Nebraska." In the absence of such a definition, the Department considers all applicants in counties that are geographically located in the western third of the state to be eligible for this competition.

National Health Objectives for the Year 2000

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. This grant 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 2000 (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

Depending on the availability of funds, which are subject to reductions in the appropriated amounts, an estimated total award of up to \$500,000 will be made to support a single grant project for a one year period. The budget period for the project will begin September 1, 1995.

Funding Limits

The award is limited to a maximum total amount of \$500,000 (direct and indirect costs), depending on the availability of funds, which are subject to reductions in the appropriated amounts

Equipment costs up to 40 percent of the total grant award are allowable. However, the costs of purchasing and installing transmission equipment, such as laying cable or telephone lines, microwave towers, digital switching equipment, amplifiers, etc., are not allowable. Transmission costs are allowable. Indirect costs are allowable up to 20 percent of the total grant award.

Grant funds may not be used for construction, except for minor renovations related to the installation of equipment. Grant funds may not be used to acquire or build real property.

Cost Participation

Cost participation serves as an indicator of community and institutional support for the project and of the likelihood that the project will continue after Federal grant support has ended. The successful applicant will be required to share in the costs of the project by providing equipment,

personnel, building space, indirect costs, other in-kind contributions, or cash.

DATES: Applications for the grant must be received by the close of business on May 2, 1995.

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 AND FURTHER INFORMATION:

Requests for grant application kits and for technical or programmatic information on this announcement should be directed to Carole Mintzer, Office of Rural Health Policy, 5600 Fishers Lane, Room 9-05, Rockville, MD 20857, 301-443-0835, cmintzer@hrsa.ssw.dhhs.gov. Requests for information regarding business or fiscal issues and completed applications should be directed to Opal McCarthy, Grants Management Office, Bureau of Primary Health Care, West Tower, 11th Floor, 4350 East West Highway, Rockville, MD 20857, 301-594-4260. 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

SUPPLEMENTARY INFORMATION:

Program Objectives

(OMB).

The purpose of the grant is to demonstrate and collect information on the feasibility, costs, appropriateness, and acceptability (to practitioners and patients) of telemedicine for improving access to health services for rural residents and reducing the isolation of rural practitioners. The grant will be awarded for implementing and operating a telemedicine system that links a multi-specialty entity with rural health care facilities for the purposes of delivering health care services to the rural sites and exchanging information between the sites.

A central goal of the grant is to demonstrate how telemedicine can be used as an effective tool in the development of integrated systems of health care. Integrated systems of care provide comprehensive, coordinated health care services to the rural residents served by the system through referrals, consultations, and support

systems that ensure patient access to a comprehensive set of services and reduce practitioner isolation. In particular, the grant is to promote systems of health care in rural areas that link rural primary care practitioners with specialty and referral services.

For the purposes of this grant, telemedicine is defined as the use of telecommunications for medical diagnosis and patient care. A clinical consultation is defined as a person-toperson interaction relating to the clinical condition or treatment of the patient. The consultation could be between two practitioners, with or without the patient present, or between a specialty practitioner and a patient. The consultation may be interactive or asynchronous (e.g. store and forward technology).

In order to compete for this grant, applicants must participate in a telemedicine network that includes at least three sites: a multispecialty entity (tertiary care hospital, multi-specialty clinic, or a collection of facilities that, combined, could provide 24-hour a day specialty consultations), a small rural hospital (fewer than 100 staffed beds), a rural primary care clinic or practitioner office. Networks that include a longterm care facility are especially encouraged. The network may include additional rural sites, such as mental health clinics, school-based clinics, emergency service providers, home health providers, community and migrant health centers, rural health clinics, Federally qualified health centers, health professions schools, etc. The telemedicine network must be used to provide clinical consultations between the multispecialty entity (hub) and the rural sites (spokes). Projects that use low cost technologies are particularly encouraged.

For purposes of this grant, a telemedicine network is characterized by a full partnership among all the members that includes the following elements: (1) Resource participation; (2) a specific role for each member; (3) a contractual relationship or formal written agreement; (4) a long-term commitment to the project by each member; (5) documentation of the network's activities; and (6) active participation by each member so that the network is not solely dependent on any particular member organization.

Applicants must monitor their own performance and be willing and able to participate in an evaluation of telemedicine services. This may include, but is not limited to, collecting data, completing surveys, and participating in on-site observations by independent evaluators.