

establish regional resource centers which will provide services to past and existing office for the Advancement of Telehealth (OAT) grantees and other institutions in need of Technical Assistance in order to refine or create new telehealth programs. Working in close collaboration with OAT, the Resource Centers will develop an array of services. Resource Center services will include: providing Technical assistance, training, and support for health care providers and a range of health care entities that currently provide or seeking to provide telehealth services; disseminating information, research findings and best practices related to the field of telehealth; promoting effective collaboration among telehealth care providers in their region; conducting evaluations to determine the best utilization of telehealth technologies to meet our nation's health care needs; fostering the use of telehealth technologies to provide health care information and education for health care providers and consumers in a more effective manner; and implementing special projects or studies under the direction of the OAT.

**Federal Involvement:** The scope of Federal involvement is included in the Application kit.

**Eligibility:** Public or private non-profit agencies. Faith-based and community-based organizations are eligible to apply.

**Review Criteria:** Final Review Criteria will be included in the application kit.

**Funding Preferences:** As stated in the Legislative Authority, preference will be given to an eligible entity that meets at least 1 of the following requirements:

A. Provision of services—The eligible entity has a record of success in the provision of telehealth services to medically underserved areas or medically underserved populations; B. Collaboration and sharing of expertise—The eligible entity has a demonstrated record of collaborating and sharing expertise with providers of telehealth services at the national, regional, State, and local levels; C. Broad range of telehealth services—The eligible entity has a record of providing a broad range of telehealth services, which may include—(i) A variety of clinical specialty services; (ii) patient or family education; (iii) health care professional education; (iv) rural residency support programs; and (v) informatics. In addition to providing technical assistance in their region, each grant will serve as a national resource that brings together the lessons learned from throughout the nation in at least two of the following areas: (i) Telehealth program evaluation; (ii) technology

assessment; (iii) training, marketing, and information dissemination; (iv) telehealth program operations.

**Estimated Amount of This Competition:** \$500,000.

**Estimated Number of Awards:** 2.

**Estimated Project Period:** up to three (3) years.

**HRSA-04-046 Telehealth Resource Centers Cooperative Agreement Program (TRCCP)**

**Application Availability Date:**

December 15, 2003.

**Application Deadline:** March 22, 2004.

**Projected Award Date:** September 1, 2004.

**Program Contact Person:** Luigi S. Procopio.

**Program Contact Phone:** (301) 443-0262.

**Program Contact E-Mail:**  
[Lprocopio@hrsa.gov](mailto:Lprocopio@hrsa.gov).

**HRSA-04-047 Title IV: Grants for Coordinated HIV Services and Access to Research for Women, Infants, Children, and Youth (CSWICY)**

**CFDA:** 93.153.

**Legislative Authority:** Public Health Service Act, Section 2671, 42 U.S.C. 300ff-71.

**Purpose:** The Purpose of the Title IV funding is to improve access to primary medical care, research, and support Services for HIV-infected women, infants, children and youth, and to provide support services for their affected family members. Funded projects will link clinical and other research with comprehensive care systems, and improve and expand the coordination of a system of comprehensive care for women, infants, children and youth who are HIV-infected. Funds will be used to support programs that: (1) Link established systems of care to coordinate service delivery, HIV prevention efforts, and clinical research and other research activities, and (2) address the intensity of service needs, high costs, and other complex barriers to comprehensive care and research experienced by medically underserved and hard-to-reach populations. Activities under these grants should address the goals of enrolling and maintaining clients in HIV primary care; increasing client access to research by linking development and support of comprehensive, community-based and family-centered care infrastructures; and emphasizing prevention within the care system, particularly the prevention of perinatal HIV transmission.

**Eligibility:** Eligible organizations are public or private nonprofit entities that

provide or arrange for primary care. Current grantees and new organizations proposing to serve the same patients and populations currently being serviced by these existing Projects are eligible to apply. Faith-based and community-based organizations are eligible to apply.

**Limited Competition**

Applications are limited to the areas where Project Periods expire in FY 2004. These areas are:

AL—Baldwin; Mobile  
AR—Clay; Cleburne; Craighead; Fulton; Greene; Independence; Izard; Jackson; Lawrence; Marion; Poinsett; Randolph; Searcy; Sharp; White  
AZ—Maricopa  
CA—Los Angeles; Alameda; Contra Costa; San Francisco; Sonoma  
CO—Adams; Arapahoe; Boulder; Denver; Douglas; El Paso; Jefferson  
FL—Hillsborough; Pinellas; Pasco; Manatee; Sarasota; Duval; St. Johns; Clay; Nassau; Baker; Flagler; Volusia;  
GA—South East; Clayton; Dekalb; Cobb; Fulton; Gwinnett; Appling; Atkinson; Bacon; Brantley; Bulloch; Candler; Charlton; Clinch; Coffee; Evans; Jeff Davis; Pierce; Tattnell; toombs; Ware; Wayne  
IL—Cook  
KY—Jefferson  
MA—Barnstable; Berkshire; Bristol; Dukes; Essex; Franklin; Hampden; Hampshire; Middlesex; Nantucket; Norfolk; Plymouth; Worcester  
MO—St. Louis City; St. Louis; St. Clair; Madison  
NC—Gates; Perquimans; Pasquotank; Chowan; Bertie; Martin; Pitt; Beaufort; Greene; Pamlico; Hyde; Washington; Tyrrell; Alamance; Caswell; Guilford; Randolph; Rockingham  
NM—Bernalillo; Torrance; Valencia  
NV—State wide except Clark, Lincoln  
NY—Bronx; New York; Kings; Richmond; Queens; Albany; Clinton; Columbia; Delaware; Dutchess; Essex; Franklin; Fulton; Greene; Hamilton; Herkimer; Montgomery; Oneida; Otsego; Rensselaer; Saratoga; Schenectady; Schoharie; Sullivan; Ulster; Warren; Washington  
OK—State wide coverage  
PA—Butler; Armstrong; Beaver; Allegheny; Westmoreland; Washington; Somerset; Cambria; Fayette; Greene  
TN—Shelby; Fayette; Tipton; MS Desoto; AR Crittenden  
TX—Dallas; Tarrant; Denton; Ellis; Kaufman; Smith; Gregg; Anderson; Navarro; Collin; Parker; Johnson; Hood; Navarro; Somervell; Erath; Palo Pinto; Wise  
VA—Halifax; Charlotte; Prince Edward; Buckingham; Amelia; Powhatan;