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Part IV

Department of Health and Human Services

Administration for Children and Families

**Emergency Child Abuse and Neglect
Prevention Services Program; Availability
of Funds and Request for Applications;
Notice**

RESERVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[Program Announcement No. 935E4.911]

Availability of FY 1991 Funds and Request for Applications; Emergency Child Abuse and Neglect Prevention Services Program

AGENCY: Administration on Children, Youth and Families (ACYF), Administration for Children and Families (ACF), Department of Health and Human Services (DHHS).

ACTION: Notice of fiscal year 1991 financial assistance and request for applications for service demonstration projects under section 107A of the Child Abuse Prevention and Treatment Act.

SUMMARY: The National Center on Child Abuse and Neglect (NCCAN) in the Administration on Children, Youth and Families announces the availability of funds and Families announces the availability of funds to conduct service demonstration projects to prevent the abuse or neglect of children whose parents are substance abusers and to provide comprehensive, interdisciplinary/multi-disciplinary, coordinated services to address the needs of these children and their families.

DATES: The closing date for submittal of applications under this announcement is August 26, 1991.

ADDRESSES: Address applications to: FY 1991 Emergency Child Abuse Prevention Services, Administration for Children and Families, Grants and Contract Management Division, Hubert H. Humphrey Building, Room 341-F2, 200 Independence Avenue, SW., Washington, DC 20201.

FOR FURTHER INFORMATION CONTACT: Judy Coulter, (202) 245-0629.

SUPPLEMENTARY INFORMATION: This announcement consists of three parts. Part I provides background information on the National Center on Child Abuse and Neglect (NCCAN) and the statutory authority for this program. Part II states the problem and describes the priorities under which NCCAN is soliciting applications for fiscal year (FY) 1991 funding of Emergency Child Abuse Prevention Services projects. Part III provides general information and requirements for preparing and submitting applications along with the criteria for the review and evaluation of applications.

All forms and instructions necessary to submit an application are published

as part of this announcement following Part III. Multi-year grants made under this program announcement are subject to satisfactory performance by the grantees and the availability of funds for support of these activities.

I. Background

In 1974, the Child Abuse Prevention and Treatment Act (the Act) established the National Center on Child Abuse and Neglect (NCCAN) in the Department of Health and Human Services (DHHS). NCCAN is located organizationally within the Administration for Children, Youth and Families, Administration for Children and Families.

NCCAN conducts activities designed to assist and enhance national, State and community efforts to prevent, identify and treat child abuse and neglect. These activities include: Conducting research and demonstrations; supporting service improvement projects; gathering, analyzing and disseminating information through a national clearinghouse; providing grants to eligible States for strengthening and improving child protective services programs; and coordinating Federal activities related to child abuse and neglect through an Inter-Agency Task Force on Child Abuse and Neglect composed of Federal agencies.

In 1989, the Act was amended by the addition of section 107A as part of the Drug-Free Schools and Communities Act amendments (Pub. L. 101-226), 42 U.S.C. 5106a-1. Although Congress authorized funding for the Emergency Child Abuse and Neglect Prevention Services program under these amendments, no funds were appropriated until FY 1991. The statute authorizes the Secretary of DHHS to establish a program to make grants to eligible entities to enable such entities to provide and improve the delivery of services to children whose parents are substance abusers. The statute provides that projects funded under this program must be comprehensive, coordinated with other public and/or private community service providers, and be multi-disciplinary in nature. Such projects may include the hiring and training of personnel; the creation or expansion of services to deal with individual and family crises related to substance abuse; and the establishment or improvement of coordination between the agency administering the grant and child advocates, public educational institutions, community organizations that serve substance abusing parents, parent groups and related agencies.

In 1990, Secretary Sullivan approved an action plan for the Department to

focus greater attention on child abuse and neglect. A key feature of that initiative is the multi-disciplinary coordination of services across programs, including substance abuse treatment and child protection. Consequently, the successful implementation of the Emergency Child Abuse and Neglect Prevention Services Program, with its strong emphasis on such coordination, is a priority of the Secretary's program.

II. Fiscal Year 1991 Priorities for Emergency Child Abuse Prevention Service Projects

This part describes the priority areas for funding under the Emergency Child Abuse Prevention Program. It contains all the information needed in order to successfully apply for funding. Failure to comply with the eligibility criteria and the deadline for submittal of applications will result in an application being screened out and not considered for funding. Experience has shown that an application which is directly responsive to the concerns of a specific priority area is likely to score higher than one which is broad and general in concept.

A. Identification of Priority Areas

Applicants must identify the specific priority area under which they wish to have their application considered (see Section F below). On all applications developed jointly, one organization must be identified as the lead organization and applicant. An organization may apply for funding in more than one priority area; however, separate applications must be submitted for each priority area under which application is made.

B. Available Funds

Approximately \$18,000,000 is available for grants in FY 1991.

Administrative Regulations

For State and local governments, including Federally recognized Indian Tribes, 45 CFR part 92 and selected parts of 45 CFR part 74 are applicable. For all other applicants, 45 CFR part 74 is applicable.

D. Statement of Problem

In the last five years, the entire child protective services system has become burdened beyond its capacity. Staff within the system have indicated that part of this situation results from problems directly attributable to expanded substance abuse by the adult, parenting population. There are not enough trained personnel to deal with

the problem, nor are there sufficient resources to effectively address the situation on a local level. Such an overburdened protective services system is forced to screen out all but those children deemed most at risk of serious abuse or neglect. The system cannot cope adequately with sporadic, but serious, abuse and neglect of young children, and often leaves abused adolescents with no protection and few options. Many adolescents see running away from home as their only choice.

The majority of drug and alcohol treatment agencies are geared to address the problems of adult male abusers, and lack either the capacity or an appropriate family orientation to serve a parent/child/adolescent population. The illegal nature of many substances, causing fear of apprehension by law enforcement agencies, and the potential loss of children and other consequences, frequently prevents affected families from seeking services. Similar fears for the family on the part of the community inhibit the reporting of situations which are harmful to children.

A recent study by Richard Famularo, et al., found a very strong association between substance abuse and child maltreatment. "Substance abuse" for the purpose of this study was defined as either substantiated allegations by two or more separate professionals (social service or mental health) of alcohol and/or drug misuse, or parental self reports of substance abuse of sufficient severity to meet research diagnostic criteria. Recreational or occasional use was not considered "substance abuse." The authors of the study reviewed 190 randomly selected records from the caseload of a large juvenile court. These records involved cases in which the State took legal custody of the children following a finding of significant child maltreatment, based on a "clear and convincing" standard of evidence. Sixty-seven percent of these cases involved parents who would be classified, based on the study definition, as substance abusers. The study revealed specific associations between alcohol and cocaine abuse and physical and sexual maltreatment.

Other studies and surveys throughout the nation have produced similar links between substance abuse and widespread neglect as well as physical and sexual abuse of children. The U.S. Advisory Board on Child Abuse and Neglect reported that, in a review of over 18,000 child abuse cases handled by the Los Angeles County Juvenile Court in 1989, substance abuse was a significant factor in at least 90 percent of

the cases. Similar surveys in Washington, D.C. and Boston revealed that parental substance abuse was involved in a significant percentage of reported child abuse and neglect cases.

In addition, there are indications in the 1988 National Study of the Incidence of Child Abuse and Neglect that the risk of physical abuse and sexual abuse increases with the age of the child. However, because younger children are more at risk of death or severe injury from child abuse and neglect, they have more often been the focus of child protection efforts in an overburdened public child welfare system. Because of this, older children and adolescents often fail to receive services. It is estimated that approximately one million youth under the age of 18 leave or are forced out of their homes annually and stay away at least one night. A large percentage of these youth are, or become, truly homeless, i.e., their original homes have either collapsed or have become so dysfunctional that to return home is either not possible or may be dangerous. A compilation of interviews with 31,000 runaway and homeless youth who received services from youth crisis shelters across the country in FY 1990 indicates that alcohol or other substance abuse on the part of the parent or guardians is a major precipitating factor in a minimum of 20 percent of these runaway episodes, and a contributing factor in an additional 20 percent. These interviews further revealed the extremely violent nature of the homes from which many of the youth fled.

The Emergency Child Abuse Prevention Services legislation provides the opportunity to reach out to children and adolescents who are suffering abuse and neglect as a result of living with substance abusing parents or other care providers, and who are not now being served, as well as to children and families known to the protective services system. The House Appropriations Committee indicated that it is especially interested in children/youth who are the subjects of serious neglect by crack cocaine-abusing parents and who are not ordinarily the immediate concern of overburdened service agencies. The fact that the legislation recognizes the *emergency* implications inherent in drug/substance abuse situations provides States the opportunity to improve service programs.

It is important that all entities applying for funds under this announcement realize the importance of coordinating with youth service organizations, public schools, churches,

drug and alcohol treatment providers, social service agencies, mental health agencies, public health facilities and maternal and child health providers. Mechanisms to directly serve the affected child/youth population on an emergency basis must be developed. Applications must emphasize programs that are structured to provide the coordinated, comprehensive, multi-disciplinary services required. Such services might include assessment, direct and ancillary services, e.g., child care, transportation, respite care (children may need respite from the multiple, ongoing problems of a substance abusing home life); and plans for the provision of effective follow-up services. Applicants must also indicate how they plan to overcome current obstacles such as waiting lists and multiple referrals for services. Children who are identified as in need of emergency services should be able to receive necessary care/treatment on an immediate basis.

E. Related Efforts

Because of the need for coordination and the necessity to avoid duplicating services and costs, all applicants are required to demonstrate their awareness of other related projects in their communities by discussing how they will establish joint planning processes and provide direct collaboration for service delivery. The Department is currently sponsoring a large number of research and demonstration projects related to substance abuse and its effects on parents and children. The following three examples are administered through the Public Health Service's Office of Substance Abuse Prevention (OSAP):

- Model Projects for Pregnant and Postpartum Women and Their Infants;
- Demonstration Grants for Youth in High-Risk Environments; and
- Community Partnership Demonstration Grants.

The Public Health Service's Alcohol, Drug Abuse, and Mental Health Administration is funding the Target Cities Grant Program, administered through the Office of Treatment Improvement. A list providing information about these programs is included in appendix III.

The Public Health Service also provides major funding for perinatal prevention of substance abuse through the Maternal and Child Health Block Grants.

The Administration on Children, Youth and Families (ACYF) is presently sponsoring projects in the following areas:

- Drug Abuse Prevention Programs for Runaway and Homeless Youth;
 - Youth Gang Drug Prevention Programs;
 - Respite Care and Crisis Nurseries;
 - Abandoned Infants; and
 - Head Start Family Service Centers.
- Other Federal programs include:
- Special Volunteer Programs; After School, Weekend and Summertime Youth Illicit Drug Use Prevention sponsored by ACTION.
 - Drug Abuse Treatment and Prevention Research Grant Programs sponsored by the National Institute on Drug Abuse.

Appendix III of this announcement provides additional lists of clearinghouses and other resources with information about these and other programs relevant to this request for applications.

F. Priority Areas

1. State and Local Coordinated, Multi-disciplinary, Comprehensive Emergency Services Delivery Models

Eligible Applicants: (a) State and local agencies that are responsible for administering child abuse or related child abuse intervention services; and (b) community and mental health agencies and nonprofit youth-serving organizations with experience in providing child abuse prevention services.

Purpose: To provide crisis intervention for children and youth of substance abusing families who have been reported to protective service agencies. There is a demonstrated need for innovative, coordinated, interdisciplinary services designed to react on an "emergency room" basis to reports of substance abuse-related abuse and neglect immediately on receipt of the report. A number of emergency situations arise, each of which may be only temporary, but which may have long term impact on children's lives. For example, children of substance abusing parents are often left at home to care for younger siblings while a parent is somewhere else either seeking or using drugs or alcohol. After several days in this situation, the caretaking child may realize that he/she needs help, but is fearful that in seeking such help, he/she will be making trouble for the parent, and may even be responsible for the dissolution of the family. Services must be available on a 24 or 48 hour basis to provide respite for a child or youth while the whole family situation is being dealt with.

The primary objective of these services should be not only to provide immediate relief for the child and

family, but also to provide ongoing neighborhood-based, barrier-free and "user-friendly" services, for the purpose of getting children and their families into the service loop instead of the usual child welfare protective service/court action process.

In addition, a second objective of these services should be to improve children's lives over the long term and provide them with the counseling and resources to cope with ongoing problems that may occur in their lives as a result of parental substance abuse. Since adolescents are significantly underserved, NCCAN believes that it is especially important that services funded under this priority area are able to address needs of children and youth of all ages.

Applicants should emphasize the development or enhancement of model services in areas such as outreach, family support and self-help.

The target population may include: (a) Reported families who were not or will not be investigated because of the lack of agency resources and/or an assessment that the risk of serious maltreatment is less likely than in cases designated to be investigated; and (b) Investigated cases, both substantiated and unsubstantiated.

Background Information: A survey of all 50 State child welfare agencies revealed an unprecedented surge in the number of children removed from their parents and placed in foster care. Between June 1987 and June 1990 there was a 29 percent increase in these placements. (Source: American Public Welfare Association, "Children of Substance Abusing/Alcoholic Parents Referred to the Public Child Welfare System: Summaries of Key Statistical Data Obtained from the States.") These statistics indicate a need for more integrated services for children and adolescents in homes where parental substance abuse has figured significantly in child abuse and neglect.

Minimum Requirements for Program Design: In order to successfully compete under this priority area, the application should be responsive to the requirements of this part and Section 107A(c) of the Act. (See section III C. 1 of this announcement):

- Provide for coordination with and involvement of, at a minimum, a child protective services agency, a mental health services agency or an agency with a focus on alcohol and drug treatment, a youth serving agency and a public health services agency. Documentation of interagency participation must be provided: i.e., copies of interagency agreements or letters of commitment documenting the

type and level of joint effort to be undertaken.

- Define the term "emergency" for the purpose of conducting this project and describe the criteria that would be employed for the receipt of services.

- Indicate how outreach would be provided, the type of intervention that would be available for various situations, and how the particular approach advocated by this proposal is innovative relative to other approaches.

- Describe the services that are currently available in the community to serve children, adolescents and their substance abusing families, and demonstrate how the proposed project would augment and enhance current services. Overall, the emphasis should be on the comprehensive, coordinated and multi-disciplinary nature of the services to be provided. That is, describe primary services now available, such as intervention, outreach, drug counseling, legal assistance, medical care, and follow-up, as well as ancillary services, such as child care and transportation, and how they would be coordinated with other expanded or new services.

- Provide for an evaluation of the effectiveness and impact of the project. Each applicant is required to obtain an independent third party evaluation of the project. The costs of this evaluation are to be included in the project budget. Clear statements of the project goals, the anticipated end results, and how outcomes would be measured are required of all applications. Additionally, applicants should express a willingness to participate in any national evaluation that ACYF may conduct.

- Document and describe how the project would become an ongoing part of the agency or organization's program following the termination of Federal funding and the steps the applicant would take to accomplish this. Among these steps should be the development or enhancement of interdisciplinary community coalitions, or other ongoing mechanisms of a similar nature. Describe how such a coalition will coordinate programs that impact on substance abuse and child abuse and neglect efforts in order to improve services to children and families, and reduce duplication of effort.

- Provide assurances that at least one key person from the project would attend an annual three day grantees' meeting in Washington, DC.

Project Duration: The length of the project must not exceed 36 months.

Federal Share of Project Costs: The maximum Federal share is \$400,000 per budget period (normally 12 months).

Matching Requirements: The minimum non-Federal matching requirement in proportion to the maximum Federal share of \$400,000 is \$100,000 for a total project cost of \$500,000 per year. This constitutes 20 percent of the annual total project budget. The non-Federal matching requirement may be in cash or in-kind contributions.

Anticipated Number of Projects to be Funded: It is anticipated that 22 projects will be funded.

2. Innovative, Coordinated, Community-Based Public Information/Education Models to Address the Issue of Substance Abuse and Its Correlation With Child and Youth Maltreatment

Eligible Applicants: (a) State and local agencies that are responsible for administering child abuse or related child abuse intervention services; and (b) community and mental health agencies and nonprofit youth-serving organizations with experience in providing child abuse prevention services.

Purpose: To provide effective public education programs directed to all socio-economic levels of the community regarding the link between substance abuse and child abuse and neglect in order to prevent child maltreatment.

Background Information: There is a well documented link between the abuse of alcohol and other drugs and a number of forms of violence such as child abuse, domestic violence, and fatal accidents. The link is so strong that the prevention of substance abuse is essential to preventing other forms of abuse and violence. Although persons in the social service, mental health, law enforcement, and other human service professions are well aware of the devastating effects of alcohol and drug abuse on families and children, the public at large may not be as well informed. NCCAN is interested in funding efforts to institutionalize prevention education as well as the development of more traditional, coordinated, multi-disciplinary media models to educate the public about substance abuse and its correlation to child abuse and neglect.

Efforts in the area of institutionalized education should incorporate components directed at elementary, middle, and high school curricula and could include school-based programs with self-help networks for the children of substance abusing parents. Community-based efforts might incorporate businesses, community

service and recreational organizations as sites for adult education campaigns.

Public education/outreach strategies should be culturally relevant and heavily oriented to the prevention of substance abuse and related child abuse and neglect. They may involve all facets of the media. It should also be clear from the message being promulgated that no stratum of society, or any cultural or ethnic group, is immune to the effect of parental alcohol and other substance abuse on children.

Minimum Requirements for Program Design: In order to successfully compete under this priority area, the application should be responsive to the requirements of this part and Section 107A(c) of the Act. (See section III C. 1 of this announcement):

- Demonstrate how a public education effort of the magnitude proposed can be successfully launched in the target area.

- Indicate how the lead agency and other responsible agencies or groups that would be involved in the proposed project are capable of coordinating public education efforts of the kind proposed by the project. Each project should involve, at a minimum, input from child protective agencies, youth shelters, mental health agencies with expertise in alcohol and drug counseling, and a public health agency. Documentation must be provided of the willingness of each agency or group to be involved, and the extent of involvement of each.

- Describe the public education and prevention activities currently available in the community and the ages and cultural and socioeconomic strata to which these efforts are directed. Demonstrate how the proposed project would augment and enhance current public education activities. If current activities lack coordination and a multi-disciplinary focus, or if they omit age groups or cultural segments of the population, indicate how the project would address this problem.

- Demonstrate that the managers of the proposed prevention education program have coordinated with existing family, mental health, youth shelters and drug and alcohol treatment service providers in order to more effectively equip the community to provide emergency follow-up and referral services to any youth, child, or adult who, because of the educational information provided by this program, identifies himself/herself as being a victim or an abuser.

- Provide for an evaluation of the effectiveness and impact of the project. Each applicant is required to obtain an independent third party evaluation of

the project. The costs of this evaluation are to be included in the project budget. Clear statements of the project goals, the anticipated end results, and how outcomes would be measured are required of all applications.

Additionally, applicants should express a willingness to participate in any national evaluation that ACYF may conduct.

- Document and describe how the project would become an ongoing part of the agency or organization's program following the termination of Federal funding and the steps the applicant would take to accomplish this.

- Provide assurances that at least one key person from the project would attend an annual three day grantees meeting in Washington, DC.

Project Duration: The length of the project must not exceed 24 months.

Federal Share of Project Cost: The maximum Federal share is \$100,000 per budget year.

Matching Requirements: The minimum non-Federal matching requirement in proportion to the maximum Federal share of \$100,000 is \$25,000 for a total project cost of \$125,000 per year. This constitutes 20 percent of the annual total project budget. The non-Federal matching requirement may be in cash or in-kind contributions.

Anticipated Number of Projects to be Funded: It is anticipated that 20 projects will be funded.

3. Improving Services to Substance Abusing Parents, Families and Adolescents

Eligible Applicants: (a) State and local agencies that are responsible for administering child abuse or related child abuse intervention services; and (b) community and mental health agencies and nonprofit youth-serving organizations with experience in providing child abuse prevention services.

Purpose: The focus of applications in this priority area should be to improve and expand the delivery of services to prevent maltreatment and alleviate the effects of abuse and neglect of children by substance abusers with whom they share a home. Applicants may emphasize outreach and coordination of ancillary service strategies to facilitate the treatment of substance abusers in households with children and youth, i.e., parents, siblings or other housemates or substitute caregivers, including pregnant women who are substance abusers and adolescent substance abusers. Often the provision of ancillary services will make the difference in whether or not a

substance abusing caregiver is able to take advantage of available treatment services. Ancillary services may include, but are not limited to, transportation, child care, respite care, parenting education, and job counseling. Applicants may also use grant funds to augment current services to ensure that substance abusers not regularly served by providers, e.g. substance abusing pregnant women, are able to access drug treatment services.

Background Information: Substance abuse by men and women who live with children and youth impacts upon the lives of the children and adolescents in the home. Although applicants are not required to limit their projects to service provision for women who abuse alcohol and drugs, NCCAN is particularly interested in removing barriers to alcohol and drug treatment services for youth and pregnant women and women with families. Substance abuse treatment programs have historically been geared to adult male users. The phenomenon of the current crack-cocaine problem has affected an unprecedented number of women of childbearing and parenting ages. Existing treatment programs are often unprepared to meet the particular needs of women with children. Addiction is a chronic, relapsing disorder that is frequently accompanied by a host of social, emotional, familial, and financial problems. Typically, as it is cheap and available, crack-cocaine is the drug of choice for women with limited employment opportunities and with even more limited access to family and community support systems. One example of a key ancillary service support system is the network of Neighborhood Family Support Centers which offer supplemental education and recreational activities and provide respite care and after-school supervision for the children of parents seeking treatment. This concept could be expanded to include one-stop access to family and youth alcohol and drug counseling as well as substance abuse information and education. Many already existing entities such as Boys and Girls Clubs, churches, libraries, mental health clinics, Head Start Family Service Centers, schools, runaway and homeless youth shelters, and YMCA and YWCA agencies could be coordinated to provide the described services.

Minimum Requirements for Program Design: In order to successfully compete under this priority area, the application should be responsive to the requirements of this part and section 107A(c) of the Act. (See section III C. 1 of this announcement):

- Describe in what capacity the proposed project would involve, at a minimum, a child welfare agency, a family services agency, and a mental health agency or an agency with expertise in alcohol and drug counseling. Documentation of interagency participation must be provided, e.g., copies of existing interagency agreements or letters of commitment indicating the level and type of participation that would be required.

- Describe how the proposed project would remove barriers that now exist to youth or parents, especially women, receiving necessary services. Indicate how the proposed project would augment and enhance current services, with emphasis on the coordinated and multi-disciplinary nature of the services to be provided. That is, describe the primary services, such as drug counseling, legal assistance, medical care, and follow-up services, as well as the ancillary services, such as child care and transportation, and show how they would be provided and coordinated with services provided by other entities.

- Provide for an evaluation of the effectiveness and impact of the project. Each applicant is required to obtain an independent third party evaluation of the project. The costs of this evaluation are to be included in the project budget. Clear statements of the project goals, the anticipated end results, and how outcomes would be measured are required. Additionally, applicants should express a willingness to participate in any national evaluation that ACYF may conduct.

- Document and describe how the project would become an ongoing part of the agency or organization's program following the termination of Federal funding and the steps the applicant would take to accomplish this. Among these steps should be the development or enhancement of interdisciplinary community coalitions, or other ongoing mechanisms of a similar nature. Describe how such a coalition will coordinate programs that impact on substance abuse and child abuse and neglect efforts in order to improve services to children and families, and reduce duplication of effort.

- Provide assurances that at least one key person from the project would attend an annual three day grantees meeting in Washington, DC.

Project Duration: The length of the project must not exceed 36 months.

Federal Share of Project Cost: The maximum Federal share is \$200,000 per project year.

Matching Requirements: The minimum non-Federal matching requirement in proportion to the maximum Federal share of \$200,000 is \$50,000 for a total project cost of \$250,000 per year. This constitutes 20 percent of the annual total project budget. The non-Federal matching requirement may be in cash or in-kind contributions.

Anticipated Number of Projects to be Funded: It is anticipated that 20 projects will be funded.

4. Coordinated Multi-disciplinary/ Interdisciplinary Training Models

Eligible Applicants: State and local agencies responsible for administering child abuse, or related intervention services.

Purpose: To provide for the development or expansion of short-term interdisciplinary training models specific to substance abuse as it relates to child abuse for current practitioners in the area serving abused and neglected children.

Background Information: When children who have been severely neglected or abused as a result of parental substance abuse come to the attention of child welfare agencies, a number of far-reaching decisions relating to out-of-home placement and service delivery must be made. From that point on, the process entails assorted disciplines (legal, social, health, mental health) and multiple service providers. Effective communication among them is essential to provide comprehensive care and to avoid fragmented or duplicate services.

Abused and neglected children, particularly those who come from homes where substance abuse is a way of life, present some special problems that are not present in children whose backgrounds are less dysfunctional. Working with these children and families is extremely difficult, and worker burn-out is prevalent throughout the system. Finding and maintaining well trained personnel for the child welfare system has been increasingly difficult as the abused and neglected population has burgeoned. Because of the urgency of the need for personnel, many child welfare agencies and mental health/substance abuse treatment facilities are hiring staff with little or no training specific to either child abuse and neglect and/or the relationship between parental substance abuse and child abuse and neglect. There is also a need for qualified professionals from other fields, such as law and psychology, who are knowledgeable about issues related to substance abuse

and child abuse and neglect. There are two distinct but complementary training needs: (a) Interdisciplinary, specialized training on substance abuse and child abuse available to persons from a variety of fields working with children; and (b) in-service training, interdisciplinary in nature, to provide specialized, immediately available information to persons working in child welfare systems, and particularly those persons providing services to children of substance abusers or substance abusing parents who have abused their children.

It is suggested that applicants, to the extent possible, incorporate currently available resources to reach the maximum number of professionals and para-professionals within the shortest possible time. Many interdisciplinary training and education models already exist that can be adapted to provide the desired information regarding substance abuse as it relates to child abuse.

Information regarding existing interdisciplinary training programs can be obtained from the Clearinghouse on Child Abuse and Neglect Information, P.O. Box 1182, Washington, DC 20013.

Existing curricula specific to child abuse and neglect could be adapted to include: (a) Community responses for providing services for substance abusing care providers; (b) community overviews of public health problems as they relate to substance abusing parents, including pregnant women; (c) physiological aspects of substances as they relate to child abuse and neglect; (d) effects of substances on newborns; (e) strategies for working with drug exposed and drug affected infants, older children, and adolescents; (f) risk assessment training for identifying and intervening with chemically abusing parents and other family members; and (g) strategies for working with substance abusing adults/parents.

Training may be developed by contracting with local colleges or universities, or may be developed within individual agencies in cooperation with educational facilities. The training may be provided either on-site at the service providing agency or may be provided at an educational institution. NCCAN is interested in funding (a) local in-service training models; and (b) training models developed for and available to professionals from all fields involved in intervention in the problems of substance abuse and child abuse, e.g., social work, psychology, health, law.

Minimum Requirements for Program Design: In order to successfully compete under this priority area, the application should be responsive to the requirements of this part and section

107A(c) of the Act. (See section III C. 1 of this announcement):

- Indicate the type of training that would be targeted by the project, i.e., the development of in-service multi-disciplinary professional training, or the provision of training through already existing resources that could be adapted to meet the requirements of this announcement.

- Identify the lead agency or educational entity and other responsible entities that would be involved in the proposed project. Training development should involve, at a minimum, input from the medical, legal, social work, and mental health disciplines in coordination with local drug and alcohol counseling, youth shelter and public health service providers. Documentation of interdisciplinary participation must be provided: e.g., copies of existing agreements or letters of commitment indicating the level and type of participation that would be provided.

- Describe how the proposed project would enhance or expand that training that is already available. Describe the population to which the training would be directed. Describe the criteria for determining who would be trained.

- Describe the type of training that would be provided, the curriculum that would be used, the length of training, and the number of persons expected to benefit from the training during the life of the project.

- Provide for an evaluation of the effectiveness and impact of the project. Each applicant is required to obtain an independent third party evaluation of the project. The costs of this evaluation are to be included in the project budget. Clear statements of the project goals, the anticipated end results, and how outcomes will be measured are required of all applications. Additionally, applicants should express a willingness to participate in any national evaluation that ACYF may conduct.

- Document and describe how the project would become an ongoing part of the agency or organization's program following the termination of Federal funding and the steps the applicant would take to accomplish this.

- Provide assurances that at least one key person from the project would attend an annual three day grantees meeting in Washington, DC.

Project Duration: The length of the projects must not exceed 36 months.

Federal Share of Project Costs: The maximum Federal share is \$100,000 per budget year.

Matching Requirements: None

Anticipated Number of Projects to be Funded: It is anticipated that 30 projects will be funded.

III. General Information and Requirements for the Application Process and Review

This part contains general information for applicants and basic requirements for submitting applications in response to this announcement. Application forms are provided along with detailed instructions for developing and assembling the application package for submittal at the end of this section.

A. General Information

1. Review Process and Funding Decisions

Applications will be reviewed and scored competitively against the published evaluation criteria (see III D of this section) by experts in the field, generally persons from outside of the Federal government. The results of this review are a primary factor in making funding decisions. The Administration for Children and Families (ACF) reserves the option of discussing applications with, or referring them to, other Federal or non-Federal funding sources when this is determined to be in the best interest of the Federal government or the applicant. ACF may also solicit comments from other Federal agencies, Central and Regional Office staff, interested foundations, national organizations, specialists, experts, States and the general public. These comments, along with those of the expert reviewers, will be considered by the Commissioner, Administration for Children, Youth and Families in making funding decisions.

2. Waiver of Executive Order 12372 Requirements for a 60-Day Comment Period for the State Single Point of Contact (SPOC)

This program is covered under Executive Order (E.O.) 12372, "Intergovernmental Review of Federal Programs," and 45 CFR part 100, "Intergovernmental Review of Department of Health and Human Services Programs and Activities." Under the Order, States may design their own processes for reviewing and commenting on proposed Federal assistance under covered programs. All States and territories except Alaska, Idaho, Kansas, Louisiana, Minnesota, Nebraska, Virginia, American Samoa, and Palau have elected to participate in the Executive Order process and have established Single Points of Contact (SPOCs). Applicants from these areas need take no action regarding E.O.

12372. Applications for projects to be administered by Federally-recognized Indian Tribes are also exempt from the requirements of E.O. 12372.

Other applicants should contact their SPOC as soon as possible to alert them of the prospective application and receive any necessary instructions. Applicants must submit any required material to the SPOC as early as possible so that the program office can obtain and review SPOC comments as part of the award process. It is imperative that the applicant submit all required materials to the Single Point of Contact (SPOC) and indicate the date of this submittal (or the date the SPOC was contacted, if no submittal is required) on the SF 424, item 16a. SPOCs will be notified of any applicant not indicating SPOC contact on the application, when the SPOC contact is required.

ACF must obligate the funds for these awards by September 30, 1991. Therefore, the required sixty (60) day comment period for State process review and recommendation has been reduced and will end on September 25, 1991, in order for ACF to receive, consider, and accommodate SPOC input.

SPOCs are encouraged to eliminate the submission of routine endorsements as official recommendations. Additionally, SPOCs are requested to clearly differentiate between mere advisory comments and those official State process recommendations which they intend to trigger the "accommodate or explain" rule. It is helpful in tracking SPOC comments if the SPOC will clearly indicate the applicant organization as it appears on the application SF 424. When comments are submitted directly to ACF, they should be addressed to the application mailing address located in Part I of this announcement. A list of Single Points of Contact for each State and territory is included in Appendix I of this announcement.

3. Paperwork Reduction Act of 1980

Under the Paperwork Reduction Act of 1980, Public Law 96-511, the Department is required to submit to the Office of Management and Budget for review and approval any information collection involving 10 or more respondents.

B. Application Screening Criteria

Applications must meet the following screening requirements or they will not be considered in the current competition; these requirements will be rigorously enforced:

1. Eligible Applicants

(a) Any State or local agencies that are responsible for administering child

abuse or related child abuse intervention services; and (b) community and mental health agencies and nonprofit youth-serving organizations with experience in providing child abuse prevention services.

In addition, the application must meet any eligibility requirements specific to the priority area under which it is being submitted. An application can be submitted under more than one priority area; however, a separate application must be submitted for each priority area.

2. Deadline for Submittal of Applications

The closing date for receipt of applications is August 26, 1991.

(a) *Deadlines.* Applications shall be considered as meeting the deadline if they are either:

(1) Received on or before the deadline date at the address specified above; or (2) sent on or before the deadline date and received by the granting agency in time to be considered during the Competitive review and evaluation process under chapter 1-62 of the Health and Human Services Grants Administration Manual. (Applicants are cautioned to request a legibly dated U.S. Postal Service postmark or to obtain a legibly dated receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.)

(b) *Applications Submitted by Other Means.* Applications which are not submitted in accordance with the above criteria shall be considered as meeting the deadline only if they are physically received before the close of business on or before the deadline date. Hand-delivered applications will be accepted at the ACF Grants and Contracts Management Division, during the working hours of 9 a.m. to 5:30 p.m., Monday through Friday.

(c) *Late Applications.* Applications which do not meet the criteria in the above paragraphs are considered late applications. The granting agency shall notify each late applicant that its application will not be considered in the current competition.

(d) *Extension of Deadlines.* The Administration for Children, Youth and Families (ACYF) may extend the deadline for all applicants because of acts of God such as floods, hurricanes, etc., or when there is widespread disruption of the mails. However, if ACYF does not extend the deadline for all applicants, it may not waive or extend the deadline for any applicant.

C. Application Requirements

Priority Area Responsiveness

The application must be responsive to the priority area under which it is being submitted, as identified at the top of page one of the SF 424. In order to be considered responsive, the application must address each of the minimum requirements for an application specified in the priority area description and must contain the following information as specified in section 107A of the legislation:

(a) An assurance that the applicant operates in a geographic area where child abuse and neglect related to parental substance abuse has placed substantial strains on State and local agencies and has resulted in substantial increases in the need for services and/or training that cannot be met without funds available under this announcement; (b) identify the responsible agency or agencies that will be involved in the use of funds provided under this announcement; (c) a description of emergency situations with regard to children of substance abusers who need services of the type described in this announcement; (d) a plan for improving the delivery of such services to children; and (e) assurances that such services or training will be provided in a comprehensive, multidisciplinary and coordinated manner.

2. Application Form

The application must be submitted on single-sided reproduced copies of the SF 424 (revised 1988).

3. Copies Required

Applicants must submit an original and two copies of the complete application prepared in accordance with the instructions provided. A complete application includes: the completed SF 424, a summary description of the proposed project, required certifications/assurances, and the program narrative. The full application package is described in III H below.

4. Signature

The signature of the Certifying Representative must be handwritten (preferably in black ink) and the signer's name and title must be typed in Item 18a of the original SF 424.

5. Length

All narrative sections of the application must meet the format specifications. Although no page limit has been established, applicants should seriously consider the information provided in the introduction to part II,

and provide narratives that are succinct, responsive to the priority area requirements, and are within the general recommended length requirements as specified in the instructions later in this part.

D. Evaluation Criteria

The Program Narrative Statement of the application should correspond to the evaluation criteria. The description of the four criteria below should be used as headings in developing the program narrative.

Applications will be reviewed by a panel of at least three individuals. These reviewers will comment on and score the applications, basing their comments and scoring decisions on the criteria below.

1. Objectives and Need for Assistance (25 Points)

The extent to which the application reflects a good understanding of the objectives of the project; pinpoints any relevant physical, economic, social, financial, institutional or other problems; states the principal objectives and expected outcomes of the project; and indicates an awareness of related services available in the community and how those services will be used in relation to the proposed project.

Describe the specific need for the project in terms of its national or regional significance. Describe the problem within the context of the services now available and services unavailable in the community. State the services objective of the project and, where applicable, give a precise location of the projects or area(s) to be served by the project. Discuss the state-of-the-art relative to the problem of substance abuse as it relates to child abuse and neglect, including a list of any relevant published work by the author(s) of the proposal.

2. Results or Benefits Expected (15 Points)

The extent to which the identified results and benefits to be derived are consistent with the objectives of the proposal, and there are clear and important anticipated contributions to practice and service in the community.

Describe the population to be targeted and the number of persons in that population expected to benefit. Indicate the reason for targeting that particular population, e.g., previous regional assessments or surveys. Describe the specific benefits to the targeted population. If, as for instance, in Priority Area 2, a product or information package is to be produced, indicate

steps for its distribution and dissemination.

3. Approach (40 Points)

The extent to which the application outlines a sound and workable plan of action pertaining to the scope of the project and details how the proposed work will be accomplished; cites factors which might accelerate or delay the work and gives acceptable reasons for taking this approach as opposed to others; describes and supports any unusual features of the project, such as design or technological innovations, reductions in cost or time, or extraordinary social and community involvements; and provides projections of the accomplishments to be achieved. The application lists the activities to be carried out in chronological order and shows a reasonable schedule of accomplishments and target dates. It relates the workplan to the evaluation objectives; i.e., identifies the kind of data to be collected and maintained relevant to goals and objectives to be evaluated; discusses the criteria to be used to evaluate the results and impact of the project. The application explains the methodology that will be used to determine if the needs that have been identified and discussed are met, and the expected results and benefits are achieved. The application also lists each organization, agency, consultant, or other key individuals or groups with whom work on the project will be coordinated, and describes the nature of the interaction and the benefits expected to be derived from the proposed coordination of programs and activities.

4. Staff Background and Organization's Experience (20 Points)

The extent to which the resumes of the program director and key project staff (including names, addresses, training, background and other qualifying experience) and the organization's experience demonstrate the ability to effectively and efficiently administer a project of this size, complexity and scope and reflect the ability to use and coordinate activities with other agencies for the delivery of comprehensive support services. The application describes the relationship between this project and other work planned, anticipated or underway under Federal assistance

Describe the background experience, training and qualifications of the key staff and consultants, including any experiences working on child abuse and neglect and/or programs or services related to substance abuse (curriculum vitae or resumes must be included with

the application.) Describe the adequacy of available resources and organizational experience related to the tasks of the proposed project. An organizational capability statement must be included with the application. Describe any collaborative efforts with other organizations including the nature of their contribution to the project. Interagency agreements or letters indicating the type, extent and duration of commitment must be included with the application.

Describe the staffing pattern for the proposed project, listing key staff and consultants, their responsibilities in conjunction with this project and the time they will be committing to the project. Identify the authors of the application and their role in the project.

E. The Components of the Application

A complete application consists of the following in this order:

1. Application Face Sheet, SF 424, page 1.
2. Budget Non-Construction, SF 424A, Budget Information: Section A (Budget Summary), Section B (Budget Categories), and Section E (Budget Estimates of Federal Funds Needed for Balance of the Project);
3. Budget justification (approximately three pages);
4. Project summary description with listing of key words (approximately 2 page);
5. Program Narrative (approximately 40 double-spaced pages is suggested as a reasonable length), organized with sections addressing the following four areas: (1) Objectives and Need for Assistance; (2) Results or Benefits Expected; (3) Approach; and (4) Staff Background and Experience;
6. Organizational capability statement;
7. Letters of commitment;
8. SF 424B Assurances-Non Construction, Debarment, and Drug Free Workplace; Certification Regarding Lobbying; and
9. Appendices/attachments, may include a bibliography (approximately two pages single-spaced); resume or curriculum vitae (approximately two pages each); and evaluation instruments/measurements.

F. Preparing the Application

1. Availability of Forms

Agencies and organizations interested in applying for grant funds should submit an application(s) on the Standard Form 424 (revised April 1988) which is included in this announcement (Appendix II).

Each application must be executed by an individual authorized to act on behalf of the applicant agency and to assume responsibility for the obligations imposed by the terms and conditions of the grant award. Applications must be prepared in accordance with the guidance provided in this announcement and the instructions in the attached application package.

2. Application Submission and Notification

Completed applications must be sent to: FY 1991 Emergency Services Child Abuse Prevention Services, Grants and Contracts Management Division, Hubert H. Humphrey Building, room 341-F2, 200 Independence Avenue, SW., Washington, DC 20201.

The program announcement number (93554.911) must be clearly identified on the application.

Successful applicants will be notified through a Notice of Financial Assistance Awarded. The award will state the amount of Federal funds awarded, the purpose of the grant, the terms and conditions of the award, the effective date of the grant, the total project period, the budget period and the amount of the non-Federal matching share. Unsuccessful applicants will be notified by letter.

3. Program Narrative

The Program Narrative is a very important part of the application. It should be clear, concise and specific to the priority area being addressed as described in Part II. The narrative should provide information on how the application meets the evaluation criteria. This narrative should be no less than 6 double-spaced pages and up to approximately 40 double-spaced pages. It should be typed on a single-side of 8½ by 11" plain white paper with 1" margins on both sides. All pages of the narrative (including charts, tables, maps, exhibits, etc.) must be sequentially numbered, beginning with "Objectives and Need for Assistance" as page one. Applicants should not submit reproductions of larger size paper reduced to meet the size requirement.

Applicants are required to follow the format described below in preparing their applications, using the four headings for the sections of the narrative. However, the number of specific pages for each section is given as a suggestion only. The specific information to be included under each heading was discussed previously under the "Evaluation Criteria."

The four sections are:

(1) Objectives and Need for Assistance (nine pages double-spaced);

(2) Results or Benefits Expected (three pages double-spaced);

(3) Approach (twenty pages double-spaced);

(4) Staff Background and Experience (eight pages double-spaced).

4. Organizational Capability Statement

Applicants should provide a brief (approximately two pages double-spaced) background description of how the applicant is organized and the types and quantities of services it provides or the research capabilities it possesses. This statement may also include descriptions of current work, descriptions of relevant past experience as well as the competence of the project team and its demonstrated ability to produce a final product that is comprehensive and usable.

5. Assurances and Certifications

Applicants must file a standard form 424B, Assurances-Non-Construction Programs, and Certifications Regarding Lobbying. Both must be signed and returned with the application. In addition, applicants must provide certification regarding: (1) Drug-Free Workplace Requirements; and (2) Debarment and Other Responsibilities. These two certifications are self-explanatory. Copies of these assurances/certifications are reprinted at the end of this announcement and should be reproduced, as necessary. A duly authorized representative of the applicant organization must certify that the applicant is in compliance with these assurances/certifications. A signature on the SF 424 indicates compliance with the Drug Free Workplace Requirements and the Debarment and Other Responsibilities certifications.

G. The Application Package

To expedite the processing of applications, each applicant is requested to adhere to the following instructions. Each application package must include:

1. A copy of the Checklist for a Complete Application with all the items checked as being included in the application.

2. An original and two copies of the complete application. Each copy should be stapled securely (front and back if necessary) in the upper left corner. All pages of the narrative (including charts, tables, maps, exhibits, etc.) must be sequentially numbered, beginning with "Objectives and Need for Assistance" as page one. To facilitate handling, please do not use covers, binders, tabs or include extraneous materials such as agency promotion brochures, slide,

tapes, film clips, minutes of meetings or articles of incorporation.

Do not include a self-addressed, stamped acknowledgment card. All applicants will be automatically notified of the receipt of, and the four digit identification number assigned to, their application. This number and priority area must be referred to in all subsequent communication with ACF concerning the application. After an identification number is assigned and the applicant has been notified of the number, applications are filed numerically by identification number to aid in quick retrieval. It will not be possible for ACF staff to provide a timely response to inquiries about a specific application unless the identification number and the priority area are given. Applicants should be advised that ACF staff cannot release pre-decisional information relative to an application other than that it has been received and that it is going through the review process. Once a decision is reached, the applicant will be notified as soon as possible of the acceptance or rejection of the application.

H. Checklist for a Complete Application

The Checklist below should be typed on 8½" by 11" plain white paper, completed and included in the application package.

Checklist

I have checked my application package to ensure that it includes the following:

- Checklist for a Complete Application;
 - One original application signed in black ink and dated plus two copies;
 - A complete SPOC certification with the date of SPOC contact entered in item 16 page 1 of the SF 424;
 - Each package contains the application (original and two copies) for one priority area.
- The original and both copies of the application include the following:
- SF 424, page 1, Application Face Sheet;
 - SF 424A;
 - Budget justification;
 - Summary description and key words;
 - Program narrative;
 - Organizational Capability Statement;
 - Interagency agreements; Letters of commitment;
 - Certification Regarding Lobbying;
 - SF 424B Assurances
 - Appendices/attachments.

(Federal Catalog of Domestic Assistance Program Number 93.554 Child Abuse and Neglect Prevention and Treatment).

Dated: May 22, 1991.

Wade F. Horn,

Commissioner, Administration for Children, Youth and Families, Administration for Children and Families.

Approved: May 29, 1991.

Donna N. Givens,

Deputy Assistant Secretary for Children and Families.

Appendix I—Executive Order 12372—State Single Points of Contact

Alabama

Mrs. Moncell Thornell, State Single Point of Contact, Alabama Department of Economic and Community Affairs, 3465 Norman Bridge Road, Post Office Box 250347, Montgomery, Alabama 36125-0347, Tel. (205) 284-8905

Arizona

Mrs. Janice Dunn, Arizona State Clearinghouse, 3800 N. Central Avenue, 14th Floor, Phoenix, Arizona 85012, Tel. (602) 280-1315

Arkansas

Mr. Joseph Gillespie, Manager, State Clearinghouse, Office of Intergovernmental Services, Department of Finance and Administration, P.O. Box 3278, Little Rock, Arkansas 72203, Tel. (501) 371-1074

California

Loreen McMahon, Grants Coordinator, Office of Planning and Research, 1400 Tenth Street, Sacramento, California 95814, Tel. (916) 323-7480

Colorado

State Single Point of Contact, State Clearinghouse, Division of Local Government, 1313 Sherman Street, Room 520, Denver, Colorado 80203, Tel. (303) 866-2156

Connecticut

Under Secretary, ATTN: Intergovernmental Review Coordinator, Comprehensive Planning Division, Office of Policy and Management, 80 Washington Street, Hartford, Connecticut 06106-4459, Tel. (203) 506-3410

Delaware

Francine Booth, State Single Point of Contact, Executive Department, Thomas Collins Building, Dover, Delaware 19903, Tel. (302) 736-3326

District of Columbia

Lovetta Davis, State Single Point of Contact, Executive Office of the Mayor, Office of Intergovernmental Relations, Room 416, District Building, 1350 Pennsylvania Avenue, N.W., Washington, DC 20004, Tel. (202) 727-9111

Florida

Karen McFarland, Director, Florida State Clearinghouse, Executive Office of the Governor, Office of Planning and

Budgeting, The Capitol, Tallahassee, Florida 32399-0001, Tel. (904) 488-8114

Georgia

Charles H. Badger, Administrator, Georgia State Clearinghouse, 270 Washington Street, S.W., Atlanta, Georgia 30334, Tel. (404) 656-3855

Hawaii

Harold S. Masumoto, Acting Director, Office of State Planning, Department of Planning and Economic Development, Office of the Governor, State Capitol, Honolulu, Hawaii 96813, Tel. (808) 548-3016 or 548-3085

Illinois

Tom Berkshire, State Single Point of Contact, Office of the Governor, State of Illinois, Springfield, Illinois 62706, Tel. (217) 782-8639

Indiana

Frank Sullivan, Budget Director, State Budget Agency, 212 State House, Indianapolis, Indiana 46204, Tel. (317) 232-5610

Iowa

Steven R. McCann, Division of Community Progress, Iowa Department of Economic Development, 200 East Grand Avenue, Des Moines, Iowa 50309, Tel. (515) 281-3725

Kentucky

Robert Leonard, State Single Point of Contact, Kentucky State Clearinghouse, 2nd Floor, Capital Plaza Tower, Frankfort, Kentucky 40601, Tel. (502) 564-2382

Maine

State Single Point of Contact, ATTN: Joyce Benson, State Planning Office, State House Station #38, Augusta, Maine 04333, Tel. (207) 289-3261

Maryland

Mary Abrams, Chief, Maryland State Clearinghouse, Department of State Planning, 301 West Preston Street, Baltimore, Maryland 21201-2365, Tel. (301) 225-4490

Massachusetts

State Single Point of Contact, ATTN: Beverly Boyle, Executive Office of Communities and Development, 100 Cambridge Street, Room 1803, Boston, Massachusetts 02202, Tel. (617) 727-7001

Michigan

Milton O. Waters, Director of Operations, Michigan Neighborhood Builders Alliance, Michigan Department of Commerce, Tel. (517) 373-7111

Please direct correspondence to: Manager, Federal Project Review, Michigan Department of Commerce, Michigan Neighborhood Builders Alliance, P.O. Box 30242, Lansing, Michigan 48909, Telephone (517) 373-6223.

Mississippi

Cathy Mallette, Clearinghouse Officer, Department of Finance and Administration, Office of Policy Development, 421 West Pascagoula Street, Jackson, Mississippi 39203, Tel. (601) 960-4280

Missouri

Lois Pohl, Federal Assistance Clearinghouse, Office of Administration, Division of General Services, P.O. Box 809, Room 430, Truman Building, Jefferson City, Missouri 65102, Tel. (314) 751-4834

Montana

Deborah Stanton, State Single Point of Contact, Intergovernmental Review Clearinghouse, c/o Office of Budget and Program Planning, Capitol Station, Room 202—State Capitol, Helena, Montana 59620, Tel. (406) 444-5522

Nevada

Department of Administration, State Clearinghouse, Capitol Complex, Carson City, NV 89710, Tel. (702) 687-4420, ATTN: John B. Walker, Clearinghouse Coordinator

New Hampshire

Jeffrey H. Taylor, Director, New Hampshire Office of State Planning, Attn: Intergovernmental Review Process/James E. Bieber, 2 1/4 Beacon Street, Concord, New Hampshire 03301, Tel. (603) 271-2155

New Jersey

Barry Skokowski, Director, Division of Local Government Services, Department of Community Affairs, CN 803, Trenton, New Jersey 08625-0803, Tel. (609) 292-6613
Please direct correspondence and questions to: Nelson S. Silver, State Review Process, Division of Local Government Services, CN 803, Trenton, New Jersey 08625-0803, Tel. (609) 292-9025.

New Mexico

Dorothy E. (Duffy) Rodriguez, Deputy Director, State Budget Division, Department of Finance & Administration, Room 190, Bataan Memorial Building, Santa Fe, New Mexico 87503, Telephone (505) 827-3640

New York

New York State Clearinghouse, Division of the Budget, State Capitol, Albany, New York 12224, Tel. (518) 474-1605

North Carolina

Mrs. Chrys Baggett, Director, Intergovernmental Relations, N.C. Department of Administration, 116 W. Jones Street, Raleigh, North Carolina 27611, Telephone (919) 733-0499

North Dakota

William Robinson, State Single Point of Contact, Office of Intergovernmental Affairs, Office of Management and Budget, 14th Floor, State Capitol, Bismarck, North Dakota 58505, Tel. (701) 224-2094

Ohio

Larry Weaver, State Single Point of Contact, State/Federal Funds Coordinator, State Clearinghouse, Office of Budget and Management, 30 East Broad Street, 34th Floor, Columbus, Ohio 43266-0411, Tel. (614) 466-0698

Oklahoma

Don Strain, State Single Point of Contact, Oklahoma Department of Commerce, Office of Federal Assistance Management, 6601 Broadway Extension, Oklahoma City, Oklahoma 73116, Tel. (405) 843-9770

Oregon

Attn: Delores Streeter, State Single Point of Contact, Intergovernmental Relations Division, State Clearinghouse, 155 Cottage Street, NE., Salem, Oregon 97310, Tel. (503) 373-1998

Pennsylvania

Sandra Kline, Project Coordinator, Pennsylvania Intergovernmental Council, P.O. Box 11880, Harrisburg, Pennsylvania 17108, Tel. (717) 783-3700

Rhode Island

Daniel W. Varin, Associate Director, Statewide Planning Program, Department of Administration, Division of Planning, 265 Melrose Street, Providence, Rhode Island 02907, Tel. (401) 277-2656

Please direct correspondence and questions to: Review Coordinator, Office of Strategic Planning.

South Carolina

Danny L. Cromer, State Single Point of Contact, Grant Services, Office of the Governor, 1205 Pendleton Street, Room 477, Columbia, South Carolina 29201, Tel. (803) 734-0493

South Dakota

Susan Comer, State Clearinghouse Coordinator, Office of the Governor, 500 East Capitol, Pierre, South Dakota 57501, Tel. (605) 773-3212

Tennessee

Charles Brown, State Single Point of Contact, State Planning Office, 500 Charlotte Avenue, 309 John Sevier Building, Nashville, Tennessee 37219, Tel. (615) 741-1676

Texas

Tom Adams, Office of Budget and Planning, Office of the Governor, P.O. Box 12428, Austin, Texas 78711, Tel. (512) 463-1778.

Utah

Dale Hatch, Director, Office of Planning and Budget, State of Utah, 116 State Capitol Building, Salt Lake City, Utah 84114, Tel. (801) 538-1547

Vermont

Bernard D. Johnson, Assistant Director, Office of Policy Research & Coordination, Pavilion Office Building, 109 State Street, Montpelier, Vermont 05602, Tel. (802) 828-3326

Washington

Marilyn Dawson, Washington Intergovernmental Review Process, Department of Community Development, 9th and Columbia Building, Mail Stop GH-51, Olympia, Washington 98504-4151, Tel. (206) 753-4978

West Virginia

Mr. Fred Cullip, Director, Community Development Division, Governor's Office of Community and Industrial Development, Building #6, Room 553, Charleston, West Virginia 25305, Tel. (304) 348-4010

Wisconsin

James R. Klauser, Secretary, Wisconsin Department of Administration, 101 South

Webster Street, CEF 2, P.O. Box 7864, Madison, Wisconsin 53707-7864, Tel. (608) 266-1741

Please direct correspondence and question to: William C. Carey, Section Chief, Federal-State Relations Office, Wisconsin Department of Administration (608) 266-0267.

Wyoming

Ann Redman, State Single Point of Contact, Wyoming State Clearinghouse, State Planning Coordinator's Office, Capitol Building, Cheyenne, Wyoming 82002, Tel. (307) 777-7574

Guam

Michael J. Reidy, Director, Bureau of Budget and Management Research, Office of the Governor, P.O. Box 2950, Agana, Guam 96910, Tel. (671) 472-2285

Northern Mariana Islands

State Single Point of Contact, Planning and Budget Office, Office of the Governor, Saipan, CM, Northern Mariana Islands 96950

Puerto Rico

Patria Custodio/Israel Soto Marrero, Chairman/Director, Puerto Rico Planning Board, Minillas Government Center, P.O. Box 41119, San Juan, Puerto Rico 00940-9985, Tel. (809) 727-4444

Virgin Islands

Jose L. George, Director, Office of Management and Budget, No. 32 & 33 Kongens Gade, Charlotte Amalie, V.I. 00802, Tel. (809) 774-0750

BILLING CODE 4130-01-M

Instructions for the SF 424

This is a standard form used by applicants as a required facesheet for preapplications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

Item and Entry

1. Self-explanatory.
2. Date application submitted to Federal agency (or State if applicable) & applicant's control number (if applicable).
3. State use only (if applicable).
4. If this application is to continue or revise an existing award, enter present Federal identifier number. If for a new project, leave blank.
5. Legal name of applicant, name of primary organizational unit which will undertake the assistance activity, complete address of the applicant, and name and telephone number of the person to contact on matters related to this application.
6. Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.
7. Enter the appropriate letter in the space provided.

8. Check appropriate box and enter appropriate letter(s) in the space(s) provided:

- “New” means a new assistance award.
- “Continuation” means an extension for an additional funding/budget period for a project with a projected completion date.
- “Revision” means any change in the Federal Government's financial obligation or contingent liability from an existing obligation.

9. Name of Federal agency from which assistance is being requested with this application.

10. Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.

11. Enter a brief descriptive title of the project, if more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.

12. List only the largest political entities affected (e.g., State, counties, cities).

13. Self-explanatory.

14. List the applicant's Congressional District and any District(s) affected by the program or project.

15. Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate *only* the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15.

16. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

17. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.

18. To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Cert. in Federal agencies may require that this authorization be submitted as part of the application.)

BILLING CODE 4130-01-M

BUDGET INFORMATION — Non-Construction Programs

OMB Approval No. 0348-0044

SECTION A — BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.		\$	\$	\$	\$	\$
2.						
3.						
4.						
5. TOTALS		\$	\$	\$	\$	\$

SECTION B — BUDGET CATEGORIES

6 Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
a. Personnel	\$	\$	\$	\$	\$
b. Fringe Benefits					
c. Travel					
d. Equipment					
e. Supplies					
f. Contractual					
g. Construction					
h. Other					
i. Total Direct Charges (sum of 6a - 6h)					
j. Indirect Charges					
k. TOTALS (sum of 6i and 6j)	\$	\$	\$	\$	\$
7. Program Income	\$	\$	\$	\$	\$

Authorized for Local Reproduction

Standard Form 424A (4-88)
Prescribed by OMB Circular A-102

SECTION C - NON-FEDERAL RESOURCES					
	(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.		\$	\$	\$	\$
9.					
10.					
11.					
12. TOTALS (sum of lines 8 and 11)		\$	\$	\$	\$
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$	\$	\$	\$	\$
14. NonFederal					
15. TOTAL (sum of lines 13 and 14)	\$	\$	\$	\$	\$
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
	FUTURE FUNDING PERIODS (Years)				
(a) Grant Program	(b) First	(c) Second	(d) Third	(e) Fourth	
16.	\$	\$	\$	\$	
17.					
18.					
19.					
20. TOTALS (sum of lines 16-19)	\$	\$	\$	\$	
SECTION F - OTHER BUDGET INFORMATION (Attach additional Sheets if Necessary)					
21. Direct Charges:		22. Indirect Charges:			
23. Remarks					

Instructions for the SF-424A**General Instructions**

This form is designed so that application can be made for funds from one or more grant programs. In preparing the budget, adhere to any existing Federal grantor agency guidelines which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program. For some programs, grantor agencies may require budgets to be separately shown by function or activity. For other programs, grantor agencies may require a breakdown by function or activity. Sections A, B, C, and D should include budget estimates for the whole project except when applying for assistance which requires Federal authorization in annual or other funding period increments. In the latter case, Sections A, B, C, and D should provide the budget for the first budget period (usually a year) and Section E should present the need for Federal assistance in the subsequent budget periods. All applications should contain a breakdown by the object class categories shown in Lines a-k of Section B.

Section A. Budget Summary**Lines 1-4, Columns (a) and (b)**

For applications pertaining to a single Federal grant program (Federal Domestic Assistance Catalog number) and not requiring a functional or activity breakdown, enter on Line 1 under Column (a) the catalog program title and the catalog number in Column (b).

For applications pertaining to a single program requiring budget amounts by multiple functions or activities, enter the name of each activity or function on each line in Column (a), and enter the catalog number in Column (b). For applications pertaining to multiple programs where none of the programs require a breakdown by function or activity, enter the catalog program title on each line in Column (a) and the respective catalog number on each line in Column (b).

For applications pertaining to multiple programs where one or more programs require a breakdown by function or activity, prepare a separate sheet for each program requiring the breakdown. Additional sheets should be used when one form does not provide adequate space for all breakdown of data required. However, when more than one sheet is used, the first page should provide the summary totals by programs.

Lines 1-4, Columns (c) Through (g)

For new applications, leave Columns (c) and (d) blank. For each line entry in Columns (a) and (b), enter in Columns (e), (f), and (g) the appropriate amounts of funds needed to support the project for the first funding period (usually a year).

For continuing grant program applications, submit these forms before the end of each funding period as required by the grantor agency. Enter in Columns (c) and (d) the estimated amounts of funds which will remain unobligated at the end of the grant funding period only if the Federal grantor agency instructions provide for this. Otherwise, leave these columns blank. Enter in columns (e) and (f) the amounts of funds needed for the upcoming period. The amount(s) in Column (g) should be the sum of amounts in Columns (e) and (f).

For supplemental grants and changes to existing grants, do not use Columns (c) and (d). Enter in Column (e) the amount of the increase or decrease of Federal funds and enter in Column (f) the amount of the increase or decrease of non-Federal funds. In Column (g) enter the new total budgeted amount (Federal and non-Federal) which includes the total previous authorized budgeted amounts plus or minus, as appropriate, the amounts shown in Columns (e) and (f). The amount(s) in Column (g) should not equal the sum of amounts in Columns (e) and (f).

Line 5—Show the totals for all columns used.

Section B. Budget Categories

In the column headings (1) through (4), enter the titles of the same programs, functions, and activities shown on Lines 1-4, Column (a), Section A. When additional sheets are prepared for Section A, provide similar column headings on each sheet. For each program, function or activity, fill in the total requirements for funds (both Federal and non-Federal) by object class categories.

Lines 6a-i—Show the totals of Lines 6a to 6h in each column.

Line 6j—Show the amount of indirect cost.

Line 6k—Enter the total of amounts on Lines 6i and 6j. For all applications for new grants and continuation grants the total amount in column (5), Line 6k, should be the same as the total amount shown in Section A, Column (g), Line 5. For supplemental grants and changes to grants, the total amount of the increase or decrease as shown in Columns (1)-(4), Line 6k should be the same as the

sum of the amounts in Section A, Columns (e) and (f) on Line 5.

Line 7—Enter the estimated amount of income, if any, expected to be generated from this project. Do not add or subtract this amount from the total project amount. Show under the program narrative statement the nature and source of income. The estimated amount of program income may be considered by the federal grantor agency in determining the total amount of the grant.

Section C. Non-Federal Resources

8-11—Enter amounts of non-Federal resources that will be used on the grant. If in-kind contributions are included, provide a brief explanation on a separate sheet.

Column (a)—Enter the program titles identical to Column (a), Section A. A breakdown by function or activity is not necessary.

Column (b)—Enter the contribution to be made by the applicant.

Column (c)—Enter the amount of the State's cash and in-kind contribution if the applicant is not a State or State agency. Applicants which are a State or State agencies should leave this column blank.

Column (d)—Enter the amount of cash and in-kind contributions to be made from all other sources.

Column (e)—Enter totals of Columns (b), (c) and (d).

Line 12—Enter the total for each of Columns (b)-(e). The amount in Column (e) should be equal to the amount on Line 5, Column (f), Section A.

Section D. Forecasted Cash Needs

Line 13—Enter the amount of cash needed by quarter from the grantor agency during the first year.

Line 14—Enter the amount of cash from all other sources needed by quarter during the first year.

Line 15—Enter the totals of amounts on Lines 13 and 14.

Section E. Budget Estimates of Federal Funds Needed for Balance of the Project

Lines 16-19—Enter in Column (a) the same grant program titles shown in Column (a), Section A. A breakdown by function or activity is not necessary. For new applications and continuation grant applications, enter in the proper columns amounts of Federal funds which will be needed to complete the program or project over the succeeding funding periods (usually in years). This section need not be completed for revisions (amendments, changes, or supplements) to funds for the current year of existing grants.

If more than four lines are needed to list the program titles, submit additional schedules as necessary.

Line 20—Enter the total for each of the Columns (b)–(e). When additional schedules are prepared for this Section, annotate accordingly and show the overall totals on this line.

Section F, Other Budget Information

Line 21—Use this space to explain amounts for individual direct object-class cost categories that may appear to be out of the ordinary or to explain the details as required by the Federal grantor agency.

Line 22—Enter the type of indirect rate (provisional, predetermined, final or

fixed) that will be in effect during the funding period, the estimated amount of the base to which the rate is applied, and the total indirect expense.

Line 23—Provide any other explanations or comments deemed necessary.

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OMB Approval No. 0348-0040

ASSURANCES — NON-CONSTRUCTION PROGRAMS

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§ 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§ 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101-6107), which prohibits discrimination on the basis of age;
- (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§ 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. § 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§ 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§ 276a to 276a-7), the Copeland Act (40 U.S.C. § 276c and 18 U.S.C. §§ 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§ 327-333), regarding labor standards for federally assisted construction subagreements.

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10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§ 1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. § 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§ 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), FO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE	
APPLICANT ORGANIZATION		DATE SUBMITTED

U.S. Department of Health and Human Services Certification Regarding Drug-Free Workplace Requirements Grantees Other Than Individuals

By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.

This certification is required by regulations implementing the Drug-Free Workplace Act of 1988, 45 CFR Part 76, Subpart F. The regulations, published in the May 25, 1990 *Federal Register*, required certification by grantees that they will maintain a drug-free workplace. The certification set out below is a material representation of fact upon which reliance will be placed when the Department of Health and Human Services (HHS) determines to award the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, HHS, in addition to any other remedies available to the Federal Government, may taken action authorized under the Drug-Free Workplace Act. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or governmentwide suspension or debarment.

Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.

Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios.)

If the workplace identified to HHS changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see above).

Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free

Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

"Control substance" means a controlled substance in Schedules I through V of the Controlled Substances Act (21 USC 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15).

"Conviction" means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

"Criminal drug statute" means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

"Employee" means the employee of a grantee directly engaged in the performance of work under a grant, including: (i) All "direct charge" employees; (ii) all "indirect charge" employees unless their impact or involvement is insignificant to the performance of the grant; and, (iii) temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).

The grantee certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about:

(1) The dangers of drug abuse in the workplace; (2) The grantee's policy of maintaining a drug-free workplace; (3) any available drug counseling, rehabilitation, and employee assistance programs; and, (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a

copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:

(1) Abide by the terms of the statement; and, (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction.

Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or, (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant (use attachments, if needed):

Place of Performance (Street address, City, County, State, ZIP Code)

Check if there are workplaces on file that are not identified here.

Sections 76.630(c) and (d)(2) and 76.635(a)(1) and (b) provide that a Federal agency may designate a central receipt point for STATE-WIDE AND STATE AGENCY-WIDE certifications, and for notification of criminal drug convictions. For the Department of Health and Human Services, the central receipt point is: Division of Grants Management and Oversight, Office of Management and Acquisition,

Department of Health and Human Services, Room 517-D, 200 Independence Avenue, S.W., Washington, D.C. 20201.

Certification Regarding Debarment, Suspension, and Other Responsibility Matters—Primary Covered Transactions

By signing and submitting this proposal, the applicant, defined as the primary participant in accordance with 45 CFR part 76, certifies to the best of its knowledge and belief that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;

(b) Have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

The inability of a person to provide the certification required above will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the Department of Health and Human Services (HHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

The prospective primary participant agrees that by submitting this proposal, it will include the clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion—Lower Tier Covered Transaction," provided below without modification in all lower tier covered

transactions and in all solicitations for lower tier covered transactions.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion—Lower Tier Covered Transactions (To Be Supplied to Lower Tier Participants)

By signing and submitting this lower tier proposal, the prospective lower tier participant, as defined in 45 CFR part 76, certifies to the best of its knowledge and belief that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal debarment or agency.

(b) Where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal.

The prospective lower tier participant further agrees by submitting this proposal that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion—Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

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Certification Regarding Lobbying

Certification for Contracts, Grants, Loans,
and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Organization

Authorized Signature Title Date

NOTE: If Disclosure Forms are required, please contact: Mr. William Sexton, Deputy Director, Grants and Contracts Management Division, Room 341F, HHH Building, 200 Independence Avenue, SW, Washington, D.C. 20201-0001

Appendix III—OTI Target Cities Grants

The Los Angeles Treatment Network, State Department of Alcohol & Drug, 1700 K Street, Sacramento, CA 95814, Contact: John P. Erickson, (916) 323-2033

Project Spirit, Department of Human Resources, 878 Peachtree Street, NE, Room 319, Atlanta, GA 30309, Contact: Clinton Dye, (404) 894-4217

Baltimore Substance Abuse Treatment Improvement Project, Department of Health & Mental Hygiene, 201 West Preston Street, Baltimore, MD 21201, Contact: Todd Rosendale, (301) 225-6925

Boston Drug Treatment Improvement Project, Department of Public Health, 150 Fremont Street, Boston, MA 02111, Contact: Dennis McCarty, (617) 727-1960

Albuquerque Drug Treatment Improvement, New Mexico Health & Environment Department, 1190 Saint Francis Drive, Room N3200, Santa Fe, NM 87503, Contact: Miriam Brownstein, (505) 827-0578

Drug Abuse Treatment Improvement Project, State Division of Substance Abuse, Executive Park South, Albany, NY 12203, Contact: John Gustafson, (518) 457-7629

Puerto Rico/San Juan Cooperative Agreement, Puerto Rico Department of Anti-Addiction Services, 414 Barbosa Avenue, Hato Key, PR 00918, Contact: Jose Gonzalez, (809) 758-7330

Milwaukee System Improvement Plan, Department of Health & Social Services, 1 West Wilson Street, P.O. Box 7851, Madison, WI 53707, Contact: Bruce Fry, (608) 266-0007

Comprehensive Child Development Program*Directory of Grantees (4/15/91)***Region I**

Project AFRIC, Dimock Community Health Center, 55 Dimock St., Richards Bldg., Roxbury, MA 02119, Phone: 617/442-1113, Fax: 617/445-0091

La-Motte Hyman, Project Director Jackie Jenkins-Scott, Executive Director Dale Simmons, Data Management Coordinator

Connie Williams, Ethnographer

Windham County Family Support Project, Brattleboro Town School District, 218 Canal St., Brattleboro, VT 05301, Phone: 802/254-3742, Fax: 802/254-3750

Susan Billings, Home Visitor

Marcia Bloom, Home Visitor

Irene Burtis, Nurse/Health Educator

Julie Cunningham, Home Visitor

Ann Darling, Family Services Coordinator

Wendy DeBell, Data Manager

Kathy Emerson, Home Visitor

Lynn Holappa, Home Visitor

Judith Jerald, Project Director

Raymond McNulty, School Superintendent

Gladys Mock, Home Visitor

Martha O'Connor, Chair, Advrsy. Board

Carol Robbins, Administrative Assistant

Gloria Rudolf, Ethnographer

Jan Slyck, Home Visitor

Janice Stockman, Early Childhood Educator

Janet Finck Cross, Coordinator of Children's Programs

Region II

Project CHANCE, 136 Lawrence Street 3A & B, Brooklyn NY 11201, Phone: 718/330-0845, Fax: 718/330-0846

Sally Butler, Executive Director

Angel Miranda, Case Mngmnt. Team Leader

Carol Parker, Nutrit./Parent Educ. Team Leader

Cherylee Sherry, Project Director

Jose Santiago, Data Manager/Admin. Coord.

Earl Thomas, Ethnographer

Cheryl Washington, Early Child. Team Leader

Region III

Parent Child Resource Center, Edward C. Mazique Parent Child Center, Inc., 1325 W St., N.W., Washington, DC 20009, Phone: 202/462-3375, Fax: 202/939-8698

Rashid Ali, Case Coordinator

Michael Childs, Case Coordinator

Roberta Clark, PCRC Program Director

Ruby DeLeon, Case Coordinator

Colleen Edwards, Upper Cardozo Center Dir.

Nigel Fanfair, Data Manager

Cynthia Faust, PCRC Program Coordinator

Michael Howard, Case Coordinator

Frances Jones, Case Coordinator

Gertrude Marlowe, Ethnographer

Sam Ndubuisi, Data Analyst

Queen Pagon, Case Coordinator

Ruth Rucker, Executive Director

Barbara Whitted, Case Coordinator

Juliana Yachtis, PCRC Center Director, (East of the River)

Family Start, Friends of the Family, Inc., 1510 West Lafayette Avenue, Baltimore, MD 21217, Phone: 301/669-1193-1194, Fax: 301/462-3576

Linah Ailanna, Child Development Specialist

Marva Berry, Child Development Specialist

Rosalyn Branson, Project Director

Stephanie Cannon, Data Manager

Mattie Davis, Head Teacher

Rosalind Dyches, Family Services

Coordinator

Patricia Fernandez-Kelly, Ethnographer

Stanley Fuller, Male Program Coordinator

Linda Gaithers, Program Administrator

Jane Harrison, Self Employment Specialist

Vera Harrison, Data Entry

Barbara Hughes, Receptionist

Doug Klayman, Data Collector

Cristina Pena, Family Services Coordinator

Rosalie Streett, Executive Director

Family Foundations, Community Human Services, 374 Lawn Street, Pittsburgh, PA 15213, Phone: 412/687-6610, Fax: 412/687-6642.

Hattye Board, Nutritionist

Heather Fisher, Data Manager

Chris Groark, Project Admin./Exec.

Director

Carol McAllister, Ethnographer*

*Women's Studies Program 2630 Cathedral of Learning University of Pittsburgh Pittsburgh, PA 15260

Vivian Herman, Early Childhood Coordinator

Janet Crawford, Neighborhood Coordinator

Glynda Lowery, Neighborhood Coordinator

Laurie Mulvey, Project Director

Dian Perkins, Neighborhood Coordinator

Region IV

T.I.P.P. (Toddlers, Infants, Preschoolers, and Parents), Dade County Community Action Agency, 1325 N.W. 71st St., Miami, FL 33147, Phone: 305/694-2704, Fax: 305/694-2712.

William Atkins, Division Director, R&D

Stephanye Johnson, Data Manager

O. Jacqueline Crute, Project Director

Dorothy Davis, Executive Director

Maxine Thurston, Ethnographer

Operation Family, Community Action Council, P.O. Box 11610, Lexington, KY 40576, 606/233-4600.

Jack Burch, Executive Director

Stefan Cooper, Data Manager

Steve Fricker, Asst. Dir., Commty. Systems

Kathy Padgett, Asst. Dir., Case Management

Ben Robinson, Ethnographer

Mary Twitty, Project Director

Tennessee CAREs, Bureau of Educational Research and Services, TN State University 330 Tenth Ave. North, Nashville, TN 37203-3401, 615/251-1540.

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City of Albuquerque CCDP, Albuquerque
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Theresa Pacheco, Data Manager
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Rita San Miguel, Adult Literacy
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Rosie Soliz, Parent Educator
Ruben Torrez, Parent Educator
Rebecca Tovar, Data Records Manager
Todd Walker, Director of Research &
Evaluation

Zaida Yzaguirre, Early Childhood
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Richard Zorola, Center Manager
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Bonnie Bayles, Family Team Leader
Kathy Kates, Family Team Leader
Nancy McKusick, Parent Dev. Coordinator
Mary Montes, Data Manager
Hester Naves, Early Childhood Coordinator

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Kathie Readout, CCDP Project Director
Sharon Smith, Data Manager
Gary Stokes, Executive Director
Gloria Symons, Story County Coord.
Art Thayer, Powashiek Cnty. Coord.

Project EAGLE, Gateway Centre, Tower 2,
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Phone: 801/750-2008-3819, Fax: 801/750-
2044

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Region IX

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Raquel Martinez, Family Care Coordinator
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Susan Morrow, Early Child. Educ. Coord.
Vanja Parente, Family Care Coordinator
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Musa Khalaf, Grant Administrator
Liz Kehlenberg, Ethnographer (Assoc.
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Peg Mazen, Director
Margaret McKenna, Ethnographer
Alan McJunkin, Head Teacher
Susan Nelson, Community Develop. Coord.
Sharon Osborne, Executive Director
Teresa Rafael, NW Regional Vice-Pres.
Judi Sorensen, Office/Facilities Mgr.
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Single State Authorities (SSAs): January 1990

*State and Territorial Alcoholism and Drug
Abuse Program Directors*

Note

"To learn more about prevention-related
programs and resources in your state, you are
encouraged to seek information from your
SSA listed on the attached pages. This will
help to foster cooperation and collaboration
between and among existing programs and
potential applicants."

This directory of State and Territorial
Alcoholism and Drug Abuse Program
Directors is intended as a communication and.
Because names, addresses, and telephone
numbers may change, periodic updates are
made.

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Alaska

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Arizona

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Arkansas

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California

Chauncey Veatch III, Director, Department of Alcohol and Drug Programs, 111 Capitol Mall, Suite 450, Sacramento 95814, (916) 445-0834

Colorado

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Connecticut

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Illinois

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Indiana

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Iowa

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Kansas

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Massachusetts

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New Jersey

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North Carolina

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North Dakota

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Pennsylvania

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- Health, P.O. Box 90, Harrisburg 17108, (717) 787-9857
- Rhode Island
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- South Carolina
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- Texas
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- Utah
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- Vermont
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- Virginia
Wayne Thacker, Director, Office of Substance Abuse Services, Department of Mental Health and Mental Retardation and Substance Services, P.O. Box 1797, 109 Governor Street, Richmond 23214, (804) 786-3906
- Washington
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- West Virginia
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- Wisconsin
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- Wyoming
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- Guam
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- Puerto Rico
Isabel Suliveres de Martinez, Secretary, Department of Anti-Addiction Services, Box 21414, Rio Piedras Station, Rio Piedras 00928-1414, (809) 764-3795
- Virgin Islands
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- American Samoa
Fualaau Hanipale, Assistant Director, Social Services Division, Alcohol and Drug Program, Government of American Samoa, Pago Pago 96799
- Dr. Lefiga Litaiga, Director, Public Health Services, LBJ Tropical Medical Center, Pago Pago 96799
- The RADAR Network**
The Regional Alcohol and Drug Awareness Resource (RADAR) Network works in partnership with NCADI and consists of State clearinghouses, specialized information centers of national organizations, the Department of Education Regional Training Centers, and others. Each RADAR Network member can offer the public a variety of information services.
- State RADAR Network Centers*
- Crystal Jackson, Alabama Dept. of Mental Health/Mental Retardation, Montgomery, AL, 205/271-9258
- Joyce Paulus, Alaska Council on Prevention of Alcohol & Drug Abuse, Anchorage, AK, 907/349-6602
- Allen Brown, Arizona State University, Tempe, AZ, 602/965-7046
- Patsy Wagner, Office on Alcohol and Drug Abuse Prevention, Little Rock, AR, 501/682-6653
- Scott Whitney, Dept. of Human Resources, Govt. of American Samoa, Pago Pago, AS, 684/633-4485
- Peggy Blair, State of California Dept. of Alcohol and Drug Programs, Sacramento, CA, 916/324-7262
- Linda M. Garrett, Resource Department Colorado Alcohol & Drug Abuse Division, Denver, CO, 303/331-8201
- Judith Bloch, Connecticut Clearinghouse, Plainville, CT, 203/793-9791
- Doris A. Bolt, Resource Center, YMCA of Delaware, Wilmington, DE, 302/571-6975
- Karen Wright, Washington Area Council on Alcoholism and Drug Abuse, Washington, DC, 202/682-1716
- Cindy Colvin, Florida Alcohol and Drug Abuse Assoc., Tallahassee, FL, 904/878-6922
- Marie Albert, Georgia Prevention Resource Center, Atlanta, GA, 404/894-4204
- Barbara Benavente, Dept. of Mental Health & Substance Abuse, Tamuning, GU, 671/646-9261, 9269
- Dr. Ken Willinger, Alcohol & Drug Division, State of Hawaii Dept. of Health, Honolulu, HI, 808/548-4280
- Richard Baylis, Jack Quast, Health Watch Foundation, Boise, ID, 208/377-0068
- Caroline Murphy, Prevention Resource Center Library, Springfield, IL, 217/525-3456
- Maggie Harter, Jim Pershing, Indiana Prevention Resource Center for Substance Abuse, Bloomington, IN, 812/855-1237
- Tressa Youngbear, Cedar Rapids Public Library, Cedar Rapids, IA, 319/398-5133
- Judy Donovan, Kansas Alcohol and Drug Abuse Services, Topeka, KS, 913/298-3925
- Dianne Shuntich, Drug Information Service for Kentucky, Frankfort, KY, 502/564-2880
- Sanford W. Hawkins, Division of Alcohol and Drug Abuse, Baton Rouge, LA, 504/342-9352
- Earle Simpson, Maine Alcohol and Drug Abuse Clearinghouse, Augusta, ME, 207/289-2781
- Standola Reynolds, Alcohol/Drug Abuse Administration, Baltimore, MD, 301/225-6543
- Donna Woods, Massachusetts Info. and Referral Service, Cambridge, MA, 617/445-6999
- Gail Johnsen, Michigan Substance Abuse and Traffic Safety Information Center, Lansing, MI, 517/482-9902
- Mary F. Scheide, Minnesota Prevention Resource Center, Anoka, MN, 612/427-5310
- Esther Rogers, Mississippi Department of Mental Health, Jackson, MS, 601/359-1288
- Randy Smith, Missouri Division of Alcohol & Drug Abuse, Jefferson City, MO, 314/751-4932
- Nancy Tunnicliff, Chemical Dependency Bureau, Helena, MT, 406/444-2878
- Laurel Erickson, Alcoholism and Drug Abuse Council of Nebraska, Lincoln, NE, 402/474-0930, 1992
- Ruth Lewis, Bureau of Alcohol and Drug Abuse, Carson City, NV, 702/885-4790
- Mary Dube, New Hampshire Office of Alcohol and Drug Abuse Prevention, Concord, NH, 603/271-6100
- Mark J. Byrne, New Jersey Div. of Alcoholism and Drug Abuse, Trenton, NJ, 609/292-0729
- Courtney Cook, Health and Environment Department/BHSD/Substance Abuse Bureau, Santa Fe, NM, 505/827-2601
- Leslie S. Connor, Prevention/Intervention Group, Albany, NY, 518/473-3460.

- Judith M. Lukin, Narcotic and Drug Research, Inc., New York, NY, 212/966-8700, ext. 107
- Betty Lane, North Carolina Alcohol/Drug Resource Center, Durham, NC, 919/286-5118.
- Michele Edwards, North Dakota Prevention Resource Center, Bismarck, ND, 701/224-3703
- Sharon L. Tention, Ohio Dept. of Alcohol & Drug Addiction Service, Columbus, OH, 614/466-7893
- Jan Hardwick, Oklahoma State Department of Mental Health, Oklahoma City, OK, 405/271-8755
- Sue Ziglinski, Oregon Drug and Alcohol Information, Portland, OR, 503/280-3673
- Gwen Miller, ENCORE, Pennsylvania Dept. of Health, Harrisburg, PA, 717/787-2606, 9761
- Alma Negron, Department of Anti-Addiction Services, Rio Piedras, PR, 809/767-5990
- Gillette Hunt, Division of Substance Abuse, Cranston, RI, 401/464-2140
- Elizabeth Peters South Carolina Commission on Alcohol and Drug Abuse, Drug Store Info. Clearinghouse, Columbia, SC, 803/734-9559
- Bob Anderson, Dept. of Health, Div. of Alcohol and Drug Abuse, Pierre, SD, 605/773-3123
- Sharon Crockett, Tennessee Alcohol & Drug Association, Nashville, TN, 615/244-7066
- Carlene Phillips, Texas Commission on Alcohol & Drug Abuse Resource Ctr., Austin, TX, 512/463-5510
- Gary Swensen, Utah Federation of Parents, Salt Lake City, UT, 801/538-3949
- Patricia Auger, Office of Alcohol & Drug Abuse Programs, Waterbury, VT, 802/241-2178
- Darien Fisher Duke, Dept. MH/MR/SA, Richmond, VA, 804/786-3909
- Director, Division of Mental Health, Alcoholism, & Drug Dependency, St. Croix, VI, 809/773-8443
- Mary Goehring, Washington State Substance Abuse Coalition (WSSAC), Bellevue, WA, 206/747-9111
- Shirley A. Smith, West Virginia Library Commission, Charleston, WV, 304/348-2041
- Douglas White, Wisconsin Clearinghouse, Madison, WI, 608/263-2797
- Sue Rardin, Wyoming CARE Program, Laramie, WY, 307/766-4119
- Department of Education Regional Training Centers*
- Margaret Bradford, Southeast Regional Center for Drug Free Schools and Communities, Atlanta, GA, 404/688-9227
- Mickey Sinn, Midwest Regional Center for Drug Free Schools and Communities, Chicago, IL, 312/883-8888
- Karen Means, Northeast Regional Center for Drug Free Schools and Communities, Sayville, NY, 516/589-7022
- Margretta Bartlett, Southwest Regional Center for Drug Free Schools and Communities, Norman, OK, 405/325-1454
- Kathy Laws, Western Center for Drug-Free Schools & Communities, NW Regional Educational Lab, Portland, OR, 503/275-9500
- Specialty Network Centers*
- Travis Jackson, Native American Clearinghouse for Alcohol & Drug Information, Colorado River Service Unit, Parker, AZ, 602/669-2137
- Christina Miller, Prevention Research Center Library, Berkeley, CA, 415/486-1111
- Nancy Kaihatsu, Tom Colthurst, Program on Alcohol and Drug Issues, La Jolla, CA, 619/534-6331
- Elva Yanez, Marin Institute for the Prevention of Alcohol & Other Drug Problems, San Rafael, CA, 415/456-5692
- Holly Lenz, National Association for Children of Alcoholics, South Laguna, CA, 714/499-3889
- Andrea L. Mitchell, Medical Research Institute of San Francisco at Pacific Presbyterian Medical Center, Berkeley, CA, 415/642-5208
- Ford S. Hatamiya, Multicultural Training Resource Center, San Francisco, CA, 415/861-2142
- Margy Chan, Addiction Research Foundation Library, Toronto, ON, Canada, 416/595-6144
- Paul Cardenas, National Coalition of Hispanic Health and Human Svcs. Orgs., Washington, DC, 202/371-2100
- Ruth Marie Conolly, Interamerican Documentation Center, Washington, DC, 202/458-3809
- Patricia Dietz, The National Network of Runaway and High-Risk Youth, Washington, DC, 202/682-4114
- Paula Kemp, National Drug Information Center of Families in Action, Atlanta, GA, 404/934-6364
- Beverly E. Allen, Multi-Media Center, Morehouse School of Medicine, Atlanta, GA, (404) 752-1530
- Leonore Burts, National AIDS Information Clearinghouse, Rockville, MD, 800/458-5231
- Glen Holley, Clearinghouse on Drugs and Crime, Rockville, MD, 301/251-5531
- David Grant, Institute on Black Chemical Abuse Resource Center, Minneapolis, MN, 612/871-7878
- Jean Kinney, Project CORK, Dartmouth University, Hanover, NH, 603/646-7540
- Cathy Weglarz, Center of Alcohol Studies, Rutgers University, Piscataway, NJ, 201/932-4443
- Jose Luis Rodriguez, Hispanic Information Telecommunication Network, New York, NY, 212/966-5660
- Jeff Hon, National Council on Alcoholism and Drug Dependence, Inc., New York, NY, 212/206-6770
- Penny Howe, Chemical People Institute, Pittsburgh, PA, 412/391-0900
- Teresa Stayduhar, Chemical People Institute, Pittsburgh, PA, 412/391-0900
- Lcdo. Luis Rivera, Román Asesor del Gobernador, San Juan, PR, 809/721-7000
- Richard Bickerton, Association of Employee Assistance Professionals, Arlington, VA, 703/522-6272
- Paula Carney, WIC, Program Development Section, Alexandria, VA, 703/756-3730
- Nancy Sutherland, Alcoholism and Drug Abuse Institute Library, Seattle, WA, 206/543-0937
- OSAP; Office for Substance Abuse Prevention**
- March 1, 1991.
- OSAP Grant Programs*
- Below is a description of five grants supported by OSAP. To obtain a copy of the complete application kit(s), contact the National Clearinghouse for Alcohol and Drug Information (NCADI), P.O. Box 2345, Rockville, MD 20852, 1-800-729-6686.
- Community Partnership Demonstration Grants*
- OSAP invites proposals from local governments or nonprofit organizations to support the formation of public/private sector partnerships in individual communities across the Nation to develop comprehensive programs for the prevention and treatment of alcohol and other drug abuse. The purpose of the grant is to establish the effectiveness of community coalition of organizations representing parents, academia, local government, business, industry, and professional organizations in the planning and implementation of comprehensive prevention programs. Coalitions ordinarily have a minimum of seven members. Already OSAP's largest program, the \$42 million appropriation in FY 1990 provided grants to 95 communities. Funds to award approximately 180 new partnerships are budgeted for FY 1991. Applications for the new grant cycle are due April 24, 1991. For program information, contact

the Division of Community Prevention and Training, OSAP, 5600 Fishers Lane, Rockwall II, Rockville, MD 20857, (301) 443-9438.

Demonstration Grants for Youth in High-Risk Environments

OSAP is soliciting applications proposing innovative methods for preventing alcohol and other drug use by high-risk youth. OSAP especially encourages applications to demonstrate effective models in the areas of primary prevention and early intervention. A strong program evaluation component is essential. OSAP has been funding High-Risk Youth grants since FY 1987. It is estimated that by the end of FY 1991, 275 grants will have been awarded and that 145 will be operational at that time. Applications for the new grant cycle are due May 20, 1991. For more information on this demonstration grant program, contact OSAP, Division of Demonstrations and Evaluation, 5600 Fishers Lane, Rockwall II, Rockville, MD 20857, (301) 443-0353.

Demonstration Grants for Model Projects for Pregnant and Postpartum Women and Their Infants

OSAP funds projects that focus on prevention, education, and treatment in community, inpatient, outpatient, and residential settings for pregnant and postpartum women and their infants. This announcement solicits applications for service demonstration projects that propose promising models to prevent or minimize fetal exposure to alcohol and other drugs, improve birth outcomes, reduce functional impairment, and strengthen or expand service delivery of

therapeutic programs, comprehensive supportive service, and medical care. Emphasis will be placed on maternal-child bonding and on the role of parents in meeting their children's needs at each stage of development. Proposals should consider the needs of women and their babies before, during, and after delivery. Particular emphasis is placed on programs for low-income women at high risk. A well-developed plan for both process and outcome evaluation is required. OSAP currently funds 100 grants under the PPWI initiative and by the end of 1991 anticipates supporting 130 projects. Applications for the new grant cycle are due May 20, 1991. For information on this grant program, contact OSAP, Division of Demonstrations and Evaluation, 5600 Fishers Lane, Rockwall II, Rockville, MD 20857, (301) 443-4564.

Cooperative Agreements for Communication Projects

OSAP is soliciting proposals for communication programs that will help prevent alcohol and other drug problems among specifically targeted high-risk audiences or in the environments in which they live. This program will support efforts that carefully develop, test, disseminate, and evaluate public information and education projects. Emphasis is on projects that involve the target audience in the development and testing of messages and materials, and on strengthening such projects by linking them with community resources. Also, funding is being provided for highly specialized information management tools such as a data base or an information center. Innovative

approaches to reaching the intended audience are encouraged. The Program involves substantive interaction between grantee and OSAP staff. Support may be for up to three years. Fourteen awards were made under this program in 1990. Applications for the next grant cycle are due in the fall of 1991. For program information, contact Joan White Quinlan, Division of Communication Programs, OSAP, 5600 Fishers Lane, Rockwall II, Rockville, MD 20857, (301) 443-0373.

Conference Grants

This program announcement for conference support offers grants for coordinating, exchanging, and disseminating information to prevent alcohol and other drug use and abuse. The intended audiences are consumer- and service-oriented constituency groups—including those representing State and local governments, professional associations, voluntary organizations, and mutual self-help groups with interests shared by OSAP. A maximum of \$50,000 per conference will be awarded. The funds support a one-time conference with priority given to those that (1) demonstrate potential for knowledge dissemination, (2) interface with other health promotion concepts and practices, and (3) encourage community coordination and mobilization. During FY 1990, 49 conference grant awards were made. Applications are due April 24, 1991. For program information, call Elaine Parry, OSAP, at (301) 443-6980.

Issued by the Office of Budget, Planning, and Evaluation, OSAP.

BILLING CODE 4130-01-M

OSAP GRANT INFORMATION

NAMES AND ADDRESSES	Grant #	Type of Grant	First Month/Yr of Funding	PI	Telephone	15-Mar-91	
						COUNTY	ST CODE ZIP
APPLICANTS ORGANIZATION							
Arizona Health Sciences Center	SP01638	PW 5	Jul-90	Catherine Locke	602-626-6303	Dept. of Pediatrics, AZ Hlth Ctr	Tucson AZ 85724
Matrix Community Services/Amity, Inc.	SP01530	PW 5	Jul-90	Harry Kressler	602-884-7413	1030 N Fourth Avenue	Tucson AZ 85705
Pascuma Yaqui Tribe	SP02287	PW 5	Jul-90	Jorge Garcia	602-883-2838	7474 S. Camino De Oeste	Tucson AZ 85745
San Joaquin Cnty Dept. Health Care Services	SP03015	PW 5	Mar-91	Michael Smith	209-468-6848	500 W Hospital Road	French Camp CA 95231
Drug Detoxification Project	SP02387	PW 5	Jul-90	Tess Lusher, MD	415-565-1905	409 Clayton Street	San Francisco CA 94117
Center for Drug Problems	SP01904	PW 5	Jul-90	Catherine Puccetti	805-654-3480	4651 Telephone Road, Suite 250	Ventura CA 93003
Highland General Hospital	SP02265	PW 5	Jul-90	Sandra Holliday	415-437-4688	1411 East 31st Street	Oakland CA 94602
Public Health Foundation of LA County, Inc.	SP01455	PW 3	Feb-90	Delores Alleyne	213-699-7320	4022 Kenway Avenue	Los Angeles CA 90008
Isla Vista Health Projects, Inc.	SP02950	PW 5	Sep-90	Pam Pratt	805-968-3044	970 Embarcadero Del Mar	Isla Vista CA 93117
Ravenwood City School District	SP02129	PW 5	Jul-90	Harriet Morgan	415-329-2800	2160 Euclid Avenue	Palto Alto CA 94303
Department of Public Health	SP01172	PW 5	Feb-90	Wayne Clark	415-255-3500	1380 Howard St, 4th Floor	San Francisco CA 94103
CA State Univ. Div. of Special Ed.	SP01493	PW 4	Feb-90	Aja Lesh Tulleners, Ph.D.	213-343-4412	5151 State University Drive	Los Angeles CA 90032
Contra Costa SS Children Serv Bureau	SP02954	PW	Sep-90	Clare Friedman, Ph.D.	415-646-5612	2401 Stanwell Dr, PO Box 5488	Concord CA 94524
Santa Clara County Health Dept.	SP01498	PW 5	Feb-90	Anthony Puentes	408-299-6002	595 Millich Drive	Campbell CA 95008
Monterey County Dept. of Health	SP01947	PW 5	Jul-90	Elizabeth Stanley	408-755-4514	1270 Matividad Road	Salinas CA 93906
Santeo County Dept. of Health Services	SP01500	PW 4	Jul-90	Cheryl Parker	415-573-2757	225 West 37th Avenue	San Mateo CA 94403
Far Northern Regional Center	SP02957	PW 5	Sep-90	Susan R. Ferrell	916-222-4791	PO Box 492418	Redding CA 96049
Tarzana Treatment Center	SP02520	PW 5	Sep-90	Kenneth Bachrach, Ph.D.	818-996-1051	18646 Oxnard Street	Tarzana CA 91356
Logan Heights Family Health Center	SP01621	PW 5	Sep-89	Karen McCabe	619-234-0360	1809 National Avenue	San Diego CA 92113
Charles R. Drew University	SP01509	PW 3	Jul-90	Xylina Bean, MD	213-603-4657	1621 East 120th Street	Los Angeles CA 90059
Baart/Facet	SP01671	PW 5	Jul-90	Ron Kletter	415-552-7914	45 Franklin Street, 2M	San Francisco CA 94102
Center Point Programs, Inc.	SP03042	PW 5	Mar-91	Sushma Taylor, Ph.D.	415-454-7777	1601 Second Street, Suite 104	San Rafael CA 94901
East Los Angeles Alcoholism Council	SP02258	PW 5	Jul-90	Carlos Garcia	213-268-9344	916 South Atlantic Boulevard	Los Angeles CA 90022
Catholic Charities of SF County	SP02327	PW 5	Jul-90	Mary Lou Goeke	415-864-7400	1049 Market Street, Suite 200	San Francisco CA 94103
San Francisco Community Clinic Consortium	SP01923	PW 5	Jul-90	Carroll Johnson	415-398-6935	1520 Stockton Street	San Francisco CA 94133
Womens Alcoholism Center	SP02431	PW 5	Jul-90	Carmella Woll	415-285-4484	3130 20th Street, Suite 308	San Francisco CA 94110
Contra Costa County, CA. Health Serv. Dept	SP01151	PW 4	Sep-89	Hope Ewing	415-646-1087	111 Allen Street	Martinez CA 94553
Mendocino County Dept. of Public Health	SP02414	PW 5	Jul-90	Ned Walsh	707-463-4461	890 North Bush Street	Ukiah CA 95462
Childrens Institute	SP02291	PW 5	Jul-90	Sheila Anderson	213-385-5100	711 South New Hampshire Ave	Los Angeles CA 90005
Children's Hospital Oakland	SP01171	PW	Sep-90	Neal Halfon	415-652-3405	747 52nd St	Oakland CA 94609
Hill Health Corporation	SP01590	PW 5	Feb-90	Scott Cornell	203-776-1134	400 Columbus Avenue	New Haven CT 06519

OSAP GRANT INFORMATION

NAMES AND ADDRESSES	Grant #	Type of Grant	First Month/Yr of Funding	PI	Telephone	15-Mar-91	
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APPLICANTS ORGANIZATION							ZIP
CI Dept. of Health Services, Comm Health	SPO1181	PW 5	Feb-90	Ardell Wilson	203-566-2887	150 Washington St	Hartford CT 06106
New Endeavors By Women	SPO2929	PW 5	Mar-91	Ann Ryan	202-682-5825	611 N Street, NW	Washington DC 20001
Institute of Mental Hygiene	SPO2351	PW 3	Jul-90	Joanna Ferman	202-232-2165	3000 Connecticut Avenue, NW	Washington DC 20008
DC Commission of Public Health	SPO1591	PW 5	Feb-90	Clayte Morgan	202-673-7481	801 North Capitol Street, NE	Washington DC 20002
Dept. Health & Soc Serv, Div. of Pub Hlth	SPO1160	PW 5	Feb-90	Kay Makar	302-736-4735	3301 Green Street	Claymont DE 19703
University of Florida	SPO2124	PW 5	Jul-90	Diane Dimperio	904-392-4491	730 NW Waldo Rd, Bldg A, Suite B	Gainesville FL 32610
Shands Hospital	SPO1679	PW 5	Sep-89	Diane Mauldin	904 395-0224	Shads Hospital, Box J-306	Gainesville FL 32610
Health Crisis Network, Inc.	SPO2508	PW 5	Mar-91	Catherine Lynch	305-326-8833	PO Box 42-1280	Miami FL 33242
Hillsborough County Public Health Unit	SPO1559	PW 5	Sep-89	William Ward	813-974-4860	13301 Bruce B. Downs Blvd.	Tampa FL 33612
Apalachee Center for Human Services, Inc.	SPO1179	PW 3	Sep-89	Frank Beeman	904-487-2930	625 E Tennessee St., PO Box 1782	Tallahassee FL 32302
The Center for Drug Free Living, Inc.	SPO1608	PW 4	Feb-90	Nancy Rudner Lugo	407-297-2086	100 W Columbus Street	Orlando FL 32806
University of Miami	SPO1951	PW 5	Jul-90	Gene Burkett, MD	305-547-6626	PO Box 016960, R-136	Miami FL 33101
Operation Par, Inc.	SPO1758	PW 4	Feb-90	Shirley Coletti	813-577-5545	10901 C Roosevelt Blvd., Suite 1000	St. Petersburg FL 33716
Emory University	SPO1957	PW 5	Jul-90	Marion Howard, Ph.D.	404-589-3543	Emory University/School of Medicine	Atlanta GA 30322
Bulloch County Board of Health	SPG1189	PW 4	Sep-89	Nancy Waters	912-764-6971	21 North Zettercous Avenue	Statesboro GA 30458
Emory University	SPO1198	PW 3	Sep-89	Iris Smith	404-894-8288	1256 Brier Cliff Rd. NE, RM 324 W	Atlanta GA 30306
State of Hawaii Dept. of Health	SPO2132	PW 5	Jul-90	Lisa Simpson, MD	808-735-3056	741-A Sunset Avenue	Honolulu HI 96818
Nez Perce Tribe	SPO2107	PW 5	Jul-90	Michael Penny	208-843-2253	PO Box 305	Lapwai ID 83540
Idaho Primary Care Association	SPO1593	PW 5	Sep-89	Dean Hungerford	208-345-2335	PO Box 6756	Boise ID 83707
IL Department of Health	SPO1225	PW 5	Feb-90	Stephen Saunders, MD	217-782-2736	535 W Jefferson	Springfield IL 62761
Lake County Health Department	SPO2812	PW	Sep-90	Susan Bekenstein	708-360-6716	3010 Grand Avenue	Waukegan IL 60085
Columbus Hospital	SPO2239	PW 5	Jul-90	Maureen Kelly	312-883-8200	2520 North Lakeview Ave-5 West	Chicago IL 60614
Ft. Wayne Women's Bureau	SPO2739	PW 4	Mar-91	Harriet Miller	219-424-7977	303 East Washington Blvd	Fort Wayne IN 46802
Model cities Health Center, Inc.	SPO1610	PW 5	Sep-89	Beverly Hawkins	612-222-6029	430 North Dale Street	St. Paul MN 55103
Children's Hospital	SPO2269	PW 5	Jul-90	Michael Kaiser	504-866-2993	200 Henry Clay Avenue	New Orleans LA 70118
Southwest Boston Community Services, Inc	SPO2553	PW 5	Mar-91	Mary Lee Blais	613-325-6700	780 Amerian Legion Highway	Roslindale MA 02131
Baystate Medical Center	SPG1941	PW 5	Jul-90	Edward Bailey	413-784-5083	759 Chestnut Street	Springfield MA 01199
HHS, Providence Hospital	SPO1615	PW 5	Feb-90	Karen Engell	413-538-9400	Elm Street Center, 210 Elm St.	Holyoke MA 01040
Health & Hospitals of the City of Boston	SPO1860	PW 5	Jul-90	Teresa Kohlenberg, MD	617-534-4098	818 Harrison Avenue	Boston MA 02118
Center for Human Services, Inc.	SPO2888	PW	Sep-90	Brian Foss	508-999-8280	848 Pleasant St	New Bedford MA 02741
Dimock community Health Center	SPO1687	PW 3	Jul-90	Jackie Jenkins-Scott	617-442-8800	55 Dimock Street	Roxbury MA 02119

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OSAP GRANT INFORMATION

NAMES AND ADDRESSES	Grant #	Type of Grant	First Month/Yr of Funding	PI	Telephone	15-Mar-91	
						COUNTY	ZIP
APPLICANTS ORGANIZATION							
Baltimore Department of Health	SP01478	PW 5	Feb-90	Jane Galbraith	301-887-2708	1 Investment Place, 10th Floor	Townson MD 21204
Baltimore City Health Department	SP01158	PW 3	Feb-90	Thomas Coyle	301-396-9945	303 E Fayette Street	Baltimore MD 21202
Detroit Health Department	SP01619	PW 2	Sep-89	Darlinda Van Buren	313-876-4300	1151 Taylor	Detroit MI 48202
Project Transition/League of Catholic Women	SP02244	PW 5	Jul-90	Barbara Sampson	313-862-3400	16260 Dexter	Detroit MI 48221
Face to Face Health & Counseling Center	SP02021	PW 3	Jul-90	Ann Ricketts	612-772-2539	642 E. 7th Street	St. Paul MN 55108
Peoples Health Centers, Inc.	SP01553	PW 5	Feb-90	Betty Jean Kerr	314-367-7848	5701 Delmar	St. Louis MO 63112
Robeson Health Care Corporation	SP01601	PW 5	Sep-89	James Martin, Ph.D.	919-521-9355	PO Box 1629	Pembroke NC 28372
Bureau of Maternal & Child Health	SP01361	PW 5	Mar-91	Polly Kay Taylor	603-271-4543	6 Hazen Drive	Concord NH 03301
Atlantic Mental Health Center	SP02982	PW 5	Mar-91	Mary Hunt	609-645-3572	2002 Black Horse Pike	McKee City NJ 08232
New Jersey Dept. of Health	SP02017	PW 5	Jul-90	George Halpin, MD	609-292-5656	CM364, 363 West State Street	Trenton NJ 08625
University of New Mexico, School of Medicine	SP01450	PW 5	Sep-89	Luis Curet	505-277-8386	2211 Lomas Boulevard, NE	Albuquerque NM 87131
Bronx Perinatal Consortium, Inc.	SP02464	PW 5	Mar-91	Judith Gallagher	212-792-6551	Bronx Municipal Hospital, N.R. 7 South	Bronx NY 10461
New York State Dept. of Health	SP02769	PW 5	Mar-91	Barry Sherman	518-474-2749	PO Box 2077	Albany NY 12220
Society for Seamen's Children	SP01876	PW 5	Jul-90	Debbin Stinson	718-447-7666	26 Bay Street	Staten Island NY 10301
Presbyterian Hospital	SP01182	PW 5	Jul-90	Harold E. Fox, MD	212-305-3111	622 West 168th Street	New York NY 10032
NY City Dept. of Health	SP01150	PW 5	Sep-89	Donna O'Hare	212-267-0900	225 Broadway, 17th Floor	New York NY 10007
New York city Dept. of Health	SP01691	PW 5	Sep-89	Cindy Driver	212-566-7076	125 Worth St, Box 42B	New York NY 10013
Women's Alcohol & Drug Education Project	SP01781	PW 5	Jul-90	Paula Roth	212-532-8330	370 Lexington Avenue, Suite 603	New York NY 10017
St. Luke's Roosevelt Hospital Center	SP02887	PW	Sep-90	Alwyn T. Cohall, MD	212-523-6305	428 West 59th Street	New York NY 10019
Miami Valley Hospital	SP01108	PW 5	Feb-90	Louis Buttino, Jr., MD	513-220-2294	One Wyoming Street	Dayton OH 45409
St. Vicent Med Ctr, Hope for Families	SP01107	PW 3	Sep-89	Asha Patel, Ph.D.	419-321-3232	St. Vincent Med Ctr. 2213 Cherry St.	Toledo OH 43608
OK State Department of Health	SP01704	PW 5	Feb-90	Terrie Fritz	405-271-4470	PO Box 53551	Oklahoma City OK 73152
WA County Dept. of Health & Human Services	SP01173	PW 5	Feb-90	James Peterson	503-648-8881	155 North First Avenue	Hillsboro OR 97124
Oregon Health Division	SP01675	PW 5	Feb-90	Grant Higginson, MD	503-229-6382	PO Box 231	Portland OR 97201
Jefferson County Health Department	SP01922	PW 3	Jul-90	Linda Allen	503-475-2266	357 6th Street	Madras OR 97741
Multnomah County, Justice Serv Div	SP01552	PW 4	Sep-89	Joanne Fuller	503-248-5374	610 S.W. Alder, Room 515	Portland OR 97205
Emmel Hospital & Health Center	SP01562	PW 5	Sep-89	Teri Joyer	503-280-4374	2801 N. Gantebain Avenue	Portland OR 97227
Tri County Youth Services	SP02758	PW 5	Mar-91	Robert Donough	503-277-6445	2000 SW First, Suite 100	Portland OR 97201
Sacred Heart Medical Center Foundation	SP01633	PW 5	Feb-90	Demi Rewick	503-686-6343	PO Box 10905	Eugene OR 97440
Clackamas County Mental Health Division	SP02732	PW 5	Mar-91	Michael Taylor	503-655-8651	998 Library Court	Oregon City OR 97045
Medical College of Penn Pediatrics	SP01565	PW 3	Feb-90	Sonja Imaizumi	212-842-6689	3300 Henry Avenue	Philadelphia PA 19129

OSAP GRANT INFORMATION

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APPLICANTS ORGANIZATION							
Pennsylvania State University	SP01507	PW 5	Feb-90	Judith Vicary, Ph.D.	814-863-2223	304 E. Henderson	University Pk PA 16802
Philadelphia Psychiatric Center	SP01187	PW 5	Feb-90	Alfred Friedman, Ph.D.	215-877-6408	Ford Rd. & Monument Avenue	Philadelphia PA 19131
St. Francis Medical Center	SP01606	PW 3	Feb-90	Janice Zelenak, Ph.D.	412-622-6170	45th Street (Off Penn Ave)	Pittsburg PA 15201
Health Federation	SP02174	PW 5	Jul-90	Natalie Levkovich	215-567-8001	1211 Chestnut Street, Suite 801	Philadelphia PA 19107
Memorial Hospital of Rhode Island	SP02358	PW 5	Jul-90	Larry Culpepper	401-722-6000	111 Brewster Street	Pawtucket RI 02860
Oglala Sioux Tribe	SP02653	PW 5	Sep-90	Roger Iron Cloud	605-867-5170	#1 preschool Rd, PO Box 279	Porcupine SD 57772
Indian Health Service	SP02689	PW 5	Sep-90	Adelia Cuka	605-384-3621	111 Washington NW	Wagner SD 57382
Meharry Medical College	SP02010	PW 5	Jul-90	Edward Hillis	615-327-8199	1005 D.B. Todd Boulevard	Nashville TN 37208
San Antonio Metropolitan Health District	SP01632	PW 5	Feb-90	Jorge Flores	512-299-8842	332 W. Commerce	San Antonio TX 78249
Houston council/Alch/Drug/Abuse	SP01162	PW 5	Jul-90	Caroline Atwell	713-520-5502	3333 Eastside, Suite 111	Houston TX 77098
Tarrant County Hospital District	SP02240	PW 3	Jul-90	Kimberly McCrief	817-927-1230	1500 South Main Street	Forth Worth TX 76104
Univ. of Texas SW Medical Center	SP03100	PW 4	Mar-91	Perrie Adams, Ph.D.	214-688-3644	5323 Harry Hines Boulevard	Dallas TX 75235
Spokane County Health District	SP02750	PW	Sep-90	Barbara Feyh	509-458-2567	W. 1101 College Avenue	Spokane WA 99201
Univ of Washington Medical Center	SP02897	PW 5	Mar-91	Ann Streissguth	206-543-7155	2702 NE Blakeley Street	Seattle WA 98195
Snohomish Health District	SP03056	PW 3	Mar-91	Elaine Conley	206-339-5210	3020 Rucker Avenue	Everett WA 98201
University of Washington Medical Center	SP00472	PW 3	Sep-89	Candyce Berger	206-548-4370	4101 15th Avenue, NE	Seattle WA 98195
University of Wisconsin-Madison	SP01641	PW 5	Sep-89	Raymond Kessel	608-262-5407	610 Langdon St., 325 Lowell Hall	Madison WI 53703
Combined Community Services Board	SP02123	PW 5	Jul-90	Patricia Towers	414-289-6660	235 W. Galena Street, Suite 270	Milwaukee WI 53212
Gust Lakes Inter-Tribal Council, Inc.	SP01884	PW 5	Jul-90	Barbara Snyder-Wilcox	715-588-3324	561 Peace Pipe Road, PO Box 9	Lac du Flambeau WI 54538
University of Wyoming	SP02000	PW 3	Jul-90	Norma Wilkerson	307-766-6576	School of Nursing, PO Box 3065	Laramie WY 82071

BILLING CODE 4130-01-C

Clearinghouses/Resource Centers

The National Clearinghouse for Alcohol and Drug Information (NCADI)

Description

NCADI is a communication service of the Office for Substance Abuse Prevention (OSAP) and is the Nation's primary source for information about alcohol and other drug (AOD) abuse. Located in Rockville, MD, NCADI provides information to thousands of requestors on the latest research results, popular press and scholarly journal articles, prevention and education resources, and prevention programs. Most of NCADI's materials and services are free. In the AOD field, NCADI is known as a "one stop shop" for all information needs.

Audience and Services

Here are the services you can receive from NCADI:

Library and Reference Services—NCADI provides an extensive range of reference services through a team of information specialists who are trained to provide AOD abuse information and general reference services, including literature searches; assistance with the selection of materials in the NCADI inventory; general reference, statistical reference, library services, and referral to other organizations and resources. Although NCADI does not provide counseling or referral to treatment, information specialists can guide requestors to appropriate organizations for help.

In addition, NCADI has developed a computerized data base of information on prevention and education aspects of AOD abuse. This data base "IDA" (Information on Drugs and Alcohol) covers journals, books, reports, program materials, and videos. Copies of all referenced material are maintained in the NCADI library, which is open to the public. The data base can be accessed through the NCADI information specialists, who receive and process requests for literature searches.

Print Materials—NCADI distributes materials not only from OSAP, National Institute on Drug Abuse and National Institute on Alcohol Abuse and Alcoholism, but also from other Federal agencies that are involved in AOD abuse prevention such as the Departments of Education, Justice, Labor, and Transportation. Materials are available to the general public through the State clearinghouse system, the Regional Alcohol and Drug Awareness Resource (RADAR) Network, or from NCADI. When new materials for national distribution are

needed, NCADI either adapts or adopts locally developed materials for national distribution or creates new materials if no appropriate materials are available in the field. In addition to NCADI materials, information on materials developed by other organizations can be obtained by requesting resource lists for specific target audiences (e.g., elementary school students) or by requesting a search of NCADI's computerized prevention materials data base.

Audiovisuals—NCADI maintains a free Audiovisual Loan Program that works just like a local library. The Clearinghouse can provide a list of current titles in its collection, which includes NCADI's Drugs in Work Series, prevention programs for grades K-12, and an array of television public service announcements (PSAs).

Prevention Pipeline: An Alcohol and Drug Awareness Service—For a \$15 annual handling fee, anyone can receive this bimonthly news service for the AOD field. The Pipeline serves as a forum, a news bulletin, and a research alert that allows both professionals and volunteers to stay abreast of the latest research and program information and upcoming events.

Technical Support—As appropriate, NCADI offers a wide range of support to organizations in the AOD field through resource lists, referrals, direct mail, editorial support, and conference exhibits. NCADI runs an active outreach department that works with groups and individuals to strengthen their prevention efforts. This Clearinghouse service is available to support community-based prevention efforts like those that will be started by users of this directory.

The Regional Alcohol and Drug Awareness Resource Networks—Through NCADI, OSAP also sponsors the RADAR Network. RADAR Network Centers are part of the national resource system that responds to community needs for AOD information and anticipates future needs. The Centers bring to communities everywhere the products and services of NCADI. RADAR network members also provide customized packages of materials for use in special settings, including the home, school, worksite, recreation center, and religious and social settings.

State RADAR Network Centers must meet criteria set by OSAP to qualify for full Network membership. These criteria address the completeness and responsiveness of activities in the areas of library services, information and referral, outreach, promotion, equipment, materials, management operations and evaluation, pretesting

services, and public education programs and campaigns. RADAR Network Centers also serve as the "eyes and ears" of OSAP, identifying emerging needs at the community level and providing feedback on the effectiveness and quality of Federal and regional AOD services. RADAR Network Centers are primarily supported by State government agencies.

Each State RADAR Network Center has its own unique services and resources that are available to anyone in the community. Most centers are able to provide services such as:

- Helping community program planners find the most accurate and up-to-date information about AOD problems and effective materials and programs that can be adapted for their areas;

- Providing attention-getting posters, booklets, videotapes, and other materials with prevention and intervention messages for youths, parents, and many other target audiences;

- Promoting and supporting outreach efforts to groups at high risk for AOD-related problems (e.g., children of alcoholics and other drug abusers, school dropouts, pregnant teenagers, low-income communities, juvenile delinquents, disabled persons, suicidal teenagers, and people with mental health problems);

- Providing helpful referrals to national and local resources for prevention and intervention materials and services that are unavailable through the RADAR Network;

- Maintaining a collection of the most recent AOD resources (e.g., reference and program materials) for use on site;

- Responding to questions about prevention and intervention by mail or telephone and assisting visitors by providing "hands on" assistance; and

- Helping community program planners design and implement exciting, comprehensive prevention programs tailored to meet the special needs of their communities. This includes assistance with the development of materials and services that are culturally sensitive and age-appropriate.

Community-based prevention efforts can also receive services from Specialty RADAR Network Centers. These are national organizations and federally funded agencies that deal with AOD issues. For example, the National Drug Information Center, operated by Families in Action, might help a caller track how the media are covering specific AOD-related issues. The Department of Education's Regional Training Centers can provide training

assistance and expertise to local school teams trying to prevent or stop AOD use by students. State RADAR Network Centers are listed in chapter 4 of this directory under each State's entry.

Contact

To obtain NCADI materials or services, or to find out more about NCADI operations, write or call: The National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, Maryland 20852, (301) 468-2600.

The National AIDS Information Clearinghouse (NAIC)

Description

The National AIDS Information Clearinghouse (NAIC) provides services and educational resources to assist in the development and management of AIDS information and education programs. Operated by the Centers for Disease Control (CDC), NAIC provides services to assist users to:

Audience and Services

- Identify organizations, such as clinics, hospitals, extended care facilities, public health departments, commercial enterprises, and religious groups whose work is related to AIDS;
- Locate and obtain single copies of hard-to-find educational materials such as brochures, pamphlets, curricula, State reports, posters, and audiovisuals;
- Order single or bulk copies of key publications that are the primary tools used by CDC in its national AIDS education effort.

NAIC maintains two online information data bases. One lists organizations that provide AIDS-related services and the other describes AIDS educational materials. Information specialists search these data bases to provide information on resources and educational materials related to user needs.

NAIC can supply citizens with single and bulk copies of important publications from the Public Health Service. They address key topics such as AIDS and the workplace, the connection between AIDS and drug abuse, and the safety of the Nation's blood supply.

Contact

To respond to the general public's need for AIDS information, CDC maintains a national AIDS Hotline as part of its overall information and education program. The toll-free Hotline provides 24-hour service to answer questions about AIDS and to offer referrals to appropriate services. The

number is (800) 342-AIDS (English) and (800) 344-SIDA (Spanish).

Office of Minority Health Resource Center (OMH-RC)

Description

The Office of Minority Health Resource Center maintains information on health-related resources available at the Federal, State, and local levels that target Asians, Pacific Islanders, Blacks, Hispanics, and Native Americans.

Audience and Services

OMH-RC was established by the U.S. Department of Health and Human Services' Office of Minority Health in October 1987. In addition to serving as a central source of minority health information, the OMH-RC works with the OMH in identifying information gaps and in stimulating the development of resources where none exist.

The activities of the OMH-RC concentrate on the six health priority areas, their associated risk factors, and crosscutting issues identified by the Secretary's Task Force on Black and Minority Health. The areas are cancer, chemical dependency, diabetes, cardiovascular disease/stroke, homicide/suicide/unintentional injury, infant mortality, and low birth weight. HIV infection/AIDS recently was added as a seventh topic area for the Resource Center.

OMH-RC staff are available to answer requests from consumers and health professionals, Monday through Friday, 9 a.m. to 5 p.m. (EST). Information specialists refer requests to appropriate organizations, locate relevant materials, and identify sources of technical assistance. Bilingual staff help Spanish-speaking requestors. Its toll-free number is (800) 444-6472. OMH-RC's mailing address is P.O. Box 37337, Washington, DC 20013-7337.

The OMH-RC maintains a computerized data base of minority health-related publications, organizations, and programs and includes sources of free or low-cost services and materials relating to minority health issues.

Contact

OMH-RC has prepared a series of fact sheets, *Closing the Gap*, on each of the minority health priority areas. The series describes the extent to which specific minority groups are affected, details avenues for prevention, and offers sources of additional information. Other publications focusing on minority health-related issues are also available through the Resource Center.

America's Drug Abuse Prevention Team (ADAPT)

Description

ADAPT, administered by the California Health Research Foundation, is a national resource center supporting a new era of cooperation among the hundreds of alcohol and other drug (AOD) abuse agencies and professionals that currently exist throughout the United States. ADAPT provides every person, family, organization, and community with "one phone call entry" to existing AOD abuse services, agencies, experts, and funding sources.

With accurate information and resources, every person, family, business, and community can play a significant role in solving the Nation's AOD problem. ADAPT provides a single qualified entry point to the legions of resources needed to assist this effort. ADAPT does not duplicate existing efforts. Rather, ADAPT builds access and effective use of under-used resources, making a significant impact on this critical problem.

Audience and Services

Here are the services that ADAPT provides:

- Support in the development of prevention councils in all 3,028 counties in the United States;
- Specialized prevention assistance for the workplace;
- A professional staff trained to assist individuals, businesses, and community organizations in developing prevention programs;
- A continually updated library of current and relevant state-of-the-art prevention information and data;
- Ongoing "think tanks" to continually build new prevention technology based upon the evaluation of current efforts;
- A regular newsletter and journal highlighting noteworthy projects;
- Regional and State conferences for information and technology transfer; and
- Preparation of articles for national businesses, voluntary organizations, and professional associations.

Contact

Anyone wishing to be on ADAPT's mailing list and have the toll-free number can write ADAPT at 1001 D Street, San Rafael, CA 94901; or call (415) 457-3663.

Drugs and Crime Data Center and Clearinghouse

Description

To obtain answers to questions about the relationship between crime and illegal drugs, citizens can contact the Drugs and Crime Data Center and Clearinghouse. This national center supports the development of drug control policy with accurate, easy-to-understand, and readily accessible data on illegal drugs and crime. Operated by the Bureau of Justice Statistics of the Department of Justice, the Data Center and Clearinghouse is dedicated to serving policymakers, drug policy analysts and researchers, and the public. In providing services, this program:

Audience and Services

- Assembles existing drug enforcement data reports and announces their availability;
- Operates a toll-free number staffed with qualified drug and crime information specialists;
- Answers requests for data related to specific illegal drugs;
- Performs special bibliographic searches to identify a full range of sources on specific topics;
- Maintains a library and reading room so that illegal drug and crime documents are available to clearinghouse users;
- Evaluates existing drug data for statistical quality; and
- Identifies and reports on methodological flaws and data gaps where they exist.

Contact

The Data Center and Clearinghouse will also analyze existing drug and crime data and publish reports intended to foster the development of sound public and private policy. To learn more about this program's services, call (800) 666-3332. The call is toll free.

HUD Drug Information and Strategy Clearinghouse

Description

This clearinghouse established in the Department of Housing and Urban Development's (HUD) Office for Drug-Free Neighborhoods, is described in detail under HUD's entry in chapter 2 of this directory.

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