Additional Description of Land or Facility

The parcel of land is located at 105 Barrington Street, Rochester, New York, and having an area of approximately 9,585 sq. ft. The land is currently used as a neighborhood park with a brick walkway and two metal benches as improvements.

Issued on: March 20, 1996.

Thomas J. Ryan,

Regional Administrator.

[FR Doc. 96–8337 Filed 4–3–96; 8:45 am]

BILLING CODE 4910–57–P

National Highway Traffic Safety Administration

Discretionary Cooperative Agreements to Support the Demonstration and Evaluation of Safe Communities Programs

AGENCY: National Highway Traffic Safety Administration (NHTSA), DOT.

ACTION: Announcement of discretionary cooperative agreements to support the demonstration and evaluation of Safe Communities programs.

SUMMARY: The National Highway Traffic Safety Administration (NHTSA) announces a discretionary cooperative agreement program to demonstrate and evaluate the effectiveness of the Safe Communities concept for traffic safety initiatives. The Safe Communities program offers communities a new way to control traffic injuries. This approval recognizes that traffic-related deaths and injuries are primarily a local community problem. The Safe Communities program adopts a comprehensive injury control approach to address traffic injury problems within the context of all injuries. Recognizing that traffic fatalities are only a small part of the total traffic injury problem, it focuses on injuries (as opposed to fatalities) to define the traffic safety problem, and asks who is paying the costs of the injuries. Four characteristics define the Safe Communities approach: data linkage, expanded partnerships, citizen involvement in setting priorities, and integrated and comprehensive injury control.

This notice solicits applications from public and private, non-profit, not-for-profit and commercial organizations, governments and their agencies, or a consortium of these organizations that are interested in developing, implementing and evaluating the Safe Communities approach in their community. The funds from this program may only be used to support traffic safety activities within the larger context of community injury control efforts. NHTSA anticipates awarding two (2) demonstration and evaluation projects for a period of three years as a result of this announcement.

DATES: Applications must be received at the office designated below on or before June 4, 1996.

ADDRESSES: Applications must be submitted to the National Highway Traffic Safety Administration, Office of Contracts and Procurement (NAD–30), ATTN: Amy Poling, 400 7th Street, S.W., Room 5301, Washington, D.C. 20590. All applications submitted must include a reference to NHTSA Cooperative Agreement Program No. DTNH22–96–H–05166. Interested applicants are advised that no separate package exists beyond the contents of this announcement.

FOR FURTHER INFORMATION CONTACT: General administrative questions may be directed to Amy Poling, Office of Contracts and Procurement, at (202)–366–9552. Programmatic questions relating to this cooperative agreement program should be directed to Dr. Maria E. Vegega, Policy Advisor, Traffic Safety Programs, NHTSA, Room 5125 (NTS–01), 400 7th Street, S.W., Washington, D.C. 20590 (202) 366–1755, or by e-mail at mvegega@nhtsa.dot.gov.

SUPPLEMENTARY INFORMATION:

Background

The past several decades witnessed dramatic advances in medical care and shifts in health behaviors. Despite the advances, injuries remain a major health care problem, and the leading cause of death for persons from age 1 to 44. Fatalities, however, are only a small part of the total injury picture. For each injury-related death, there are 19 injury hospitalizations and over 300 injuries that require medical attention. These injuries account for almost 10 percent of all physician office visits and 38 percent of all emergency department visits. For an individual, these injuries can vastly diminish quality of life. For society, injuries pose a significant drain on the health care system, incurring huge treatment, acute care and rehabilitation costs.

Motor vehicle injuries, in particular, are the leading cause of all injury deaths and the leading cause of death for each age from 5 through 27. Motor vehicle-related injuries are the principal cause of on-the-job fatalities, and the fatalities, and the third largest cause of all deaths in the U.S. Only heart disease and cancer kill more people. However, far more people are injured and survive motor vehicle crashes than die in these crashes. In 1994, for example, while over 40,000 persons were killed in motor-vehicle related incidents, over 3.1 million were injured in police-reported incidents; an even greater number utilized emergency departments. These injured persons often required medical care and many required long-term care. The costs of these injuries are enormous, over $137 billion each year in economic costs and $14 billion in medical costs.

The vast majority of these injuries and deaths are not acts of fate, but are predictable and preventable. Injury patterns, including traffic-related injury patterns, vary by age group, gender, and cultural group. There are also seasonal and geographic patterns to injury. Once the cause of the injury is identified, intervention can be designed to address the cause and reduce the number of injuries.

Safe Communities: A New Generation of Community Programs

American traffic safety advocates have traditionally worked in partnerships with many organizations and groups to achieve a successful, long and established history in preventing and reducing traffic-related injuries and fatalities. For over 15 years, community-based traffic safety programs have been and remain an effective means for identifying local crash problems and providing local solutions.

Building on past success, the Safe Communities program offers communities a new way to control traffic injuries. This approach recognizes that traffic-related deaths and injuries are primarily a local community problem. Effective preventive efforts require a coordinated approach involving Federal, State and local organizations. The Safe Communities approach adopts a comprehensive injury control approach to address traffic injury problems within the context of all injuries. Recognizing that traffic fatalities are only a small part of the total traffic injury problem, Safe Communities focus on injuries (as opposed to fatalities) to define their traffic safety problem, and ask who is paying the costs of the injuries. Safe Communities recognize the importance of citizens in identifying community problems and solutions, as well as the importance of partnerships in implementing solutions to community problems.

The Safe Communities approach represents an evolutionary (rather than revolutionary) way in which community programs are established and managed. Four characteristics define the Safe Communities approach: data linkage,

expanded partnerships, citizen involvement in setting priorities, and integrated and comprehensive injury control. Each of these characteristics is described below.

Data linkage is critical to Safe Communities because addressing traffic-related injuries suggests that not only fatalities are reduced, but injuries and health care costs as well. This shift from an emphasis on fatalities to one emphasizing injuries and cost reduction means that different data bases need to be identified. Police crash reports tell only part of the story. Health departments, hospitals, EMS providers, business, rehabilitation programs, and insurance companies become sources for understanding the magnitude and consequences of traffic injuries and monitoring progress in reducing the problem. Data linkage also identifies common risk factors (e.g., young people who drink are at risk for impaired driving, violence, sex, drowning, etc.) so that countermeasures can be designed to address them (e.g., traffic safety and violence prevention efforts can join forces to reduce youth access to alcohol).

Expanded partnerships are important to solve local injury problems effectively through comprehensive and collaborative strategies. Traffic safety advocates have long recognized that traffic problems are too complex and resources too limited for them to solve in isolation. As a result, over the years, the traffic safety community has worked with law enforcement, emergency medical services, local government, schools, courts, business, health departments, and community and advocacy organizations to reduce traffic injuries. Safe Communities continue to work with these existing partners, but also seek to expand the partnership base to involve actively the medical, acute care and rehabilitation communities. These groups, which have traditionally been focused on treating disease, need to be engaged as integral partners in preventing injuries.

Safe Communities enlist business and employers as full partners in community injury prevention activities. Employers need to understand how traffic-related injuries contribute to their overall costs, and how participation in community-wide injury prevention efforts can help them reduce their own costs due to motor vehicle injuries. Through partnerships and collaboration, Safe Communities spread program ownership and delivery systems throughout the community. Finally, Safe Communities provide an opportunity for traditional traffic safety partners—such as law enforcement and schools—to understand better the linkages among risk-taking behaviors. For example, individuals who commit traffic offenses may also be involved with other kinds of problem or illegal behaviors.

Citizen involvement and input are essential to establish community priorities for identified problems. Town meetings are routinely used to solicit citizen input and feedback about community injury problems. Individual citizens are actively involved in identifying, designing and implementing solutions to their injury problems. Citizens actively participate in problem identification, assume responsibility and ownership for shaping solutions, and share in both the successes and challenges of their program.

An integrated and comprehensive injury control system is used, incorporating prevention, acute care, and rehabilitation as active and essential participants in solving community injury problems. This is the crux of the Safe Communities approach, and often one or more of these groups have not traditionally been involved in addressing community traffic injury problems. Involvement of the three component groups will not happen overnight or in every community, but it is something to strive for over time.

The ''evolutionary shift'' from current programs to Safe Communities is summarized in Table 1 (below). Community partners participate as equals in developing solutions, sharing success, assuming program risks, planning for self-sufficiency, and building a community infrastructure and process for continual improvement of community life through reduction of traffic-related injuries, fatalities, and costs.

TABLE 1.—NEW THINKING ABOUT COMMUNITY PROGRAMS

Current program emphasis	Evolving program emphasis
Reducing fatalities	Reducing fatal and non-fatal injuries & health care and social costs.
Traffic safety as the objective	Traffic safety integrated into broader injury control efforts.
Prevention-based solutions	Systems-based solutions (integration of prevention, acute care, rehabilitation).
Agency-based delivery system	Community/citizen ownership.
Traditional traffic safety partners	Adds new or expanded health, injury, business and government partners.
Administrative evaluation	Impact evaluation/cost benefit analysis.

Objectives

Under this cooperative agreement program, the effectiveness of the Safe Communities approach for traffic safety initiatives shall be demonstrated and evaluated to determine the impact on reducing traffic related injuries and associated costs to the community. Specific objectives for this cooperative agreement program are as follows:

1. Work with existing community traffic safety and/or injury control coalitions and apply the defining characteristics to establish a Safe Communities approach for reducing traffic injuries.

2. Use community and/or state data, as appropriate, to define the community's traffic injury problem within the context of the community's overall injury problem. Where possible, population based data are preferred. Data sources in addition to police crash reports are to be used for this purpose. Where possible, the costs of traffic injuries to the community (which may include emergency medical services, acute care, hospital, medical, rehabilitation, insurance, lost wages, and workmen's compensation) are to be documented.

3. Actively engage community residents in defining both the community's traffic injury problem as well as solutions to the problem. The grantee shall develop strategies for ensuring citizen involvement throughout the project.

4. In addition to traditional traffic safety partners (e.g., law enforcement) identify and actively engage health care (both provider and payer) and business partners in the Safe Communities approach. The grantee is responsible for ensuring active and committed participation from these two sectors.

5. Implement a program to reduce traffic-related injuries in the community. The programs could address any area of traffic safety

including alcohol-impaired driving, use of occupant restraints, speeding, emergency medical services, or pedestrian or bicycle safety. The intervention program should be based on data and citizen input and should actively engage all sectors of the community, including health care, business, local government, law enforcement, schools, and media.

6. Evaluate the effectiveness of the Safe Communities approach in reducing traffic-related injuries and associated costs. In addition, evaluate the process of establishing a Safe Communities approach (what works, what does not work, how to engage partners, how to overcome barriers, challenges, how to turn challenges into opportunities, etc.).

Availability of Funds and Period of Support

A total of $675,000 is available in Fiscal Year 1996 to fund two (2) demonstration and evaluation projects for a project of three years. In each project, $150,000 must be dedicated to evaluation activities. Given the amount of Federal funds available for this effort, applicants are strongly encouraged to seek other funding opportunities to supplement the Federal funds.

NHTSA Involvement

NHTSA will be involved in all activities undertaken as part of the cooperative agreement program and will:

1. Provide a Contracting Officer's Technical Representative (COTR) to participate in the planning and management of each cooperative agreement and to coordinate activities between the grantees and NHTSA.

2. Provide information and technical assistance from government sources within available resources and as determined appropriate by the COTR.

3. Serve as a liaison between NHTSA Headquarters, Regional Officers and other (Federal, State and local) interested in the Safe Communities approach and the activities of the grantee.

4. Stimulate the transfer of information among cooperative agreement recipients and others engaged in Safe Communities activities.

Eligibility Requirements

Applications may be submitted by public and private, non-profit, not-for-profit and commercial organizations, and governments and their agencies or a consortium of the above. Universities, colleges, research institutions, hospitals, other public and private organizations, and State and local governments are eligible to apply. Interested applicants are advised that no fee or profit will be allowed under this cooperative agreement program. These demonstration projects will require extensive collaboration among each of these various organizations in order to achieve the program objectives. It is envisioned during the pre-application process, these various organizations will designate one organization to prepare and submit the formal application.

Application Procedure

Each applicant must submit one original and two copies of the application package to: NHTSA, Office of Contracts and Procurement (NAD–30), ATTN: Amy Poling, 400 7th Street, S.W., Room 5301, Washington, DC 20590. Submission of three additional copies will expedite processing, but is not required. Applications must be typed on one side of the page only, and must include a reference to NHTSA Cooperative Agreement No. DTNH22–96–H–05166. Unnecessarily elaborate applications beyond what is sufficient to present a complete and effective response to this invitation are not desired. Only complete application packages received on or before June 4, 1996 will be considered.

Application Content

1. The application package must be submitted with OMB standard Form 424 (Rev. 4–88, including 424A and 424B), Application for Federal Assistance, with the requirement information filled in and certified assurances signed. While the form 424A deals with budget information, and Section B identified Budget Categories, the available space does not permit a level of detail which is sufficient to provide for a meaningful evaluation of the proposed total costs. A supplemental sheet shall be provided which presents a detailed breakdown of the proposed costs, as well as any costs which the applicant indicates will be contributed locally in support of the demonstration project.

2. The application shall include a program narrative statement which addresses the following information in separately labeled sections:

a. A description of the community in which the applicant proposes to work. For the purposes of this program, a ''community'' includes a city, town or county, small metropolitan area, or even a large neighborhood (i.e., it does not have to correspond with a political jurisdiction). It should be large enough so that the program can have a demonstrable effect on injuries, while not so large as to lose a sense of community. The description of the community should include, at a minimum, community demographics, the community's traffic injury problem, data sources available, exiting traffic safety or injury control coalitions, and community resources.

b. A description of the goal of the program and how the applicant plans to establish a Safe Communities program in the proposed site. What will the applicant do to ''move'' the site towards the Safe Communities concept? What will be different from existing community programs? How will the applicant obtain citizen involvement in setting program priorities? What health and business partners will be engaged? How will they be engaged? What will they do?

c. An Implementation Plan that describes the interventions or activities proposed to achieve the objectives of the Safe Communities program. If this application is submitted by a community with an existing traffic safety program that will serve as the starting point for the Safe Communities program, and has done problem identification, then the specific interventions or activities proposed should be described. If this application proposes establishing a new program, then a description of the types of activities and interventions which the Safe Communities program will give priority consideration should be provided. What action will the community undertake to reach its objectives? How will the intervention be delivered? How will delivery be monitored? What are the expected results from the intervention?

d. A detailed Evaluation Plan (both quantitative and qualitative) that describes the kinds of questions to be addressed by the evaluation design, what the outcome measures are, how they will be measured, the methodology for collecting the data, how often data will be collected, and how the data will be analyzed. The plan should indicate how action undertaken by the community will be linked with outcome measures. It is important that the area encompassed by the Safe Communities program coincide with the population covered by the data to be used in the evaluation, or that the data systems allow the disaggregation of the relevant population.

e. A description of the full working partnership that has been or will be established to conduct the Safe Communities program. The application shall describe all the partners that will participate in the program (e.g., local government, law enforcement, health care, injury prevention, insurance, business, education, media, citizens) and what the role of each partner will

be. A complete set of letters of commitment from major partners, organizations, groups, and individuals proposed for involvement in this project shall detail what each partner is willing to do over the course of the project period. For partners serving as data sources, the letter shall also indicate the data which will be provided, or for which access is authorized, and any limitations on the use of the data by the Safe Communities program, or by the NHTSA.

f. A description of how the project will be managed, both at the applicant-level and at the community level. The application shall identify the proposed project manager and any personnel considered critical to the successful accomplishment of this project, including a brief description of their qualifications and respective organizational responsibilities. The roles and responsibilities of the applicant, the community and any others included in the application package shall be specified. The proposed level of effort in performing the various activities shall also be identified. A staffing plan and resume for all key project personnel shall be included in the application.

g. A separately-labeled section with information demonstrating that the applicant meets all of the following special competencies:

(1) Knowledge and familiarity with data sources such as police crash and crime reports, EMS files, emergency department data, hospital discharge data, and injury cost data (i.e. cost of injuries to the community), and injury surveillance systems (including analyzing and linking such data files). Availability of and accessibility to relevant data in their community for use by the Safe Communities Team and includes at least the police crash reports and one or two injury data sources.

(2) Capable of:

i. Designing comprehensive program evaluations;

ii. Collecting and analyzing both quantitative and qualitative data;

iii. Synthesizing, summarizing and reporting evaluation results which are usable and decision-oriented.

(3) Experience in working in partnership with others, especially business, health care systems (providers and payers) and government organizations, media and with local citizens in implementing solutions to community problems.

(4) Experience in implementing injury control programs (prevention, acute care, rehabilitation) at the community level.

h. A Dissemination Plan that describes how the results of this demonstration and evaluation project will be shared with interested parties. The Dissemination Plan should include preparation of a final report and process manual (see reporting requirements), a briefing at the NHTSA headquarters, presentation at one or more national meetings (e.g., APHA, Lifesavers * * *), and if appropriate, preparation and submission of a paper for publication in a professional journal.

Application Review Process and Evaluation Factors

Each application package will initially be reviewed to confirm that the applicant is an eligible recipient and that the application contains all of the items specified in the Application Contents section of this announcement. Each complete application from an eligible recipient will then be evaluated by an Evaluation Committee. The applications will be evaluated using the following criteria:

1. Understanding of the Community (10%). The extent to which the applicant has demonstrated an understanding of the proposed community, including the community's demographics, traffic safety problem, resources (including data), and political structure. The extent to which the applicant is knowledgeable about community data sources, is able to use the data sources to define the community traffic injury problem, and has demonstrated the community's need for a Safe Communities approach to controlling traffic injuries and the community's willingness to commit and participate in the program. The extent to which the applicant has access to the community and potential target populations in the community.

2. Goals, Objectives and Implementation Plan (20%). The extent to which the applicant's goals are clearly articulated and the objectives are time-phased, specific, measurable, and achievable. The extent to which the Implementation Plan will achieve an outcome-oriented result that will reduce traffic-related injuries and costs to the community. The Implementation Plan should address what the applicant proposes to implement in the proposed community and how this will be accomplished. The Implementation Plan will be evaluated with respect to its feasibility, realism, and ability to achieve the desired outcomes.

3. Collaboration (20%). The extent to which the applicant has demonstrated that a full working partnership for data acquisition and analysis, design, implementation, and evaluation of the program has been established among the applicant and critical components in the community. Has the applicant specified who will be involved in the program and what the role of each partner will be? The extent to which the applicant has demonstrated access to partners deemed critical to this effort, such as health care, business, and local government. Has the applicant shown that potential partners are committed to working with the program? In what way will potential partners participate? The extent to which the applicant describes how citizens will be actively engaged in the Safe Communities program.

4. Evaluation Plan (25%). How well the applicant describes the proposed evaluation design and the methods for measuring the processes and outcomes of the proposed interventions (countermeasures). How well will the Evaluation Plan be able to measure the effectiveness of the Safe Communities approach? Does the applicant provide sufficient evidence that the proposed community partnership is committed to evaluation? Are there sufficient data sources and is there sufficient capacity to collaborate with appropriate community program partners to ensure access to data; identify/create and test appropriate instruments; and collect and analyze quantitative and qualitative data for measuring the effectiveness of the Safe Communities approach? How well does the applicant ensure the availability of staff and facilities to carry out the submitted Evaluation Plan?

5. Special Competencies (15%). The extent to which the applicant has demonstrated knowledge and experience accessing and using relevant data sources, designing and implementing comprehensive program evaluations (using both qualitative and quantitative data), implementing injury control programs, and working in partnership with others on community programs.

6. Project Management and Staffing (10%). The applicant provides a reasonable plan for accomplishing the objectives of the project within the time frame set out in this announcement. The extent to which the proposed staff, including management and program staff and community partners, are clearly described, appropriately assigned, and have adequate skills and experiences. The extent to which the applicant has the capacity and facilities to design, implement, and evaluate a complex and comprehensive community program. The extent to which the applicant provides details regarding the level of effort and allocation of time for each staff position. Did the applicant submit an

organizational chart and resume for each proposed staff member?

Special Award Selection Factors

While not a requirement, applicants are strongly urged to seek funds from other Federal, State, local and private sources to augment those available under this announcement. For those applications that are evaluated as meritorious for consideration of award, preference may be given to those that have proposed cost-sharing strategies and/or have other proposed funding sources in addition to those in this announcement.

Terms and Conditions of Award

1. Prior to award, each grantee must comply with the certification requirements of 49 CFR Part 20, Department of Transportation New Restrictions on Lobbying, and 49 CFR Part 29, Department of Transportation Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug Free Workplace (Grants).

2. Reporting Requirements and Deliverables:

a. Quarterly Progress Reports should include a summary of the previous quarter's activities and accomplishments, as well as the proposed activities for the upcoming quarter. Any decisions and actions required in the upcoming quarter should be included in the report. The grantee shall supply the progress report to the Contracting Officer's Technical Representative (COTR) every ninety (90) days, following date of award.

b. Program Implementation and Evaluation Review. The grantee shall submit a revised program Implementation and Evaluation Plan no more than 12 months after award of the cooperative agreement, or as soon as the Safe Communities program has completed the problem identification activity, has determined what traffic safety problem or problems will be addressed, and determined what program or programs will be implemented to reduce the traffic-related injuries. The NHTSA COTR will review and comment on this revised plan. The plan should describe the problem identification effort (data sources used, how analyzed, and the results including costs of traffic injuries to the community), how the community's traffic injury problems and proposed solutions were determined, how input was obtained from citizens, and how the program will be evaluated. This final Evaluation Plan should describe how the effectiveness of the Safe Communities program will be determined and how the process issues involved in establishing and implementing a Safe Communities program will be determined.

c. Draft Final Report and Draft Process Manual. The grantee shall prepare a Draft Final Report that includes a description of the community (including the traffic safety problem and data sources to support the problem), partners, intervention strategies, program implementation, evaluation methodology and findings from the program evaluation. The grantee shall also prepare a Draft Process Manual describing what happened in the community in establishing a Safe Communities approach to traffic injury. In terms of technology transfer, it is important to know what worked and did not work, under what circumstances, and what can be done to avoid potential problems in implementing community programs. This Process Manual shall contain the ''lessons learned'' in establishing a safe community. The grantee shall submit the Draft Final Report and Draft Process Manual to the COTR 90 days prior to the end of the performance period. The COTR will review each draft document and provide comments to the grantee within 30 days of receipt of the documents.

d. Final Report and Process Manual. The grantee shall revise the Draft Final Report and Draft Process Manual to reflect the COTR's comments. The revised documents shall be delivered to the COTR on or before the end of the performance period. The grantee shall supply the COTR one camera-ready copy, one computer disk copy in WordPerfect format, and four additional hard copies of each revised document.

3. Meetings and Briefings. The grantee shall plan for at least one meeting per year in Washington, D.C. with the NHTSA COTR and other interested parties, as well as an interim briefing approximately midway through the Project Period, and a final briefing at the end of the project period. In addition, a presentation at one or more national meetings (e.g., APHA, Lifesavers * * *) should be considered as part of the Dissemination Plan.

4. During the effective performance period of cooperative agreements awarded as a result of this announcement, the agreement, as applicable to the grantee, shall be subject to the National Highway Traffic Safety Administration's General Provisions for Assistance Agreements.

Issued on March 29, 1996.

James Hedlund,

Associate Administrator for Traffic Safety Programs.

[FR Doc. 96–8312 Filed 4–3–96; 8:45 am]

BILLING CODE 4910–59–M

Surface Transportation Board [1]

[STB Finance Docket No. 32883]

Chester Valley Railway, Inc.—Acquisition and Operation Exemption—Consolidated Rail Corporation

Chester Valley Railway, Inc. (CVR), a noncarrier, has filed a verified notice of exemption under 49 CFR 1150.31 to acquire and operate 2.14 route miles of rail line from Consolidated Rail Corporation known as the Bridgeport Industrial Track, between the connection with the Consolidated Rail Corporation at approximately milepost 0.0 to milepost 2.14 at Henderson Road. This 2.14 mile rail line is located entirely within Bridgeport, Montgomery County, PA.

The parties expect to consummate the proposed transaction on March 31, 1996.

This proceeding is related to *John C. Nolan—Continuance in Control Exemption—Chester Valley Railway, Inc.*, STB Finance Docket No. 32884, wherein John C. Nolan has concurrently filed a verified notice to continue to control CVR, upon its becoming a Class III rail carrier.

If the verified notice contains false or misleading information, the exemption is void *ab initio.* Petitions to reopen the proceeding to revoke the exemption under 49 U.S.C. 10502(d) may be filed at any time. The filing of a petition to reopen will not automatically stay the transaction.

An original and 10 copies of all pleadings, referring to STB Finance Docket No. 32883, must be filed with the Office of the Secretary, Surface Transportation Board, Case Control Branch, 1201 Constitution Avenue, N.W., Washington, DC 20423. In addition, a copy of each pleading must be served on John K. Fiorilla, Esq., Watson, Stevens, Fiorilla & Rutter, 290 George Street, P.O. Box 1185, New Brunswick, NJ 08903.

Decided: March 29, 1996.

[1] The ICC Termination Act of 1995, Pub. L. No. 104–88, 109 Stat. 803 (the Act), which was enacted on December 29, 1995, and took effect on January 1, 1996, abolished the Interstate Commerce Commission (ICC) and transferred certain functions to the Surface Transportation Board (Board). This notice relates to functions that are subject to Board jurisdiction pursuant to 49 U.S.C. 10901.