complete instructions for preparing and submitting applications. The Kit may be obtained from: National Clearinghouse for Alcohol and Drug Information P.O. Box 2345, Rockville, Maryland 20847–2345, 1–800–729–6686, 1–800–468–2600 (local calls), 1–800–487–4889 TDD, Internet: telnet ncadi.health.org user-id:new,

When requesting an Application Kit,

the applicant must specify the particular activity(s) for which detailed information is desired. This is to ensure receipt of all necessary forms and information, including any specific program review and award criteria.

APPLICATION SUBMISSION: Applications must be submitted to: Center for Substance Abuse Prevention Programs, Division of Research Grants, NIH, Westwood Building, Room 240, 5333 Westbard Avenue, Bethesda, Maryland 20892 *

APPLICATION DEADLINES: The deadlines for receipt of applications are listed in the table above. Please note that the deadlines may differ for the individual categories of grants and cooperative agreements.

Competing applications must be received by the indicated receipt dates to be accepted for review. An application received after the deadline may be acceptable if it carries a legible proof-of-mailing date assigned by the carrier and that date is not later than one week prior to the deadline date. Private metered postmarks are not acceptable as proof of timely mailing. If the receipt date falls on a weekend, it will be extended to Monday; if the date falls on a national holiday, it will be extended to the following work day.

Applications received after the receipt date(s) or those sent to an address other than the address specified above will be returned to the applicant without review.

FOR FURTHER INFORMATION CONTACT: Requests for activity-specific technical information should be directed to the contact person identified for each

activity covered by this notice (see Section 4).

Requests for information concerning business management issues should be directed to: Mary Lou Dent, Grants Management Office, Center for Substance Abuse Prevention, Rockwall II Building, Room 640, 5600 Fishers Lane, Rockville, Maryland 20857, (301) 443–3958.

SUPPLEMENTARY INFORMATION: To facilitate the use of this Notice of Funding Availability, information has

been organized, as outlined in the Table of Contents below. Grants and cooperative agreements are discussed separately and, for each activity, the following information is provided:

- Application Deadline
- Purpose
- Priorities
- Eligible Applicants
- Grants/Amounts
- Catalog of Federal Domestic

Assistance Number

Program Contact

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1. Program Background and Objectives

The Center for Substance Abuse Prevention (CSAP) in the Substance Abuse and Mental Health Services Administration (SAMHSA) was legislatively authorized to conduct a full range of activities directed toward reducing the incidence and prevalence of alcohol, tobacco and other drug (ATOD) use/abuse. The etiology of ATOD use/abuse is complex and multifaceted. From the research on correlates of ATOD use/abuse, it has become clear that the factors that place individuals at risk for ATOD use/abuse may be found at the individual, family, school, peer group, workplace, neighborhood/community, and society levels. The ubiquitous nature of these risk factors calls for a multi-level, allpervasive prevention response.

CSAP's substance abuse prevention program is designed to develop such a multi-level, all pervasive prevention response. Thus, CSAP supports demonstration grants, conference grants, training grants, and cooperative agreements in an effort to generate new

knowledge and share and disseminate what is known about effective strategies for preventing ATOD use/abuse. CSAP's approach is comprehensive and multifaceted whether it is from the perspective of the individual, the community, training of health providers, or in designing its communication messages for targeted populations. Recognizing that substance abuse has a pervasive impact on education, violence, delinquency, teenage pregnancy, health care, school dropouts, mental health, homelessness, and other social problems, CSAP's orientation is to foster linkages with the human service providers in these related fields and to ask its grantees to explore mechanisms for linking with managed care providers in their area.

2. Special Concerns

SAMHSA's CSAP will address a number of special concerns in FY 1995. Emphasis is placed on comprehensive approaches to prevention and coordination with other programs and organizations in the public and private sectors that attend to the human service needs of populations at high risk for substance use/abuse. Emphasis is also placed on quality evaluation design and implementation so as to add to knowledge of what strategies are effective and ineffective in preventing substance use/abuse. For individualfocused (in contrast to community focused) approaches, emphasis is placed on using a well-conceptualized risk factor approach in designing and evaluating prevention strategies. Under two activities, special consideration will be given to applicants serving communities characterized by high levels of poverty and other forms of socio-economic distress and who are located in formally designated **Empowerment Zones or Enterprise** Communities.

Populations that have been targeted for grants or cooperative agreements include high risk youth, adolescent females and Native Americans. Of particular interest is the effectiveness of strategies designed to deal with the impact of victimization and physical and sexual abuse that places females at particular high risk for self-destructive disorders such as substance abuse, eating disorders, and suicide. With respect to the Native American population, a major interest is the development of strategies to reach and reduce the high rate of babies with Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Effects (FAE) born to Native American women.

From the perspective of community strategies, a special area of concern

^{(*} If an overnight carrier or express mail is used, the Zip Code is 20816.)