

inspection at the Federal Reserve Bank indicated. The application also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act (12 U.S.C. 1843). Unless otherwise noted, nonbanking activities will be conducted throughout the United States. Additional information on all bank holding companies may be obtained from the National Information Center website at www.ffiec.gov/nic/.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than May 4, 2007.

A. Federal Reserve Bank of New York (Anne MacEwen, Bank Applications Officer) 33 Liberty Street, New York, New York 10045-0001:

1. *Banco Bilbao Vizcaya Argentaria, S.A. (BBVA)*, Bilbao, Spain; to acquire 100 percent of the voting shares of Compass Bancshares, Inc., Birmingham, Alabama, and thereby indirectly acquire voting shares of Compass Bank, Birmingham, Alabama, and Central Bank of the South, Anniston, Alabama.

In addition, Circle Merger Corp., Birmingham, Alabama, a wholly-owned subsidiary of Compass Bancshares, Inc., proposes to become a bank holding company by acquiring 100 percent of the voting shares of Compass Bancshares Inc., for a moment in time, to facilitate the acquisition of Compass Bancshares, Inc., by BBVA.

B. Federal Reserve Bank of Chicago (Patrick M. Wilder, Assistant Vice President) 230 South LaSalle Street, Chicago, Illinois 60690-1414:

1. *Capitol Bancorp, Ltd.*, Lansing, Michigan, and its wholly owned subsidiary, Capitol Development Bancorp Limited VI, Lansing, Michigan, to acquire 51 percent of the voting shares of USNY Bank (in organization), Geneva, New York.

Board of Governors of the Federal Reserve System, April 5, 2007.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. E7-6705 Filed 4-9-07; 8:45 am]

BILLING CODE 6210-01-S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Request for Applications for the Prevention and Support Services for Women Incarcerated or Newly Released Living With or at Risk for HIV/AIDS/STDs Program

AGENCY: Office on Women's Health, Office of Public Health and Science, Office of the Secretary, Department of Health and Human Services.

ACTION: Notice.

Announcement Type: Competitive Cooperative Agreement FY 2007 Initial announcement.

Funding Opportunity Number: Not Applicable.

OMB Catalog of Federal Domestic Assistance: The OMB Catalog of Federal Domestic Assistance number is 93.015.

DATES: No later than 5 p.m. Eastern Time on June 11, 2007.

ADDRESSES: To receive consideration, applications must be received by the Office of Grants Management, Office of Public Health and Science (OPHS), Department of Health and Human Services (DHHS) c/o WilDon Solutions, Office of Grants Management Operations Center, 1515 Wilson Blvd., Third Floor Suite 310, Arlington, VA 22209, Attention Office of Women's Health, HIV.

SUMMARY: This program is authorized by 42 U.S.C. 300u-2(a).

The mission of the Office on Women's Health (OWH) is to promote the health of women and girls through gender-specific approaches. To that end, OWH has established activities to address critical women's health issues nationwide. These include: Developing and implementing model public/private partnerships that address the health issues of incarcerated and newly released women, largely women of color, living with HIV/AIDS/STDs or at increased risk for sexually transmitted infections. These may include piloting a comprehensive system of health related support services, such as ensuring access to health care and most current therapies, pre-release discharge planning, case managing transition processes, and establishing linkages to various community-based support and prevention services.

Funding will be directed at activities designed to improve the delivery of services to women disproportionately impacted by HIV/AIDS.

I. Funding Opportunity Description

The primary purpose of this OWH HIV/AIDS program is to increase health related support services available for

HIV infected incarcerated and newly released women. The goals for the Incarcerated/Newly Released Program are to:

- Develop and sustain comprehensive HIV/AIDS/STD prevention and support services to incarcerated and newly released women living with HIV/AIDS in collaboration with health entities, care providers, social services, correctional facilities, and criminal justice offices;
- Establish community linkages and networks for ensuring quality continuum of care, transitional support, discharge planning and preparation, and HIV/STD prevention services for incarcerated and newly released women living with or at high risk for HIV/AIDS; and
- Improve the physical and mental health circumstances as well as the quality of life of incarcerated and newly released women living with HIV/AIDS or at high risk for HIV infection.

The OWH hopes to fulfill this purpose by providing funding to targeted community-based organizations to enhance their prevention and support activities to incarcerated and newly released women living with or at high risk for HIV infection.

The proposed program must address HIV prevention and support services for incarcerated and newly released women through a gender-specific approach. Information and services provided must be culturally and linguistically appropriate for the individuals for whom the information and services are intended. Women's health issues are defined in the context of women's lives, including their multiple social roles and the importance of relationships with other people to their lives. This definition of women's health encompasses mental, dental, and physical health and spans the life course.

The objectives of the OWH program are to:

1. Increase the number of incarcerated women receiving pre-release discharge planning, particularly those who are living with HIV/AIDS or at high risk for HIV infection.
2. Increase the number of HIV infected incarcerated women who are connected to drug assistance programs, medical care, and case management services prior to release or at time of release.
3. Increase the number of community linkages and networks for ensuring continuum of care for incarcerated and newly released women living with or at high risk for HIV/AIDS in locations with high rates of HIV infections and incarcerated populations.

4. Increase the number of newly released women receiving support services and HIV care six months post release.

The grantee must: (1) Develop and implement a model program to provide comprehensive HIV/AIDS/STD prevention and support services to incarcerated and newly released women living with HIV/AIDS in order to establish a continuum of care (e.g., treatment, therapies, case management, reproductive health, HIV/STD testing, etc.) and secondary prevention activities to improve disease management and health outcomes; risk reduction counseling and prevention education components must be developed and integrated in both pre-release and post-release program plans; (2) propose a pilot program to address gaps in services to incarcerated and newly released women living with HIV/AIDS that will be implemented locally in partnership with local entities after reviewing city/county/State data on incarcerated populations, exploring challenges and trends confronting incarcerated and newly released women living with HIV/AIDS, assessing existing local HIV/AIDS network of prevention and care service providers that target incarcerated and newly released women, and identifying available criminal justice programs that service women; (3) establish Memoranda of Understanding with local health care entities, social services, HIV/AIDS prevention/service providers, and criminal justice offices in support of program implementation, collaboration around services, and re-entry support of the women participants; and (4) visit area criminal justice offices/facilities and affiliated programs as well as conduct outreach to communities and women living with HIV/AIDS and are at risk of infection of HIV/AIDS/STDs to identify and enroll participation of target population and to establish program partnerships. In addition, the grantee shall submit reports outlining program activities (e.g., recruitment, participant retention), which reflect how its implementation process reflected an understanding of the realities of women's lives and addressed the issues of the participants to motivate continued participation. Finally, the grantee shall develop a plan to continue the program activities and community linkages beyond OWH funding and shall illustrate how program performance addressed community needs and the needs of incarcerated/newly released women.

The grantee is encouraged to attend at least one national or regional HIV/AIDS Conference (e.g., U.S. Conference on

AIDS, the Centers for Disease Control and Prevention (CDC) National HIV Prevention Conference, etc.), and to seek updates in HIV prevention strategies, therapies and priority activities as advised by the CDC, Health Resources and Services Administration, and other public health experts.

Award Information

The OWH program will be supported through the cooperative agreement mechanism. Using this mechanism, the OWH anticipates making five awards in FY 2007. The anticipated start date for new awards is September 01, 2007, and the anticipated period of performance is September 01, 2007, through August 31, 2010. Approximately \$625,000 is available to make awards of up to \$125,000 total cost (direct and indirect) for a 12-month period. However, the actual number of awards made will depend upon the quality of the applications received and the amount of funds available for the program.

The program is a collaborative effort between the OWH and the Office of HIV/AIDS Policy, OPHS. These offices will provide the technical assistance and oversight necessary for the implementation, conduct, and assessment of program activities.

The applicant shall:

1. Develop and implement the model described in the application.
2. Assess local services and gaps.
3. Establish community partnerships through Memoranda of Understanding/Agreement.
4. Perform outreach to criminal justice offices/facilities and to communities and women living with HIV/AIDS.
5. Participate in special meetings and projects/funding opportunities identified by the OWH.
6. Adhere to all program requirements specified in this announcement and the Notice of Grant Award.
7. Submit required progress, annual, and financial reports by the due dates stated in this announcement and the Notice of Grant Award.

8. Comply with the DHHS Protection of Human Subjects regulations (which require obtaining Institutional Review Board approval), set out at 45 CFR Part 46, if applicable. General information about Human Subjects regulations can be obtained through the Office for Human Research Protections (OHRP) at <http://www.hhs.gov/ohrp>, ohrp@osophs.dhhs.gov, or toll free at (866) 447-4777.

The Federal Government will:

1. Conduct an orientation meeting for the grantees within the first month of funding.

2. Conduct at least one site visit which includes some observation of program progress.

3. Review all quarterly, annual, and final progress reports.

4. Review and concur with requested project modifications.

5. Review implementation plan for approval.

6. Participate in telephone conferences and other activities supporting project performance improvements and evaluation.

The DHHS is committed to achieving the health promotion and disease prevention Objectives of Healthy People 2010 and the HealthierUS Initiative. Emphasis will be placed on aligning OWH activities and programs with the DHHS Secretary's four priority areas: heart disease, cancer, diabetes, and HIV/AIDS and with the Healthy People 2010: Goal 2—eliminating health disparities due to age, gender, race/ethnicity, education, income, disability, or living in rural localities. Applicants are encouraged to indicate the Healthy People 2010 objective this activity will address. More information on the Healthy People 2010 objectives may be found on the Healthy People 2010 Web site: <http://www.health.gov/healthypeople>.

III. Eligibility Information

1. Eligible Applicants

Eligible Applicants must meet all of the following criteria.

1. Organizations located in locations with high HIV prevalence among women;

2. Locations near incarcerated populations of women; and

3. Organizations indicating history of serving African American women, Hispanic women, substance abusing women, formerly incarcerated women, and women living with HIV/AIDS or whose lifestyles place them at high risk for HIV/STD infection.

Eligible entities may include: Nonprofit community-based organizations, faith-based organizations, national organizations, colleges and universities, clinics and hospitals, research institutions, State and local government agencies, tribal government agencies and tribal/urban Indian organizations.

2. Cost Share or Matching

Cost Sharing or Matching funds are not required for this program.

IV. Application and Submission Information

1. Address To Request Application Kit

Application kits may be obtained by accessing Grants.gov at <http://www.grants.gov> or the eGrants system at <http://www.grantsolutions.gov>. To obtain a hard copy of the application kit, contact WilDon Solutions at 1-888-203-6161. Applicants may fax a written request to WilDon Solutions at 703-351-1135 or e-mail the request to OPHSgrantsinfor@teamwildon.com. Applicants must be prepared using Form OPHS-1, which can be obtained at the Web sites noted above.

2. Content and Format of Application and Submission

All completed applications must be submitted to the OPHS Office of Grants Management at the above mailing address. In preparing the application, it is important to follow ALL instructions provided in the application kit. Applications must be submitted on the forms supplied (OPHS-1, Revised 3/2006) and in the manner prescribed in the application kits provided by the OPHS. Applicants are required to submit an application signed by an individual authorized to act for the applicant agency or organization and to assume for the organization the obligations imposed by the terms and conditions of the grant award. The program narrative should not be longer than 25 double-spaced pages, not including appendices and required forms, using an easily readable, 12 point font. All pages, figures and tables should be numbered.

A Dun and Bradstreet Universal Numbering System (DUNS) number is required for all applications for Federal assistance. Organizations should verify that they have a DUNS number or take the steps necessary to obtain one. Instructions for obtaining a DUNS number are included in the application package, and may be downloaded from the Web site: http://www.dnb.com/US/duns_update/index.html.

At a minimum, each application for a cooperative agreement grant funded under this OWH announcement must:

- Present a plan to develop and implement a model program in partnership with an array of local service providers, including health care providers, support services, case management, etc. Specify the screening, development and selection process of intervention models and the role of advisory committees and/or board of directors.
- Provide signed Memoranda of Agreement(s) (MOA) with prospective

partners to build a consortium of providers for the targeted population based upon prevention, care and re-entry transitioning needs. Detail/specify the roles and resources/services that each partner organization brings to the program, the duration and terms of agreement as confirmed by a signed memorandum of agreement between the applicant organization and each partner. The partnership agreement(s) must name the individual who will work with the program, describe their function, and state their qualifications. The documents, specific to each organization (form letters are not acceptable), must be signed by individuals with the authority to represent and bind the organization (e.g., president, chief executive officer, executive director) and submitted as part of the grant application.

- Be a sustainable organization with an established network of partners capable of providing coordinated and integrated women's health services in the targeted community. The partners and their roles and responsibilities to the program must be clearly identified in the application. OWH prefers that applicants have a minimum of three years' prior demonstrated experience.

- Demonstrate that any prevention intervention (including prevention for positives) contains the core elements of interventions with evidence of effectiveness. (See Compendium of HIV Prevention Interventions with Evidence of Effectiveness, from CDC's HIV/AIDS Prevention Research Synthesis Project, Nov. 1999; see CDC's HIV Prevention Strategic Plan Through 2005.

- Provide a time line and plans for Program Implementation for the funding year, presented in correlation to goals, objectives, and expected outcomes or targets, demonstrating an understanding of the relationship between programmatic activities and HIV prevention outcomes.

- Demonstrate the ways in which the organization and the services that are coordinated through its partners are gender and age appropriate, women-focused, women-friendly, women-relevant as well as culturally and linguistically appropriate to the target population.

- Describe in detail plans for the local evaluation of the program and when and how the evaluation will be used to enhance the program; and describe the approval process of local and state review boards for local evaluation surveys, focus groups, and other client inquiries.

- Describe the organization's skill levels in word processing and data management (Word, Word Perfect,

Excel); and specify the filing, storage, and location of client files.

Format and Limitations of

Application: Applicants are required to submit an original ink-signed and dated application and 2 photocopies. All pages must be numbered clearly and sequentially beginning with the Project Summary. The application must be typed *double-spaced* on one side of plain 8½" x 11" white paper, using at least a 12 point font, and contain 1" margins all around.

The Project Summary and Project Narrative must not exceed a total of 25 *double-spaced* pages, excluding the appendices. The original and each copy must be stapled; the application should be organized in accordance with the format presented in the RFA. An outline for the minimum information to be included in the Project Narrative section is presented below. The content requirements for the Project Narrative portion of the application are divided into five sections and described below within each Factor. Applicants must pay particular attention to structuring the narrative to respond clearly and fully to each review Factor and associated criteria. Applications not adhering to these guidelines may not be reviewed.

Background (Understanding of the Problem)

- A. Organization's goals and purpose(s).
- B. Local needs assessment and gaps in services for targeted population.
- C. Strategy for linking public health, corrections, and community services.
- D. Local program objectives:
 1. Tied to program goal(s);
 2. Measurable with time frame.
- E. Organizational charts that include partners and a discussion of the proposed resource to be contributed by the partners, personnel and their expertise, and how their involvement will help achieve the program goals.

Implementation Plan (Approach)

- A. Describe linkages with multiple systems which impact incarcerated and newly released women living with HIV infection transitioning back into society.
- B. Describe pre-release and post release activities relative to secondary prevention and risk reduction counseling.
- C. Discuss gender specific program elements
- D. Provide systems chart outlining the connection of program components.
- E. Show time line of program activities and performance of targets/goals.
- F. Partnerships and referral system/follow up.

Management Plan

- A. Key project staff, their resumes, and a staffing chart for budgeted staff.
- B. To-be-hired staff and their qualifications.
- C. Staff responsibilities.
- D. Management experience of the lead agency

- and partners as related to their role in the program.
- E. Management oversight of staff roles and job performance.
- F. Address maintenance of confidentiality, ethics in performance, and on-going staff training.
- G. Explain decision making hierarchy.

Local Evaluation Plan

- A. Purpose.
- B. Describe tools and procedures for measuring strengths and weaknesses.
- C. Use of results to enhance programs.
- D. Indicators that reflect goals/objectives are being met.

Organizational Agency Qualifications

- A. Agency history of services for HIV infected individuals, HIV infected women, and women formerly incarcerated.
- B. Agency relationships, past and current, with criminal justice systems and local service providers.
- C. Community acceptance: staff recognition, media, requests for agency involvement.

Appendices

- A. Memorandums of Agreement/
Understanding/Partnership Letters
- B. Required Forms (Assurance of Compliance Form, etc.)
- C. Key Staff Resumes
- D. Charts/Tables (partners, services, population demographics, program components, etc.)
- E. Other attachments

Use of Funds: A majority of the funds from the award must be used to support staff and efforts aimed at implementing the program. The Program Coordinator, or the person responsible for the day-to-day management of the program, must devote at least a 75 percent level of effort to the program. Funds may also be used to transfer the lessons learned/successful strategies/gender specific approaches from the program (technical assistance) through activities such as showcasing the program at conferences, meetings and workshops; providing direct technical assistance to other communities; and providing technical assistance to allied health and health professionals, directly or through their professional organizations, interested in working with incarcerated and newly released women living with HIV/AIDS or who are at high risk for HIV/STD infection. These may include either process-based lessons (*i.e.*, How to bring multiple sectors of community partners together) or outcomes-based lessons (*i.e.*, How to increase the number of incarcerated and newly released women who remain in care and treatment over a period of time). Funds may be used for personnel, consultants, supplies (including screening, education, and outreach supplies), and grant related travel. Funds may *not* be used for

construction, building alterations, equipment, medical treatment, or renovations. All budget requests must be justified fully in terms of the proposed goals and objectives and include an itemized computational explanation/breakout of how costs were determined.

Meetings: The OWH will convene grantees once a year for orientation. The meeting will be held in the Washington metropolitan area or in one of the ten (10) DHHS regional office cities. The budget should include a request for funds to pay for the travel, lodging, and meals. The meeting is usually held within the first six weeks post award.

3. Submission Date and Time

To be considered for review, applications must be received by the Office of Public Health and Science, Office of Grants Management, c/o WilDon Solutions, by 5 p.m. Eastern on June 11, 2007. Applications will be considered as meeting the deadline if they are received on or before the deadline date. The application due date requirement in this announcement supercedes the instructions in the OPHS-1 form.

Submission Mechanisms

The Office of Public Health and Science (OPHS) provides multiple mechanisms for the submission of applications, as described in the following sections. Applicants will receive notification via mail from the OPHS Office of Grants Management confirming the receipt of applications submitted using any of these mechanisms. Applications submitted to the OPHS Office of Grants Management after the deadlines described below will not be accepted for review. Applications which do not conform to the requirements of the grant announcement will not be accepted for review and will be returned to the applicant.

While applications are accepted in hard copy, the use of the electronic application submission capabilities provided by the Grants.gov and GrantSolutions.gov systems is encouraged. Applications may only be submitted electronically via the electronic submission mechanisms specified below. Any applications submitted via any other means of electronic communication, including facsimile or electronic mail, will not be accepted for review.

In order to apply for new funding opportunities which are open to the public for competition, you may access the Grants.gov website portal. All OPHS funding opportunities and application kits are made available on Grants.gov. If

your organization has/had a grantee business relationship with a grant program serviced by the OPHS Office of Grants Management, and you are applying as part of ongoing grantee related activities, please access GrantSolutions.gov.

Electronic grant application submissions must be submitted no later than 5 p.m. Eastern Time on the deadline date specified in the **DATES** section of the announcement using one of the electronic submission mechanisms specified below. All required hardcopy original signatures and mail-in items must be received by the OPHS Office of Grants Management, c/o WilDon Solutions (1515 Wilson Blvd., Suite 310, Arlington, VA 22209) no later than 5 p.m. Eastern Time on the next business day after the deadline date specified in the **DATES** section of the announcement.

Applications will not be considered valid until all electronic application components, hardcopy original signatures, and mail-in items are received by the OPHS Office of Grants Management according to the deadlines specified above. Application submissions that do not adhere to the due date requirements will be considered late and will be deemed ineligible.

Applicants are encouraged to initiate electronic applications early in the application development process, and to submit early on the due date or before. This will aid in addressing any problems with submissions prior to the application deadline.

Electronic Submissions via the Grants.gov Web site Portal

The Grants.gov Web site Portal provides organizations with the ability to submit applications for OPHS grant opportunities. Organizations must successfully complete the necessary registration processes in order to submit an application. Information about this system is available on the Grants.gov Web site, <http://www.grants.gov>.

In addition to electronically submitted materials, applicants may be required to submit hard copy signatures for certain Program related forms, or original materials as required by the announcement. It is imperative that the applicant review both the grant announcement, as well as the application guidance provided within the Grants.gov application package, to determine such requirements. Any required hard copy materials, or documents that require a signature, must be submitted separately via mail to the OPHS Office of Grants Management, c/o WilDon Solutions, and if required,

must contain the original signature of an individual authorized to act for the applicant agency and the obligations imposed by the terms and conditions of the grant award. When submitting the required forms, do not send the entire application. Complete hard copy applications submitted after the electronic submission will not be considered for review.

Electronic applications submitted via the Grants.gov Web site Portal must contain all completed online forms required by the application kit, the Program Narrative, Budget Narrative and any appendices or exhibits. All required mail-in items must be received by the due date requirements specified above. Mail-In items may only include publications, resumes, or organizational documentation. When submitting the required forms, do not send the entire application. Complete hard copy applications submitted after the electronic submission will not be considered for review.

Upon completion of a successful electronic application submission via the Grants.gov Web site Portal, the applicant will be provided with a confirmation page from Grants.gov indicating the date and time (Eastern Time) of the electronic application submission, as well as the Grants.gov Receipt Number. It is critical that the applicant print and retain this confirmation for their records, as well as a copy of the entire application package.

All applications submitted via the Grants.gov Web site Portal will be validated by Grants.gov. Any applications deemed "Invalid" by the Grants.gov Web site Portal will not be transferred to the GrantSolutions system, and OPHS has no responsibility for any application that is not validated and transferred to OPHS from the Grants.gov Web site Portal. Grants.gov will notify the applicant regarding the application validation status. Once the application is successfully validated by the Grants.gov Web site Portal, applicants should immediately mail all required hard copy materials to the OPHS Office of Grants Management, c/o WilDon Solutions, to be received by the deadlines specified above. It is critical that the applicant clearly identify the Organization name and Grants.gov Application Receipt Number on all hard copy materials.

Once the application is validated by Grants.gov, it will be electronically transferred to the GrantSolutions system for processing. Upon receipt of both the electronic application from the Grants.gov Web site Portal, and the required hardcopy mail-in items, applicants will receive notification via

mail from the OPHS Office of Grants Management confirming the receipt of the application submitted using the Grants.gov Web site Portal.

Applicants should contact Grants.gov regarding any questions or concerns regarding the electronic application process conducted through the Grants.gov Web site Portal.

Electronic Submissions via the GrantSolutions System

OPHS is a managing partner of the GrantSolutions.gov system. GrantSolutions is a full life-cycle grants management system managed by the Administration for Children and Families, Department of Health and Human Services (HHS), and is designated by the Office of Management and Budget (OMB) as one of the three Government-wide grants management systems under the Grants Management Line of Business initiative (GMLoB). OPHS uses GrantSolutions for the electronic processing of all grant applications, as well as the electronic management of its entire Grant portfolio.

When submitting applications via the GrantSolutions system, applicants are required to submit a hard copy of the application face page (Standard Form 424) with the original signature of an individual authorized to act for the applicant agency and assume the obligations imposed by the terms and conditions of the grant award. If required, applicants will also need to submit a hard copy of the Standard Form LLL and/or certain Program related forms (e.g., Program Certifications) with the original signature of an individual authorized to act for the applicant agency. When submitting the required forms, do not send the entire application. Complete hard copy applications submitted after the electronic submission will not be considered for review.

Electronic applications submitted via the GrantSolutions system must contain all completed online forms required by the application kit, the Program Narrative, Budget Narrative and any appendices or exhibits. The applicant may identify specific mail-in items to be sent to the Office of Grants Management separate from the electronic submission; however these mail-in items must be entered on the GrantSolutions Application Checklist at the time of electronic submission, and must be received by the due date requirements specified above. Mail-In items may only include publications, resumes, or organizational documentation. When submitting the required forms, do not send the entire application. Complete

hard copy applications submitted after the electronic submission will not be considered for review.

Upon completion of a successful electronic application submission, the GrantSolutions system will provide the applicant with a confirmation page indicating the date and time (Eastern Time) of the electronic application submission. This confirmation page will also provide a listing of all items that constitute the final application submission including all electronic application components, required hardcopy original signatures, and mail-in items, as well as the mailing address of the OPHS Office of Grants Management where all required hard copy materials must be submitted.

As items are received by the OPHS Office of Grants Management, the electronic application status will be updated to reflect the receipt of mail-in items. It is recommended that the applicant monitor the status of their application in the GrantSolutions system to ensure that all signatures and mail-in items are received.

Mailed or Hand-Delivered Hard Copy Applications

Applicants who submit applications in hard copy (via mail or hand-delivered) are required to submit an original and two copies of the application. The original application must be signed by an individual authorized to act for the applicant agency or organization and to assume for the organization the obligations imposed by the terms and conditions of the grant award.

Mailed or hand-delivered applications will be considered as meeting the deadline if they are received by the OPHS Office of Grant Management, c/o WilDon Solutions, on or before 5 p.m. Eastern Time on the deadline date specified in the **DATES** section of the announcement. The application deadline date requirement specified in this announcement supersedes the instructions in the OPHS-1. Applications that do not meet the deadline will be returned to the applicant unread.

Applications will be screened upon receipt. Those that are judged to be incomplete or arrive after the deadline will not be reviewed. Applications that exceed the specified amount for a twelve-month budget period may also not be reviewed. Applications that are judged to be in compliance will be reviewed for technical merit in accordance with DHHS policies. Applications will be evaluated by a technical review panel composed of experts with experience with sex and

gender programs, program management, service delivery, outreach, health education, Healthy People 2000 and/or Healthy People 2010, leadership development and program assessment. Consideration for award will be given to applicants that best demonstrate progress and/or plausible strategies for eliminating health disparities through sex and gender targeted HP 2010 objectives. Applicants are also advised to pay close attention to the specific program guidelines and general instructions in the application kit.

4. Intergovernmental Review

This program is subject to the Public Health Systems Reporting Requirements. Under these requirements, a community-based non-governmental applicant must prepare and submit a Public Health System Impact Statement (PHSIS). Applicants shall submit a copy of the application face page (SF-424) and a one page summary of the project, called the Public Health System Impact Statement. The PHSIS is intended to provide information to State and local health officials to keep them apprised on proposed health services grant applications submitted by community-based, non-governmental organizations within their jurisdictions.

Community-based, non-governmental applicants are required to submit, no later than the Federal due date for receipt of the application, the following information to the head of the appropriate State and local health agencies in the area(s) to be impacted:

(a) A copy of the face page of the application (SF 424), (b) a summary of the project (PHSIS), not to exceed one page, which provides: (1) A description of the population to be served, (2) a summary of the services to be provided, and (3) a description of the coordination planned with the appropriate State or local health agencies. Copies of the letters forwarding the PHSIS to these authorities must be contained in the application materials submitted to the OWH.

This program is also subject to the requirements of Executive Order 12372 that allows States the option of setting up a system for reviewing applications from within their States for assistance under certain Federal programs. The application kit to be made available under this notice will contain a listing of States that have chosen to set up a review system and will include a State Single Point of Contact (SPOC) in the State for review. Applicants (other than federally recognized Indian tribes) should contact their SPOCs as early as possible to alert them to the prospective

applications and receive any necessary instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC in each affected State. A complete list of SPOCs may be found at the following Web site: <http://www.whitehouse.gov/omb/grants/spoc.html> The due date for State process recommendations is 60 days after the application deadline. The OWH does not guarantee that it will accommodate or explain its responses to State process recommendations received after that date. (See Intergovernmental Review of Federal Programs, Executive Order 12372, and 45 CFR Part 100 for a description of the review process and requirements.)

5. Funding Restrictions

Funds may not be used for construction, building alterations, equipment purchase, medical treatment, renovations, or to purchase food. Pre-award costs are not an allowable cost for this award.

6. Other Submission Requirements

Beginning October 1, 2003, all applicants are required to obtain a Data Universal Numbering System (DUNS) number as preparation for doing business electronically with the Federal Government. The DUNS number must be obtained prior to applying for OWH funds. The DUNS number is a nine-character identification code provided by the commercial company Dun & Bradstreet, and serves as a unique identifier of business entities. There is no charge for requesting a DUNS number, and you may register and obtain a DUNS number by either of the following methods:

Telephone: 1-866-705-5711.

Web site: <http://www.dnb.com/product/eupdate/requestOptions.html>.

Be sure to click on the link that reads, *DUNS Number Only* at the right hand, bottom corner of the screen to access the free registration page. Please note that registration via the web site may take up to 30 business days to complete.

V. Application Review Information

1. *Criteria:* The objective technical review of applications will consider the following factors:

Factor 1: Implementation / Approach 30%

This section must discuss:

1. Appropriateness of the existing community resources and linkages established to deliver coordinated, comprehensive women's services to meet the requirements of the program.

Describe other community providers that will be affiliated with the program and their role in service delivery.

2. Pre-release and post release program phases; explain the integration of program components to include prevention and risk reduction interventions.

3. Appropriateness of proposed approach, linkages of multiple systems, and specific activities described to address program objectives.

4. Soundness of evaluation objectives for measuring program effectiveness, impact of continuity of care, and improvement in disease management by individual clients.

5. Appropriate MOAs and/or Letters of Intent to support assertions made in this section.

Factor 2: Management Plan—20%

This section must discuss:

1. Applicant organization's capability to manage the project as determined by the qualifications of the proposed staff or requirements for to be hired staff;

2. Proposed staff level of effort; management experience of the lead agency;

3. The experience, resources, and role of each partner organization as it relates to the needs and programs/activities of the program;

4. Staff experience as it relates to meeting the needs of the community and populations served;

5. Detailed position descriptions, resumes of key staff, and a staffing chart should be included in the appendix

Factor 3: Organizational Agency Qualifications—20%

This section should include demonstrated knowledge of local need and existing systems, agency relationships with corrections and incarcerated populations, and agency history of services to HIV infected individuals, HIV infected women, and women formerly incarcerated.

Factor 4: Background / Understanding of the Problem—15%

This section must discuss:

1. The current state of affairs locally for incarcerated and newly released women living with HIV/AIDS or at high risk for HIV/STD infection.

2. Relevance of organizational goals and purpose(s) to community and local needs.

3. Challenges to linking public health, corrections and community services to provide services to an underserved population disproportionately impacted by criminal justice problems and HIV infection.

4. Coordination of independent systems to meet the needs of the target population.

5. Prevention interventions for those living with HIV/AIDS and risk reduction counseling for positive persons and those at risk for HIV/AIDS/STDs.

Factor 5: Evaluation Plan—15%

Provide a clear Statement of program goal(s), feasibility and appropriateness of the local evaluation plan, analysis of results, and procedures to determine if the program goals are met. Provide a clear Statement of willingness to participate actively in the national OWH evaluation.

Review and Selection Process: Funding decisions will be made by the OWH, and will take into consideration the recommendations and ratings of the review panel, program needs, geographic location, Stated preferences, and the recommendations of DHHS Regional Women's Health Coordinators (RWHC).

VI. Award Administration Information

1. Award Notices

Successful applicants will receive a notification letter from the Deputy Assistant Secretary for Health (Women's Health) and a Notice of Grant Award (NGA), signed by the OPHS Grants Management Officer. The NGA shall be the only binding, authorizing document between the recipient and the OWH. Notification will be mailed to the Program Director identified in the application. Unsuccessful applicants will receive a notification letter with the results of the review of their application from the Deputy Assistant Secretary for Health (Women's Health).

2. Administrative and National Policy Requirements

The regulations set out at 45 CFR parts 74 and 92 are the Department of Health and Human Services (DHHS) rules and requirements that govern the administration of grants. Part 74 is applicable to all recipients except those covered by part 92, which governs awards to State and local governments. Applicants funded under this announcement must be aware of and comply with these regulations. The CFR volume that includes parts 74 and 92 may be downloaded from http://www.access.gpo.gov/nara/cfr/waisidx_03/45cfrv1_03.html.

The DHHS Appropriations Act requires that, when issuing Statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs funded

in whole or in part with Federal money, all grantees shall clearly State the percentage and dollar amount of the total costs of the program or project which will be financed with Federal money and the percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

3. Reporting

In addition to those listed above, a successful applicant will submit quarterly reports that include a summary of the local evaluation and a discussion of steps taken to implement each component of the program and the impact of the program on the targeted community/population, an annual Financial Status Report, a final Progress Report, a final Financial Status Report in the format established by the OWH, in accordance with provisions of the general regulations which apply under "Monitoring and Reporting Program Performance," (45 CFR Parts 74 and 92). The purpose of the progress reports is to provide accurate and timely program information to program managers and to respond to Congressional, Departmental, and public requests for information about the program. An original and two copies of the progress report(s) must be submitted by December 10, March 10, June 10 and final report by August 25. If these dates fall on a Saturday or Sunday, the report will be due on Monday.

A Financial Status Report (FSR) SF-269 is due 90 days after the close of each 12-month budget period.

VII. Agency Contact(s)

For application kits, information on budget and business aspects, and programmatic questions of the application, please contact: WilDon Solutions, Office of Grants Management Operations Center 1515 Wilson Blvd., Third Floor Suite 310, Arlington, VA 22209 at 1-888-203-6161, e-mail: OPHSgrantinfo@teamwildon.com, or fax 703-351-1135.

VIII. Other Information

Three (3) OWH Incarcerated/Newly Released Women Living with HIV/AIDS or at High Risk for HIV/STD Infection programs are currently funded by the OWH. Information about these programs may be found at the following Web site: <http://www.womenshealth.gov/owh/fund/index.htm>.

Definitions

For the purposes of this cooperative agreement program, the following definitions are provided:

AIDS: Acquired immunodeficiency syndrome is a disease in which the body's immune system breaks down and is unable to fight off certain infections and other illnesses that take advantage of a weakened immune system.

Age-appropriate: Provision of prevention education that adapts the assessment and overall counseling education to the developmental level of the individual(s).

Case Management: A collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's health needs through communication and available resources to promote quality cost-effective outcomes.

Community-based: The locus of control and decision-making powers is located at the community level, representing the service area of the community or a significant segment of the community.

Community-based organization: Public and private, nonprofit organizations that are representative of communities or significant segments of communities.

Community health center: A community-based organization that provides comprehensive primary care and preventive services to medically underserved populations. This includes but is not limited to programs reimbursed through the Federally Qualified Health Centers mechanism, Migrant Health Centers, Primary Care Public Housing Health Centers, Healthcare for the Homeless Centers, and other community-based health centers.

Comprehensive women's health services: Services including, but going beyond traditional reproductive health services to address the health needs of underserved women in the context of their lives, including a recognition of the importance of family relationships and responsibilities. Services include basic primary care services; acute, chronic, and preventive services including gender and age-appropriate preventive services; mental and dental health services; patient education and counseling; promotion of healthy behaviors (like nutrition, smoking cessation, substance abuse services, and physical activity); and enabling services. Ancillary services are also provided such as laboratory tests, X-ray, environmental, social referral, and pharmacy services.

Correctional Settings: Secure detention facilities that house individuals convicted of crimes carrying sentences of one year or greater length. These can also be secure detention facilities holding pre-trial and post

conviction inmates serving less than one year sentences or awaiting transfer to other settings.

Culturally competent: Information and services provided at the educational level and in the language and cultural context that are most appropriate for the individuals for whom the information and services are intended. Additional information on cultural competency is available at the following Web site:

<http://www.aoa.dhhs.gov/May2001/factsheets/Cultural-Competency.html>

Cultural perspective: Recognizes that culture, language, and country of origin have an important and significant impact on the health perceptions and health behaviors that produce a variety of health outcomes.

Discharge Planning: The process of developing a re-entry support program for an incarcerated individual scheduled for upcoming release to reduce obstacles to care, medication, eligibility for public benefits, housing, employment, substance abuse treatment, mental health, and other support services needed.

Enabling services: Services that help women access health care, such as transportation, parking vouchers, translation, child care, and case management.

Gender-Specific: An approach which considers the social and environmental context in which women live and therefore structures information, activities, program priorities and service delivery systems to compliment those factors.

Healthy People 2010: A set of national health objectives that outlines the prevention agenda for the Nation.

Healthy People 2010 identify the most significant preventable threats to health and establishes national goals for the next ten years. Individuals, groups, and organizations are encouraged to integrate *Healthy People 2010* into current programs, special events, publications, and meetings. Businesses can use the framework, for example, to guide worksite health promotion activities as well as community-based initiatives. Schools, colleges, and civic and faith-based organizations can undertake activities to further the health of all members of their community. Health care providers can encourage their patients to pursue healthier lifestyles and to participate in community-based programs. By selecting from among the national objectives, individuals and organizations can build an agenda for community health improvement and can monitor results over time. More information on the *Healthy People 2010* objectives may be found on the *Healthy*

People 2010 Web site: <http://www.health.gov/healthypeople>.

HIV: The human immunodeficiency virus that causes AIDS.

Holistic: Looking at women's health from the perspective of the whole person and not as a group of different body parts. It includes dental, mental, as well as physical health.

Incarcerated Person: Refers to an individual involuntarily confined in the secure custody of law enforcement, judicial, or penal authorities.

Integrated: The bringing together of the numerous spheres of activity that touch women's health, including clinical services, research, health training, public health outreach and education, leadership development for women, and technical assistance. The goal of this approach is to unite the strengths of each of these areas, and create a more informed, less fragmented, and efficient system of care for underserved women that can be replicated in other populations and communities.

Lifespan: Recognizes that women have different health and psychosocial needs as they encounter transitions across their lives and that the positive and negative effects of health and health behaviors are cumulative across a woman's life.

Multi-disciplinary: An approach that is based on the recognition that women's health crosses many disciplines, and that women's health issues need to be addressed across multiple disciplines, such as adolescent health, geriatrics, cardiology, mental health, reproductive health, nutrition, dermatology, endocrinology, immunology, rheumatology, dental health, etc.

Newly Released: The status of an individual returning to society and the community after incarceration.

Re-entry: The process of returning to society and the community after incarceration.

Rural Community: All territory, population, and housing units located outside of urban areas and urban cluster.

Social Role: Recognizes that women routinely perform multiple, overlapping social roles that require continuous multi-tasking.

Sustainability: An organization's or program's staying power: The capacity to maintain both the financial resources and the partnerships/linkages needed to provide adequate and effective services in the target area and to the target population. It also involves the ability to survive change, incorporate needed changes, and seize opportunities provided by a changing environment.

Underserved Women: Women who encounter barriers to health care that result from any combination of the following characteristics: Poverty, ethnicity and culture, mental or physical State, housing status, geographic location, language, age, and lack of health insurance/under-insured.

Women-centered/women-focused: Addressing the needs and concerns of women (women-relevant) in an environment that is welcoming to women, fosters a commitment to women, treats women with dignity, and empowers women through respect and education. The emphasis is on working *with* women, not *for* women. Women clients are considered active partners in their own health and wellness.

Dated: April 3, 2007.

Wanda K. Jones,

Deputy Assistant Secretary for Health (Women's Health).

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the National Coordinator for Health Information Technology; American Health Information Community Meeting

ACTION: Announcement of meeting.

SUMMARY: This notice announces the 13th meeting of the American Health Information Community in accordance with the Federal Advisory Committee Act (Pub. L. No. 92-463, 5 U.S.C., App.). The American Health Information Community will advise the Secretary and recommend specific actions to achieve a common interoperability framework for health information technology (IT).

DATES: April 24, 2007, from 8:30 a.m. to 1:30 p.m. (EDT)

ADDRESSES: Hubert H. Humphrey building (200 Independence Avenue, SW., Washington, DC 20201), Conference Room 800.

FOR FURTHER INFORMATION CONTACT: Visit <http://www.hhs.gov/healthit/ahic.html>.

SUPPLEMENTARY INFORMATION: The meeting will include presentations by the Electronic Health Records and Chronic Care Workgroups on Recommendations and an update, as well as reports from the National Governors Association's State Alliance Task Force and a report on the First Year of the Nationwide Health Information Network (NHIN) initiative.

A Web cast of the Community meeting will be available on the NIH