2005

GRANT OPPORTUNITIES NOTEBOOK

The Center for Faith–Based and Community Initiatives
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Letter From the Director

January 2005

Dear Faith–Based and Community Leader,

Welcome to the Center for Faith–Based and Community Initiatives (CFBCI) and the U.S. Department of Health and Human Services (HHS). Thank you for your interest in HHS grant opportunities for grassroots organizations in 2005. This is the Center's second Grant Opportunities Notebook. Based on the response to last year's Notebook, we know you will find this information extremely valuable.

This year we have included descriptions of over 40 discretionary and block or formula grant programs as well as opportunities for you to partner with HHS. The Department announces thousands of grant opportunities each year, but we have selected those that are most relevant to you as a grassroots organization. We anticipate that most, if not all, of the included programs will be competed in 2005. The discretionary grants that HHS awards directly are listed as Community Development, At–Risk Children and Youth, Senior, Health, and Substance Abuse and Mental Health programs. The block and formula grants that are HHS funds administered by State and/or local governments are listed in the Partnership Opportunities section.

Since our Center's inception in 2001, we estimate that HHS has awarded nearly $2 billion in discretionary dollars to over 2,000 faith–based organizations. Although this amount seems large, many more dollars are available for grassroots organizations at the State and local level. Many types of faith– and community–based organizations are partnering with HHS already—some are new to government funding, some have small budgets, and some have a unique service niche.

I encourage you to use this information to educate your organization and networks about opportunities with HHS in 2005. Also, remember to sign up for our listserv. Go to *www.hhs.gov/fbci* and click on "Join Our Mailing List." This is the best way to stay informed when important grant programs, like those included in this Notebook, are announced to the public. Lastly, please refer to *www.hhs.gov/fbci/regs.html* for a copy of the Department's new Equal Treatment Rule on the Participation in Department of Health and Human Services Programs by Religious Organizations.

My staff and I are committed to supporting you in your efforts to partner with HHS and serve the needs in your community. Please feel free to contact our Center if there is any additional information or help you need.

May the Almighty God continue to bless the important work that you do and the children and families that you serve.

Sincerely,

Bobby Polito
Director

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U.S DEPARTMENT OF HEALTH AND HUMAN SERVICES AGENCY DESCRIPTIONS

The Administration for Children and Families (ACF)

The Administration for Children and Families (ACF), within the U. S. Department of Health and Human Services (HHS), provides national leadership and creates opportunities for families to lead economically and socially productive lives. ACF's programs are designed to help children to develop into healthy adults and communities to become more prosperous and supportive of their members.

Major Goals of the ACF

ACF is responsible for Federal programs that promote the economic and social well–being of families, children, individuals, and communities. ACF's objectives are to

- Empower families and individuals to increase their own economic independence and productivity;
- Encourage the development of strong, healthy, and supportive communities that have a positive impact on the quality of life and development of children;
- Partner with individuals, frontline service providers, communities, American Indian tribes, Native communities, States, and Congress to achieve solutions which transcend traditional agency boundaries;
- Plan, reform, and integrate services to improve needed access; and
- Commit to working with people with developmental disabilities, refugees, and migrants to address their needs, strengths, and abilities.

ACF program services originate from 10 divisions.

These divisions are the Office of Family Assistance (OFA); Office of Child Support Enforcement (OCSE); Office of Refugee Resettlement (ORR); Administration on Children, Youth, and Families (ACYF), which includes the Child Care Bureau (CCB), the Children's Bureau (CB), the Family and Youth Services Bureau (FYSB), and the Head Start Bureau (HSB); Administration on Developmental Disabilities (ADD); Administration for Native Americans (ANA); and Office of Community Services (OCS).

Program services that ACF provides include the following:

- Abandoned Infants Assistance
- Adoption Assistance/Foster Care/Foster Care Independent Living
- Adoption Opportunities
- Assets for Independence Demonstration Program Individual Development Accounts (IDAs)
- Child Abuse and Neglect Prevention
- Child Care and Development Fund
- Child Support Enforcement
- Child Welfare Services
- Community–Based Abstinence Education
- Community Economic Development Grant Program
- Community Food and Nutrition

- Community Services Block Grant
- Compassion Capital Fund
- Developmental Disabilities
- Family Violence Prevention and Services Grants
- Healthy Marriage Initiative
- Head Start
- Job Opportunities for Low–Income Individuals
- Mentoring Children of Prisoners
- Refugee Assistance
- Runaway and Homeless Youth
- Temporary Assistance for Needy Families
- Trafficking Victims Services

ACF is headquartered in Washington, DC, and has ten regional offices to support its activities.

ACF Information

www.acf.hhs.gov and *www.acf.hhs.gov/programs/fbci/index.html*

Health Resources and Services Administration (HRSA)

The Health Resources and Services Administration will invest close to $7 billion in Fiscal Year 2005 in programs that provide medical care and social services to millions of low–income Americans, many of whom lack health insurance and live in remote rural communities and inner city areas where health care services are scarce.

In partnership with States and local communities, HRSA funds the following:

- A network of more than 3,700 community health centers that provide preventive and primary health care services to more than 13 million people, regardless of their ability to pay;
- Life–saving treatments and support services to some 530,000 people living with HIV/AIDS;
- State–administered programs to ensure that babies are born healthy and that pregnant women and their children have access to health care;
- Training and placement of physicians, nurses, and other health care providers in isolated rural regions and inner cities; and
- Programs that improve rural health care delivery and increase organ and tissue donations.

HRSA administers its core programs and Presidential initiatives through five main bureaus and two key offices:

- Bureau of Primary Health Care (BPHC)
- Bureau of Health Professions (BHPR)
- Maternal and Child Health Bureau (MCHB)
- HIV/AIDS Bureau (HAB)
- Healthcare Systems Bureau (HSB)
- Office of Rural Health Policy (ORHP)
- Office of Performance Review (OPR)

HRSA Information

www.hrsa.gov and *www.hrsa.gov/faith*

Substance Abuse and Mental Health Services Administration (SAMHSA)

The Substance Abuse and Mental Health Services Administration (SAMHSA) was established by Congress in 1992 to focus attention, programs, and funding on improving the lives of Americans by strengthening the capacity of the Nation's health care delivery system to provide substance abuse prevention, addiction treatment, and mental health services. In collaboration with the States and national and local community– and faith–based organizations, as well as public and private sector providers, SAMHSA is working to ensure a life in the community for everyone.

The agency has three centers: the Center for Mental Health Services (CMHS), the Center for Substance Abuse Prevention (CSAP), and the Center for Substance Abuse Treatment (CSAT). SAMHSA also includes the Office of Applied Studies and several other staff offices that support administrative, policy, and communications activities. Through its three centers and supporting offices, SAMHSA engages in program activities to carry out its mission: To build resilience and facilitate recovery for people with or at risk for substance use disorders and mental illnesses.

The Centers and Offices

The Center for Mental Health Services (CMHS) leads Federal efforts in expanding the availability and accessibility of high quality, community–based services for adults with serious mental illnesses and children with serious emotional disturbances. CMHS administers the Mental Health Services Block Grant program—the largest Federal contribution to improving mental health service systems across the county—as well as a portfolio of discretionary grant programs that include efforts to help prevent mental health problems. For more information, visit *www.mentalhealth.samhsa.gov*.

The Center for Substance Abuse Prevention (CSAP) works to improve the quality of substance abuse prevention practices in every community nationwide. CSAP supports the National Clearinghouse for Alcohol and Drug Information (NCADI), the largest Federal source of information about substance abuse research, treatment, and prevention available to the public. More information on NCADI can be found at *www.ncadi.samhsa.gov*.

The Center for Substance Abuse Treatment (CSAT) promotes the quality and availability of community–based substance abuse treatment services for individuals and families who need them. CSAT works with States and community–based groups to improve and expand existing substance abuse treatment services. CSAT also supports SAMHSA's free treatment referral service to link people with the community–based substance abuse services they need. This referral service can be accessed toll–free at 1–800–662–HELP or on the Internet at *www.findtreatment.samhsa.gov*.

The Office of Applied Studies (OAS) collects, analyzes, and disseminates national data on behavioral health practices and issues and is responsible for the National Survey on Drug Use and Health, the Drug Abuse Warning Network, and the Drug and Alcohol Services Information System, among other data collection systems.

SAMHSA Information

www.samhsa.gov and *www.samhsa.gov/FBCI/fbci.aspx*

Centers for Disease Control and Prevention (CDC)

The Centers for Disease Control and Prevention (CDC) is recognized as the lead Federal agency for protecting the health and safety of people at home and abroad, providing credible information to enhance health decisions, and promoting health through strong partnerships. Located in Atlanta, GA, CDC serves as the national headquarters for developing and applying disease prevention and control, environmental health, and health promotion and education activities designed to improve the health of the people of the United States.

CDC's Vision for the 21st Century is Healthy People in a Healthy World—Through Prevention.
CDC's Mission: To promote health and quality of life by preventing and controlling disease, injury, and disability.

CDC Protects Health and Safety

Infectious diseases, such as HIV/AIDS and tuberculosis, have the ability to destroy lives, strain community resources, and even threaten nations. In today's global environment, new diseases have the potential to spread around the world in a matter of days, or even hours, making early detection and action more important than ever. CDC plays a critical role in controlling these diseases, providing personnel who can travel at a moment's notice to investigate outbreaks abroad or at home.

Disease outbreaks are only the beginning of CDC's protective role, however. By assisting State and local health departments, CDC works to protect the public every day: from using innovative "fingerprinting" technology to identify a foodborne illness to evaluating a family violence prevention program in an urban community; from training partners in HIV education to protecting children from preventable diseases through immunizations.

Funding Information

CDC's Procurement and Grants Office (PGO) is responsible for the following:

1) Awarding and administering CDC's grants and cooperative agreements and those of the Agency for Toxic Substances and Disease Registry (ATSDR);
2) Acquisitioning of program–related health studies, professional services, and research and development; and
3) Procuring services, equipment, commodities, construction, and architectural and engineering services for CDC programs.

Grants and Cooperative Agreements

www.cdc.gov/od/pgo/funding/grantmain.htm

Notice to Grantees

www.cdc.gov/od/pgo/funding/pubcommt.htm

Contracts

www.eps.gov

CDC Information

www.cdc.gov

Administration on Aging (AoA)

The Administration on Aging (AoA) was established by the Older Americans Act (OAA) in 1965. AoA serves as the Federal focal point and advocate agency for older persons and their concerns. In this role, AoA works to heighten awareness among other Federal agencies, organizations, groups, and the public about the valuable contributions that older Americans make to the Nation and alerts them to the needs of vulnerable older people. AoA also administers various grant programs that support an array of supportive services, as well as State and local efforts to develop comprehensive and coordinated systems of care for older people and their family caregivers.

AoA carries out its advocacy and grant programs in collaboration with a national network that includes 56 State Units on Aging; 655 Area Agencies on Aging; 244 Tribal organizations; over 29,000 local community service organizations; volunteers; and a wide variety of national organizations.

The mission of AoA is to promote the dignity and independence of older people, and to help society prepare for an aging population. The AoA strategic plan includes the following five priorities:

- Make it easier for older people to access an integrated array of health and social supports;
- Help older people to stay active and healthy;
- Support families in their efforts to care for their loved ones at home and in the community;
- Ensure the rights of older people and prevent their abuse, neglect, and exploitation; and
- Promote effective and responsive management.

AoA is headquartered in Washington, DC, and has regional centers throughout the country.

AoA Information

www.aoa.gov and *www.aoa.gov/prof/notes/notes_faithbased_services.asp*

COMMUNITY DEVELOPMENT PROGRAMS

Assets for Independence Demonstration Program (AFI)

Purpose

The goals of the AFI Program are to

- Create, through project activities and interventions, meaningful asset accumulation opportunities for eligible low–income individuals and families, including households eligible for Temporary Assistance for Needy Families (TANF);
- Evaluate the effectiveness of the projects and the project designs, and determine the extent to which an asset–based program can lead to economic self–sufficiency of participants; and
- Determine the social, civic, psychological, and economic effects of providing to low–income individuals and families an incentive to accumulate assets, and the extent to which an asset–based policy stabilizes and improves families and communities.

How Funds May Be Used

An AFI grantee establishes a Reserve Fund, combining Federal grant money and the required non–Federal funding, to match the project participants' investment of savings from earned income in matched savings accounts called Individual Savings Accounts (IDAs). The IDA savings may be used for acquisition of the following assets:

- The purchase or building of a first home,
- The capitalization of a business,
- The costs of post–secondary education, and/or
- Transfers of IDAs to family members.

Households eligible to participate in the project are those eligible for TANF or the Earned Income Tax Credit (EITC), or those whose income over the previous year was less than 200 percent of the poverty line.

Eligibility

The Assets for Independence Demonstration Program offers 5–year Federal grants to not–for–profit 501 (c)(3) tax–exempt organizations; faith–based organizations that are tax exempt under section 501 (c)(3); State, local, or tribal government agencies applying jointly with a 501 (c)(3) tax exempt organization; and Community Development Financial Institutions (CDFI) or Low Income Credit Unions, provided that the CDFI or Credit Union has a collaborative relationship with a local community–based antipoverty organization.

Sponsoring Bureau

Office of Community Services

Program Announcements

FY 2005 Program Announcement

The FY 2005 Program Announcement is expected in early Spring 2005. An excellent way to learn more about this program is to read the Fiscal Year 2004 program announcement.

FY 2004 Program Announcement

www.acf.hhs.gov/grants/open/HHS–2004–ACF–OCS–EI–0027.html

FY 2005 Grants

Anticipated amount of FY 2005 competition: $18,000,000
Anticipated number of awards: 55
Anticipated size of each award: Up to $1,000,000

For More Information

Office of Community Services Assets for Independence

www.acf.hhs.gov/assetbuilding/index.html

Office of Community Services Programs to Strengthen Marriages and Families

www.acf.hhs.gov/healthymarriage/funding/community_services.html#assets_ida

Contact

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Community Food and Nutrition Program (CFN)

Purpose

The Community Food and Nutrition Program is designed to improve the health and nutrition status of low–income people by increasing and improving access to, or information about, healthy, nutritious foods. The program seeks to build community food assistance capacity instead of delivering services. Community Food and Nutrition funds are provided to

- Coordinate private and public food assistance resources to better serve the food and nutrition needs of low–income populations;
- Assist low–income communities in identifying potential sponsors of child nutrition programs and to initiate such programs in underserved or unserved areas; and
- Develop innovative approaches at the State and local level to meet the nutrition needs of low–income individuals, including displaced workers, elderly people, children, and the working poor.

How Funds May Be Used

Programs funded under this grant should

- Be designed and intended to provide nutrition benefits, including those which incorporate the benefits of disease prevention, to a targeted low–income group of people;
- Provide outreach and public education to inform eligible low–income individuals and families of other nutritional services available to them under the various federally assisted programs;
- Carry out targeted communications and social marketing to improve dietary behavior and increase program participation among eligible low–income populations; and
- Consult with and/or inform local offices that administer other food programs such as WIC and Food Stamps to ensure effective coordination and increase service effectiveness.

Eligibility

Eligible applicants are State and local governments, Indian tribes, and public and private nonprofit agencies, including faith–based and community–based organizations, with a demonstrated ability to successfully develop and implement programs and activities similar to those described above. The Office of Community Services encourages Historically Black Colleges and Universities and minority institutions to submit applications.

Sponsoring Bureau

Office of Community Services

Program Announcements

FY 2005 Program Announcement

The FY 2005 Program Announcement is expected in early 2005. An excellent way to learn more about this program is to read the Fiscal Year 2004 program announcement.

FY 2004 Program Announcement

http://a257.g.akamaitech.net/7/257/2422/14mar20010800/edocket.access.gpo.gov/2004/04–7609.htm

FY 2005 Grants

Anticipated amount of FY 2005 competition: $2,400,000
Anticipated number of awards: 48 to 50
Anticipated size of each award: Up to $50,000

Contact

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E–mail: *crivers@acf.hhs.gov*

Compassion Capital Fund (CCF) Demonstration Program

Purpose

The goal of the Compassion Capital Fund Demonstration Program (CCF) is to assist faith–based and community organizations in increasing their effectiveness; enhancing their ability to provide social services; expanding their organizations; diversifying their funding sources; and creating collaborations to better serve those most in need. This is accomplished by funding established intermediary organizations in well–defined geographic locations.

In the first three years of the Compassion Capital Fund, the Administration for Children and Families (ACF) and the HHS Office of Community Services (OCS) funded 45 intermediary organizations (21 in 2002, 10 in 2003, and 14 in 2004). These intermediary organizations help smaller organizations operate and manage their programs effectively, access funding from varied sources, develop and train staff, expand the types and reach of social services programs in their communities, and replicate promising programs.

How Funds May Be Used

Intermediary organizations receiving Compassion Capital Funds provide two services within their communities:

1. Technical assistance to a diverse range of faith–based and community organizations.
2. Technical assistance and financial support through sub–awards to a defined group of faith–based and community organizations.

Technical assistance activities funded under the CCF are conducted at no cost to interested faith–based and community organizations and focus on organizational capacity building.

Eligibility

The types of organizations that receive funding as intermediary organizations through this program include nongovernmental organizations, tribal governmental organizations, nonprofit agencies (including faith–based and community–based organizations), public agencies, State and local governments, colleges and universities, and for–profit entities.

CCF–funded intermediaries are established organizations with well–developed connections to, and working relationships with, faith–based and community organizations in well–defined communities. Typically, these organizations are located in the same communities as the faith–based and community organizations they serve.

Sponsoring Bureau

Office of Community Services

Program Announcements

FY 2005 Program Announcement

The Fiscal Year 2005 Program Announcement is expected in early Spring 2005. An excellent way to learn more about this program is to read the Fiscal Year 2004 program announcement.

FY 2004 CCF Demonstration Program Announcement

www.acf.hhs.gov/grants/open/HHS–2004–EJ–0002.html

FY 2005 Grants

Anticipated size of each award: Up to $1,000,000 per year (3–year grant)

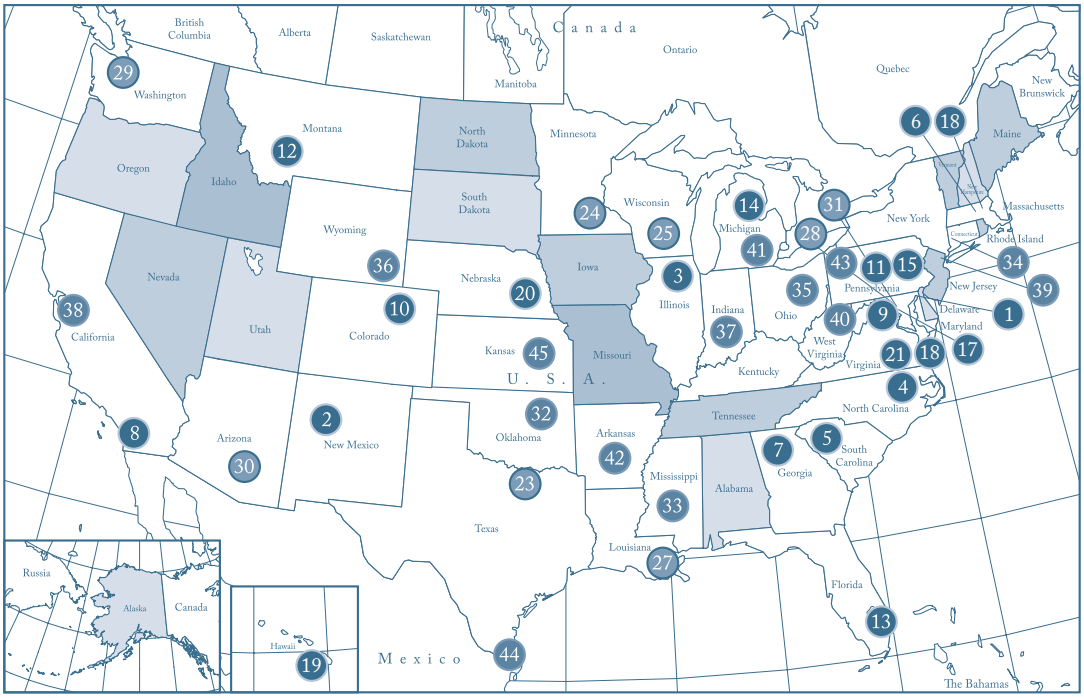
Compassion Capital Fund National Resource Center

www.acf.hhs.gov/programs/ccf

Contact

Phone: 1–800–CCF–5129

Compassion Capital Fund Demonstration Program
2002, 2003, and 2004 Intermediaries



2002 Intermediaries

1. Associated Black Charities
2. Catholic Charities of Central New Mexico
3. Christian Community Health Fellowship
4. CJH Educational Grant Service, Inc.
5. Clemson University
6. CTCNet
7. Emory University
8. Father Joe's Villages
9. Institute for Youth Development
10. JVA Consulting, L.L.C.
11. Mennonite Economic Development Associates
12. Montana State University
13. The National Center for Faith–Based Initiatives
14. Northside Ministerial Alliance
15. Nueva Esperanza
16. Operation Blessing International
17. Southeast Asia Resource Action Center
18. United Way of Massachusetts Bay
19. University of Hawaii
20. University of Nebraska
21. Volunteers of America

2003 Intermediaries

22. Citizens Committee for New York City
23. Foundation for Community Empowerment
24. Greater Minneapolis Council of Churches
25. Holy Redeemer Institutional Church of God in Christ
26. Kentucky River Foothills Development Council, Inc.
27. Louisiana Association of Nonprofit Organizations
28. National Center for Neighborhood Enterprise
29. Northwest Leadership Foundation
30. United Way of Tucson & Southern Arizona
31. We Care America, Inc.

2004 Intermediaries

32. Cherokee Nation
33. Developing Resources for Education in America, Inc.
34. Empower New Haven, Inc.
35. Governor's Office of Faith–Based and Community Initiative
36. HIGH County Consulting LLC Faith Initiative of Wyoming
37. Indiana Youth Institute
38. Institute for Contemporary Studies
39. Metropolitan Council on Jewish Poverty
40. Mission West Virginia, Inc.
41. New Detroit
42. New Futures for Youth, Inc.
43. North Hills Community Outreach
44. The University of Texas at Brownsville/Texas Southmost
45. Wichita State University

Compassion Capital Fund (CCF) Targeted Capacity–Building Program

Purpose

The purpose of the Compassion Capital Fund Targeted Capacity–Building Program is to increase the capacity of faith–based and community organizations with a proven record of accomplishment in serving the needs of at–risk and/or low–income individuals and families. This program offers grants to experienced faith–based and community organizations that work collaboratively to meet social service needs in their communities. The program's goal is to help promising organizations bolster their sustainability and ultimately serve more people on a continuing basis.

How Funds May Be Used

Grantees must use these awards to increase efficiency and capacity within their organization, including improving their program effectiveness and sustainability, accessing funds from diverse sources, and emulating model programs and best practices. The awards cannot be used to augment or supplant direct service delivery funds.

Eligibility

Nonprofit, faith–based and community organizations that provide social services in the priority area(s) are eligible for this program. Applicants must have a proven record of accomplishment for at least one year working in the priority social service delivery area(s). ACF may give preference to applications submitted by organizations that are members of partnerships or coalitions of faith–based and/or community organizations that are working together.

Sponsoring Bureau

Office of Community Services

Program Announcements

FY 2005 Program Announcement

The Fiscal Year 2005 Program Announcement is expected in early Spring 2005. An excellent way to learn more about this program is to read the Fiscal Year 2004 program announcement.

Anticipated size of each award: $50,000 (1–year grant)

FY 2004 CCF Targeted Capacity–Building Program Announcement

www.acf.hhs.gov/grants/open/HHS–2004–ACF–OCS–EJ–0008.html

Compassion Capital Fund National Resource Center

www.acf.hhs.gov/programs/ccf

Contact

Phone: 1–800–CCF–5129

Urban and Rural Community Economic Development (CED)

Purpose

The focus of the Urban and Rural Community Economic Development program is to create projects that provide employment and business ownership opportunities for low–income people through business, physical, or commercial development. Generally, the projects should improve the quality of the economic and social environment of TANF recipients, low–income residents including displaced workers, at–risk teenagers, custodial and non–custodial parents (particularly those of children receiving TANF assistance), individuals residing in public housing, individuals who are homeless, and individuals with developmental disabilities.

How Funds May Be Used

Grants are available in eight different priority areas. Grantees must develop projects that will

- Further HHS goals of strengthening American families and promoting their self–sufficiency, and OCS goals of promoting healthy families in healthy communities.
- Create a significant number of business ownership opportunities for low–income residents of the community or significantly aid such residents in maintaining economically viable businesses. Projects may include business startups, business expansions, development of new products and services, and other newly undertaken physical and commercial activities.
- Create full–time permanent jobs except where an applicant demonstrates that a permanent part–time job produces actual wages that exceed the HHS poverty guidelines.

Eligibility

Eligible applicants for the Community Economic Development Program are private, nonprofit Community Development Corporations (CDCs), including faith–based and community–based organizations. A CDC is a private, nonprofit corporation, governed by a board of directors consisting of residents of the community and business and civic leaders. The principal purpose of a CDC is planning, developing, or managing low–income housing or community development projects.

Sponsoring Bureau

Office of Community Services

FY 2005 Program Announcement

Information about funding levels and grant competitions in Fiscal Year 2005 will be available in Spring of 2005. An excellent way to learn more about this program is to read the Fiscal Year 2004 program announcements. In Fiscal Year 2004, five separate programs were announced. See ***www.acf.hhs.gov/grants/grants_ocs.html*** (click on programs with "Community Economic Development" in the title).

Contacts

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PROGRAMS FOR AT–RISK CHILDREN AND YOUTH

Adoption Opportunities Program

Purpose

The Adoption Opportunities program provides discretionary funds for projects designed to eliminate barriers to adoption and help find permanent families for children who would benefit from adoption, particularly children with special needs.

Some of the major program areas, as mandated by the legislation, are the following:

- The development and implementation of a national adoption information exchange system;
- Increasing services in support of the placement in adoptive families of minority children who are in foster care and have the goal of adoption, with a special emphasis on the recruitment of minority families;
- Increasing post–legal adoption services for families who have adopted children with special needs; and
- Supporting the placement of children in kinship care arrangements, pre–adoptive, or adoptive homes.

How Funds May Be Used

Grantees of this program develop collaboration strategies and models to increase the number of adoptions of children within the child welfare system and to provide innovative services and tests of new service delivery models to strengthen families who have adopted children. Funded projects have assisted with child welfare services' efforts to achieve permanency for children in the foster care system and have focused on assisting States to improve their ability to meet the needs of the rising number of children waiting for permanent families.

Eligibility

Grants are awarded through a competitive process to eligible entities, which may include States, local government entities, federally recognized Indian tribes and tribal organizations, faith–based and community organizations, colleges and universities, public or private licensed child welfare or adoption agencies, and adoption exchanges.

Sponsoring Bureau

Administration on Children, Youth, and Families, Children's Bureau

FY 2005 Program Announcement

Information about funding levels and grant competitions in Fiscal Year 2005 is expected in early Spring 2005. An excellent way to learn more about this program is to read the Fiscal Year 2004 program announcements: ***www.acf.hhs.gov/grants/open/HHS–2004–ACF–ACYF–CO–0019.html*** (demonstration announcement) and ***http://www.acf.hhs.gov/grants/open/HHS–2004–ACF–ACYF–CO–0021.html*** (field–initiated research)

Anticipated number of FY 2005 awards: Up to 6
Anticipated size of each award: $300,000
Project period: 60 months with five 12–month budget periods

Contact

Geneva Ware–Rice
Phone: 202–205–8354

Head Start Partnerships

Purpose

Head Start, established in 1965, is a comprehensive child development program currently serving more than 900,000 children from low–income families, 3 years of age to the age of mandatory school attendance, each year. Since the addition of Early Head Start in 1995, children from birth to 3, pregnant women, and their families are also included. Grants for Head Start and Early Head Start programs are awarded to local public and private agencies by the Administration for Children and Families (ACF) in the U.S. Department of Health and Human Services (HHS). Over 2,100 grantees and delegate agencies provide these programs in every State, Puerto Rico, the U.S. Virgin Islands, and Outer Pacific, as well as to American Indian/Alaska Native and Migrant/Seasonal Farm Worker populations.

Head Start has a long tradition of delivering comprehensive services designed to foster healthy development in the most vulnerable young children, including those with disabilities. Head Start and Early Head Start grantees and delegate agencies provide a range of individualized services in the areas of education and early childhood development; medical, dental, mental health, and nutrition services; and family and community partnership development through parent involvement. In addition, all Head Start services are responsive and appropriate to each child and family's developmental, ethnic, cultural, and linguistic heritage and experience.

How Funds May Be Used

Faith–based and community–based organizations may be able to support their local Head Start grantee and/or delegate by providing supplemental services to Head Start children and their families. To identify the Head Start agency(ies) in your community, visit the Head Start Directory at *www.acf.hhs.gov/programs/hsb/hsweb/index.jsp*.

Eligibility

Grants for the operation of Head Start and Early Head Start programs may be awarded to public or private, for–profit or nonprofit organizations, including faith–based and community–based organizations, or to public school systems. A currently funded grantee will continue to serve as the Head Start agency in the community until the grantee organization decides it no longer wants to be a sponsoring agency, or until the Head Start Bureau terminates the grant for cause. If a grantee gives up or loses funding, Head Start funds will be awarded to another eligible organization in the same community through a competitive process. Many grantees subcontract with delegate organizations in their community to provide Head Start services.

In years when additional funds are available for expanding Head Start and Early Head Start services, these funds may go to existing agencies to increase their enrollment of children. Alternatively, these funds may be awarded to new grantees through a competitive process, particularly in a geographic area that requires more services.

Sponsoring Bureau

Administration on Children, Youth, and Families, Head Start Bureau
Web site: *www.acf.hhs.gov/programs/hsb*

Contacts

Head Start Information and Publication Center
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Web site: *www.headstartinfo.org*

Jean Simpson
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Head Start Innovation and Improvement Projects

Purpose

The Head Start program provides comprehensive child development services to more than 900,000 of our Nation's neediest young children. The President has identified Head Start as an important link in the improvement of our country's education system through the Good Start, Grow Smart Early Childhood Initiative. The Administration for Children, Youth, and Families (ACYF) is working to improve the effectiveness of Head Start in important areas such as supporting early literacy, strengthening parental involvement, and assuring that all children achieve measurable improvement as a result of participating in Head Start.

This program invites proposals for projects to support the development of innovation and improvement projects that address the President's initiatives within Head Start programs. ACYF understands there are a number of organizations and institutions with innovative concepts, projects, and products that could help improve the effectiveness and management of local Head Start and Early Head Start sites.

How Funds May Be Used

Presidential priority areas that could be addressed include, but are not limited to, Early Literacy Development; Improving Services to Rural Areas; Positive Youth Development; Strengthening Families/Fatherhood; and Faith–Based and Community–Based Initiatives. Conceivably these projects could address improvements in transportation services, nutrition services, services to special populations, program management, and a number of other areas.

Eligibility

Grants for Head Start Innovation and Improvement Projects may be awarded to public or private nonprofit organizations, including State and local governments and universities, federally recognized Indian tribes, and faith–based and community–based organizations. Private for–profit organizations may apply provided no grant funds are to be paid as profit to grantees.

Sponsoring Bureau

Administration on Children, Youth, and Families, Head Start Bureau
Web site: *www.acf.hhs.gov/programs/hsb*

Program Announcement

An excellent way to learn more about this program is to read the Fiscal Year 2003 funding announcement:
http://a257.g.akamaitech.net/7/257/2422/14mar20010800/edocket.access.gpo.gov/2003/03–5721.htm

Amount of FY 2003 competition: $2.9 million
Number of awards in FY 2003: 30

Contacts

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Mentoring Children of Prisoners Program

Purpose

The purpose of the Mentoring Children of Prisoners program, established in 2003, is to make competitive grants to applicants serving urban, suburban, rural, or tribal populations with substantial numbers of children of incarcerated parents and to support the establishment and operation of mentoring programs.

How Funds May Be Used

Projects funded under this program must link children with mentors, incorporate the elements of Positive Youth Development, and partner with private business, nonprofit, community–based, State, and local entities to support and enhance mentoring programs. This may include connecting children and families to additional support services. Funding supports the recruitment, screening, and training of mentors, identification of children, matching children with suitable adult mentors, and supporting and monitoring the mentoring relationship.

Eligibility

Those eligible to apply for funding under this grant competition include faith– and community–based organizations, tribal governments or consortia (federally and non–federally recognized), and State or local governments, as well as nonprofit organizations in areas where substantial numbers of children of prisoners live. Eligible applicants must apply to establish new mentor programs or expand existing mentor programs. Collaboration among eligible entities is strongly encouraged.

Sponsoring Bureau

Administration for Children and Families, Family and Youth Services Bureau (FYSB)

Program Announcements

FY 2005 Program Announcement

The Fiscal Year 2005 Program Announcement will be available in early Spring 2005. An excellent way to learn more about this program is to visit the FYSB Web site: ***www.acf.dhhs.gov/programs/fysb***.

FY 2004 Program Announcement

www.acf.hhs.gov/grants/open/HHS–2004–ACF–ACYF–CU–0001.html

Amount of FY 2004 competition: $36,719,400
Average size of award in FY 2004: $170,127

Contacts

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Community–Based Abstinence Education Program

Purpose

The Community–Based Abstinence Education program supports communities across the country in delivering the message that abstinence is the surest way to avoid out–of–wedlock pregnancy and STDs. Funding through this program will also finance comprehensive evaluations of abstinence education programs. This program provides funding directly to individual organizations to support public and private entities in the development and implementation of abstinence education programs for adolescents, ages 12 through 18, in communities across the country. Applicants must indicate how proposed programs will target the prevention of teenage pregnancy, premarital sexual activity, and the incidence of sexually transmitted disease among adolescents using culturally sensitive and age–appropriate materials. For the purposes of this program, the term "abstinence education" means an educational or motivational program which

- Teaches the social, psychological, and health gains to be realized by abstaining from sexual activity as its exclusive purpose;
- Teaches that abstinence from sexual activity is the expected standard outside marriage for all school–age children;
- Teaches that abstinence from sexual activity is the only certain way to avoid out–of–wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
- Teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity;
- Teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
- Teaches that bearing children out of wedlock is likely to have harmful consequences for the child, the child's parents, and society;
- Teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and
- Teaches the importance of attaining self–sufficiency before engaging in sexual activity.

Eligibility

Nonprofit organizations and other community–based organizations, including faith–based organizations, are eligible to apply for funding. There is no match requirement for Federal funds received under the Community–Based Abstinence Education Grant program. Projects must clearly focus on the designated definition of "abstinence education" and applicants must agree not to provide a participating adolescent any other education regarding sexual conduct in the same setting.

Sponsoring Bureau

Administration for Children and Families, Family and Youth Services Bureau

FY 2005 Program Announcement

The Fiscal Year 2005 Program Announcement is expected in early Spring 2005. See ***http://mchb.hrsa.gov/programs/adolescents/abstinence.htm***.

Anticipated amount of FY 2005 competition: $20,000,000

Contact

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Runaway and Homeless Youth Basic Center Program

Purpose

Grants for Runaway and Homeless Youth programs are authorized by the Runaway and Homeless Youth Act (Title III of the Juvenile Justice and Delinquency Prevention Act of 1974), as amended by the Runaway, Homeless and Missing Children Protection Act of 2003 (Public Law 108–96). More information may be found at *www.acf.hhs.gov/programs/fysb*.

How Funds May Be Used

The Basic Center Program funds youth shelters that provide emergency shelter, food, clothing, outreach services, and crisis intervention for runaway and homeless youth. The shelters also offer services to help reunite youth with their families whenever possible.

Eligibility

Any State, unit of local government, public or private agency, Indian tribe, organization, or institution is eligible to apply for these discretionary funds.

Sponsoring Bureau

Administration on Children, Youth, and Families, Family and Youth Services Bureau

Program Announcements

Information for FY 2005 grant competitions will be available in Spring 2005. An excellent way to learn more about this program is to read the Fiscal Year 2004 program announcement.

FY 2004 Program Announcement

www.acf.hhs.gov/grants/open/HHS–2004–ACF–ACYF–CY–0011.html

FY 2005 Grants

Anticipated FY 2005 Total Priority Area Funding: $13,200,000
Anticipated number of FY 2005 awards: 105
Ceiling on amount of individual awards: $200,000 per budget period
Average anticipated award amount: $128,000 per budget period
Project period: 3 to 5 years (funding given first year, and then grantee must apply for continuation grants for subsequent years of project)

Contact

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PROGRAMS FOR SENIORS

Senior Medicare Patrol (SMP)

Purpose

Beginning in 1997, the AoA established 12 local demonstration projects designed to recruit and train retired professionals, such as doctors, nurses, teachers, lawyers, accountants, and others, to identify and report health care fraud, error, and abuse. These SMP projects have worked to test different models designed to train retirees in local diverse communities to serve as both volunteer resources for Medicare/Medicaid beneficiaries, and to build and strengthen community coalitions. Currently, there are 57 projects in States, the District of Columbia, and Puerto Rico.

How Funds May Be Used

Funds may be used to give beneficiaries, consumers, and taxpayers the knowledge necessary to assess their health care bills, statements, and other documents accurately and to identify and report suspected instances of error, fraud, and abuse. Examples of practices deserving their careful scrutiny include billing for services not rendered; overcharging for services performed; waiving patient coinsurance; accepting or paying kickbacks for patient referrals; offering motorized and durable medical equipment; and providing inappropriate or unnecessary services.

Grantees are required to provide at least 25 percent of the total program costs from non–federal cash or in–kind resources in order to be considered for the award.

Eligibility

Public and/or non–profit agencies, organizations, including faith–based and community–based organizations, are eligible to apply. Federally recognized tribes are also eligible to apply.

Sponsoring Bureau

Administration on Aging

Program Announcements

FY 2005 Program Announcement

Information about funding levels and grant competition in Fiscal Year 2005 is expected to be available in early 2005.

FY 2003 Program Announcement

www.aoa.gov/doingbus/fundopp/announcements/AoA–03–02.doc

Average size of award in FY 2003: $175,000

Contact

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National Legal Assistance and Elder Rights Projects

Purpose

National Legal Assistance and Elder Rights Projects are aimed at building and strengthening the national system of legal assistance and improving the quality and accessibility of the legal assistance provided to older people. The projects will provide legal training and technical assistance, written materials, and case consultations to community–based and/or faith–based organizations that provide legal assistance directly to seniors, and to State and area agencies on aging. The projects will also help State and area agencies on aging and local legal programs to develop standards and reporting systems.

How Funds May Be Used

Grantees are to provide a national legal assistance support system of activities to State and area agencies on aging for providing, developing, or supporting legal assistance for older individuals, including

- case consultations,
- training,
- provision of substantive legal advice and assistance, and
- assistance in the design, implementation, and administration of legal assistance delivery systems to local providers of legal assistance for older individuals.

Eligibility

Applicants must be national nonprofit organizations experienced in providing support and technical assistance on a nationwide basis to States, area agencies on aging, legal assistance providers, ombudsmen, elder abuse prevention programs, and other organizations interested in the legal rights of older individuals.

Sponsoring Bureau

Administration on Aging, Office for Consumer Choice and Protection

Program Announcements

FY 2005 Program Announcement

Information about funding levels and grant competitions in Fiscal Year 2005 is expected to be available in early 2005. An excellent way to learn more about this program is to read the Fiscal Year 2002 funding announcement.

Amount of competition in FY 2002: $750,000

FY 2002 Program Announcement

http://frwebgate3.access.gpo.gov/cgi–bin/waisgate.cgi?WAISdocID=13872323479+24+0+0&WAISaction=retrieve

Contact

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HEALTH PROGRAMS

Primary Health Care

Purpose

The Consolidated Health Center Program extends comprehensive primary and preventive health services and supplemental services to populations currently without access to services and improves health status. The program is funded under Section 330 of the Public Health Service Act. The Consolidated Health Center Program includes Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and the Public Housing Primary Care Program as well as centers that deliver comprehensive school–based services.

Health centers are characterized by five essential elements that differentiate them from other providers:

- They must be located in or serve a high–need community;
- They must provide comprehensive primary care services as well as supportive services such as translation and transportation services that promote access to health care;
- Their services must be available to all residents of their service area regardless of ability to pay;
- They must be governed by a community board with a majority of members being health center patients; and
- They must meet other performance and accountability requirements regarding their administrative, clinical, and financial operations.

Unlike other models of health care delivery, Health Centers focus on not only improving individual patient health, but also enhancing the health status of the entire community. Primary health care funds are provided through these centers to

- Strengthen the network of community–based primary care and safety net systems;
- Link people to welfare, Medicaid, oral health care services, mental health and substance abuse treatment, WIC, and related services; and
- Offer referrals to a full range of specialty care services.

A key component of the Health Center Program is the collaboration between health centers and other community organizations, such as faith–based organizations. Past examples of faith–based and community–based collaboration include educating congregations and local communities about infant mortality and the importance of prenatal care, and helping transport patients to health centers. Information on the Health Center Program can be found at ***http://ask.hrsa.gov/pc***.

How Funds May Be Used

In Fiscal Year 2002, President Bush proposed a 5–year initiative to enable 1,200 communities to reach an additional 6.1 million patients by the end of Fiscal Year 2006. The goal of the President's Health Centers Initiative is to strengthen the health care safety net for those most in need. The Initiative has increased accessibility to health care by significantly expanding sites that receive funding under Section 330 of the Public Health Service Act and by establishing new 330–funded sites in areas of greatest need.

Eligibility

Organizations eligible for these funding opportunities are public and nonprofit entities, including tribal and faith–based and community–based organizations. Applicants wishing to serve a medically underserved population should present a clear focus on expanding access to care and reducing health disparities identified in the target population.

Sponsoring Bureau

Bureau of Primary Health Care

Program Announcement

Fiscal Year 2005 Program Announcement

www.hrsa.gov/grants/preview/default.htm

Anticipated amount of FY 2005 competition: $60,000,000
Anticipated size of each award: $600,000
Project period: Up to 5 years

Contact

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Healthy Communities Access Program (HCAP)

Purpose

The Healthy Communities Access Program (HCAP) provides assistance to communities to develop or strengthen existing health care delivery systems that coordinate health care services for individuals who are uninsured or underinsured, with an additional focus on individuals with chronic conditions. Funding provided through HCAP builds upon and connects existing community resources, bridging or eliminating gaps that create fragmented care for the uninsured and underinsured.

How Funds May Be Used

HCAP assists communities in developing and strengthening safety net services. Community stakeholders identify strategies that best address their local and regional needs. HCAP funding has been used to

- Coordinate health services among primary care providers, hospitals, and other providers;
- Develop coordinated, community–wide outreach and education programs, often employing outreach or lay health workers;
- Partner with private clinicians to create volunteer provider networks that increase access to services—especially specialty services—at reduced rates;
- Implement common quality measures and benchmarks; and
- Strengthen and expand community partnerships with social service providers, advocacy organizations, faith–based institutions, and small businesses.

Eligibility

Public and nonprofit private entities, including faith–based and community–based organizations that represent a consortium whose principal purpose is to provide a broad range of coordinated health care services to their defined community's uninsured and underinsured populations, are eligible to apply.

Sponsoring Bureau

Bureau of Primary Health Care

Program Announcement

FY 2005 Program Announcement

The FY 2005 Program Announcement is expected in early Spring 2005. For more information, see the HRSA Preview of 2005 availability of funds at ***ftp://ftp.hrsa.gov/guidance05/preview.pdf***.

Contact

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Health Center Controlled Networks

Purpose

Health Center Controlled Networks (HCCN) support the creation, development, and operation of networks of safety net providers to ensure access to health care for medically underserved populations through the enhancement of health center operations. They are intended to serve as catalysts for the planning, development, and implementation of reengineered health care delivery systems.

How Funds May Be Used

Networks funded through this program contribute to increased access, enhanced medical decision making, and increased influence in the marketplace. HCCN funding has been used to

- Improve partnership with hospitals, allowing linkage to specialty/tertiary care;
- Create a centralized referral process for patients;
- Improve coordinated relationships with faith–based communities; and
- Create patient satisfaction surveys.

Eligibility

Eligible applicants include public and private nonprofit entities, including faith–based and community–based organizations. All eligible entities applying for funding supported through any of the initiatives outlined in the application guidance should note that the proposed networks must be comprised of three or more collaborators/members for the duration of the proposed project period. The lead organization/recipient must be a current Section 330–funded health center.

Sponsoring Bureau

Bureau of Primary Health Care

Program Announcement

FY 2005 Program Announcement

The FY 2005 Program Announcement is expected in early Spring 2005. For more information, see the HRSA Preview of 2005 availability of funds at ***ftp://ftp.hrsa.gov/guidance05/preview.pdf***.

Amount of competition in FY 2005: $1,500,000
Number of awards: 10
Size of award: $150,000 to $300,000
Project period: 2 to 4 years

Contact

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National Program to Promote Diabetes Education Strategies in Minority Communities: The National Diabetes Education Program (NDEP)

Purpose

Grants issued under this initiative are intended to reduce the disproportionate burden of diabetes among high–risk populations, including American Indians/Alaska Natives, blacks or African Americans, Hispanics or Latinos, Asian Americans, Native Hawaiians, and other Pacific Islanders. The application should address collaboration with State and community agencies in increasing diabetes education as well as designing and implementing intervention strategies for affected populations. The goals of the Program are to

- Address the "Healthy People 2010" focus areas of Diabetes, Heart Disease, and Stroke; Nutrition and Overweight; Physical Activity and Fitness;
- Support the National Diabetes Education Program (NDEP) in empowering national and regional organizations to eliminate health disparities and improve diabetes outcomes for high–risk populations;
- Reduce, through education and interventions, morbidity and mortality from diabetes and its complications; and
- Promote lifestyle changes determined to reduce the risk for diabetes.

How Funds May Be Used

Grantees may use funds to

- Partner with community–based organizations, State and local health departments, and national and regional organizations to expand current education programs as well as to identify and address barriers to care;
- Tailor existing educational materials to achieve cultural sensitivity and meet the needs of the target population;
- Develop and implement community–based intervention strategies utilizing successful strategies of existing programs;
- Disseminate educational materials to service partners;
- Develop evaluation criteria and checkpoints to ensure long–term sustainability of the program; and
- Respond to public inquiries.

Funding may not be expended for the purchase or lease of land or buildings, construction of facilities, renovation of existing space, or the delivery of clinical and therapeutic services. The purchase of equipment is discouraged but will be considered for approval if justified on the basis of being essential to the program and not available from any other source.

Eligibility

Applications may be submitted only by national, regional, or multi–State institutions/organizations that are private health, education, or social service organizations (professional or voluntary); have nonprofit 501(c)(3) status; have affiliate offices or chapters at the national, regional, or multi–State level in five or more geographically diverse communities serving a high concentration of the targeted population; and have the capacity and experience to assist their affiliate offices and chapters. This also includes faith–based organizations that are 501(c)(3) entities and recognized Indian tribal governments, Indian tribes, or Indian tribal organizations that are considered national, regional, or multi–State. Geographically diverse communities must be located in different States.

Sponsoring Bureau

National Diabetes Education Program, National Program to Promote Diabetes Education Strategies in Minority Communities, Centers for Disease Control and Prevention

Program Announcement

FY 2005 Program Announcement

www.cdc.gov/od/pgo/funding/05014.htm

Amount of competition in FY 2005: $3,000,000
Number of awards: 6 to 8
Average award: $375,000
Range of awards: $250,000 to $550,000
Budget period: 12 months
Project period: Up to 5 years
Application deadline: November 18, 2004
Anticipated award date: February 27, 2005

Contact

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Ryan White CARE Act: Expanding Services for People Living With HIV/AIDS

Background

The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act is Federal legislation that addresses the unmet health needs of People Living With HIV/AIDS (PLWHA) by funding primary health care and support services. Originally enacted in 1990 and reauthorized in 1996 and 2000, the Ryan White CARE Act represents the Federal Government's largest financial commitment to HIV/AIDS–related health and support services, after Medicaid and Medicare.

Purpose

The Ryan White CARE Act is a unique partnership between Federal, local, and State governments; nonprofit community organizations (including faith–based organizations) and health care and supportive service providers; and PLWHAs, working together to meet the care challenges posed by HIV/AIDS. The Health Resources and Services Administration (HRSA) administers the Ryan White CARE Act, and in August 1997, HRSA formed the HIV/AIDS Bureau (HAB) to consolidate all programs funded under the CARE Act.

The CARE Act is vital to ensuring that HHS can continue to meet the needs of people living with and affected by HIV/AIDS. The CARE Act has successfully improved the quality of life for people living with HIV and their families, reduced expensive hospitalizations, and increased access to care for uninsured and underserved populations, particularly people of color.

How Funds May Be Used

The CARE Act consists of five components. While each addresses a specific need, they complement each other to provide comprehensive services for people living with HIV/AIDS.

The four Titles and Part F of the Ryan White CARE Act are summarized below, but for a more thorough understanding of the Titles and programs, please visit ***http://hab.hrsa.gov/programs.htm***.

Title I– Emergency Relief Grants to Eligible Metropolitan Areas

Title I of the Ryan White CARE Act provides emergency assistance to Eligible Metropolitan Areas (EMAs) that are most severely affected by the HIV/AIDS epidemic. Grants are awarded to EMAs based on AIDS case rates. Local consortia make allocation decisions for each EMA. These grants fund approximately 25 categories of medical and other health and social support services. Some examples of Title I services are

- Outpatient and ambulatory health services
- Support services, including case management, home health, hospice care, housing assistance and related services, transportation, and nutrition

Eligibility—The Title I program funds 51 EMAs through city or township governments. To find out if you live in an EMA and for the contact information in your area, please go to ***http://hab.hrsa.gov/programs/t1list.htm***.

For additional information on Title I and grant opportunities, please go to ***http://hab.hrsa.gov/programs/factsheets/title1fact.htm***.

Title II – Care Grants to States

Title II of the Ryan White CARE Act provides grants to all 50 States, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, and five newly eligible U.S. Pacific Territories and Associated Jurisdictions. Grants are made to States for health care and support services for persons with HIV/AIDS. The States make all fund allocation decisions. Major services funded under Title II are

- Ambulatory health care
- Home–based health care
- Insurance coverage
- Medications
- Support services
- Outreach to HIV–positive individuals who know their HIV status
- Early intervention services
- HIV Care Consortiums. which assess needs and contract for services

Eligibility—Title II of the Ryan White CARE Act provides grants to all 50 States and the U.S. Territories. Much of this money is earmarked for the AIDS Drug Assistance Program (ADAP).

Your organization should contact your Title II State offices to receive information and applications for Title II programs and funding available in your area. Please visit ***http://hab.hrsa.gov/programs/t2roster.htm*** for your State or Territorial contact information.

For information on the Title II– AIDS Drug Assistance Program and grant opportunities, please call your State Health offices or visit ***http://hab.hrsa.gov/programs/tiiadap.htm***.

For more information on Title II, please go to ***http://hab.hrsa.gov/programs/factsheets/titleiifact.htm***.

Title III

Early Intervention Services—The Title III Early Intervention Services (EIS) program funds comprehensive primary health care for individuals living with HIV disease. Title III grants reached 172,442 patients in FY 2002; 68.5 percent of those served were people of color.

Eligibility—An eligible applicant must be a public or private nonprofit entity with current status as a Medicaid provider. Faith–based and community–based organizations are eligible to apply.

For more information on HIV Early Intervention Services please go to ***http://hab.hrsa.gov/programs/factsheets/titleiii.htm***.

Planning Grant Program—The Title III Planning Grant program funds eligible entities in their efforts to plan for the provision of high quality comprehensive HIV primary health care services in rural or urban underserved areas and communities of color.

Eligibility—An eligible applicant must be a public or private nonprofit entity that is or intends to become a comprehensive primary care provider. Faith–based and community–based organizations are eligible to apply.

For more information on the Planning Grant Program, please go to ***http://hab.hrsa.gov/programs/factsheets/titleiiiplan.htm***.

Capacity Building Grant Program—The Title III Capacity Building Grant program funds eligible entities in their efforts to strengthen their organizational infrastructure and enhance their capacity to develop, enhance, or expand high quality HIV primary health care services in rural or urban unserved areas and communities of color. Capacity building grant funds are intended for a fixed period of time (1 to 3 years) and not for long–term activities. Capacity building grants do not fund any service delivery or patient care. For the purposes of this grant program, capacity building is defined as activities that promote organizational infrastructure development that lead to the delivery or improvement of HIV primary care services.

Eligibility—An eligible applicant must be a public or private nonprofit entity that is or intends to become a comprehensive HIV primary care provider. Faith–based and community–based organizations are eligible to apply.

For more information on the Capacity Building Grant program, please go to ***http://hab.hrsa.gov/programs/factsheets/titleiiicap.htm***.

Title IV – Coordinated HIV Services and Access to Research for Children, Youth, Women, and Their Families

Title IV of the Ryan White CARE Act is intended to provide health care and support services for children, adolescents, women, and families utilizing comprehensive, community–based care systems. CARE Act programs are required to serve women, infants, children, and youth living with HIV disease, but Title IV addresses the needs of these populations specifically. Services include primary and specialty medical care; psychosocial services; logistical support and coordination; and outreach and case management. Title IV programs enhance client access to care and to clinical trials and research. Clinical research helps ensure that all patients have access to the best treatments. As a result of the efforts of this program, participation in clinical research has increased among Title IV clients; in FY 2003, it grew to serve over 45,000 clients.

Eligibility—Eligible organizations are public or private nonprofit entities that provide or arrange for primary care for HIV–infected women, infants, children, and youth, and provide support services for their affected family members. Faith–based and community–based organizations are eligible to apply.

For more information on Title IV, please call 301–443–9051 or go to ***http://hab.hrsa.gov/programs/factsheets/titleiv.htm***.

Part F

Special Projects of National Significance (SPNS)

Part F provides competitive grants for projects of national significance. Special Projects of National Significance (SPNS) are competitively awarded projects that support the development of innovative models of care and support the development of effective delivery systems for HIV care with particular emphasis on hard–to–reach populations, including Native Americans and other minorities. Targeted areas include managed care, infrastructure development, training, comprehensive primary care, and access to care.

Eligibility—Public or nonprofit private entities are eligible for Special Projects of National Significance grants. Faith–based and community–based organizations are eligible to apply.

For more information on Special Projects of National Significance go to ***http://hab.hrsa.gov/programs/factsheets/spnsfact.htm***.

AIDS Education and Training Centers

Given the complexity of the current HIV treatment regimens, Part F provides critical funds to educate and train health care providers in HIV/AIDS care through the AIDS Education and Training Centers (AETCs). As the training arm of the Ryan White CARE Act, the AETCs ensure that health care providers have access to the most up–to–date information and training on competent and compassionate HIV/AIDS care.

Eligibility—Public and nonprofit private entities, including health professions training institutions and academic health science centers, are eligible entities. Faith–based and community–based organizations are eligible to apply.

For more information on AIDS Education and Training Centers go to ***http://hab.hrsa.gov/programs/factsheets/aetc.htm***.

Dental Reimbursement Program and Community Dental Partnership Program

Part F also provides funding for the AIDS Dental Reimbursement Program and the Community Dental Partnership Program. The HIV/AIDS Dental Reimbursement Program assists accredited dental schools and post–doctorate dental programs with the costs associated with providing oral health treatment to patients with HIV/AIDS.

The HIV/AIDS Dental Reimbursement Program supports access to oral health care for individuals with HIV infection by reimbursing dental education programs for non–reimbursed costs incurred in providing such care. The Dental Reimbursement Program awards funds to support these institutions in providing comprehensive oral health care to individuals with HIV. This care includes diagnostic, preventive, oral health education and health promotion, restorative, periodontal, prosthodontic, endodontic, oral surgery, and oral medicine services.

The Community–Based Dental Partnership Program funds eligible entities in their efforts to increase access to oral health service delivery and provider training in community settings.

Eligibility for HIV/AIDS Dental Reimbursement Program—Dental schools, post–doctoral dental education programs, such as hospital–based residencies, and dental hygiene education programs that are accredited by the Commission on Dental Accreditation and that have documented non–reimbursed costs incurred in providing oral health care to HIV positive persons, are eligible entities. Faith–based and community–based organizations are eligible to apply.

Eligibility for Community–Based Dental Partnership Program—Dental schools, post–doctoral dental education programs, and dental hygiene education programs that are accredited by the Commission on Dental Accreditation are eligible entities. These programs must partner with community–based dentists to provide oral health care to patients with HIV disease.

For more information on the HIV/AIDS Dental Reimbursement and Community–Based Dental Partnership Programs, go to ***http://hab.hrsa.gov/programs/factsheets/drpfact.htm***.

For additional resources for faith–based and community–based organizations, please go to ***www.hrsa.gov/faith***.

National Partnerships for HIV Prevention

Purpose

The purpose of this program is to build support for HIV–prevention programs and policies by addressing gaps in leadership and technical assistance at the local, State, and national levels. This program has a special focus on high–risk youth and migrant workers.

How Funds May Be Used

Funds may be used to provide assistance that improves the capacity of community–based organizations to implement, improve, and sustain programs that deliver effective HIV prevention services for high–risk, racial/ethnic minority subpopulations.

Eligibility

Applications may be submitted by public and private nonprofit organizations, such as the following:

- Public nonprofit organizations
- Private nonprofit organizations
- Universities
- Colleges
- Community–based organizations
- Faith–based organizations
- Federally recognized Indian tribal governments
- Indian tribal organizations

Sponsoring Bureau

National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention

Fiscal Year 2005 Program Announcement

The FY 2005 Program Announcement is expected in early Spring 2005. Look for the program announcement on the CDC grants Web site: ***www.cdc.gov/od/pgo/funding/grantmain.htm***.

Contact

Chris Cagle
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E–mail: *MCagle@cdc.gov*

Adolescent Family Life (AFL) Program

Purpose

The Adolescent Family Life (AFL) program supports demonstration projects to develop, implement, and evaluate interventions to promote abstinence from sexual activity among adolescents and to provide comprehensive health care, education, and social services to pregnant and parenting adolescents. Every program that receives AFL grant funds is required to include an independent evaluation component. This ensures that the lessons learned by each community will benefit others in the future. Demonstration projects can be funded for a period of 3 to 5 years.

How Funds May Be Used

This program supports three categories of funding opportunities: Care, Prevention (Abstinence Education), and Research projects.

Care

Care demonstration projects develop interventions that combine health, education, and social services for pregnant and parenting adolescents, their children, family members, and young fathers that focus on achieving good pregnancy outcomes, prevent repeat pregnancies and school drop outs, and reduce the risk of child neglect and abuse. There are currently 45 programs funded through this initiative entering their second, third, or fourth year of implementation. Successful grantees have proposed innovative partnerships between their community organizations and the Federal Government to reach out to teen fathers as well as teen mothers to encourage healthy parenting skills. The AFL program will be funding 10 to15 new Care projects in FY 2005.

Prevention (Abstinence Education)

Abstinence demonstration projects allow communities to develop and implement abstinence education programs. Abstinence education programs teach young people to avoid unhealthy risks such as premarital sexual activity, drugs, alcohol, and tobacco. This may be accomplished by using existing curricula and materials or developing and testing new curricula and materials in collaboration with youth development activities. The AFL program encourages collaboration with parents and families in the community to increase the strength of the abstinence message. There are currently 59 programs funded through this initiative, including 14 new projects funded since September 30, 2004.

Research

This program also supports research to identify the risk factors and consequences of adolescent premarital sexual relations, and adolescent pregnancy and parenting. Grants are awarded to organizations rather than individuals. A grant application may be submitted by an individual authorized to act/sign for an organization and to assume the obligations imposed by the legislation and any additional conditions of the grant. However, the grant will not go directly to that individual but to the organization the individual represents. The organization must establish its nonprofit status prior to the issuance of a grant award and accept the responsibility for the use of Federal funds. Grant funds cannot be used for construction. Read the Federal announcement carefully for more details.

Eligibility

Any public or nonprofit private entity, including faith–based and community organizations, located within the 50 United States, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Republic of Palau, the Federated States of Micronesia, or the Republic of the Marshall Islands is eligible to apply.

Sponsoring Bureau

Adolescent Family Life Program, Office of Adolescent Pregnancy Programs, Office of Population Affairs

Fiscal Year 2005 Program Announcement

http://opa.osophs.dhhs.gov/xxgrants

Amount of competition in FY 2005: $5.1 Million
Number of awards: 10 to 15 Care Grants
Size of award: Up to $350,000 per year
Project period: 3 to 5 years, depending on funding

Contact

Patrick Sheeran, ***Director***
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E–mail: *psheeran@osophs.dhhs.gov*

Family Planning Program

Purpose

The programs are designed to provide a broad range of acceptable and effective medically approved family planning methods and services to the public, with a priority given to low–income individuals. Family Planning service delivery projects consist of the educational, comprehensive medical, and social services necessary to aid individuals to determine freely the number and spacing of their children. In addition to contraceptive services, these clinics also provide preventive health services such as patient education and counseling, breast and pelvic examinations, cervical cancer, STD, and HIV screenings, and pregnancy diagnosis and counseling.

How Funds May Be Used

Family Planning service delivery project grants (Section 1001 of Title X of the Public Health Service Act) are to assist in the establishment and operation of voluntary family planning projects that provide a broad range of acceptable and effective family planning methods and services at reduced or no cost. These include natural family planning methods, infertility services, and services for adolescents. The bulk of program funds (90 percent) support clinical service delivery grants. Services must be provided on a strictly confidential, voluntary basis without coercion to accept services or employ a particular method of contraception. Funds may not be used in programs where abortion is a method of family planning. The program also makes available grant funds for three functions aimed at assisting clinics in responding to client needs:

1. Training of personnel working in Title X service projects to ensure they have sufficient knowledge and skills to provide covered services (Section 1003);
2. Research in biomedical, contraceptive development, behavioral, and program implementation fields related to family planning and population (Section 1004) ; and
3. Development and dissemination of educational materials (Section 1005).

Eligibility

Any public or nonprofit private entity, including faith–based and community organizations, located within the 50 United States, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Republic of Palau, the Federated States of Micronesia, or the Republic of the Marshall Islands is eligible to apply.

Funds for the service delivery project grants are allocated to the 10 Department of Health and Human Services Regional Offices. The Regional Offices manage the competitive review process, make funding decisions, and monitor program performance. The Regional Offices also manage the regional general training grants. The research, clinical specialty training, and information and education grants, as well as grants that cover multiple regions, are managed by the Office of Family Planning central office.

Sponsoring Bureau

Office of Family Planning, Office of Population Affairs

Fiscal Year 2005 Program Announcement

https://egrants.osophs.dhhs.gov/egrants/home_frame.htm, click on "Grant Announcements" on left column.

Amount of competition in FY 2005: Approximately $46 million is available for competing Title X family planning service grant awards in 16 States, populations, and/or areas. The remaining funds will be used for continued support of grants and activities that are not competitive in FY 2005.

Section 1001

Amount of competition in FY 2005: $46,000,000
Size of award: $99,000 to $9,600,000

Section 1003

Amount of competition in FY 2005: approximately $3,500,000
Size of award: $250,000 to $500,000

Section 1004

Amount of competition in FY 2005: $750,000
Size of award: $250,000

Section 1005

Amount of competition in FY 2005: no funds being competed for FY 2005
Size of award: $150,000 to $250,000
Project period: Project periods are typically 3 to 5 years, but may be shorter.

Contact

Susan B. Moskosky
Phone: 301-594–4008
E–mail: *ofp@osophs.dhhs.gov*

Reproductive Health

Purpose

The Division of Reproductive Health focuses on issues related to maternal and infant health, unintended and teen pregnancy prevention, and women's reproductive health. The purposes of this program are to reduce maternal morbidity and mortality by identifying biological and behavioral risk factors that relate to premature birth and to reduce the proportion of pregnancies that are unintended or among female adolescents. Additionally, the program strives to increase the proportion of adolescents that abstain from sexual intercourse or utilize condoms if currently sexually active.

How Funds May Be Used

Projects funded under this program will work in cooperation with the Centers for Disease Control and Prevention (CDC) to explore biological and behavioral markers of preterm birth in an ethnically and racially diverse population in the United States. Patient compliance with routine care progesterone therapy as well as barriers to acceptance of this treatment must be examined. A project must include interventions for unintended and teen pregnancy prevention as well as abstinence education or the use of condoms for adolescents that are already sexually active.

Eligibility

Faith–based and community–based organizations, other private and public profit and nonprofit organizations, tribal governments or consortia, and State or local governments may submit applications. Bona Fide Agents of the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau are also eligible to receive funds through this program.

Sponsoring Bureau

Division of Reproductive Health, Centers for Disease Control and Prevention

Fiscal Year 2005 Program Announcement

www.access.gpo.gov/su_docs/fedreg/a040824c.html

Approximate Total Funding: $4,500,000

Approximate Number of Awards: At least six

Average Award: $500,000 for the preterm delivery and teen and unintended pregnancy intervention projects; and $300,000 for the teen and unintended pregnancy nonintervention and Latino projects.

Application Deadline: November 8, 2004

Anticipated Award Date: April 15, 2005

Contact

Brenda Colley Gilbert
Phone: 770–488–6295
E–mail: *BColleyGilbert@cdc.gov*

Rural Health

Purpose
Rural Health Outreach Grants, Network Development Grants, and Network Development Planning Grants are aimed at expanding access to, coordinating, restraining the cost of, and improving the quality of essential health care in rural areas.

Sponsoring Bureau
Office of Rural Health Policy

Outreach Grants
Faith–based and community–based organizations are encouraged to collaborate with existing Outreach grantees to increase access to services, refer members to appropriate health services, and promote health behaviors. Past activities initiated by grantees include

- Designing and running an adult literacy program
- Teaching basic nutrition information
- Providing vans for transportation to out–of–town appointments
- Sponsoring prenatal care sessions

Eligibility
The grant recipient's headquarters must be a public or nonprofit private entity and be located in a designated rural county, or exclusively provide services to migrant and seasonal farm workers in rural areas, or be a Native American tribal or quasi–tribal entity.

Fiscal Year 2005 Program Announcement
The FY 2005 Program Announcement is expected in early Spring 2005. For more information, see the HRSA Preview of 2005 availability of funds at *ftp://ftp.hrsa.gov/guidance05/preview.pdf*.

Approximate amount of competition in FY 2005: $6,000,000
Approximate number of awards: 30
Size of award: Up to $200,000
Project period: Up to 3 years

Contact
Eileen Holloran (Outreach)
Phone: 301–443–7529
E–mail: *eholloran@hrsa.gov*

Network Development Grants
These grants support rural providers that work together in formal networks, alliances, coalitions, or partnerships to integrate administrative, clinical, financial, and technological functions across their organizations. Through a network of schools, churches, emergency medical service providers, local universities, private practitioners and the like, rural communities have managed to create hospice care, bring health check–ups to children, and provide prenatal care to women in remote areas. This program does not support direct patient care services.

Fiscal Year 2005 Program Announcement

The FY 2005 Program Announcement is expected in early Spring 2005. For more information, see the HRSA Preview of 2005 availability of funds at *ftp://ftp.hrsa.gov/guidance05/preview.pdf*.

Approximate amount of competition FY 2005: $1,000,000
Approximate number of awards: 9
Size of award: Up to $180,000
Project period: Up to 3 years

Contact

Erica Molliver
Phone: 301–443–0835
E–mail: *emolliver@hrsa.gov*

Network Development Planning Grants

This new grant program provides one year of funding to rural communities needing assistance in the development of an integrated healthcare network. The planning grants are to be used to develop a formal network with the purpose of improving the coordination of health services in rural communities and strengthening the rural health care system as a whole.

Fiscal Year 2005 Program Announcement

The FY 2005 Program Announcement is expected in early Spring 2005. For more information, see the HRSA Preview of 2005 availability of funds at *ftp://ftp.hrsa.gov/guidance05/preview.pdf*.

Approximate amount of competition in FY 2005: $1,000,000
Approximate number of awards: 10 to 12
Size of award: Up to $85,000
Project period: 1 year

Contact

Michele L. Pray–Gibson
Phone: 301–443–0835
E–mail: *mpray@hrsa.gov*

Eligibility

For Network and Network Planning grants, the applicant organization must be a public or nonprofit entity that is a network, or a member of a network, that includes at least three separately owned health care providers, or other entities that provide or support the delivery of health care services. Additionally, the applicant's administrative headquarters must be located in a designated rural county or rural zip code of an urban county. Rural–located but urban–owned organizations may apply for a network development grant if their parent organization submits a letter assuring the applicant's autonomy in receiving and administering the grant funds. Additionally, the applicant may be a tribal government or tribal organization that delivers services on reservations or federally recognized tribal lands or provides services exclusively to migrant and seasonal farm workers in rural areas.

Occupational Health and Safety Research

Purpose

The National Institute for Occupational Safety and Health (NIOSH) supports research to prevent occupational diseases and injuries and increase understanding of their underlying pathophysiology. Past research programs have examined the relationship between hazardous working conditions and resultant injuries and sought to develop protective equipment and safe work practices. Details regarding individual announcements may be found by accessing the Internet links listed below.

How Funds May Be Used

The applicant must specify which research priorities the proposed program will cover and how the anticipated results will make a significant contribution to this area. A copy of the National Occupational Research Agenda can be obtained by calling 1–800–356–4674 or visiting the agency Web site at *www.cdc.gov/niosh/nora.html*.

Grant application guidelines are available at *http://grants1.nih.gov/grants/guide/pa–files/PA–04–038.html*.

Additional research program areas supported by NIOSH may be found at *www.cdc.gov/niosh/homepage.html*.

Eligibility

Faith and community–based organizations, other private and public profit and nonprofit organizations, tribal governments or consortia, and State or local governments may submit applications.

Sponsoring Bureau

National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention

Program Announcements

FY 2005 Small Grants (R03) Announcement

http://grants1.nih.gov/grants/guide/pa–files/PA–04–021.html

Anticipated amount of competition in FY 2005: $450,000
Anticipated number of awards: 6
Anticipated size of each award: $75,000

The intent of the R03 award is to support small research projects that can be carried out in a short period of time with limited resources. This award may not be used for thesis, dissertation, or postdoctoral research. Examples of the types of projects supported with this grant program are pilot or feasability studies, secondary analysis of existing data, self–contained projects, development of methodology, development of new technology, and translation projects.

FY 2005 Exploratory/Developmental Grants (R21) Announcement

http://grants1.nih.gov/grants/guide/pa–files/PA–04–030.html

Anticipated amount of competition in FY 2005: $1,350,000
Anticipated number of awards: 6
Anticipated size of each award: $225,000

This grant program is designed to support exploratory research in a novel area of investigation. Projects to be considered may involve new techniques, agents, methodologies, models, or applications that could have significant implications for occupational safety.

FY 2005 Career Development Award (K01) Announcement

http://grants.nih.gov/grants/guide/pa–files/PAR–04–105.html

Anticipated amount of competition in FY 2005: $648,000
Anticipated number of awards: 6
Anticipated size of each award: $108,000

This program is open to candidates having faculty appointments and holding a Ph.D., M.D., D.V.M., D.O., or equivalent professional degree who wish to develop research capabilities in research areas relevant to the mission of NIOSH.

Contact

Susan B. Board, M.S.
Phone: 404–498–2512
E–mail: *sboard@cdc.gov*

One–Year Rural Health Research Grant Program (GPOR)

Purpose

The purpose of this program is to support researchers who conduct and disseminate policy–relevant research in the area of rural health services. Recipients will examine critical issues that rural communities face in trying to ensure adequate, affordable, and high quality health services. The targeted audience for research findings will be national, State, and local decision makers with concerns about rural communities.

How Funds May Be Used

Funds may be used to conduct and disseminate policy–relevant research on issues of national significance in the area of rural health services.

Eligibility

Eligibility is open to public, private, and nonprofit organizations, including faith–based and community–based organizations. New investigators are encouraged to apply as the Principle Investigator. A new investigator is defined in the PHS 398 application instructions as an investigator that has not previously served as such on any PHS–supported research project other than a small grant (R03), an Academic Research Enhancement Award (R15), an exploratory/developmental grant (R21), or a research career award directed principally to physicians, dentists, and veterinarians at the beginning of their research career (K01, K08, K22, and K23).

Sponsoring Bureau

Office of Rural Health Policy

Fiscal Year 2005 Program Announcement

The FY 2005 Program Announcement is expected in early Spring 2005. For more information, see the HRSA Preview of 2005 availability of funds at ***ftp://ftp.hrsa.gov/guidance05/preview.pdf***.

Amount of competition in FY 2005: $900,000
Number of awards: 6
Size of each award: $150,000
Project period: 1 year

Contact

Nisha Patel
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E–mail: *npatel@hrsa.gov*

Organ and Tissue Donation

Purpose

The goal of the grant program is to support organizations in implementing and evaluating highly promising strategies for increasing organ and tissue donation.

Successful grantees will

1) Identify successful strategies for educating the public about the critical shortage of organ and tissue donors;
2) Provide interventions that will encourage the public to make an active decision to donate organs and/or tissue; and
3) Provide assistance to organizations engaged in donation and transplantation activities.

How Funds May Be Used

Grant applications may focus on pilot projects or replications of donor interventions already shown to be effective in pilot studies. Projects also may examine the effectiveness of a coordinated and synchronized set of multiple strategies for increasing donation in specified populations, such as minority groups. All projects must have rigorous research methodology and a plan for evaluation that will adequately assess the effectiveness of the intervention.

Eligibility

Public and nonprofit private entities, including tribes, tribal organizations, and faith– and community–based organizations, are eligible to apply. The application must represent a consortium of at least two types of organizations—a transplant–related organization and a research–related organization.

Sponsoring Bureau

Division of Transplantation, Healthcare Systems Bureau

Fiscal Year 2005 Program Announcement

www.hrsa.gov/grants/preview/special.htm#hrsa05007

Amount of competition in FY 2005: $1,250,000
Number of awards: 4
Estimated size of each award: $300,000 per year
Project period: 3 years

Contact

Nancy Carothers
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E–mail: *ncarothers@hrsa.gov*

SUBSTANCE ABUSE AND MENTAL HEALTH PROGRAMS

Residential Treatment for Pregnant and Postpartum Women and Residential Treatment for Women and Their Children (PPW/RWC)

Purpose

Scientific evidence indicates that substance–abusing women and their families, particularly those living at or near the poverty line, are among the most vulnerable populations. Pregnant, postpartum, and other parenting women who suffer from alcohol and drug abuse problems, and minor children impacted by the perinatal and environmental effect of maternal substance use and abuse need increased access to primary health, mental health, and social services.

The PPW/RWC grant program is designed to strengthen the national treatment infrastructure for women and children by expanding or creating additional treatment services to provide a comprehensive continuum of care. To create a comprehensive service system, SAMHSA/CSAT expects substance abuse treatment organizations and providers to partner with public housing authorities (for permanent housing for families), child welfare and child–serving agencies, and health, mental health, family court, criminal justice, employment, and educational programs.

How Funds May Be Used

Organizations may use grant funds to

- Increase the use of evidence–based treatment practices, to strengthen comprehensive systems beyond the treatment phase;
- Develop cost–effective, comprehensive residential substance abuse treatment services for women and their minor children that can be sustained over time, beyond the period of Federal support;
- Increase the capacity of the service system to address the individual needs of the target population and to preserve and support the family unit, while creating a safe and healthy environment for family members; and
- Develop documented models of effective service delivery that can be replicated in similar communities.

Eligibility

Eligible applicants are domestic public and private nonprofit entities. For example, State, local or tribal governments; public or private universities and colleges; community– and faith–based organizations; and tribal organizations may apply. The statutory authority for this program prohibits grants to for–profit organizations.

Sponsoring Bureau

Center for Substance Abuse Treatment

Fiscal Year 2005 Announcement

The FY 2005 Program Announcement is expected in early Spring 2005. An excellent way to learn more about this program is to read the FY 2004 program announcement: ***http://alt.samhsa.gov/grants/2004/nofa/ti04004_ppw_rwc.htm***

Approximate amount of competition in FY 2005: $10,000,000

Recovery Community Services Program

Purpose

The Recovery Community Services Program (RCSP) responds to a need, consistently voiced by people in recovery and their families, for community–based recovery support services that help prevent relapse and promote long–term recovery. Such services can

- Reduce the strain that relapse places upon the already overburdened treatment system;
- Minimize the negative effects of relapse when it does occur; and
- Contribute to the quality of life for people in recovery and their families and communities.

How Funds May Be Used

The RCSP builds upon the desire of many people in recovery and their families to "give back" by becoming a part of an expanded continuum of recovery in their communities. RCSP projects strengthen the continuum by bringing together peers (i.e., people who share the experience of addiction and recovery) to provide social support for each other's recovery. Peer recovery support services include the various forms of social support cited in the literature:

- **Emotional support –** demonstrations of empathy, love, caring, and concern. Peer mentoring, coaching, and support groups are examples.
- **Informational support –** assistance with knowledge, information, and skills. Examples include life skills training, job skills training, citizenship restoration, educational assistance, and health and wellness information.
- **Instrumental support –**helping others to do needed activities. Examples include providing transportation to attend support groups, child care, clothing closets, and help in filling out applications or obtaining entitlements.
- **Companionship support –** connections with people in the community. Leisure opportunities in an alcohol– and drug–free setting are examples.

Eligibility

Different types of grants are awarded through a competitive process to eligible entities, including domestic public and private nonprofit entities. For example, State, local, or tribal governments; public or private universities and colleges; community– and faith–based organizations; and tribal organizations may apply. The statutory authority for this program precludes grants to for–profit organizations.

Sponsoring Bureau

Center for Substance Abuse Treatment

Fiscal Year 2005 Announcement

The FY 2005 Program Announcement is expected in early Spring 2005. An excellent way to learn more about this program is to read the FY 2004 program announcement: ***http://alt.samhsa.gov/grants/2004/nofa/ti04008_rcsp3.htm***.

Approximate amount of competition in FY 2005: $10,000,000

HHS PARTNERSHIP OPPORTUNITIES FOR GRASSROOTS ORGANIZATIONS AT THE STATE AND LOCAL LEVELS

This section describes opportunities for organizations to partner with their State or county government to meet the needs of their community. HHS makes these funds available to State and, sometimes, county governments, according to the authorizing Federal statute, for specific purposes. State and county governments then make available partnership opportunities for eligible organizations that demonstrate an ability to fulfill the public purposes of the funding stream. Eligible organizations apply directly to their State or county instead of to the Federal Government.

Partnership opportunities with State or county governments around Federal block and formula grants have different eligibility requirements and application procedures. Contact your State or county government representative for more information on eligibility and the availability of funds.

Temporary Assistance for Needy Families (TANF)

Purpose

The Temporary Assistance for Needy Families (TANF) Program was created by the Welfare Reform Law of 1996 (the Personal Responsibility and Work Opportunity Reconciliation Act or PRWORA). TANF became effective August 22, 1996, and replaced what was commonly known as welfare: Aid to Families with Dependent Children (AFDC), the AFDC Emergency Assistance program, and the Job Opportunities and Basic Skills Training (JOBS) programs.

Title I of PRWORA included Charitable Choice provisions that apply to the TANF program. The provisions give States the authority to administer and provide TANF services through contracts with charitable, religious, or private organizations. The provisions also allow the State to provide its clientele with certificates, vouchers, or other forms of disbursement, which are redeemable with such organizations. Hence, the State may provide direct or indirect services to TANF–eligible clientele through these organizations. The provisions also set forth certain requirements to ensure that faith–based and community–based organizations are able to compete on equal footing for funds under the TANF program, without impairing the religious character of such organizations or diminishing the religious freedom of the State's TANF clientele.

In 2003, HHS issued a final rule implementing the Charitable Choice statutory provisions in PRWORA as amended. The statute and final rule establish requirements for State and local governments that administer or provide TANF services and benefits through contracts or through certificates, vouchers, or other forms of disbursement. The requirements and protections also apply to organizations (including faith–based organizations) that provide services and benefits with TANF funds and to the beneficiaries of those services. See ***www.hhs.gov/fbci/finalTANF_ccregs.html*** for a copy of the final rule.

How Funds May Be Used

Federal funding for TANF is available to States in the form of a block grant. States and Territories may use their block grant in ways that are reasonably calculated to accomplish any of the four statutory purposes of the TANF program:

- Assisting needy families with children so that children may be cared for in their own homes or in the homes of relatives (includes providing low–income households with assistance in meeting home heating and cooling costs);
- Reducing dependency on government benefits by promoting job preparation, work, and marriage;
- Reducing and preventing out–of–wedlock pregnancies; and
- Encouraging the formation and maintenance of two–parent families.

For example, support services may include individual and family counseling, nonmedical drug and alcohol treatment, and literacy or bilingual education for TANF–eligible families. For information on how the funds are used in your community, contact the TANF agency in your State.

Fiscal Year 2004 Appropriation

$17 billion

Sponsoring Bureau

Office of Family Assistance

State Program Information

Please contact your State or local human service or welfare agency.

Agency contact information is available at the following site: *www.acf.hhs.gov/programs/ofa/stlinks.htm*.

For More Information

Office of Family Assistance

www.acf.hhs.gov/programs/ofa

TANF Charitable Choice Regulations

www.hhs.gov/fbci/finalTANF_ccregs.html

Information on State TANF Programs

www.acf.hhs.gov/programs/ofa/tnfnames.htm

Information for States about TANF

"A Guide to Funding Services for Children and Families through TANF"
www.acf.hhs.gov/programs/ofa/funds2.htm

TANF and the Healthy Marriage Initiatives

www.acf.hhs.gov/healthymarriage/funding/proposed_funding.html

Contact

Robert Shelbourne
Director
State TANF Policy
Phone: 202–401–5150

Community Services Block Grant (CSBG)

Purpose

The Community Services Block Grant (CSBG) is a formula grant that provides funds to States, Territories, and federally and State–recognized Indian tribes/tribal organizations so that they may provide supportive services and activities to assist low–income individuals and families to become self–sufficient. Typically, States fund these services by making subgrants to locally based Community Action Agencies and other eligible entities that provide services to low–income individuals and families.

The amended legislation for CSBG includes Charitable Choice, a legislative provision designed to remove unnecessary barriers to the receipt of certain Federal funds by faith–based organizations. The provision prohibits States from discriminating against religious organizations when choosing providers under CSBG, as long as the programs are implemented in a manner that is consistent with the First Amendment. In 2003, HHS issued a final rule implementing the Charitable Choice statutory provisions in the Community Services Block Grant Act. See *www.hhs.gov/fbci/finalCSBG_ccregs.html* for a copy of the final rule.

How Funds May Be Used

Grantees use the funds to support a variety of services that help low–income people. Services typically assist with child care, employment, education, emergency services, health care, housing, nutrition, transportation, youth development, and coordination of resources and community participation.

Anticipated Fiscal Year 2005 Appropriation

$642,000,000

Sponsoring Bureau

Office of Community Services
www.acf.hhs.gov/programs/ocs/csbg/index.htm

State Program Information

For information on how the funds are used in your community, contact the CSBG agency in your State:
www.acf.dhhs.gov/programs/ocs/csbg/documents/8b.htm

CSBG Charitable Choice Regulations

www.hhs.gov/fbci/finalCSBG_ccregs.html

Office of Community Services Programs to Strengthen Marriage and Families

www.acf.hhs.gov/healthymarriage/funding/community_services.html

Contact

Margaret Washnitzer
Phone: 202–401–2333

Child Care and Development Fund (CCDF)

Purpose

The Child Care and Development Fund (CCDF), authorized by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, PL 104–193, is a block grant that goes directly to States, Territories, and tribes to assist low–income families, families receiving temporary public assistance, and those transitioning from public assistance in obtaining child care so they can work, attend training, or go to school. The Child Care Bureau administers the CCDF.

The Child Care Bureau also awards a limited number of Early Learning Opportunities Act (ELOA) grants to communities to support, expand, and better coordinate early learning opportunities for young children.

How Funds May Be Used

The majority of the CCDF funding goes to subsidize child care according to the guidelines set by each State. Typically, these subsidized child care services are available to eligible families through certificates (vouchers) or contracts with providers. Families may apply for child care vouchers at the local office of the State agency that administers the funds. Parents using the voucher may choose any legally operating child care provider authorized by the State that is willing to participate in the program. A child care provider is defined as one who provides child care in a center, a group home, a family home, the child's own home, or a relative's home. In some communities, faith–based organizations are an active part of the child care community and receive CCDF funds through the voucher program, making them a valuable resource for families. Child care providers serving children funded by CCDF must meet basic health and safety requirements set by States, Territories, and tribes. For more information on the child care voucher and faith–based providers, see ***http://www.acf.hhs.gov/programs/ccb/providers/faithbased.htm***.

The Child Care Bureau uses a portion of the funding to provide technical assistance to States, Territories, and tribes administering the CCDF and to support activities to improve the quality of child care. Some of the CCDF funds are used to support child care policy–related research and evaluation and disseminate findings that document emerging trends in the child care field.

ELOA funds are awarded to Local Councils that are designated as such by an appropriate entity of local government for the purposes of applying for an ELOA grant. Local Councils must be composed of (a) representatives of local agencies that will be directly affected by early learning programs assisted under the ELOA; (b) parents; (c) other individuals concerned with early learning issues in the locality, such as representatives of entities providing elementary education, child care resource and referral services, early learning opportunities, child care, and health services; and (d) other key community leaders. Faith– and community–based organizations that meet these criteria may be members of Local Councils and eligible to apply for funding.

Sponsoring Bureau

Administration on Children, Youth, and Families, Child Care Bureau

Fiscal Year 2005 Appropriation

Information on CCDF funding for Fiscal Year 2005 will be available soon. For information on how the funds are used in your community, contact the CCDF Lead Agency in your State. A contact list is available at ***http://nccic.acf.hhs.gov/statedata/dirs/devfund.html***.

For More Information

Information about the Child Care Bureau and CCDF is available at *www.acf.hhs.gov/programs/ccb*.

For information about the Child Care Bureau and vouchers, refer to *What Congregations Should Know About Federal Funding for Child Care* brochure. This brochure was developed by the Child Care Bureau to assist faith–based organizations interested in receiving CCDF funds through the voucher program. It can be accessed at *www.acf.hhs.gov/programs/ccb/providers/faith-based.htm*.

Information about ELOA is available at *www.acf.dhhs.gov/programs/ccb/policy1/funding/eloa.htm*.

National Child Care Information Center (NCCIC): NCCIC answers questions and provides free information resources; offers information on faith– and community–based child care initiatives, funding sources, licensing regulations, and program startup to assist providers; provides information on subsidies, licensing, and resource and referral services; and includes State Profiles with contact information for State Child Care Administrators.

Phone: 800–616–2242
Web site: *www.nccic.org*

State Child Care Profiles: These profiles include demographic information about the children, families, and child care in each State, as well as contact information for different State agencies involved in child care. More information is available at *http://nccic.org/statedata/statepro/index.html*.

Child Care Aware: Child Care Aware is a nonprofit initiative committed to helping parents find information on child care and child care resources in their community.

Phone: 800–424–2246
Web site: *www.childcareaware.org*

Federal Contacts

Moniquin Huggins (CCDF Contact)
Phone: 202–690–8490
E–mail: *mhuggins@acf.hhs.gov*

Karen Tvedt (ELOA Contact)
Phone: 202–401–5130
E–mail: *ktvedt@acf.hhs.gov*

Substance Abuse Prevention and Treatment (SAPT) Block Grant

Purpose

The SAPT Block Grant program is the cornerstone of States' substance abuse programs. Based on a recent review of State data from the 2002 block grant applications, it has been determined that for 1999, the SAPT Block Grant accounted for approximately 40 percent of public funds expended for prevention and treatment. Twenty–two States reported that greater than 50 percent of their total funding for substance abuse prevention and treatment programs came from the Federal block grant. Eleven States reported block grant funding at greater than 60 percent of the total spent, while seven States reported greater than 70 percent. As part of the President's Drug Treatment Initiative, level funding for the SAPT Block Grant will provide approximately $1.8 billion to States and Territories for distribution by formula in fiscal year 2005.

The amended legislation for the SAPT Block Grant includes Charitable Choice, a legislative provision designed to remove unnecessary barriers to the receipt of certain Federal funds by faith–based organizations. The provision prohibits States from discriminating against religious organizations when choosing providers under certain Federal grant programs, as long as the programs are implemented in a manner that is consistent with the First Amendment.

In 2003, HHS issued a final rule implementing the Charitable Choice statutory provisions in the Public Health Service Act, applicable to the Substance Abuse Prevention and Treatment (SAPT) Block Grant program, to the Projects for Assistance in Transition from Homelessness (PATH) formula grant program (insofar as recipients provide substance abuse services), and to SAMHSA discretionary grants for substance abuse treatment or prevention services, which are all administered by the Substance Abuse and Mental Health Services Administration (SAMHSA).

SAMHSA Charitable Choice provisions contain important protections both for religious organizations that receive SAMHSA funding for substance abuse services and for the individuals who receive services from such programs.

The rule works to ensure that SAMHSA substance abuse programs are open to all eligible organizations, regardless of religious character or affiliation, and to establish clearly the proper uses to which funds may be put and the conditions for receipt of funding. See ***http://www.hhs.gov/fbci/finalSAMHSA_ccregs.html*** for a copy of the final rule.

How Funds May Be Used

CSAT provides leadership in bringing together State partners and the treatment community. More information on how these resources can be applied for and granted to local and community– and faith–based organizations should be available by contacting your State's Single State Authority for Substance Abuse.

Contacts

Anne Herron
Phone: 240-276-2856
E–mail: *anne.herron@samhsa.hhs.gov*

John Campbell
Phone: 240-276-2891
E–mail: *john.campbell@samhsa.hhs.gov*

Projects for Assistance in Transition from Homelessness (PATH)

Purpose

The purpose of this program is to provide financial assistance to States to support services for individuals who are suffering from serious mental illness and substance abuse and are homeless or at imminent risk of becoming homeless. Program activities include

- Outreach services
- Screening and diagnostic treatment services
- Habilitation and rehabilitation services
- Community mental health services
- Alcohol or drug treatment services
- Staff training
- Case management services
- Supportive and supervisory services in residential settings
- Referrals for primary health services, job training, educational services, and relevant housing services
- Prescribed set of housing services

The revised legislation for the Public Health Act includes a new regulation called Charitable Choice that applies to the PATH program. Charitable Choice is a legislative provision designed to remove unnecessary barriers to the receipt of certain Federal funds by faith–based organizations. The provision prohibits States from discriminating against religious organizations when choosing providers under certain Federal grant programs, as long as the programs are implemented in a manner that is consistent with the First Amendment. In 2003, HHS issued a final rule implementing the Charitable Choice statutory provisions in the Public Health Service Act, applicable to the Projects for Assistance in Transition from Homelessness (PATH) formula grant program (insofar as recipients provide substance abuse services) administered by the Substance Abuse and Mental Health Services Administration (SAMHSA).

SAMHSA Charitable Choice provisions contain important protections both for religious organizations that receive SAMHSA funding for substance abuse services and for the individuals who receive services from such programs. The rule works to ensure that SAMHSA substance abuse programs are open to all eligible organizations, regardless of religious character or affiliation, and to establish clearly the proper uses to which funds may be put and the conditions for receipt of funding. See ***http://www.hhs.gov/fbci/finalSAMHSA_ccregs.html*** for a copy of the final rule.

How Funds May Be Used

This is a formula grant program. Application is made to the State agency responsible for managing the funding under this program. To see your State's PATH contact, visit the PATH program Web site: ***www.pathprogram.samhsa.gov***.

Anticipated FY 2005 Appropriation: $50,055,000

Contact

Dorrine Gross
Phone: 240-276-1898
E–mail: *dorrine.gross@samhsa.hhs.gov*

Access to Recovery (ATR)

Purpose

President Bush announced in his 2003 State of the Union Address a new substance abuse treatment initiative called Access to Recovery. This new initiative will provide people seeking drug and alcohol treatment with vouchers to pay for a range of appropriate community–based services. The President proposed $600 million in new funds over 3 years for Access to Recovery. The first $100 million installment was included in the 2004 budget for the Substance Abuse and Mental Health Services Administration (SAMHSA).

Too Many Americans Do Not Receive Help. The economic costs associated with drug abuse are estimated at around $110 billion. The human costs are measured in lost jobs, lost families, and lost lives. In 2001, 5 million of the 6.1 million people needing treatment for an illicit drug problem never got help. Of the 5 million, only 377,000 reported that they felt they needed treatment for their drug problem, including 101,000 people who knew they needed treatment, sought help, but were unable to find care.

Addiction Treatment Works; Recovery Is Real. With treatment, even hard–to–reach populations reduce their illegal drug use by nearly half. Further, addiction treatment reduces criminal activity by 80 percent. It markedly increases employment and decreases homelessness, results in substantially improved physical and mental health, and reduces risky sexual behaviors. When tailored to the needs of the individual, addiction treatment is as effective as treatments for other illnesses, such as diabetes, hypertension, and asthma.

The President's Access to Recovery proposal establishes a State–run voucher program for substance abuse treatment based on three principles:

- **Consumer Choice.** The process of recovery is a personal one. Achieving recovery can take many pathways: physical, mental, emotional, or spiritual. With a voucher, people in need of addiction treatment and recovery support will have the choice to select the programs and providers that will help them most. Increased choice protects individuals and encourages quality.
- **Results.** Payment to providers will be linked to demonstration of treatment effectiveness and recovery, measured by outcomes such as abstinence from drugs and alcohol, no involvement with the criminal justice system, attainment of employment or enrollment in school, and stable housing.
- **Increased Capacity.** The initial phase of Access to Recovery will support treatment for approximately 100,000 people per year and expand the array of services available, including medical detoxification, inpatient and outpatient treatment modalities, residential services, peer support, relapse prevention, case management, and other recovery–promoting services.

How Funds May Be Used

States must use the new funds to supplement, not supplant, current funding and build on existing programs, including SAMHSA's Substance Abuse Prevention and Treatment (SAPT) Block Grant. The Block Grant, with its required State maintenance of effort, provides the basic national addiction treatment infrastructure. States have considerable flexibility in designing their approach and may target efforts to areas of greatest need, to areas with a high degree of readiness, or to specific populations. Please note that in Fiscal Year 2005, there will not be a competition for new awards to States and tribal organizations.

Eligibility

Only States (Governors' offices), U.S. Territories, the District of Columbia, and chief executives of federally recognized tribal organizations are eligible to apply for Access for Recovery discretionary grants. If a State or tribal organization is a recipient of an ATR grant, faith–based and community–based organizations can contact the Governor's office or local tribal representative to learn more about the availability of funds, eligibility requirements, and application procedures for the ATR grant program. They may not apply directly for ATR grants. Specific requirements, including eligibility criteria, were outlined in a Request For Applications (RFA) that was developed in partnership with States and treatment providers.

In 2004, Access to Recovery funds were awarded through a competitive grant process to 14 States and one tribal organization. They are listed below along with the Single State Authority contact and a short description of the program in each State.

ATR Grantees	Single State Authorities
California — Awarded $7.6 million per year for each of three years for a total of approximately $22.8 million. The State program will address the most critical treatment need in the State — service for substance abusing youth between 12 and 20 years of age. The program will target four cities — Los Angeles, Sacramento, San Diego and San Francisco. California will provide incentives to programs based upon consumer satisfaction and client outcomes. The program will expand clinical treatment and recovery support capability to nontraditional providers, such as faith–based organizations.	**Ms. Kathryn Jett** *Director* Department of Alcohol and Drug Programs 1700 K Street, Fifth Floor Executive Office Sacramento, CA 95814–4037 **Phone:** 916-445–1943 **Fax:** 916-323–5873 **E–mail:** *kjett@adp.state.ca.us*
Connecticut — Awarded $7.6 million per year for each of three years for a total of approximately $22.8 million. Connecticut's program will target at–risk, nondependent adult populations ages 18 and older, who are at increased risk of continued substance use or abuse, as well as adults with substance use disorders. The program will emphasize populations documented to have significant barriers to access to care, service use and successful treatment outcomes, such as criminal justice, adults involved in the child welfare system and racially or culturally diverse populations. Connecticut will offer a choice through a provider network that includes a variety of traditional and non–traditional providers, including those who are faith and peer–based.	**Thomas Kirk, Ph.D.** *Commissioner* Department of Mental Health and Addiction Services P.O. Box 341431 Hartford, CT 06134 **Phone:** 860-418–6969 **Fax:** 860-418 6691 **E–mail:** *thomas.kirk@po.state.ct.us*
Florida —Awarded $6.8 million per year for each of three years for a total of approximately $20.4 million. Florida will focus on individuals involved with the criminal justice system, families putting children at risk, or other high–risk populations such as persons with co–occurring disorders and individuals, including older adults, who abuse prescription drugs. The Florida program involves partnerships with Florida's Faith–Based Association, the Florida Alcohol and Drug Abuse Association, the Southern Coast Addiction Technology Transfer Center, and the NET Training Institute.	**Mr. Ken DeCerchio** *Director* Substance Abuse Program Office Department of Children and Families Building 6, Third Floor 1317 Winewood Boulevard Tallahassee, FL 32399–0700 **Phone:** 850-921–2495 **Fax:** 850-487–2627 **E–mail:** *ken_decerchio@dcf.state.fl.us*

ATR Grantees	Single State Authorities
Idaho — Awarded $7.6 million per year for each of three years for a total of approximately $22.8 million. The Idaho program is designed to expand the State's continuum of treatment services. It will reach people currently not able to receive services. The program will provide the State's first opportunity to self–select a provider from a menu of assessment, clinical treatment and recovery support service providers. Idaho is involving faith community recovery advocates, community and tribal health clinics, community and tribal social services providers and State services in its system.	**Mr. Pharis Stanger** *Substance Abuse Project Manager* Bureau of Mental Health and Substance Abuse Division of Family and Community Services Idaho Department of Health and Welfare 450 West State Street, Fifth Floor Boise, ID 83720–0036 **Phone:** 208-334–4944 **Fax:** 208-332–7305 **E–mail:** *stangerp@idhw.state.id.us*
Illinois — Awarded $7.6 million per year for each of three years for a total of approximately $22.8 million. The State expects to implement a continuum of clinical treatment and recovery support services for probationers. The program expects to serve probationers in Cook County as well as in Illinois' Fifth and Sixth Judicial Circuits and the ten counties immediately adjacent to them, which is a mixed rural and small urban area in the eastern part of Central Illinois. Illinois had 47 organizations participate in an Access to Recovery planning meeting, including a number of faith–based organizations that are not currently funded by the State.	**Ms. Theodora Binion–Taylor** *Associate Director* Illinois Department of Human Services Office of Alcoholism and Substance Abuse James R. Thompson Center 100 West Randolph Street, Suite 5–600 Chicago, IL 60601 **Phone:** 312-814–2300 **Fax:** 312-814–2419 **E–mail:** *DHSASA4@dhs.state.il.us*
Louisiana — Awarded $7.6 million per year for each of three years for a total of approximately $22.8 million to create an electronic voucher system to provide clients with a freedom of choice for clinical treatment and recovery support services. The initiative will focus on women, women with dependent children and adolescents. Identified gaps in treatment services will be closed through collaboration with providers from the public and private sector, as well as faith–based organizations. "Set Free Indeed," a faith–based ministry in Baton Rouge, will provide assistance needed by other faith–based agencies to implement faith–based practices and become licensed as providers by the State.	**Mr. Mich ael Duffy** *Assistant Secretary* Office for Addictive Disorders Louisiana Department of Health and Hospitals P.O. Box 2790, BIN #18 Baton Rouge, LA 70821–2790 **Phone:** 225-342–6717 **Fax:** 225-342–3875 **E–mail:** *mduffy@dhh.state.la.us*
Missouri — Awarded $7.6 million per year for each of three years for a total of approximately $22.8 million to implement a statewide voucher system for adults that affords genuine, free and independent choice among an increased number of qualified service providers; provides recovery support services through traditional, nontraditional and faith–based organizations; expands the existing managed care system for proper control and monitoring; and measures outcomes in seven critical domains.	**Michael Couty, M.A.** *Director* Division of Alcohol and Drug Abuse Missouri Department of Mental Health 1706 East Elm Street Jefferson City, MO 65102–0687 **Phone:** 573-751–4942 **Fax:** 573-751–7814 **E–mail:** *mzcoutm@mail.dmh.state.mo.us*

ATR Grantees	Single State Authorities
New Jersey — Awarded approximately $4 million per year for each of three years for a total of approximately $12.2 million. The program will provide choice, increase outpatient treatment capacity, and expand day programs. The State expects to assess those on existing waiting lists to determine appropriate interventions and provide placements. The initiative will consist of a network of service providers inclusive of faith–based programs, licensed substance abuse treatment programs, recovery ministries, social service agencies, shelters, legal services, vocational and educational services, and others.	**Carolann Kane–Cavaiola, M.A.** *Assistant Commissioner* New Jersey Department of Health and Senior Services Division of Addiction Services 120 South Stockton Street, 3rd Floor P. O. Box 362 Trenton, NJ 08625 **Phone:** 609-292–5760 **Fax:** 609-292–3816 **E–mail:** *carolann.kane–cavaiola@doh.state.nj.us*
New Mexico — Awarded $7.6 million per year for each of three years for a total of approximately $22.8 million. New Mexico will increase and enhance clinical treatment and recovery support services and offer client choice through the implementation of a voucher system. The new program will enhance the City of Albuquerque's existing voucher system and replicate that system in Santa Fe County, Dona Ana County (Las Cruces) and in Five Sandoval Indian Pueblos, Inc. Catholic Charities' statewide Stone Soup Collaborative will lead an effort to increase the State's capacity to offer increased choices in recovery support services through faith–based and community–based organizations.	**Dr. Pamela Martin** *Director* Behavioral Health Services Division New Mexico Department of Health Harold Runnels Building, Suite 3300 North 1190 St. Francis Drive Santa Fe, NM 87502–6110 **Phone:** 505-827–2658 **Fax:** 505- 827–0097 **E–mail:** *pam.martin@doh.state.nm.us*
Tennessee — Awarded $5.9 million per year for each of three years for a total of approximately $17.8 million. The goal of the Tennessee program is to maintain abstinence by supplying vouchers for assessment, substance abuse clinical treatment and/or recovery services. The program will provide client choice among substance abuse clinical treatment and recovery support providers while expanding access to service options, including faith–based options, and increasing the number of State–authorized substance abuse providers.	**Stephanie W. Perry, M.D**. *Assistant Commissioner* Bureau of Alcohol and Drug Abuse Services Tennessee Department of Health Cordell Hull Building, 3rd Floor 425 Fifth Avenue, North Nashville, TN 37247–4401 **Phone:**615-741–1921 **Fax:** 615-532–2419 **E–mail:** *stephanie.perry@state.tn.us*
Texas — Awarded $7.6 million per year for each of three years for a total of approximately $22.8 million. Texas will focus on access and recovery needs of eligible drug court offenders. Services available through the Texas voucher system include assessment, clinical treatment and recovery support provided through a network of multiple drug courts. Voucher recipients will be afforded genuine, free and independent choice among service options, including faith–based organizations.	Dave Wanser, Ph.D. *Executive Director* Texas Commission on Alcohol and Drug Abuse P.O. Box 80529 Austin, TX 78708–0529 **Phone:** 512-349–6602 **Fax:** 512-837–4123 **E–mail:** *davewanser@tcada.state.tx.us*

ATR Grantees	Single State Authorities
Washington — Awarded $7.6 million per year for each of three years for a total of approximately $22.8 million. The State plans to utilize its Access to Recovery grant to provide clinical drug and alcohol treatment and recovery services to low–income individuals in crisis who are involved with Child Protective Services, shelters and supported housing, free and low income medical clinics and community detoxification programs. The program will offer a full range of treatment services and increase the number of providers trained and qualified to offer recovery services, particularly faith–based.	**Mr. Kenneth D. Stark** *Director* Division of Alcohol and Substance Abuse Washington Department of Social and Health Services P.O. Box 45330 Olympia, WA 98504–5330 **Phone:** 360-438–8200 **Fax:** 360-438–8078 **E–mail:** *StarkKD@dshs.wa.gov*
Wisconsin — Awarded $7.6 million per year for each of three years for a total of approximately $22.8 million. The Wisconsin program will expand capacity and enhance Milwaukee's current voucher system for people with substance use disorders. Collaboration with faith–based and community coalitions will lead to a greatly expanded choice of providers for clinical treatment and recovery support services, and the ability to monitor the system for effectiveness.	**Mr. Keith Lang** *Director* Bureau of Substance Abuse Services Division of Supportive Living Department of Health and Family Services P.O. Box 7851 Madison, WI 53707–7851 **Phone:** 608-266–2717 **Fax:** 608-266–1533 **E–mail:** *langkj@dhfs.state.wi.us*
Wyoming — Awarded $978,000 per year for each of three years for a total of approximately $2.9 million. This program will expand treatment capacity for adolescents and their families; improve accountability in service delivery; and create an integrated clinical treatment and recovery support services system. The adolescents targeted will be those involved with the criminal justice system. The State is establishing mechanisms for allowing participation by previously ineligible providers, particularly community–based and faith–based providers.	**Dr. Diane Galloway** *Administrator* Department of Health Substance Abuse Division 2424 Pioneer Avenue, Suite 306 Cheyenne, WY 82002 **Phone:** 307-777–6494 **Fax:** 307-777–7006 **E–mail:** *dgallo@state.wy.us*
California Rural Indian Health Board — Awarded $5.7 million per year for each of three years for a total of approximately $17.1 million. This coalition of California tribes, tribal and urban Indian health professionals, and substance abuse clinical treatment and recovery support service providers is seeking to provide every American Indian or Alaska Native in California with a substance abuse problem access to treatment opportunities that will foster recovery. The program will allow patients to select among Indian and non–Indian providers of services; traditional native spiritual and mainstream faith–based services; restrictive or nonrestrictive environments; and discrete or wraparound services.	**Joseph C. Saulque** *Chairperson* California Rural Indian Health Board 4400 Auburn Blvd., 2nd Floor Sacramento, CA 95841 **Phone:** 916-929–9761

For More Information

Please visit the Access to Recovery Web site at ***http://atr.samhsa.gov***.

Child and Family Services State Grants

Purpose

The Child and Family Services programs provide grants to States and Indian tribes to help public welfare agencies improve their child welfare services with the goal of keeping families together. Services are available to children and their families without regard to income. The authorizing legislation for these grants is Title IV–B, subparts 1 and 2, of the Social Security Act (the Act), as amended, and governing regulations can be found in the Code of Federal Regulations at 45 CFR 1355 and 1357.

How Funds May Be Used

The primary goals of the Child Welfare Services (CWS) program, provided for in Title IV–B, subpart 1, are to help State public welfare agencies, Indian tribes, and Territories to

1. Protect and promote the welfare and safety of all children, including individuals with disabilities and homeless, dependent, or neglected children;
2. Prevent or remedy, or assist in the solution of problems which may result in the neglect, abuse, exploitation, or delinquency of children;
3. Prevent the unnecessary separation of children from their families by identifying family problems and assisting families in resolving their problems and preventing the breakup of the family where the prevention of child removal is desirable and possible;
4. Restore to their families children who have been removed and may be returned safely, by the provision of services to the child and the family;
5. Assure adequate care of children away from their homes in cases where the child cannot be returned home or cannot be placed for adoption; and
6. Place children in suitable adoptive homes in cases where restoration to the biological family is not possible or appropriate.

The Promoting Safe and Stable Families program outlined in Title IV–B, subpart 2, provides funds to States and some tribes to provide family support, family preservation, time–limited family reunification services, and services to promote and support adoptions. These services are aimed primarily at preventing the risk of abuse and promoting nurturing families, assisting families at risk of having a child removed from their home, and promoting the timely return of a child to his/her home. If returning a child home is not an option, placement of a child in a permanent setting with services that support the child's permanent family is the objective.

Other parts of the program include the following:

- The Court Improvement Program, which provides grants to help State courts improve their handling of proceedings relating to foster care and adoption. After an initial assessment of court practices and policies, States use these funds for improvements and reform activities. Typical activities include development of mediation programs, joint tribal and State court coordination activities, joint agency court training, one judge/one family models, time–specific docketing, legislative change, and many others.
- Funding for eligible tribes based on tribal population.
- Some discretionary grant funding announced through the Federal Register to demonstrate, research, and evaluate areas of interest to the Children's Bureau in learning more about promoting safe and stable families.

The two programs provide State–directed services that include preventive intervention so that, if possible, children will not have to be removed from their homes. If children cannot remain at home, States provide services to develop and place children in alternative homes such as foster or adoptive homes. In addition, reunification services are available to encourage the return home, when appropriate, of children who have been removed from their families.

Child and Family program services vary by State and are determined by State statutes, policies, and procedures. Most States contract some services locally to providers qualified to perform the needed prevention service.

Eligibility

To be eligible for its allocated funds from both programs, a State or tribe must have an approved 5–year Child and Families Services Plan (with yearly updates). The plan describes the publicly funded State child and family services continuum and states the goals and objectives of the State's child welfare system both for improved outcomes for the safety, permanency, and well–being of children and families and for service delivery system reform; specifies the services and other activities that will be undertaken to carry out the goals and objectives; and includes plans for program improvement and allocation of resources.

For More Information

National Clearinghouse on Child Abuse and Neglect Information

The National Clearinghouse on Child Abuse and Neglect Information, a service of the Children's Bureau, is a national resource for professionals and others seeking information on child abuse and neglect and child welfare. The Clearinghouse maintains an online searchable database and publishes summary documents related to select State child abuse and neglect, child welfare, and domestic violence laws.

http://nccanch.acf.hhs.gov, 1–800–394–3366, or e–mail *nccanch@calib.com*

Children's Bureau Programs to Strengthen Marriages and Families

www.acf.hhs.gov/healthymarriage/funding/childrens_bureau.html

Children's Bureau Programs

www.acf.hhs.gov/programs/cb/programs

State Abstinence Education Program

Purpose

The purpose of the State Abstinence Education Program grants is to enable States to create or augment existing abstinence education programs and, at the option of the State, provide mentoring, counseling, and adult supervision to promote abstinence from sexual activity with a focus on those groups most likely to bear children out–of–wedlock. Faith–based and community–based organizations can participate in this program by collaborating with States to administer abstinence programs.

Section 510 of Title V of the Social Security Act was established under Section 912 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104–193). In June 2004 the Section 510 State Abstinence Education Program was reassigned from the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB) to the Administration for Children and Families' (ACF) Family and Youth Services Bureau (FYSB).

How Funds May Be Used

States use Section 510 Abstinence Education grants to create or enhance programs that already exist. These grant projects must meet the legislative priorities as described in Section 510 of Title V of the Social Security Act. Abstinence education is defined in the legislation as "an educational or motivational program that

(A) Has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;

(B) Teaches abstinence from sexual activity outside marriage as the expected standard for all school age children;

(C) Teaches that abstinence from sexual activity is the only certain way to avoid out–of–wedlock pregnancy, sexually transmitted diseases, and other associated health problems;

(D) Teaches that a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity;

(E) Teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;

(F) Teaches that bearing children out–of–wedlock is likely to have harmful consequences for the child, the child's parents, and society;

(G) Teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and

(H) Teaches the importance of attaining self–sufficiency before engaging in sexual activity."

Eligibility

State Abstinence Education Program grants are formula grants to States. Grants are awarded to States based on a statutory formula determined by the proportion of low–income children in a State to the total number of low–income children in all States according to the latest census data. The Family Youth Services Bureau at the Administration for Children and Families solicits applications from States through an annual Program Announcement. FY 2005 funding for the State Abstinence Education Program is expected to be $50 million. Eligible organizations apply directly to States for this program.

For More Information

National Clearinghouse on Families and Youth
Phone: 301-608–8098
E–mail: *info@ncfy.com*
Web site: *www.ncfy.com*.

Child Support Enforcement Grants

Purpose

The timely receipt of child support is critical for millions of American families and children. The Nation's Child Support Enforcement Program is a Federal/State/local/tribal partnership to help families by promoting family self–sufficiency and child well–being. Child support agencies locate noncustodial parents, establish paternity when necessary, establish orders for support, and collect child support payments for families.

All States and some tribes run a child support enforcement program, either in the human services department or department of revenue, often with the help of prosecuting attorneys, district attorneys, other law enforcement agencies, and officials of family or domestic relations courts. Families seeking government child support services must apply directly through their State/local agency or one of the tribes running the program. The most recent State–reported data show that nearly $21 billion in child support payments was distributed.

Services are available to a parent with custody of a child who has a parent living outside of the home. Services are available automatically for families receiving assistance under the Temporary Assistance for Needy Families (TANF) program. Current child support collected reimburses the State and Federal governments for TANF payments made to the family. Those not receiving public assistance can apply for child support services. Child support payments that are collected on behalf of non–TANF families are sent to the family.

The role of the Federal Office of Child Support Enforcement is to help State and tribal child support enforcement agencies develop, manage, and operate their programs effectively and in accordance with Federal law. The Office provides for the major share of program operating costs, provides policy guidance and technical assistance to enforcement agencies, conducts audits, supports research, and shares ideas for program improvement. It also provides significant local assistance to child support enforcement agencies through automated resources.

How Funds May Be Used

The Child Support Enforcement Program provides four major services to customers: locating noncustodial parents, establishing paternity, establishing support orders, and collecting support payments. The program also provides services to noncustodial parents. States offer access and visitation services through Federal grants.

States have uniform interstate laws to make it easier to collect support across State lines. Registries of newly hired employees speed collection of support. In certain States and under certain circumstances, criminal actions can be taken against chronic delinquent parents who owe large sums of child support.

Services for Noncustodial Parents

States receive grants from the Federal Government to help with noncustodial parents' access to and visitation with their children. Each State operates such programs under very broad guidelines. These projects can provide mediation, counseling, parenting education, visitation programs, and the development of visitation and custody guidelines. States may contract with community–based and faith–based organizations to provide these services. A number of States also have projects to promote responsible fatherhood and encourage marriage.

Special Projects

In addition to providing funds to operate child support enforcement agencies, the Federal Office of Child Support Enforcement offers grant opportunities for discretionary demonstration purposes that would improve program outcomes. Under the Special Improvement Project (SIP) grant program, child support enforcement agencies, as well as nonprofit organizations (including community–based and faith–based organizations), may apply for discretionary funding to test innovative methods to improve child support enforcement program results.

State and local CSE agencies may apply for discretionary funding under the Section 1115 Demonstration Grant Program to test innovative operational methods designed to improve CSE program results. CSE agencies may partner with community–based organizations and faith–based organizations in carrying out these demonstrations. See *www.acf.hhs.gov/grants/open/HHS–2004–ACF–OCSE–SIP–0001.html* for information about a recent SIP announcement or search the OCSE Web site for SIP and/or Section 1115 announcements: *www.acf.hhs.gov/programs/cse*.

Sponsoring Bureau

Office of Child Support Enforcement

Anticipated FY 2005 Appropriation

$4.5 billion (most of these funds are for day–to–day program operation; a portion is available for demonstration projects or for access and visitation)

Federal funding is provided by formula grants to the States, with competitive discretionary grants also being available for Special Improvement Project and Section 1115 Demonstration Grants. Direct funding is available to federally recognized Indian tribes and tribal organizations for comprehensive tribal child support enforcement programs.

For More Information

Office of Child Support Enforcement

www.acf.hhs.gov/programs/cse
www.acf.dhhs.gov/programs/cse/newann.htm

State Child Support Enforcement Agencies

www.acf.hhs.gov/programs/cse/extinf.htm#exta
http://ocse3.acf.dhhs.gov/int/directories/ext/IVd_list.cfm

Office of Child Support Enforcement Programs to Strengthen Marriages and Families

www.acf.hhs.gov/healthymarriage/funding/child_support.html

Contacts

Program contact: Myles Schlank
Phone: 202-401–9329
E–mail: *myles.schlank@acf.hhs.gov*

Grants contact: Sylvia Johnson
Phone: 202-401–4524
E–mail: *sylvia.johnson@acf.hhs.gov*

ADDITIONAL WAYS FOR FAITH–BASED AND COMMUNITY–BASED ORGANIZATIONS TO SUPPORT HHS GOALS

The Collaboration to AdoptUSKids

Currently, 523,000 children are in the public child welfare system; of these, almost 118,000 are waiting for an adoptive family. Each year, approximately 19,000 children "age out" of the system without ever being adopted.

The Collaboration to AdoptUSKids is a project of the Children's Bureau, within the Administration for Children and Families at the U.S. Department of Health and Human Services. In October 2002, the Children's Bureau contracted with the Adoption Exchange Association and its partners (the Collaboration to AdoptUSKids) to devise and implement a national adoptive family recruitment and retention strategy, operate the AdoptUSKids.org Web site, encourage and enhance adoptive family support organizations, and conduct a variety of adoption research projects. The AdoptUSKids Web site has matched thousands of children with adoptive parents.

One of the mandates of the Collaboration to AdoptUSKids, a 5–year, federally funded initiative, is to provide support to new and existing adoptive parent organizations around the country. AdoptUSKids knows full well the importance of adoptive parent support organizations both as an effective vehicle to recruit new families for children awaiting adoption and as a way to nurture and support existing families already built by adoption.

Since the beginning of the Collaboration, through a competitive RFP process, AdoptUSKids has awarded 105 mini–grants to parent groups in 44 States. Additional mini–grants will be awarded each year of the AdoptUSKids project.

On July 15, 2004, a public service advertising campaign was launched to promote adoption of children from foster care. HHS, ACF, and the Adoption Exchange Association (AEA) Collaboration to AdoptUSKids created a public service ad campaign in partnership with the Ad Council. To view the Public Service Announcements, go to ***www.adcouncil.org/campaigns/adoption***.

For additional information on AdoptUSKids, see ***www.adoptuskids.org*** or contact the AdoptUSKids office at 410-933–5700 or 1–888–200–4005.

National Health Service Corps (NHSC)

Purpose

The National Health Service Corps (NHSC) is committed to improving the health of the Nation's underserved by

- Uniting communities in need with caring health professionals; and
- Supporting communities' efforts to build better systems of care.

The NHSC provides comprehensive team–based health care that bridges geographic, financial, cultural, and language barriers. The NHSC works closely with other HRSA bureaus and programs to recruit primary care clinicians for communities in need to provide access to care for more than 50 million Americans who might otherwise do without.

NHSC strategies include

- Forming partnerships with communities, States, educational institutions, and professional organizations;
- Recruiting caring, culturally competent clinicians for communities in need;
- Providing opportunities and professional experiences to students through Scholarship and Loan Repayment Programs and SEARCH (Student/Resident Experiences and Rotations in Community Health) program;
- Establishing systems of care that remain long after an NHSC clinician departs; and
- Shaping the way clinicians practice by building a community of dedicated health professionals who continue to work with the underserved even after their NHSC commitment has been fulfilled.

The NHSC works with communities to increase health care access for the underserved by building on community strengths and linking communities with clinicians who care.

Some of the clinicians NHSC recruits are obligated to serve in community–based systems of care in return for scholarship or loan repayment support. Many NHSC clinicians remain in underserved communities after fulfilling their NHSC service commitments.

NHSC clinicians devote all or part of their careers to serving underserved populations, making lasting contributions to the health of their communities. To date, more than 24,500 NHSC clinicians have provided or continue to provide primary and preventive health care—including oral, mental, and behavioral health care services—to millions of people. Although the NHSC has been a resounding success in serving the Nation's neediest communities, much work remains to be done.

How Funds Are Made Available

The NHSC assists clinicians in locating opportunities in communities where they can make a difference. Some of these opportunities come through participation in the following programs:

Student/Resident Experiences and Rotations in Community Health (SEARCH). The SEARCH program provides opportunities for health profession students and residents to serve on interdisciplinary health care teams in underserved areas. Through SEARCH, health professions students and residents are placed in a community where they will learn to meet the needs of underserved patients with health care that is responsive to their cultural beliefs and practices. Opportunities vary by State and include activities such as working on health promotion and disease prevention community projects, assisting clinicians with routine screenings, and working with local health departments. To find out more about SEARCH opportunities, speak with the appropriate State or regional sponsoring organization. A list of contacts for these organizations is available by calling the NHSC toll–free help line 1–800–638–0824 or visiting the Web site at *http://nhsc.bhpr.hrsa.gov*.

Scholarship Program. The Scholarship Program is highly competitive. Those selected receive payment of tuition and fees, books, supplies, and equipment for up to 4 years of education and a monthly stipend. For each year of support, participants will be required to serve 1 year in an approved practice site, located in a federally designated health professional shortage area of greatest need. The minimum service commitment is 2 years, which must begin upon completion of health professions training or primary care residency.

Loan Repayment Program. The Loan Repayment Program is highly competitive. Those selected must agree to provide full–time primary care services in an approved practice site, located in a federally designated health professional shortage area. For the 2–year minimum service commitment, the NHSC will pay up to $50,000, based on the participant's qualifying educational loans. Opportunities to continue participating in the program beyond 2 years may be available.

State Loan Repayment Program. In addition, NHSC grants matching funds directly to States to operate their own loan repayment programs. This initiative is part of the overall strategy of the Health Resources and Services Administration (HRSA) to improve and expand access to health care for Americans nationwide. Eligibility requirements and benefits vary from State to State. A list of contacts for these State programs is available by calling the NHSC toll–free help line 1–800–638–0824 or visiting the Web site at ***http://nhsc.bhpr.hrsa.gov***.

Eligibility

The NHSC Scholarship Program is open to full–time students enrolled or attending fully accredited U.S.

- Allopathic or osteopathic medical schools,
- Family nurse practitioner programs (master's degree in nursing, post–master's or post–baccalaureate certificate),
- Nurse–midwifery programs (master's degree in nursing, post–master's or post–baccalaureate certificate),
- Physician assistant programs (certificate, associate, baccalaureate, or master's degree program), and
- Dental schools.

The NHSC Loan Repayment Program is open to fully trained

- Allopathic or osteopathic primary care physicians,
- Primary care certified nurse practitioners,
- Primary care physician assistants,
- Certified nurse–midwives,
- General practice dentists,
- Registered clinical dental hygienists,
- Clinical or counseling psychologists,
- Clinical social workers,
- Licensed professional counselors,
- Marriage and family therapists, and
- Psychiatric nurse specialists.

Sponsoring Bureau

Bureau of Health Professions

Fiscal Year 2005 Program Announcement

HRSA Preview posted on HRSA Web site: *ftp://ftp.hrsa.gov/guidance05/preview.pdf*

Amount of competition in FY 2005

Scholarship Program and Loan Repayment Programs: $87,000,000

Number of Awards

Scholarship Program: About 120 new awards
Loan Repayment Program: About 1,200 new awards

Size of Award

Scholarship Program: Tuition, fees, books, other reasonable costs, and monthly stipend
Loan Repayment Program: Up to $50,000 for a 2–year contract

Length of Award Period

Scholarship Program: 2 to 4 years
Loan Repayment Program: 2 years, with possibility of contract amendments for additional years

Contact

National Health Service Corps
Phone: 1–800–221–9393
Web site: *http://nhsc.bhpr.hrsa.gov*

Body and Soul: A Celebration of Healthy Living and Eating

Body & Soul: A Celebration of Healthy Eating and Living is a wellness program developed for African American churches. The program empowers church members to eat 5 to 9 servings of fruits and vegetables every day for better health. Congregations that embrace Body & Soul help their members take care of their bodies as well as their spirits.

Body & Soul works by combining

- Pastoral leadership,
- Education,
- A church environment that supports healthy eating, and
- Peer counseling.

Church members customize and run Body & Soul to fit the needs of their church. All of the information needed to create the program is provided in a program guide.

Why Body & Soul?

African Americans are at high risk for many serious and often fatal diseases. These include high blood pressure, diabetes, heart disease, and many types of cancer. A diet rich in fruits and vegetables promotes good health and lowers the risk for these illnesses. Eating plenty of fruits and vegetables may be one of the easiest things to do to improve health.

Body & Soul congregations embrace and celebrate good health through healthy eating. Each congregation member

- Learns how health and spirituality are connected;
- Feels empowered to take charge of their health;
- Eats more fruits and vegetables every day;
- Lives healthier in other ways, such as eating less fat and getting more physical activity; and
- Gains access to vital health information at church.

For More Information

To order a free copy of the *Body & Soul* guide, please call 1–800–422–6237, or visit ***http://app1–ws1b–2.nci.nih.gov/tools/assets/index.html.***

National Donor Sabbath

National Donor Sabbath (NDS) was initiated when the Division of Transplantation, Healthcare Systems Bureau, Health Resources and Services Administration, met with representatives of the transplant community and agreed to hold NDS as a national annual 3–day event on the weekend two weeks prior to Thanksgiving. Intended to capture the spirit of thanksgiving, NDS focuses on the significant role that faith leaders can take in encouraging discussions about donation and the benefits of organ, tissue, marrow, and blood donation. National Donor Sabbath has become one of the most important, most "participated in" annual national events for the donation community. Each year it affords transplant professionals an opportunity to provide donation awareness through presentations and education, and to interact with faith leaders and their communities across the Nation.

In support of the HHS national Gift of Life Donation Initiative and its goal of making all Americans aware that they can offer the gift of life to others, a new booklet on NDS, *National Donor Sabbath: An Opportunity for Discussion About Sharing Life Through Organ and Tissue Donation,* is expected to be released in spring 2005. The booklet will provide faith and community leaders with background and articles about donation. It also will provide resource materials that will enable faith leaders and others to reach donation professionals who can assist them with programs and information.

With the provision of the NDS booklet and the donation support pins which the Government provides each year on special National Donor Sabbath backings, HHS will continue to reach out to faith leaders for their understanding and support of donation. Families offered the option of donation following the death of a loved one are most likely to seek counsel from faith leaders and physicians.

Today, there are approximately 200,000 people in the United States who are alive because they received an organ transplant. However, 17 people still die each day due to a lack of available organs, tissue, marrow, and blood for transplant or donation. Knowing that families seek counseling largely from faith leaders and physicians, HHS is committed to reaching congregations with the simple but important facts surrounding organ, tissue, marrow, and blood donation.

GUIDANCE FOR MAKING FREEDOM OF INFORMATION ACT (FOIA) REQUESTS

The Freedom of Information Act (FOIA) was passed by Congress in 1966 and amended in 1974. FOIA created procedures whereby any member of the public may request records of the agencies of the Federal Government.

In accordance with FOIA and the HHS Freedom of Information Regulations (45 CFR Part 5), the public may request information from HHS, including requests for successful grant applications. The requestor will be required to cover any costs incurred in fulfilling the request. HHS requires all requests be submitted in writing to ensure all requests are fulfilled as accurately and completely as possible from existing records.

Different types of information can be requested through the FOIA process. Be as specific as possible when requesting records. Requests that are vague and require more research will take longer to fulfill and may be more costly.

Agencies are required to respond to requests in a timely manner, although additional time may be needed under certain circumstances, such as obtaining records from field offices, processing a large volume of separate records, or consulting with another agency in order to satisfy a request.

The following pages provide guidance for making an FOIA request. For additional information, visit the HHS Web site at ***http://www.hhs.gov/foia***.

How to Make a Freedom of Information Act (FOIA) Request to the Administration for Children and Families (ACF)

To make an FOIA request:

1. Submit your request in writing, by postal service, facsimile, or messenger to the ACF FOIA point of contact:
   Rosario Cirrincione
   ACF FOIA Point of Contact
   Room 645–F, Hubert H. Humphrey Building
   200 Independence Ave. SW
   Washington, DC 20201
   Phone: 202–690–7453
   Fax: 202–690–8320

2. Include your postal address and the name of the person responsible for paying any fees that may be charged.

3. Include a phone number where HHS can reach you to get clarification of the request or resolve other issues concerning the request.

4. Write "Freedom of Information Act Request" on the envelope and on the letter. Your letter should include as many details as possible to help HHS identify and locate the records you want. If you are not sure how to write your request or what details to include, contact the ACF Freedom of Information Act Officer.

See the Administration for Children and Families FOIA information page at *www.acf.dhhs.gov/foia.html* for more information.

How to Make a Freedom of Information Act (FOIA) Request to the Health Resources and Services Administration (HRSA)

To make an FOIA request:

Mark both the envelope and its contents "FREEDOM OF INFORMATION ACT REQUEST." Do not include a return envelope. Address or fax your request to

Health Resources and Services Administration
Office of Communications
Freedom of Information
5600 Fishers Lane, Rm. 14–15
Rockville, MD 20857

Fax: 301–480–5285
E–mail: *foia@hrsa.gov*

In your request, identify the record(s) that you want. If you do not know the exact title, describe the record as specifically as possible. The more details that you can provide, such as author, title, date, subject matter, and location, the better. We may ask you to clarify your request if necessary. FOIA staff will log your request, assign a tracking number to it, and send you a letter acknowledging receipt of your request. This number is important to you because it will enable us to check the status of your request.

HRSA's documents include those produced for public dissemination and others that result from day–to–day agency operations.

FOIA Fees

FOIA authorizes us to assess the following three levels of fees: search fees, review fees, and photocopying fees. The fees that we assess for a given request, however, are based upon the category of FOIA requestor.

Fee Categories

For fee purposes, the FOIA requires that requestors be placed in one of the following three categories:

(1) commercial use requestors;

(2) educational and scientific institutions and news media; and

(3) all others.

In line with FOIA, we charge commercial use requestors the costs of search, review, and duplication associated with processing requests. We charge scientific, educational, and news media requestors the cost of duplication only, with the first 100 pages free of charge. We charge all other requestors the costs of search and duplication, except that the first 2 hours of search and the first 100 pages of duplications are free of charge. You will be billed only if the total processing charges are $25 or more.

We assume that you are willing to pay the fees we charge for processing your request. In your letter of request, you may specify the fee category in which you feel your request falls. You also may state the maximum amount of fees that you are willing to pay.

Fee Waivers

The FOIA permits agencies to waive fees if disclosure of the record(s) is in the public interest because it

(a) is likely to contribute significantly to public understanding of the operations or activities of the government and

(b) is not primarily in the commercial interest of the requestor.

If you believe that your request meets both of the above tests, you can request a waiver or reduction of fees when you make your FOIA request. Be sure to fully document and justify your waiver request.

How We Process Your Request

We try to handle your request within 20 working days from the date we receive it. Sometimes it may take longer depending on the kind of record(s) you request and the number of requests ahead of yours. FOIA requests are processed on a "first in, first out" basis. The guidelines we follow in processing your FOIA request are detailed in HHS Public Information Regulations, 45 CFR Part 5.

Expedited Process

We provide expedited processing when disclosure of the records is necessary because of a compelling need. This is the case when the requestor

(1) demonstrates that there is an imminent threat to life or physical safety or

(2) demonstrates, as a member of the media, an urgency to inform the public concerning actual or alleged government activity. We also will expedite your request if you show that the requested records are needed to meet a deadline in litigation or a deadline imposed by a governmental agency for commenting on a proposed regulation.

If you would like your request expedited, please explain your reasons in your FOIA request.

Denials and Appeals

If a record is determined to be exempt from release under the FOIA, in whole or in part, we will provide written notification to you of this decision. We will explain our reason(s) for withholding the record/information and describe how you may file an appeal. Any administrative appeal decision that upholds a denial will inform you of the basis for the denial and of your right to judicial review in Federal courts.

How to Make a Freedom of Information Act (FOIA) Request to the Substance Abuse and Mental Health Services Administration (SAMHSA)

To make an FOIA request:

You may request SAMHSA documents and records electronically. To make a request, please send us an e–mail at *foia@samhsa.gov*.

In case we need to contact you with questions about your request, please be sure to include your mailing address, a phone number or e–mail address, and the subject of the request.

Fees

For fee purposes, the Freedom of Information Act (FOIA) requires that requestors be placed in one of three categories:

- commercial–use requestors;
- educational and scientific institutions, and news media; and
- all others.

In line with FOIA, SAMHSA charges commercial–use requestors the costs of search, review, and duplication associated with processing requests. We charge scientific, educational, and news media requestors the cost of duplication only, except that we provide the first 100 pages free of charge. We charge all other requestors the costs of search and duplication, except that the first 2 hours of search and the first 100 pages of duplications are free of charge. You will be billed only if the total processing charges are $25 or more. We assume that you are willing to pay the fees we charge for processing your request. In your letter of request, you may specify the fee category in which you feel your request falls. You also may state the maximum amount of fees that you are willing to pay.

Fee Waivers

The FOIA permits SAMHSA to waive fees if disclosure of the record(s) is in the public interest because it

- is likely to contribute significantly to public understanding of the operations or activities of the government and
- is not primarily in the commercial interest of the requestor.

If you believe that your request meets both of the above tests, you can request a waiver or reduction of fees when you make your FOIA request. Be sure to fully document and justify your waiver request. You can find more information on the Substance Abuse and Mental Health Services Administration FOIA information page: ***http://alt.samhsa.gov/foia/content/foia_main.html***.

You may visit SAMHSA in person to review FOIA documents at the following address:

Room 8–1042
One Choke Cherry Road
Rockville, MD 20857

Phone: 240–276–2130
Fax: 240–276–2135

Hours of operation are from 9:00 a.m. to 4:00 p.m., Eastern Time, Monday–Friday

How to Make a Freedom of Information Act (FOIA) Request to the Centers for Disease Control and Prevention (CDC).

To make an FOIA request:

Write a letter with as much detail as possible about the records you want. If you are requesting an individual's medical or personnel records, you must provide a consent form that

- names the person whose records are to be released,
- states that CDC is allowed to release the records requested,
- is signed and dated by the person whose records are requested (for adults), and
- has been notarized.

If you request records on a minor (a person under 18 years of age), your consent form must be signed by the minor's parent or guardian. The relationship between the minor and the person signing must be noted on the consent form. If we locate records on a minor, we will need the name and address of a healthcare provider to whom we can release the records.

What kinds of records can I request from CDC/ATSDR under the Freedom of Information Act (FOIA)?

All records that are in an agency's possession and that are not already in the public domain (e.g., in the library or available from a clearinghouse) are subject to FOIA.

NOTE: A large number of records are available via the home pages of CDC and ATSDR.

How long will it take CDC/ATSDR to respond to my request?

When your request is logged in, the FOIA Office will send you a postcard to let you know your request was received. Under FOIA, agencies have 20 working days to answer a request. CDC and ATSDR do their best to meet this deadline.

Submit your request to the CDC/ATSDR FOI Office at the following address:

CDC/ATSDR
Attn: FOI Office, MS–D54
1600 Clifton Road, NE
Atlanta, GA 30333

Fax: 404–639–7395
Phone: 404–639–7270
Web site: *www.cdc.gov/od/foia/foidir.htm*

How to Make a Freedom of Information Act (FOIA) Request to the Administration on Aging (AoA)

To make an FOIA request:

FOIA requests made to AoA should be addressed to

Administration on Aging (AoA)
Freedom of Information Officer
Washington, DC 20201

Phone: 202–357–3540

A complete FOIA request to AoA will include the following:

1. The name and address of the requestor (inclusion of a telephone number is strongly recommended);
2. Detailed description of the records/information requestor is seeking to receive; and
3. Category of the requestor (for the purpose of assessment of applicable fees):
   - Commercial
   - Educational and scientific institutions and news media
   - All others

Denials

If the FOIA officer determines that it is necessary to deny the FOIA request, either in part or whole, he will write to you and inform you of the decision. The decision to deny will be explained in terms of the nine exemptions, and you will be informed of your right to appeal.

For additional information, see the Administration on Aging FOIA information page at *www.aoa.gov/siteutil/foia.asp*.

REVIEWING GRANTS FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

Grant Review Opportunities at the Administration for Children and Families (ACF)

The Administration for Children and Families (ACF) extends an invitation to faith–based and community leaders with expertise in social services to participate in the review of grant applications. Reviewers use their expertise to objectively evaluate and score applications against published evaluation criteria. Reviewers gain understanding of the grant–making process while enjoying the opportunity to network with colleagues. ACF seeks reviewers for the following program offices: Child Care Bureau, Children's Bureau, Family Youth Services Bureau, Head Start Bureau, and the Office of Community Services. Please see below for information on how to apply. Two divisions within ACF have separate applications processes:

Administration on Children, Youth, and Families (ACYF)

If you have interest and experience in the programs administered by the Child Care Bureau, the Children's Bureau, the Family and Youth Services Bureau and/or the Head Start Bureau, you may be eligible to review grant applications for ACYF.

Office of Community Services (OCS)

If you have interest and expertise in a broad range of community programs that address the social and economic needs of the urban and rural poor, you may be eligible to review grant applications for OCS.

To learn more about the work of ACYF and OCS and to apply to be a grant reviewer, please visit *www.acf.hhs.gov/programs/fbci/fbci_funding.html#reviewer*.

Grant Review Opportunities at the Health Resources and Services Administration (HRSA)

The Health Resources and Services Administration needs grant reviewers with expertise in the following areas:

- Health professions training
- HIV/AIDS
- Maternal and child health
- Organ transplantation
- Primary care for underserved people
- Rural health

Grant reviewers help HRSA select the best programs from competitive groups of applicants. Reviewers are chosen for specific grant programs, based on their knowledge, education, and experience. Grant review panels are selected to reflect diversity of ethnicity, gender, experience, and geography.

Reviewers use their expertise to objectively evaluate and score applications against published evaluation criteria. Reviewers gain understanding of the grant–making process while enjoying the opportunity to network with colleagues.

HRSA grant reviews usually are held in the Washington, DC, metropolitan area and last for 3 to 5 days. Some reviews are conducted via teleconference or field reading (an objective review approach where reviewers independently review applications from where they are based, with no group discussion of the applications).

HRSA makes all logistical arrangements and pays for travel expenses and other costs. Each reviewer receives an honorarium.

If you have expertise in the areas noted above and are interested in becoming a HRSA Grant Reviewer, please send an e–mail message with the subject line "Grant Reviewer Applicant" to ***PeerReviewers@hrsa.gov***. Please provide your name, e–mail address, and home and work phone numbers.

The HRSA Division of Independent Review will contact you within 3 business days via e–mail to begin the reviewer enrollment process.

Grant Review Opportunities at the Substance Abuse and Mental Health Services Administration (SAMHSA)

The Substance Abuse and Mental Health Services Administration (SAMHSA) accepts grant reviewer applications on an ongoing basis.

The three centers of the Substance Abuse and Mental Health Services Administration (SAMHSA) are seeking professionals to evaluate applications for Federal grants.

SAMHSA reviewers must have related program experience and education, be able to analyze grant applications effectively against specific criteria, be able to express their evaluation clearly in writing, and be interested in contributing to the advancement of knowledge. Specifically, the agency is interested in reviewers with the following program experience and knowledge:

- Individuals with background in mental health services and knowledge of community–based systems of care and services for adults with serious mental illnesses and children with serious emotional disturbances.
- Individuals with background and knowledge of substance abuse prevention, who have expertise or experience in working with activities that discourage substance abuse and behaviors increasing the risk of substance abuse.
- Individuals with expertise in evidence–based effective substance abuse treatment services, programs, and activities.

Grant reviewers gain many skills out of their experience such as

- Understanding of the grant–making process,
- Opportunity to network with colleagues,
- Chance to exercise professional judgment and expertise, and
- Intellectual challenge.

Reviewers are chosen for particular grant programs based on their knowledge, education, and experience. Someone from SAMHSA will call applicants being considered as reviewers to explain their review responsibilities.

Minimum requirements for Grant Reviewers: Reviewers must be willing and able to read and evaluate approximately 1,000 pages of typed text over several days. They must be able to provide both written and oral evaluative comments based on professional knowledge measured against published criteria—not personal opinion. As a team member working under the leadership of a Chairperson, a reviewer must be able to listen attentively to the input of other panelists, engage in discussion, bridge differences, and work with the Chairperson to synthesize evaluative comments. He or she must have the highest personal standards of ethically reviewing proprietary information, maintaining confidentiality, and avoiding any conflict of interest. Expertise in the subject area to be reviewed is required.

Minimum requirements for Chairpersons: Chairpersons must have good communication skills (oral and written). A high level of comfort facilitating a group process toward a specific goal in a time–limited situation is required. Chairpersons must manage paperwork well and be able to synthesize information from a variety of written and conversational sources. Chairpersons must have the highest personal standards of ethically reviewing proprietary information, maintaining confidentiality, and avoiding any conflict of interest. Experience being a SAMHSA reviewer is required. Expertise in the area to be reviewed is a plus.

Selected reviewers will be precluded from reviewing any application for which they may have a potential conflict of interest, including reviewing in priority areas to which they or their affiliated organizations have applied.

Grant reviews are usually completed by conference call, and time commitments vary based on grants being reviewed. Some grant reviews will require onsite meetings, generally in the Washington, DC, area.

Reviewers selected will receive taxable compensation for their services.

If you are interested in becoming a grant reviewer for SAMHSA or have questions about this opportunity, you may contact the SAMHSA Grants Review Office at *reviewer@samhsa.gov*.

For more information and specific requirements for becoming a grant reviewer, please visit ***http://alt.samhsa.gov/grants/emailform/index.asp***.

2005 TECHNICAL ASSISTANCE OPPORTUNITIES

Training and Technical Assistance Opportunities

Training and Technical Assistance Opportunities are offered by the White House Office of Faith–Based and Community Initiatives and other Federal agencies to help faith–based and community organizations improve their grant writing, expand their capacity, and become effective partners.

See *www.whitehouse.gov/government/fbci/technical–assistance.html*

Calendar of Events and Training Offered by Compassion Capital Fund Intermediary Grantees

CCF Intermediaries offer training throughout the year in different regions throughout the country. The following Web site is updated with current information.

See *www.acf.hhs.gov/programs/ccf/calendar/ccfc.jsp*

Calendar of Events and Training Offered by SAMHSA for Grassroots Faith– and Community–Based Groups

See *www.samhsa.gov/FBCI/fbci.aspx*

SAMHSA's Grant Writing Manual, "Developing Competitive SAMHSA Grant Applications: Participant Manual"

See *http://alt.samhsa.gov/grants/TAManual/toc.htm*

SAMHSA's "A National Review of State Alcohol and Other Drug (AOD) Treatment Programs and Certification Standards for Counselor and Prevention Professionals"

This review will soon be available online.

See *www.samhsa.gov/FBCI/fbci.aspx*

SAMHSA's Volunteer Handbook

This handbook outlines ways to best utilize volunteers in a faith– or community–based organization, and will soon be available online.

See *www.samhsa.gov/FBCI/fbci.aspx*

The Center for Faith–Based and Community Initiatives
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