

<b>FEDERAL ASSISTANCE</b>		2. APPLICANT'S APPLICATION IDENTIFIER		a. NUMBER		3. STATE APPLICATION IDENTIFIER		a. NUMBER	
1. TYPE OF SUBMISSION (Mark appropriate box) <input type="checkbox"/> NOTICE OF INTENT (OPTIONAL) <input type="checkbox"/> PREAPPLICATION <input checked="" type="checkbox"/> APPLICATION		b. DATE Year month day 19		NOTE TO BE ASSIGNED BY STATE		b. DATE ASSIGNED Year month day 19			
		Leave Blank							
4. LEGAL APPLICANT/RECIPIENT a. Applicant Name LSU Medical Center-Shreveport, for Louisiana b. Organization Unit Organ Procurement Agency (LOPA) c. Street/P.O. Box School of Medicine, P.O. Box 33932 d. City Shreveport e. County Caddo f. State Louisiana g. ZIP Code 71130 h. Contact Person (Name Michael Rohr, M.D. & Telephone No.) 318-674-6100						5. EMPLOYER IDENTIFICATION NUMBER (EIN)  6. PROGRAM (From CFDA) a. NUMBER 13 134 b. TITLE Assistance for Organ Procurement Organization			
7. TITLE OF APPLICANT'S PROJECT (Use section IV of this form to provide a summary description of the project.) Special Program Initiatives for the Initial Operation of the Louisiana Organ Procurement Agency (LOPA)						8. TYPE OF APPLICANT/RECIPIENT A-State B-Interstate C-Substate D-County E-City F-School District G-Special Purpose District H-Community Action Agency I-Higher Educational Institution J-Indian Tribe K-Other (Specify): Enter appropriate letter 1			
9. AREA OF PROJECT IMPACT (Names of cities, counties, states, etc.) State of Louisiana						10. ESTIMATED NUMBER OF PERSONS BENEFITING 4,500,000		11. TYPE OF ASSISTANCE A-Basic Grant B-Supplemental Grant C-Loan D-Insurance E-Other Enter appropriate letter(s) A	
12. PROPOSED FUNDING		13. CONGRESSIONAL DISTRICTS OF:		14. TYPE OF APPLICATION A-New B-Renewal C-Revision D-Continuation E-Augmentation Enter appropriate letter					
a. FEDERAL \$ 350,000 .00		a. APPLICANT 1-8		b. PROJECT 1-8		17. TYPE OF CHANGE (For 14c or 14e) A-Increase Dollars B-Decrease Dollars C-Increase Duration D-Decrease Duration E-Cancellation F-Other (Specify): NA Enter appropriate letter(s)			
b. APPLICANT .00		15. PROJECT START DATE Year month day 19 87 10 1		16. PROJECT DURATION 24 Months					
c. STATE .00		18. DATE DUE TO FEDERAL AGENCY Year month day 19 87 7 21		19. FEDERAL AGENCY TO RECEIVE REQUEST Health Resources & Services Administration					
d. LOCAL .00		a. ORGANIZATIONAL UNIT (IF APPROPRIATE) Bureau of Resources and Development		b. ADMINISTRATIVE CONTACT (IF KNOWN) DHHS Donald Parks		20. EXISTING FEDERAL GRANT IDENTIFICATION NUMBER			
e. OTHER .00		c. ADDRESS Parklawn Building 5600 Fishers Lane, Room #9-03 Rockville, Maryland 20857		21. REMARKS ADDED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
f. Total \$ 350,000 .00		22. THE APPLICANT CERTIFIES THAT To the best of my knowledge and belief, data in this preapplication/application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is approved.		a. YES, THIS NOTICE OF INTENT/PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE July 21, 1987 b. NO, PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW					
23. CERTIFYING REPRESENTATIVE Darryl M. Williams, M.D., Dean		a. TYPED NAME AND TITLE		b. SIGNATURE					
24. APPLICATION RECEIVED 19		25. FEDERAL APPLICATION IDENTIFICATION NUMBER		26. FEDERAL GRANT IDENTIFICATION					
27. ACTION TAKEN <input type="checkbox"/> a. AWARDED <input type="checkbox"/> b. REJECTED <input type="checkbox"/> c. RETURNED FOR AMENDMENT <input type="checkbox"/> d. RETURNED FOR E.O. 12372 SUBMISSION BY APPLICANT TO STATE <input type="checkbox"/> e. DEFERRED <input type="checkbox"/> f. WITHDRAWN		28. FUNDING a. FEDERAL \$ .00 b. APPLICANT .00 c. STATE .00 d. LOCAL .00 e. OTHER .00 f. TOTAL \$ .00		29. ACTION DATE 19		30. STARTING DATE 19		31. CONTACT FOR ADDITIONAL INFORMATION (Name and telephone number)	
				32. ENDING DATE 19		33. REMARKS ADDED <input type="checkbox"/> Yes <input type="checkbox"/> No			

## Summary of Proposal

The dynamics of the organ procurement effort have changed positively and significantly in FY 1986-87. The four existing programs have worked closely with one another in a variety of efforts, resulting in strong required request legislation in support of the organ procurement effort; a comprehensive large scale education program for hospital staff designated to work in the consent process; agreements regarding the sharing and distribution of donated organs; the construction of mechanisms to track compliance and program progress for the donation effort; and, most importantly, the decision to consolidate resources in the form of one statewide and independent procurement agency. This proposal requests funds for special program initiatives beyond normal operating expenditures designed to increase the management capability of LOPA and for program initiatives intended to increase the volume of organ donation in Louisiana.