

with the dental community; the psychological component, in which the emotional needs of the cancer patients are addressed; and a prevention component which stresses behavioral changes and cancer awareness programs. The model shall provide for the treatment of cancer through early diagnosis and provide continuity of support to patients from screening through treatment. The model should include a viable coalition of community organizations, and appropriately utilize them to assist in the development of the project and accomplish the project objectives. The model should be a coordinated community approach that involves formal relations with established community organizations with high visibility and substantial ingress to the targeted population. The model shall have the potential for replication in similar communities.

(3) The recipient shall establish formal relations with a coalition or affiliation of community based organizations and professional associations to assist in the development and conduct of the project. Recipient shall also coordinate project activities with state and/or local health departments as appropriate.

(4) The recipient shall implement and conduct all facets of the model, including screening, treatment, and other necessary and desired support and follow-up activities, in the targeted minority community. All aspects of the project shall be fully operational within 10 months of the effective date of the cooperative agreement.

(5) The recipient shall evaluate the effects of the project in terms of numbers of patients screened and the provision of continuity of support to diagnosed cancer patients and submit a written evaluation report, within 1 year of the effective date of the cooperative agreement.

(6) The recipient shall prepare a manual for replicating the model in other similar communities. Consideration should be given to replication of the approach for diseases other than cancer.

(7) The recipient shall submit monthly progress reports to the Project Officer. The recipient shall meet with the Project Officer on an as-needed basis as determined by the Project Officer.

(8) The recipient shall arrange an annual meeting (for appropriate government, professional and community officials) to provide briefings regarding programmatic outcomes, evaluation plans, strategies, agreements, and to provide expertise regarding the identification of evolving

areas of concern affecting the minority populations targeted in the project.

(9) The recipient shall assist OMH staff in selecting potential sites for replicating the model.

OMH Responsibilities

Substantial programmatic involvement is as follows:

(1) OMH shall arrange an initial orientation meeting to: discuss and finalize a project management plan; clarify roles and responsibilities of the recipient, collaborating community based organizations, and OMH and other Federal agency staff participating in the project; establish clear lines of communication.

(2) OMH shall introduce the project participants to other PHS and Department of Health and Human Services (DHHS) staff, in particular, staff of cancer programs at the National Cancer Institute (NCI) and the Centers for Disease Control and Prevention (CDC), for technical and programmatic consultation and assistance; and to discuss and review a workplan.

(3) OMH staff shall provide technical assistance and oversight as necessary to project staff and consultants for the overall design, implementation, conduct, and assessment of project activities.

(4) OMH staff shall provide technical assistance to the recipient in the design, development, and implementation of the evaluation plans and strategies.

(5) OMH staff shall review and approve all evaluation plans and strategies prior to implementation.

(6) OMH staff shall assist the recipient in arranging for consultation, on an as-needed basis, from other Government agencies and non-governmental organizations such as the American Cancer Society.

(7) OMH staff shall be responsible for the selection of potential sights for replicating the project.

(8) OMH staff shall facilitate the cooperation of organizations that have grant programs within the service area. These programs will include the following: Health Careers Opportunity Program (HCOP), Centers of Excellence (COE), Minority Community Health Coalition Demonstration, and Public Housing Primary Care Program. In addition to these programs, OMH staff will facilitate the cooperation of national organizations such as: National Medical Association, National Dental Association, Hispanic Dental Association and Interamerican College of Physicians and Surgeons.

(9) OMH shall be responsible for the printing and distribution of the manual

for replicating the model in similar communities.

Review of Applications

Applications will be screened upon receipt. Those that are judged to be incomplete, non-responsive to the announcement or nonconforming will be returned without comment.

Applications judged to be complete, conforming, and responsive, will be reviewed for technical merit in accordance with PHS policies.

Applications will be evaluated by Federal reviewers. Applicants are advised to pay close attention to program guidelines, review criteria, and the general and supplemental instructions provided in the application kit.

Contacts

Applications will be prepared on PHS Standard Form 5161-1 (approved by OMB under control number 0937-0189). Application kits and technical assistance on business and grants management information may be obtained from Ms. Carolyn A. Williams, Grants Management Officer, Office of Minority Health, Rockwall II Building, Suite 1000, 5515 Security Lane, Rockville, Maryland 20852, telephone number (301) 594-0758. Completed applications are to be submitted to the same address.

For program information, contact Mr. John H. Walker, III, Project Officer, Office of Minority Health, Rockwall II Building, Suite 1000, 5515 Security Lane, Rockville, MD 20852, telephone number (301) 594-0769.

Application Deadline

To receive consideration, grant applications must be received by C.O.B. (30 days from the date of this publication). Applications will be considered as meeting the deadline if they are either: (1) Received on or before the deadline date, or (2) sent on or before the deadline date and received in time for orderly processing. Applicants should request a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks will not be accepted as proof of timely mailing. Applications which do not meet the deadline will be considered late and will be returned to the applicant.

Provision of Smoke-Free Workplace and Non-Use of Tobacco Products by Recipients of PHS Grants

PHS strongly encourages all grant and contract recipients to provide a smoke-free workplace and to promote the nonuse of all tobacco products. In