

# All About **HRSA**

## A Guide for **HBCU** PARTNERSHIPS



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U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES



Health Resources & Services Administration



*HBCU Campus Scene*

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*Greetings from the*  
**SECRETARY OF HEALTH AND HUMAN SERVICES**

I am extremely pleased to be a part of an administration so strongly committed to supporting and further developing the programs offered at historically Black colleges and universities (HBCUs). Over the years, HBCUs have touched the lives of many citizens from disadvantaged and minority populations, through higher education and community service. Interestingly, the Health Resources and Services Administration (HRSA), an operating division of the U.S. Department of Health and Human Services (DHHS), has been mandated to protect the health of these same populations. Given this similar focus, by both



HRSA and HBCUs, it is mutually beneficial that partnerships be formed to more fully address the primary health care needs of those within the minority and disadvantaged populations, who are vulnerable and at-risk. While HRSA is proud of its record of assistance and support to HBCUs, the agency is actively exploring ways to make a greater contribution to these institutions of higher education. In fact, it is in the best interest of the Nation that partnership formation between HBCUs and HRSA be strengthened and broadened. Accordingly, this might be accomplished through greater involvement of HBCUs in the programmatic activities of HRSA. Such involvement can range from HRSA scholarship and fellowship funds for needy students majoring in the health sciences to funding for the development of community service programs.

To assist HBCUs in becoming more familiar with the organization and programs of HRSA, this brochure has been prepared. Hopefully, through a review of the document, HBCUs will increase their awareness of the many opportunities within HRSA, to which the vast capabilities of their institutions might be applied.

Donna E. Shalala  
*Secretary*  
*U.S. Department of Health and Human Services*

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*Greetings from the*  
**ADMINISTRATOR OF THE HEALTH RESOURCES AND  
SERVICES ADMINISTRATION**

**A**s in the past, the tradition continues today: historically Black colleges and universities (HBCUs) provide their students with a quality education, prepare and encourage them to pursue advanced degrees, and instill in them the virtues of community service. Further, HBCUs have been a training ground for many of our national leaders and prominent citizens. Considering that the Health Resources and Services Administration (HRSA) and HBCUs have similar missions, with respect to serving disadvantaged and minority populations, it is natural that partnerships be developed between these two entities. Toward this end, HRSA is intent on contributing to the success of HBCUs, by ensuring their partici-



ipation to the fullest extent possible in all of our programs. While the programmatic opportunities within HRSA are quite varied, we strongly encourage the proactive pursuance of these opportunities by HBCUs.

To learn more about the programmatic opportunities within HRSA, this brochure has been prepared specifically for HBCUs. It is hoped that the information contained within, will significantly assist HBCUs in their efforts to become more involved with the programs of HRSA. Further information about the programs and funding opportunities at HRSA can be obtained from the contact persons and references indicated on the last page of this brochure. We, at HRSA, look forward to continuing our work with HBCUs.

Claude Earl Fox, M.D., M.P.H.  
*Administrator*  
*Health Resources and Services Administration*

## Overview of the Agency

The Health Resources and Services Administration, established in 1982, brought together several existing programs to provide national leadership in health care and public health. Today, the agency administers more than 80 separate programs, employs over 2,000 people, and has a budget which exceeds \$3 billion. In carrying out its mission of helping to provide health resources for medically underserved and special-need populations, HRSA supports a nationwide network of over 600 community and migrant health centers, in addition to primary care programs for the homeless and residents of public housing.

The programmatic operations of HRSA are vast and far-reaching, serving over 8 million people each year. Some of the major programs administered by HRSA include: health professions training, oversight of the national organ transplantation system, provision of services to people with HIV/AIDS, and efforts to improve child health and reduce infant mortality. Additionally, HRSA supports the National Health Service Corps, a program designed to provide health professionals to communities where a shortage exists for such personnel. In general, it is the aim of HRSA to increase the quality, diversity, and capacity of the health care workforce, in an effort to meet the primary health care needs of vulnerable populations.



## The HRSA Mission

The primary mission of the Health Resources and Services Administration is to direct national programs which improve the health of the Nation, by assuring quality health care to underserved, vulnerable and special-need populations, and by promoting education and practice in primary care and public health. Central to this mission are HRSA's efforts to develop and manage programs which meet the health care needs of citizens neglected by or deprived of private health services. The following eight key activities are focused on by HRSA, in carrying out its mission:

- Forming academic, community, and educational partnerships.
- Bringing underprivileged, uninsured, rural and chronically ill citizens into the mainstream of managed care.
- Utilizing technological advances to enhance the competence and skills of health care providers in the U.S.
- Working with states to improve health care delivery to all who are disadvantaged, underserved or have special needs.
- Building community-based health infrastructures through a coalition of citizens and health care providers to test, evaluate and replicate models of cooperative care.
- Enhancing services for populations living with HIV/AIDS.
- Assuring access to care for women and children and working to decrease infant mortality.
- Monitoring the health status of populations living along the U.S.-Mexican border.



## The Organization of HRSA

The Health Resources and Services Administration is often referred to as the Action Agency, because of its proactive focus on providing access to primary health care for the vulnerable populations of the Nation. To support this designation, and to fully meet the objectives of its mission, HRSA is organized into the following four major bureaus:

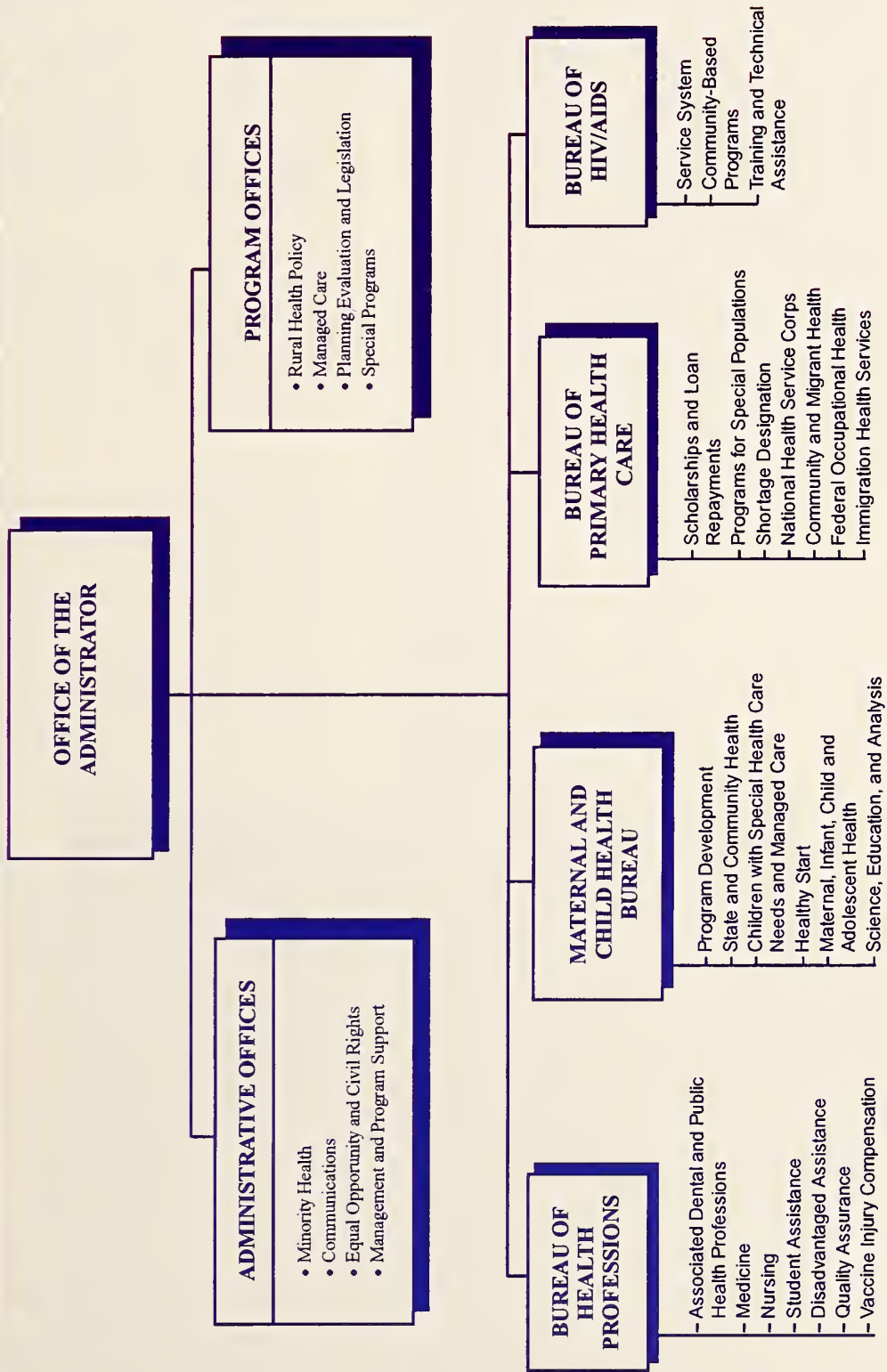
- The Bureau of Health Professions
- The Maternal and Child Health Bureau
- The Bureau of Primary Health Care
- The HIV/AIDS Bureau

While the majority of the programmatic activities within HRSA are carried out by the four bureaus, identified above, within the Office of the Administrator, such activities are also implemented by three other organized units: the Office of Rural Health Policy, (ORHP), the Center for Managed Care (CMC), and the Office of Planning, Evaluation and Legislation (OPEL). It should be noted that the ORHP has responsibility for rural primary health care issues for all of DHHS; however, it has been organizationally placed in HRSA, and, in effect, operates as a bureau. Accordingly, through the ORHP, the views of rural constituencies are expressed within all of the Federal sector. The *National Advisory Committee on Rural Health* is also provided administrative support by the ORHP. The relationship of the ORHP with the four HRSA bureaus, and their divisions, is illustrated in the organizational structure on the next page.





# HRSA ORGANIZATIONAL STRUCTURE



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## Programmatic Responsibilities of the Bureaus

### *The Bureau of Health Professions*

It is the primary responsibility of the Bureau of Health Professions (BHPr) to monitor and guide the development of health resources to carry out its mission, by providing leadership to improve the education, training, distribution, utilization, supply and quality of the Nation's health personnel. Operation of the various BHPr programs is carried out by the following divisions: (1) *Associated, Dental and Public Health Professions*; (2) *Medicine*; (3) *Nursing*; (4) *Student Assistance*; (5) *Quality Assurance*; (6) *Vaccine Injury Compensation*; and (7) *Disadvantaged Assistance*. Additionally, two offices have support responsibilities for BHPr activities: the offices of *Program Support* and *Research and Planning*.

Grants of particular interest to HBCUs, that are funded by the Bureau of Health Professions include:

- The *Health Careers Opportunity Program (HCOP)*, which provides funds to colleges and universities to develop programs for students from disadvantaged backgrounds, who have an interest in pursuing careers

in the health and allied health professions. HCOP awards may be used for recruitment, preliminary education, facilitating entry, retention, and financial aid information dissemination.

- The *Centers of Excellence*, which assists health professions schools in supporting programs of excellence in health education for minority students, who are pursuing careers in allopathic medicine, osteopathic medicine, dentistry, and pharmacy.
- The *Nursing Education Opportunities for Individuals from Disadvantaged Backgrounds* program, which provides funds to defray the costs of special projects to increase nursing education opportunities for this population. Special projects can include recruitment and retention of nursing students, counseling services, disseminating information regarding sources of financial aid and providing assistance to faculty members to enhance their efforts to retain nursing students.



- The *Nursing Special Projects Grant*, which provides funds to improve nursing practice through projects that increase the knowledge and skills of nursing personnel, enhance their effectiveness in primary health care delivery, and increase the number of licensed professional nurses.

Additional grants funded by BHP which HBCUs may wish to pursue are:

- *Scholarships for Disadvantaged Students*, which provide funds to eligible schools of medicine, dentistry, optometry, pharmacy, podiatry, veterinary medicine, clinical psychology, public health, nursing, and allied health. Bachelor degree programs in nursing are given special consideration.
- Implementation of *Nurse Practitioner/Nurse Midwifery Programs* to fund the costs of maintaining or expanding established programs or to develop and operate new projects which prepare nurse practitioners to provide primary health care.
- *Allied Health Project Grants*, which provide funds to establish new programs or expand existing programs. Applicants are encouraged to creatively apply the grant funds to projects that will increase the number of students trained in allied health professions.



## *The Maternal and Child Health Bureau*

The primary responsibility of the Maternal and Child Health Bureau (MCHB) is to promote and improve the health of mothers, infants, children and adolescents, including families with low income levels, those with diverse racial and ethnic heritages, and those living in rural or isolated areas without adequate access to health care. The MCHB is organized into four major divisions: (1) *Maternal, Infant, Child and Adolescent Health*; (2) *Services for Children with Special Needs*; (3) *Science, Education and Analysis*; and (4) *Healthy Start*. Programs funded and administered by these divisions include:



- The *Healthy Start Program*, which aims to reduce infant mortality and improve access to and use of prenatal and infant care services in communities with high infant mortality rates. To assist community-based organizations; professional, academic, and provider organizations; and, the general public, with their *Healthy Start* activities, a *National Resource Center* is supported by

the MCHB. The *Center* mainly focuses on library and research development, dissemination, communication, and continuing education. The MCHB solicits applications from public or nonprofit institutions of higher learning for a variety of programs. This includes *Long Term Training Grants* that prepare health professionals for leadership roles in their respective areas.



- The *MCHB Nursing Program*, which supports graduate training in maternal and child health nursing, that prepares nursing professionals for leadership roles in the care of women and children in community health programs or higher education.
- *LEND (Leadership Education in Neurodevelopmental and Related Disabilities)*, a program designed to improve the health status of infants and children with or at risk for neurodevelopmental disabilities. The *LEND* education program also encourages integration of local, state, private and non-profit supported services and community-based partnerships to maximize health resources.
- *Maternal and Child Health Research Grants*, which are awarded to encourage applied research in maternal and child health, the findings of which might be readily utilized by health care delivery programs.
- *The MCHB Nutrition Program*, which provides leadership training to nutrition professionals preparing for leadership roles in public health nutrition that focuses on women and children and children with special needs.

The MCHB also makes awards for short-term, non-degree related courses, workshops, and conferences, and



for the development of curricula, guidelines, standards of practice, and educational tools designed to assure quality health care for the MCHB population.





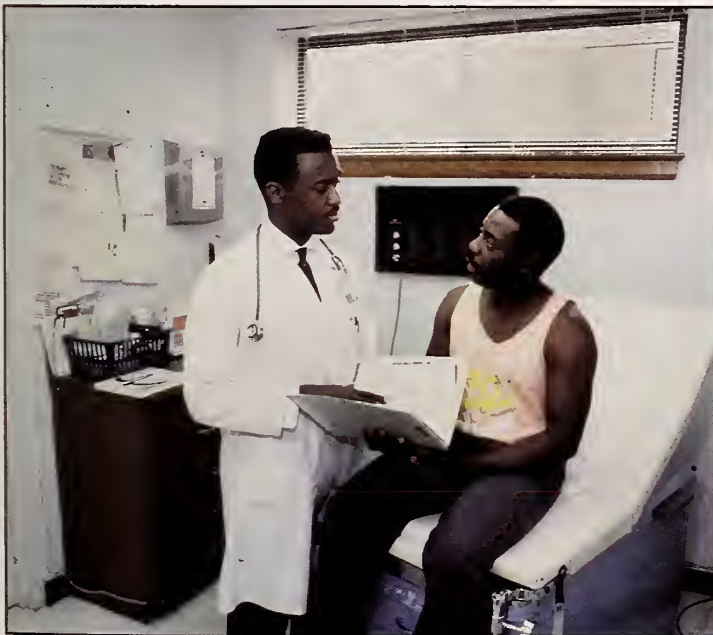
## ***Bureau of Primary Health Care***

The largest bureau within HRSA is the Bureau of Primary Health Care (BPHC). It provides support for high quality community-based preventative and primary care to medically underserved populations, and to people with special needs. Major programs administered by this Bureau include:

- The *National Health Service Corps (NHSC)*, a program designed to provide financial assistance to health professions students, in exchange for service, after graduation, in rural and urban health professional shortage areas.
- The *Community Health Center (CHC) Program*, which makes grants to public and non-profit private organizations for the development and operation of community health centers in areas that have limited access to primary health care for a majority of the population. Typically, the National Health Service Corps provides a significant number of the health care professionals to the CHCs.
- The *Office of Minority and Women's Health (OMWH)*, which was established to improve the health of the special populations targeted and served by the Bureau. One of the strategies projected to address health issues for these populations, includes: The *Women's Primary Health Care and Job Training Linkage to Community Infrastructure Development*, a collaborative effort with the Department of Labor to provide Federal support for programs that improve the health and employment status of low income or unemployed women. The OMWH also has responsibility for the *HBCU Violence Prevention Demonstration Initiative*, a program designed to address violence in public housing.
- The *Health Care for the Homeless (HCH) Program*, seeks to improve access to primary health care and substance abuse treatment by homeless persons. Awards are made to existing community based programs for the provision of effective and case managed primary care services.
- The *Public Housing Primary Care (PHPC) Program*, which is designed to improve the health status of public housing residents and to increase their access to comprehensive primary care, either on site or at a nearby facility.



- *Migrant Health Centers (MHC) and the Migrant Health Program*, which provide migrant and seasonal farm workers and their families access to comprehensive health care services. Medical care services are provided by bilingual, bicultural health care workers. Grants for the *Migrant Health Program* are awarded to over 120 public and private non-profit organizations, providing funds for almost 400 MHCs in 35 States and Puerto Rico.



## The HIV/AIDS Bureau

The major responsibility of the HIV/AIDS Bureau (HAB) is to administer the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. This Act, which was signed into law in August 1990, is designed to improve the quality and availability of care for people with HIV/AIDS and their families. Accordingly, programs are conducted by the Bureau to benefit low-income and underinsured individuals and families affected by HIV/AIDS. These programs are administered under four titles and Part F of the CARE Act:

- *Title I*, an emergency relief grant program for eligible metropolitan areas
- *Title II*, provides HIV care grants to states
- *Title III*, which supports early intervention services for HIV outpatients
- *Title IV*, provides coordinated HIV services and access to research for pediatric cases and their families

- *Part F*, which supports the Special Projects of National Significance Program; the HIV/AIDS Dental Reimbursement Program; and AIDS Education and Training Centers.

Award eligibility exists for all HBCUs in connection with the initiative of HAB for African American Populations. HAB is especially interested in addressing HIV/AIDS in rural African American populations. HBCU professional schools of medicine and dentistry are eligible to apply for the programs in *Part F*. Opportunities for awards may also exist under *Part F* for all HBCUs, through partnerships with their state planning councils. The *Special Projects of National Significance Program* makes competitive awards to non-profit organizations for demonstrations and evaluations of innovative models of HIV care. The *AIDS Education and Training Center Program* trains primary health care providers, such as physicians, dentists, and nurses, in the care and treatment of persons living with HIV. The *Dental Reimbursement Program* helps dental schools with the uncompensated costs of providing dental care to HIV/AIDS patients.





## Components of the Office of the Administrator

As earlier indicated, all units within HRSA report either directly or indirectly to the *Office of the Administrator (OA)*. It is the responsibility of this office, therefore, to lead and direct the various HRSA programs and activities, and advise the Office of the Secretary of Health and Human Services on related policy matters. The OA also has primary responsibility for coordinating HRSA's international health activities and managing the activities of the Agency which relate to women's health. To assist the OA in carrying out its responsibilities, the following Offices provide either administrative or programmatic support, especially as related to policy issues:

- *The Office of Minority Health (OMH)*, which serves as the principal HRSA advisor and coordinator for the special needs of minority and disadvantaged populations. In general, the OMH plays a significant role in guiding or supporting a broad array of HRSA programs, including many aspects of the training of health service

professionals, as well as the equity in accessibility, quality, and the cost of health care. This office also has responsibility for monitoring HRSA programs and activities, in support of *The White House Initiative on Historically Black Colleges and Universities*, as well as college and university initiatives for Hispanics, Native Americans, and Asian Americans and Pacific Islanders. Given the many ways in which racial, ethnic, and cultural sub-populations are defined, the OMH is ultimately concerned with the specific health needs of all Americans.

- *The Office of Communications (OC)*, which provides leadership and general policy, as well as program direction for HRSA, through the conduct and coordination of communications and public affairs activities. In addition, all requests for HRSA documents through the Freedom of Information Act (FOIA), including examples of successful proposals, are processed by this office.



- ***The Office of Rural Health Policy (ORHP)***, though not an administrative component of the Office of the Administrator, is located within HRSA, and seeks solutions to the Nation's rural health care problems, on behalf of all DHHS. As such, ORHP provides advice to the Secretary of DHHS on the rural impact of policies set by the Department. The ORHP also has responsibility for the new *Office for the Advancement of Telehealth*.
- ***The Office of Equal Opportunity (OEO) and Civil Rights***, which coordinates, directs, develops, and administers the Agency's equal opportunity and civil rights activities. This includes ensuring equality in employment opportunities; managing civil service complaints; providing guidance to training programs on equal opportunity; and promoting the award of contracts to minority business enterprises, under Section 8(a) of the Small and Disadvantaged Business Utilization Act.
- ***The Office of Planning, Evaluation and Legislation (OPEL)***, which serves as the Administrator's primary staff, and principal source of advice on program planning, program evaluation, and legislative affairs. Accordingly, OPEL has responsibility for reporting on the effectiveness of many of the programmatic activities within HRSA. Guidance and oversight are also provided by OPEL to HRSA projects which require clearances from the Office of Management and Budget.
- ***The Office of Management and Program Support (OMPS)*** has the responsibility for providing leadership throughout HRSA, related to program direction and coordination of all phases of management. This includes activities in the areas of administrative management, financial management, human resources management, information resources management, grants and contracts management, and administrative services.
- ***The Center for Managed Care (CMC)*** is responsible for assuring that the populations targeted by HRSA are informed and active participants in the Nation's managed care systems. The CMC offers a coordinated program, in conjunction with HRSA's bureaus and offices, of training, technical assistance, evaluation, policy leadership, and inter-agency collaboration, to managed care stakeholders. The CMC seeks to assure that an adequate supply of primary care personnel are appropriately trained to meet the managed care needs of underserved and vulnerable populations within the Nation.



## Types of HRSA Awards

There are three major processes used by the Health Resources and Services Administration in making awards to any organization that seeks funding from the Agency: (1) the *Grant*; (2) the *Cooperative Agreement*, and (3) the *Contract*. Following is a definition of each of these processes.

**Grants**, the primary source of awards made by HRSA, are defined as financial assistance provided by a Federal agency to an eligible recipient or "grantee", such as an HBCU, to accomplish a public purpose or to provide services, considered to be in the best interest of the Nation. Grant funding is typically authorized by Federal statute and seeks to address programmatic and policy issues. Within a grant, HRSA defines the problem or contemplated project and respondents propose the scope of work necessary to solve the problem or complete the project. Thus, with a grant, the respondent outlines the steps necessary to complete the proposed project. Grants are awarded to those respondents which the Agency believes to have proposed the best way to complete the project.

**Cooperative Agreements** are very similar to grants in that they are defined as financial assistance provided by a Federal agency. The application and award process is the same as for a grant. However, in a cooperative agreement, there is "substantial involvement" of HRSA during the performance of the contemplated project. HRSA will collaborate with the non-Federal organization in managing and completing the tasks associated with the project.

The **Contract** is a mutually binding legal relationship which obligates a seller or contractor, such as an HBCU, to furnish supplies or services, and the buyer, such as HRSA, to pay for them. The two primary types of contracts are *Simplified Acquisitions* and *Negotiated Contracts*. The requirements for both of these type contracts, is outlined by HRSA in a *Statement of Work*, or *Scope of Work*. Accordingly, the *Statement of Work* provides the contractor with a detailed set of tasks, or specifications, and a timetable for completion of those specifications. Typically, HRSA indicates the need it has for the provision of services and products, from a contractor, through what is generically called a *solicitation*. The most common types of solicitations are the *Request for Proposals (RFP)* and the *Request for Quote (RFQ)* or *Request for Bid (RFB)*. The *Statement of Work* is contained within these solicitations. Announcement of the

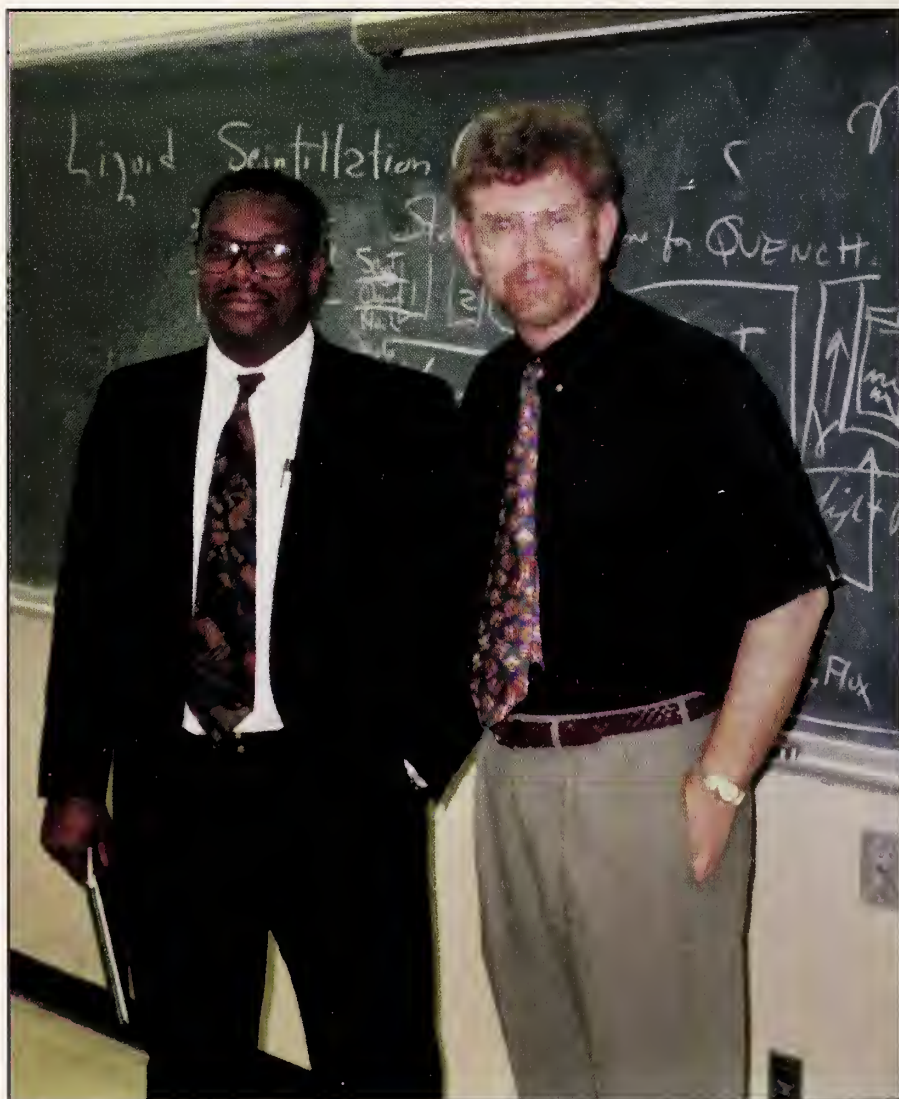
availability of an RFP or RFQ usually appears in the *Commerce Business Daily*, a publication that also can be found on the World Wide Web, which lists for that day, the goods and services that are expected to be bought over a specified period of time. The RFP is usually associated with *Negotiated Contracts*, and the RFQ is more often associated with *Simplified Acquisitions*. In responding to either type of *solicitation*, the *contractor*, such as an HBCU, must submit a proposal. For the RFP response, or proposal, it is comprised of two components: (1) the Technical Proposal and (2) the Business Proposal. In the Technical Proposal, the *Contractor* is expected to present an understanding of the *Statement of Work*, a proposed technical approach to imple-



menting the *Statement of Work*, a management plan, and a presentation of the qualifications of those personnel who will perform the work. Evaluation of each submitted proposal is accomplished by a Review Committee, comprised of HRSA program personnel, and sometimes outside consultants. It is the responsibility of this committee to evaluate only the Technical Proposal, for its merit, based on an established set of criteria. In consultation with the Contracting Officer, the chairperson of the Review Committee selects the *contractor* who submits the most cost-effective proposal. The Simplified Acquisition process allows HRSA to make small purchases that are under \$100,000. This new dollar "threshold" replaces the previous process for awarding small purchase orders, and was enacted under the Federal Acquisition Streamlining Act of 1994. Thus, many program or contract officers may still refer to simplified acquisitions as the *small purchase order* process. It should be noted that only the Contracting Officer, and not the program staff of HRSA, or any government program staff, can commit a contract award. All contract actions involving the Federal government, which includes the various types of HRSA *solicitations*, are governed by the Federal Acquisitions Regulations (FAR), which are presented in a series of volumes known as the Code of Federal Regulations (CFR).

## Select HRSA Awards to HBCUs

Over the years, HRSA has provided support for a variety of programs that have enhanced the education and training of students and health care professionals, who are committed to serving low-income and disadvantaged citizens. In recent years, HRSA has formed partnerships with HBCUs by developing and funding projects in support of new and established programs at these institutions, which relate to the mission of the Agency. Additionally, HRSA has awarded grants to academic researchers which allow them to conduct meaningful scientific and medical research, that will contribute to the quality of health care received by the Nation's vulnerable populations. The commitment of HRSA to HBCUs is exemplified in the following awards:



- *Alcorn State University*, was awarded a *Professional Nurse Traineeship Grant*, which allowed the institution to meet the cost of traineeships for individuals in advanced degree nursing education programs. All of these traineeships were awarded to students pursuing graduate degrees in the clinical nursing specialties.
- *Florida A&M University (FAMU)*, received a grant to support *Scholarships for Disadvantaged Students*, for the implementation of a program that would contribute to the diversity of the student and practitioner populations within the health professions. The program mainly provided financial assistance to select full-time students enrolled in FAMU's School of Nursing.
- *Hampton University*, was the recipient of an *Allied Health Project Grant* to assist the institution in meeting the costs associated with expanding their programs designed to increase the number of individuals trained in the allied health professions.
- *Howard University*, was awarded a *Physicians Assistants Training Grant*, which allowed the institution to further develop and operate their educational program for physician assistants, as well as for individuals who might teach in such training programs.
- *Meharry Medical College*, was the recipient of a grant for the support of *Interdisciplinary Training in Health Care for Rural Areas*. This grant allowed Meharry to develop and implement a program designed to encourage and prepare select students to enter into/or remain in practices in rural America, after their graduation.
- *Morehouse School of Medicine*, received a *Graduate Training in Primary Care Grant*, designed for health care professionals who are currently in practice, in an effort to increase their awareness and perpetuate the importance of serving in rural America. The program provided support for the education and training of these individuals.
- *Tennessee State University*, was awarded an *Audiology and Speech Training Grant*, which provided support for the preparation of professionals at Tennessee State University and Vanderbilt School of Medicine, to meet the unique and special needs of mothers with communicative disabilities.
- *Coppin State College*, was the recipient of a *Health Administration Traineeships and Special Projects Grant*, to develop and implement a program designed to assist eligible students in the preparation for employment in health administration, hospital administration, or health policy analysis.
- *Albany State College*, received a grant for the development, operation, and significant expansion of a *Nurse Practitioner/Nurse Midwifery Program*. This grant supported the education of nurse practitioners and nurse midwives for the provision of primary health care in a variety of settings.

In addition to the select awards, described above, a significant number of HBCUs have received grants to implement a *Health Careers Opportunity Program*. About six HBCUs since 1996, have been awarded grants to operate a *Center of Excellence*.



## HRSA Resources and Contacts

One of the major resources for HBCUs to learn about grant programs within HRSA is through the *Preview*. In addition to a comprehensive listing of HRSA competitive grants, the *Preview* provides detailed information on program objectives, funding priorities, applicant eligibility, specific requirements and application deadlines. It is published two to three times a year. Additional information about HRSA programs and funding opportunities are available at their web site on the Internet, <[http:// www.hrsa.dhhs.gov](http://www.hrsa.dhhs.gov)>, and from the sources listed below:

### **HRSA Headquarters**

Parklawn Building  
5600 Fishers Lane  
Room 14-05  
Rockville, MD 20857  
(301) 443-2216

### **Office of Minority Health**

M. June Horner, Director  
Parklawn Building  
Room 10-49  
(301) 443-2964  
*E-mail: [jhorner@hrsa.gov](mailto:jhorner@hrsa.gov)*

### **The Preview**

1-(888) 333-4772

### **Freedom of Information Act Office**

(301) 443-3376





*Homecoming float of Miss Savannah State University*

