 1905(b) and 1101(a)(8)(B) of the Act require the Secretary of Health and Human Services to publish these percentages each year. The Secretary is to figure the percentages, by formulas in sections 1905(b) and 1101(a)(8)(B), from the Department of Commerce's statistics of average income per person in each State and in the Nation as a whole. The percentages are within the upper and lower limits given in those two sections of the Act. The statute specifies the percentages to be applied to the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands.

The "Federal medical assistance percentages" are for Medicaid. These percentages will also be used for the annual reconciliation of any Contingency funds received under the Temporary Assistance for Needy Families program.

The "Enhanced Federal Medical Assistance Percentages" are for use in the State Children's Health Insurance Program under Title XXI, and in the Medicaid program for certain children for expenditures for medical assistance described in sections 1905(u)(2) and 1905(u)(3). There is no specific requirement to publish these percentages. We include them in this notice for the convenience of the States.

**EFFECTIVE DATES:** The percentages listed will be effective for each of the four quarter-year periods in the period beginning October 1, 2001 and ending September 30, 2002.

**FOR FURTHER INFORMATION CONTACT:** Jennifer Tolbert or Robert Stewart, Office of Health Policy, Office of the Assistant Secretary for Planning and Evaluation, Room 442E Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201, (202) 690-6870.

(Catalog of Federal Domestic Assistance Program Nos. 93.588—Temporary Assistance for Needy Families; 93.563—Child Support Enforcement; 93.659—Adoption Assistance; 93.778—Medical Assistance Program; 93.767—State Children's Health Insurance Program)

Dated: November 6, 2000.

**Donna E. Shalala,**

*Secretary of Health and Human Services.*

**FEDERAL MEDICAL ASSISTANCE PERCENTAGES AND ENHANCED FEDERAL MEDICAL ASSISTANCE PERCENTAGES, EFFECTIVE OCTOBER 1, 2001—SEPTEMBER 30, 2002**

[Fiscal Year 2002]

State	Federal medical assistance percentages	Enhanced federal medical assistance percentages
Alabama .....	70.45	79.32
Alaska .....	53.01	67.11
American Samoa* .....	50.00	65.00
Arizona .....	64.98	75.49
Arkansas .....	72.64	80.85
California .....	51.40	65.98
Colorado .....	50.00	65.00
Connecticut .....	50.00	65.00
Delaware .....	50.00	65.00
District of Columbia** .....	70.00	79.00
Florida .....	56.43	69.50
Georgia .....	59.00	71.30
Guam* .....	50.00	65.00
Hawaii .....	56.34	69.44
Idaho .....	71.02	79.71
Illinois .....	50.00	65.00
Indiana .....	62.04	73.43
Iowa .....	62.86	74.00
Kansas .....	60.20	72.14
Kentucky .....	69.94	78.96
Louisiana .....	70.30	79.21
Maine .....	66.58	76.61
Maryland .....	50.00	65.00
Massachusetts .....	50.00	65.00
Michigan .....	56.36	69.45
Minnesota .....	50.00	65.00
Mississippi .....	76.09	83.26
Missouri .....	61.06	72.74
Montana .....	72.83	80.98
Nebraska .....	59.55	71.69
Nevada .....	50.00	65.00
New Hampshire .....	50.00	65.00
New Jersey .....	50.00	65.00
New Mexico .....	73.04	81.13
New York .....	50.00	65.00
North Carolina .....	61.46	73.02
North Dakota .....	69.87	78.91
Northern Mariana Islands* .....	50.00	65.00
Ohio .....	58.78	71.15
Oklahoma .....	70.43	79.30
Oregon .....	59.20	71.44
Pennsylvania .....	54.65	68.26
Puerto Rico* .....	50.00	65.00
Rhode Island .....	52.45	66.72
South Carolina .....	69.34	78.54
South Dakota .....	65.93	76.15
Tennessee .....	63.64	74.55
Texas .....	60.17	72.12
Utah .....	70.00	79.00
Vermont .....	63.06	74.14
Virgin Islands*	50.00	65.00

**FEDERAL MEDICAL ASSISTANCE PERCENTAGES AND ENHANCED FEDERAL MEDICAL ASSISTANCE PERCENTAGES, EFFECTIVE OCTOBER 1, 2001—SEPTEMBER 30, 2002—Continued**

[Fiscal Year 2002]

State	Federal medical assistance percentages	Enhanced federal medical assistance percentages
Virginia .....	51.45	66.02
Washington .....	50.37	65.26
West Virginia .....	75.27	82.69
Wisconsin .....	58.57	71.00
Wyoming .....	61.97	73.38

\*For purposes of section 1118 of the Social Security Act, the percentage used under titles I, X, XIV, and XVI and Part A of title IV will be 75 per centum.

\*\*The value in the table was set for the state plan under titles XIX and XXI and for capitation payments and DSH allotments under those titles. For other purposes, including programs remaining in Title IV of the Act, the percentage for DC is 50.00.

[FR Doc. 00-29112 Filed 11-16-00; 8:45 am]

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Submission for OMB Review; Comment Request**

*Title:* Child Care and Development Fund Plan for States/Territories.

*OMB No.:* 0970-0114.

*Description:* The Child Care and Development Fund (CCDF) Plan for States and Territories is required from the child care Lead Agency by section 658E of the Child Care and Development Block Grant Act of 1990 (P.L. 101-508), 42 U.S.C. 9858. The implementing regulations for the statutorily required Plan are at 45 CFR 98.10 through 98.18. The Plan, submitted on the ACF-118, is required biennially and remains in effect for two years. This Plan, provides ACF and the public with a description of, and assurance about, the State's child care program. The ACF-118 is approved through October 31, 2001 making it available to States and Territories needing to submit Plan Amendments through the end of the FY 2001 Plan Period. However, in July 2001, States and Territories will be required to submit their FY 2002-2003 Plans. Consistent with the statute and regulations, ACF requests extension of the ACF-118 with minor corrections

and modifications. The Tribal Plan (ACF-118A) is not affected by this notice.

*Respondents:* State and Territorial Lead Agencies.  
*Annual Burden Estimates:*

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
ACF-118 .....	56	.5	162.57	4,552

*Estimated Total Annual Burden Hours:*

*Additional Information:* Copies of the proposed collection may be obtained by writing to The Administration for Children and Families, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer.

*OMB Comment:* OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, 725 17th Street, NW., Washington, DC 20503, Attn: Desk Officer for ACF.

Dated: November 8, 2000.

**Bob Sargis,**

*Reports Clearance Officer.*

[FR Doc. 00-29463 Filed 11-16-00; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Maternal and Child Health Federal Set-Aside Program; Special Projects of Regional and National Significance; Community-Based Abstinence Education Project Grants

**AGENCY:** Health Resources and Services Administration, HHS.

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

**SUMMARY:** The Health Resources and Services Administration (HRSA) announces that approximately \$17 million in fiscal year (FY) 2001 funds is available for making competitive grants to implement strategies to provide abstinence education to adolescents, ages 12 through 18, in communities across the Nation. Eligibility is open to public and private entities which clearly

and consistently focus on a designated definition of "abstinence education" and agree not to provide a participating adolescent any other education regarding sexual conduct in the same setting. All awards will be made under the program authority of section 501(a)(2) of the Social Security Act, the Maternal and Child Health (MCH) Federal Set-Aside Program (42 U.S.C. 701(a)(2)). These grants (CFDA #93.110NO) will be administered by the Maternal and Child Health Bureau (MCHB), HRSA. Approximately \$1.5 million will be available for up to 15-20 one-year planning grants, with awards ranging from \$75,000 to \$100,000, and approximately \$15.5 million will be available for up to 25-50 three-year implementation grants, with annual awards ranging from \$250,000 to \$1 million, depending on continued availability of funds. Projects may be located in any State, the District of Columbia, and United States territories, commonwealths, and possessions. Funds for Community-Based Abstinence Education project grants are appropriated by Public Law 106-246.

This announcement will appear in the **Federal Register** and on the HRSA Home Page at: <http://www.hrsa.dhhs.gov/>. **Federal Register** notices are found by following instructions at: [http://www.access.gpo.gov/su\\_docs/aces/aces140.html](http://www.access.gpo.gov/su_docs/aces/aces140.html).

**DATES:** Entities which intend to submit an application for this grant program are expected to notify MCHB's Division of State and Community Health by December 1, 2000. The deadline for receipt of applications is February 2, 2001. Applications will be considered "on time" if they are either received on or before the deadline date or postmarked on or before the deadline date. The projected award date is April 27, 2001.

**ADDRESSES:** To receive a complete application kit, applicants may telephone the HRSA Grants Application Center at 1-877-477-2123 (1-877-HRSA-123) beginning November 15, 2000, or register on-line at: <http://www.hrsa.dhhs.gov/>, or by accessing

[http://www.hrsa.gov/g\\_order3.htm](http://www.hrsa.gov/g_order3.htm) directly. This program uses the standard Form PHS 5161-1 (rev. 7/00) for applications (approved under OMB No. 0920-0428). Applicants must use the appropriate Catalog of Federal Domestic Assistance (CFDA) number when requesting application materials. The CFDA is a Government wide compendium of enumerated Federal programs, projects, services, and activities which provide assistance. The CFDA Number for the Community-Based Abstinence Education project grant program is: #93.110NO. All applications should be mailed or delivered to: Grants Management Officer (MCHB), HRSA Grants Application Center, 1815 N. Fort Meyer Drive, Suite 300, Arlington, Virginia 22209, telephone: 1877-HRSA-123 (477-2123), E-mail: [hrsagac@hrsa.gov](mailto:hrsagac@hrsa.gov).

This application guidance and the required form for the Community-Based Abstinence Education project grant program may be downloaded in either WordPerfect 6.1 or Adobe Acrobat format (.pdf) from the MCHB Home Page at <http://www.mchb.hrsa.gov/>. Please contact Joni Johns at 301-443-2088 or [jjohns@hrsa.gov](mailto:jjohns@hrsa.gov), if you need technical assistance in accessing the MCHB Home Page via the Internet.

*Letter of Intent:* To assist MCHB in planning for an orderly review of applications, entities which intend to submit an application for this grant program are invited to notify MCHB's Division of State and Community Health in one of three ways: telephone, 301-443-2204; fax, 301-443-9354; or mail, MCHB, HRSA, Division of State and Community Health; Parklawn Building, Room 18-31; 5600 Fishers Lane; Rockville, MD 20857.

**FOR FURTHER INFORMATION CONTACT:** Michele Lawler, 301-443-2204 (for questions specific to project activities of the program, program objectives, or the Letter of Intent described above); and Dorothy Kelley, 301-443-3288 (for grants policy, budgetary, and business questions).

**SUPPLEMENTARY INFORMATION:**