Health Resources and Services Administration

Emergency Medical Services for Children Demonstration Grants

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

ACTION: Notice of availability of funds.

SUMMARY: The HRSA in collaboration with the National Highway Traffic Safety Administration (NHTSA) announces that approximately $4.1 million in fiscal year (FY) 1997 funds will be available for grants authorized under section 1910 of the PHS Act. These discretionary grants will be made to States or accredited schools of medicine to support projects for the expansion and improvement of emergency medical services for children (EMSC). Within the HRSA, EMSC grants are administered by the Maternal and Child Health Bureau (MCHB).

The NHTSA participated with the MCHB in developing program priorities for the EMSC program for FY 1997. The NHTSA will share the Federal monitoring responsibilities for EMSC awards made during FY 1997 and will continue to provide ongoing technical assistance and consultation in regard to the required collaboration/linkages between applicants and their Highway Safety Offices and Emergency Medical Services Agencies for the State(s). Grantees funded under this program are expected to work collaboratively with the State agency or agencies administering the Maternal and Child Health (MCH) and the Children with Special Health Needs (CSHN) programs under the MCH Services Block Grant, Title V of the Social Security Act (42 U.S.C. 701).

The 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 EMSC grant program will directly address the Healthy People 2000 objectives related to emergency medical services and trauma systems linking prehospital, hospital, and rehabilitation services in order to prevent trauma deaths and long-term disability. Potential applicants may obtain a copy of Healthy People 2000 (Full Report: Stock No. 017–001–00474–0) or Healthy People 2000 (Summary Report: Stock No. 017–001–00473–1) through the Superintendent of Documents, Government Printing Office, Washington, D.C. 20402–9325 (telephone 202–783–3238).

The PHS strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. In addition, Public Law 103–227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

ADDRESSES: Federal Register notices and application guidance for MCHB programs are available on the World Wide Web via the Internet at address: http://www.os.dhhs.gov/hrsa/mchb. Click on the file name you want to download to your computer. It will be saved as a self-extracting (Macintosh or) WordPerfect 5.1 file. To decompress the file once it is downloaded, type in the file name followed by a <return>. The file will expand to a WordPerfect 5.1 file.

For applicants for Emergency Medical Services for Children Demonstration Grants who are unable to access application materials electronically, a hard copy (Revised PHS form 5161–1, approved under OMB clearance number 0937–0189) must be obtained from the HRSA Grants Application Center. The Center may be contacted by: Telephone Number: 1–888–300–HRSA, FAX Number: 301–309–0579, E-mail Address: HRSA.GAC@ix.netcom.com. Completed applications should be returned to: Grants Management Officer (CFDA #93.127), HRSA Grants Application Center, 40 West Gude Drive, Suite 100, Rockville, Maryland 20850.

DATES: The application deadline date is April 11, 1997. Competing applications will be considered to be on time 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 should request a legibly dated receipt from a commercial carrier or the U.S. Postal Service, or obtain a legibly dated U.S. Postal Service postmark. Private metered postmarks will not be accepted as proof of timely mailing.

Late competing applications or those sent to an address other than specified in the **ADDRESS** section will be returned to the applicant.

FOR FURTHER INFORMATION: Requests for technical or programmatic information from MCHB should be directed to Jean Athey, Ph.D., or Mark E. Nehring, D.M.D., M.P.H., Division of Maternal, Infant, Child and Adolescent Health, Maternal and Child Health Bureau, Health Resources and Services Administration, Room 18A–39, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857, telephone 301–443–2250. Requests for technical or programmatic information from NHTSA should be directed to Garry Criddle, R.N., CDR, USCG/USPHS, Department of Transportation, NHTSA EMS Division, NTS–42, 400 Seventh Street SW, Washington, DC 20590, telephone 202–366–5440. Requests for information concerning fiscal, business or administrative management issues should be directed to: Maria Carter, Grants Management Specialist, Grants Management Branch, Maternal and Child Health Bureau, 5600 Fishers Lane, Room 18–12, Rockville, Maryland 20857, telephone 301–443–1440.

The EMSC program funds three national EMSC resource centers that are available to provide technical assistance and support to applicants, particularly in the areas of: (1) Understanding EMSC terminology; (2) developing a manageable approach to EMSC implementation; (3) obtaining local support for the grant application process; (4) facilitating development of community linkages for a collaborative effort; (5) identifying products of previously-funded EMSC projects of interest to potential applicants; (6) offering advice on grant writing; and (7) data collection and analysis. Applicants may contact: James Seidel, M.D., Ph.D., or Deborah Henderson, R.N., M.A., National EMSC Resource Alliance, Research and Education Institute, Harbor/UCLA Medical Center, 1001 West Carson Street, Suite S, Torrance, CA 90502, telephone 310–328–0720; or Jane Ball, R.N., Dr. P.H., EMSC National Resource Center, Children's National Medical Center, Emergency Trauma Services, 111 Michigan Ave., N.W., Washington, DC 20010, telephone 202–745–5188; or J. Michael Dean, M.D., National EMSC Data Analysis Resource Center, University of Utah School of Medicine, 309 Park Building, Salt Lake City, UT 84112, telephone 801–588–3280.

SUPPLEMENTARY INFORMATION:

Program Background and Objectives

The Emergency Medical Services for Children statute (Section 1910 of the PHS Act, as amended) establishes a program of two-year grants to States, through a State-designated agency, or to accredited medical schools within States, for projects for the expansion and improvement of emergency medical services for children who need treatment for trauma or critical illness. For purposes of this grant program, the term ''State'' includes the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Northern Mariana

Islands, Guam, American Samoa, the Republic of Palau, the Republic of the Marshall Islands, and the Federated States of Micronesia. The term ''school of medicine'' is defined as having the same meaning as set forth in Section 799(1)(A) of the PHS Act (42 U.S.C. 295p(1)(A)). ''Accredited'' in this context has the same meaning as set forth in section 799(1)(E) of the PHS Act (42 U.S.C. 295p(1)(E)). It is the intent of this grant program to stimulate further development or expansion of ongoing efforts in the States to reduce the problems of life-threatening pediatric trauma and critical illness. The Department does not intend to award grants which would duplicate grants previously funded under the Emergency Medical Services Systems Act of 1972 or which would be used simply to increase the availability of emergency medical services funds allotted to the State under the Preventive Health Services Block Grant.

Eligible Applicants

State governments and accredited schools of medicine are the only eligible applicants for funding under the EMSC program. It is anticipated that the application for planning and implementation funds will come, in most States, from the organization responsible for EMS for children, which will most likely be the Emergency Medical Services agency in the State. Because the purpose of the partnership grants is to solidify the integration of a pediatric perspective within the basic EMS system, the only eligible applicant for that category is the State EMS agency, unless the State specifically requests and designates another State entity or a school of medicine and provides a convincing justification for doing so. Because of the importance of linking EMS activities with the system of care for children, the involvement of the State MCH program in all grant categories is strongly encouraged. Such involvement could be demonstrated either by a co-signed application or by a letter of support.

If the applicant is a school of medicine, the application must be endorsed by the State EMS office. The State's endorsement constitutes an acknowledgement that the applicant has consulted with the State and that the State has been assured that the applicant will work with the State on the proposed project. No application from a school of medicine will be considered for funding without the endorsement. Further information on application endorsements can be found in the program guidance. Any State (or medical school within that State) may apply for any category of grant, subject to the following considerations:

- For Category (1) Planning Grants, States (or medical schools within those States) that have received prior EMSC State systems grants may not apply for a planning grant.
- For Category (2) Implementation Grants, applications from States (and medical schools within those States) that have not previously received EMSC program funds, or that have received only partial support under this program as part of a regional alliance, will receive preference for funding in this category. This means that approved applications from States (and medical schools within those States) with no or very limited prior EMSC program support will be funded ahead of approved applications from outside this group.
- For Category (3) State Partnership Grants, States that have previously received EMSC funds may apply for a State partnership grant, as long as they will not also be receiving implementation or ''enhancement'' funds during the project period of the partnership grant. States that have not previously received EMSC funds are advised to apply first for planning category funds.
- For Category (4) Targeted Issues Grants, eligibility is not affected by previous receipt of other EMSC funding.

Funding of an application for a planning grant or for an implementation grant bars a State from future competitions for that category.

Funding Categories

There will be four categories of competition for funding this year: State planning grants, State implementation grants, State partnership grants, and targeted issue grants.

Category (1): State Planning Grants

Planning grants are intended for States that have never received an EMSC grant and that are not at a stage of readiness to initiate a full-scale implementation project. States (or medical schools within those States) that have not received prior EMSC implementation grants are the only applicants eligible for this category. Planning grants are designed to enable a State to assess needs and develop a strategy to begin to address those needs. Funds may be used to hire staff to assist in the assessment of EMSC needs of the State; obtain technical assistance from national, State, regional or local resources; help formulate a State plan for the integration of EMSC services into the existing State EMS plan; and conduct a needs assessment. A comprehensive approach, addressing physical, psychological, and social aspects of EMSC along the continuum of care, should be reflected. An ongoing working relationship with Federal EMSC program staff and resource center staff, beginning with the initiation of a planning grant application, is desirable. The project period is one year.

Category (2): State Implementation Grants

Implementation grants will improve the capacity of a State's EMS program to address the particular needs of children. Implementation grants are used to assist States in integrating research-based knowledge and state-of-the-art systems development approaches into the existing State EMS, MCH and CSHN systems, using the experience and products of previous EMSC grantees. The program components of these grants should reflect the goals of the MCHB/NHTSA Five Year Plan for EMSC. This plan outlines the direction of the EMSC program and identifies specific objectives for the program. It builds on the 1993 report for EMSC conducted by a blue ribbon Institute of Medicine panel. The plan will be included with the application kit. Depending upon the appropriation of funds, project periods are up to two years.

Proposals are sought which include strategies and/or models to ensure that pediatric emergency care is family centered. ''Family centered'' includes the following key elements: maximum possible involvement of families in all phases of the EMSC continuum of care; clear and continuous communication between family members and the emergency care team; attention to the psychological needs of all family members; cultural competence of providers; consumer (parental) involvement in planning and needs assessment; organizational support for the formation of parent involvement groups; and ongoing partnerships with such groups. For this competition, we intend to fund applications from States (and medical schools within those States) that have not as yet received support, or that have received only partial support under this program as part of a regional alliance. This means that approved applications from States (and medical schools within those States) with no or very limited prior EMSC program support will be funded before approved applications from outside this group.

Applications will not be accepted for both planning grants and state implementation grants simultaneously from the same State.

Category (3): State Partnership Grants

State partnership grants will fund activities that represent the next logical step or steps to take to institutionalize EMSC within EMS and to continue to improve and refine EMSC. The program components of these grants should reflect the goals and objectives of the MCHB/NHTSA Five Year Plan for EMSC. For example, funding might be used to improve linkages between local and regional or State agencies, to develop pediatric standards for a region, or to assure effective field triage of the child in physical or emotional crisis to appropriate facilities and/or other resources. States that have previously received EMSC funds may apply for a State partnership grant, as long as they will not also be receiving continuation funding for a State implementation grant or a previously awarded ''System Enhancement Grant'' during the project period of the State partnership grant. The project period is up to two years, depending upon the availability of funds.

Category (4): Targeted Issue Grants

The fourth funding category is that of targeted issue grants on topics of importance to EMSC. Targeted issue grants are intended to address specific, focused issues related to the development of EMSC capacity. Proposals under this category must have a well-conceived methodology for evaluation of the impact of the activity. The EMSC Five Year Plan identifies several activities judged to be appropriate for support through targeted issue grants for FY 1997. They include the following:

1. Cost-Benefit Analyses Related to EMSC

Very little information is available on the costs related to different aspects of EMSC, and yet such information is critical to decision making. Projects in this category may include topics such as the following:

- Evaluation of the cost effectiveness of different EMSC program configurations (such as different approaches to medical control, categorization, and regionalization).
- Assessment of the marginal incremental cost of different approaches to improving EMSC.
- Evaluation of the benefits vs. costs of different treatment modalities.

2. Implications of Managed Care for EMSC

The changes in reimbursement mechanisms due to managed care are having profound effects on the provision of medical care. It is unclear how these changes may affect pediatric emergency care. Projects in this category may include topics such as:

- Analyses of the impact of managed care and other financing mechanisms on pediatric emergency medical services.
- Analyses of the impact of differing reimbursement policies in contiguous jurisdictions on pediatric patients.
- Demonstrations and analyses of collaborative activities with managed care plans designed to improve access and/or quality of pediatric emergency care.

3. Evaluations of EMSC Components

If EMSC is to improve and provide quality services, evaluation is critical. Projects in this category may include topics such as:

- Development of quality standards for the care of children within the EMS system and analyses of how well the system performs.
- Pilot testing and evaluation of model quality improvement programs in EMS/EMSC.
- Models to determine if the right patients are getting to the right levels of care.
- Analyses of outcomes for children using EMS systems.
- National study to identify and document the extent to which EMSC components have been implemented in each State.

4. Risk-Taking Behaviors of Children and Adolescents

EMS and emergency department health professionals are uniquely positioned to provide interventions to reduce the incidence of injuries or medical conditions (e.g., noncompliant child or adolescent with a chronic condition, such as diabetes) resulting from risk-taking behavior. Projects in this category can be directed to development and evaluation of materials and strategies in one of the following areas:

- Unintentional injury prevention
- Violence or suicide prevention
- Illegal drug usage
- Integration of mental health services with preventive interventions (injury or medical)

Projects are especially sought to develop, implement, and evaluate model guidelines for emergency departments to use following injury to reduce risk-taking behaviors. Projects are also sought that link prevention with managed care quality indicators.

5. Models for Improving the Care of Culturally Distinct Populations

Health care providers are often required to meet the needs of culturally and ethnically distinct children and families, but little training is provided in this area. Projects in this category can be directed to one or more of the following:

- Development, implementation and evaluation of education and training programs in cultural sensitivity for prehospital providers, nurses, and physicians.
- Development (or translation), implementation, and evaluation of discharge, injury prevention and health care materials for low literacy populations and for culturally and/or ethnically distinct populations.

6. Children's Emergencies in Disasters

Local, regional, and State disaster plans typically do not address the training and equipment necessary to meet the special needs of children in disasters. Projects in this category should seek to overcome these deficiencies and assess the outcome. Curricula are not being solicited in this category. Examples of projects appropriate for this category include the following:

- Development and evaluation of a strategy to integrate pediatrics into existing disaster plans, in particular focusing on the following components: Training, equipment, psychosocial support, system access and cost reimbursement, shelter services, and mitigation.
- Identification of key data to be collected and analysis of data on children's health and mental health needs in disasters.

7. Coordination Between Primary Care Providers and EMSC

Primary care providers are important partners on the EMSC team; however, their role is often overlooked, particularly with respect to injury prevention, emergency care, and discharge planning. Projects in this category may include topics that promote collaboration between primary care providers and EMS, including topics such as the following:

- Implementation and evaluation of model programs designed to improve a primary care provider's office-preparedness to handle increased patient acuity and emergencies.
- Development and evaluation of an information system to provide access to patient information and to enhance communication and coordination between emergency care providers and primary care providers.

Proposals may be submitted on emerging issues that are not included in the above list. However, any such proposal must demonstrate relevance to

the EMSC Five Year Plan and must make a persuasive argument that the issue is particularly critical. The justification provided should clearly link the activities in the application with the Plan's objectives. The project period is up to two years, depending upon the availability of funds.

Availability of Funds

Approximately $4.1 million will be available for competitive grants. It is anticipated that a total of 47 grants will be awarded for the project periods shown in the four identified funding categories:

Category	Grants	Amount	Project Period (year(s))
State Planning Grants	2	$ 50,000	1
State Implementation Grants	4	250,000	2
State Partnership Grants	32	60,000	2
Targeted Issue Grants	7	50–150,000	2

Special Concerns

HRSA's Maternal and Child Health Bureau places special emphasis on improving service delivery to women, children and youth from communities with limited access to comprehensive care. In order to assure access and cultural competence, it is expected that projects will involve individuals from the populations to be served in the planning and implementation of the project. The Bureau's intent is to ensure that project interventions are responsive to the cultural and linguistic needs of special populations, that services are accessible to consumers, and that the broadest possible representation of culturally distinct and historically underrepresented groups is supported through programs and projects sponsored by the MCHB. This same special emphasis applies to improving service delivery to children with special health care needs.

In keeping with the goals of advancing the development of human potential, strengthening the Nation's capacity to provide high quality education by broadening participation in MCHB programs of institutions that may have perspectives uniquely reflecting the Nation's cultural and linguistic diversity, and increasing opportunities for all Americans to participate in and benefit from Federal public health programs, HRSA will place a funding priority on projects from Historically Black Colleges and Universities (HBCU) or Hispanic Serving Institutions (HSI) in all categories in this notice for which applications from academic institutions are encouraged. This is in conformity with the Federal Government's policies in support of White House Initiatives on Historically Black Colleges and Universities (Executive Order 12876) and Educational Excellence for Hispanic Americans (Executive Order 12900). An approved proposal from a HBCU or HSI will receive a 0.5 point favorable adjustment of the priority score in a 4 point range before funding decisions are made.

Evaluation Protocol

A maternal and child health discretionary grant project, including any project awarded as part of the Emergency Medical Services for Children Demonstration Grants program, is expected to incorporate a carefully designed and well planned evaluation protocol capable of demonstrating and documenting measurable progress toward achieving the project's stated goals. The protocol should be based on a clear rationale relating the grant activities, the project goals, and the evaluation measures. Wherever possible, the measurements of progress toward goals should focus on health outcome indicators, rather than on intermediate measures such as process or outputs. A project lacking a complete and well-conceived evaluation protocol as part of the planned activities will not be funded.

Project Review and Funding

The Department will review applications in the preceding funding categories as competing applications and will fund those which, in the Department's view, are consistent with the statutory purpose of the program, with particular attention to children from culturally distinct populations and children with special health care needs; and that best meet the purposes of the EMSC program and address achievement of applicable Healthy People 2000 objectives related to emergency medical services and trauma systems.

Review Criteria

The review of applications will take into consideration the following criteria:

- For Category (1) State Planning Grants:

—Evidence of the State's commitment to improve pediatric emergency care services and to continue with EMSC program implementation.

—The adequacy of the applicant's proposed method to identify problems and conduct a needs assessment.

—Evidence of the applicant's understanding of obstacles to EMSC activity in the past, and the completeness of proposed strategies to overcome these obstacles.

—The adequacy of the applicant's proposed planning process for improving EMSC.

—The soundness of the methods the applicant will use to: (1) recruit, select and assemble appropriate participants, including members of culturally distinct populations, with demonstrated expertise and experience in EMS; trauma systems; child health issues; and emergency care for children; and (2) obtain input from potential consumers (i.e., families) of a State EMSC plan.

—Reasonableness of the proposed budget, soundness of the arrangements for fiscal management, effectiveness of use of personnel, and likelihood of project completion within the proposed grant period.

- For Category (2) State Implementation Grants:

—The adequacy of the applicant's understanding of the problem of pediatric trauma and critical illness in the State and/or project area, including the special problems of (a) children with special health care needs and their families; and (b) minority children and families (including American Indian/Alaska Natives, and Native Hawaiians).

—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 objectives.

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

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

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

—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.

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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.