

support outreach, screening, case management and other enabling services such as transportation, and child care. Grant funds are not intended to be used for medical treatment.

**AWARD CRITERIA:** Funding decisions will be determined by the Office of Minority Health and will take under consideration: the recommendations/ratings of review panels as well as program balance which includes geographic and race/ethnicity distribution, and health problem areas having the greatest impact on minority health in terms of causes of death.

**REVIEW OF APPLICATIONS:** Applications will be screened upon receipt. Those that are judged to be incomplete, nonresponsive to the announcement, or nonconforming will be returned without comment. Each coalition may submit no more than one proposal under this announcement. If a coalition submits more than one proposal, all will be deemed ineligible and returned without comment. Applications judged to be complete, conforming, and responsive will be reviewed for technical merit in accordance with PHS policies.

Applications will be evaluated by federal and non-federal reviewers chosen for their expertise in minority health, experience with similar projects, and their understanding and special knowledge of outreach and screening programs.

Applicants are advised to pay close attention to program guidelines, and the general and supplemental instructions provided in the application kit. Applications will be reviewed and evaluated for technical merit and consistency with the requirements of this announcement. Of specific importance will be the criteria found in the supplemental instructions and program guidelines under these listed headings. The percentage weight for each section appears in the parentheses after each heading: Background (20%); Goals and Objectives (15%); Methodology (45%); and Evaluation (20%).

**DEFINITIONS:** For the purpose of this grant program, the following definitions are provided:

(1) **Community**—A defined geographical area in which persons live, work, and play and characterized by: (a) Formal and informal leadership structures for the purpose of maintaining order and improving conditions; and (b) its capacity to serve as a focal point for addressing societal needs including health needs.

(2) **Minority Community Coalition**—An entity comprised of organizations/institutions which have come together

in a minority community for the purpose of collaborating on specific concerns, seeking coordination of related services, and resolution of those concerns. The coalition must include a health care facility such as a community or migrant health center, health department, or medical center, capable of providing treatment services. The coalition must have a formalized structure and process for member organizations to work together.

(3) **Enabling services**—Services, such as outreach, case management, child care, and transportation, which enable clients to effectively follow-up on screening findings and to access health care services.

(4) **Socio-cultural barriers**—Examples of socio-cultural barriers are: cultural differences between individuals and institutions; cultural differences of beliefs about health and illness, customs and lifestyles; cultural differences in languages or nonverbal communication styles; cultural differences in organizational policies and practices that create obstacles to service delivery.

(5) **Minority populations**—As defined by the Office of Management and Budget (OMB) Circular #15, include: Asian/Pacific Islanders; Blacks; Hispanics; and Native American/Alaska Native.

**SUPPLEMENTARY INFORMATION:** This announcement for Fiscal Year 1995 Coalition Outreach Grants focuses on the six health problems identified by the Secretary's Task Force on Black and Minority Health as having the greatest impact on minority health in terms of causes of death: (1) Cancer; (2) cardiovascular disease and stroke; (3) chemical dependency; (4) diabetes; (5) homicides; and (6) infant mortality. Additional areas of concern under this announcement include HIV infection, access to and financing of health care, health professions personnel development, data collection and analysis, and surveillance. Proposals should address these problems in a culturally competent and linguistically appropriate manner.

These health priorities also are addressed in the Health Objectives for the National, Healthy People 2000, which the Public Health Service (PHS) is committed to achieving. Potential applicants may obtain a copy of Healthy People 2000 (Full Report: Stock No. 017-00100474-0) 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).

**STATE REVIEWS:** EO 12372 sets up a system for State and local government review of proposed Federal assistance applications. Applicants (other than federally-recognized Indian tribal governments) should contact their State Single Point of Contact (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. All comments from a State office must be received by 60 days after the application deadline by the Office of Minority Health's Grants Management Officer. A list of addresses of the SPOCs is enclosed with the application kit material.

**PROVISION OF SMOKE-FREE WORKPLACE AND NON-USE OF TOBACCO PRODUCTS BY RECIPIENTS OF PHS GRANTS:** The Public Health Service strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

**PUBLIC HEALTH SYSTEM REPORTING REQUIREMENTS:** This program is subject to Public Health Systems Reporting Requirements. Under these requirements, a community-based nongovernmental applicant 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 nongovernmental 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 applications (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 Catalog of Federal Domestic Assistance number is 93-137.