use of automated collection techniques for other forms of information technology. Send comments to Wilma Johnson, CDC Reports Clearance Officer, 1600 Clifton Road, MS–D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Projects

1. National Hospital Discharge Survey—(0920–0212)—Extension The National Hospital Discharge Survey (NHDS), which has been conducted continuously by the National Center for Health Statistics, CDC, since 1965, is the principal source of data on inpatient utilization of short-stay, non-Federal hospitals and is the only annual source of nationally representative estimates on the characteristics of discharges, the lengths of stay, diagnoses, surgical and non-surgical procedures, and the patterns of use of care in hospitals in various regions of the country. It is the benchmark against which special programmatic data sources are compared. Data collected through the NHDS are essential for evaluating health status of the population, for the planning of programs and policy to elevate the health status of the Nation, for studying morbidity trends, and for research activities in the health field. NHDS data have been used extensively in the production of goals for the Year 2000 Health Objectives and the subsequent monitoring of these goals. In addition, NHDS data provide annual updates for numerous tables in the Congressionally-mandated NCHS report, *Health, United States.* Data for the NHDS are collected annually on approximately 275,000 discharges from a nationally representative sample of noninstitutional hospitals, exclusive of Federal, military and Veterans' Administration hospitals. The data items collected are the basic core of variables contained in the Uniform Hospital Discharge Data Set (UHDDS). Data for approximately half of the responding hospitals are abstracted from medical records while the remainder of the hospitals supply data through commercial abstract service organizations, state data systems, in-house tapes or printouts. There is no actual cost to respondents since hospital staff who actively participate in the data collection effort are compensated by the government for their time.

Respondents	Number of respondents	Number of responses/respondent	Average burden/response (in hrs.)	Total burden (in hrs.)
Medical Record Abstracts Primary Procedure Hospitals	77	250	0.0833	1604
Alternate Procedure Hospitals	134	250	0.01666	558
In-House Tape or Printout Hospitals	103	12	0.18333	227
Update Form (Abstract Service Hospitals)	164	2	0.0333	11
Quality Control Forms	50	40	0.1666	33
Induction Forms	40	1	2	80
Total				2,513

Dated: August 26, 1996.

Wilma G. Johnson,

Acting Associate Director for Policy Planning And Evaluation, Centers for Disease Control and Prevention (CDC).

[FR Doc. 96–22259 Filed 8–29–96; 8:45 am]

BILLING CODE 4163–18–P

Administration for Children and Families

Intent to Reallot Part C—Protection and Advocacy Funds to States for Developmental Disabilities Expenditures

AGENCY: Administration on Developmental Disabilities, Administration for Children and Families, Department of Health and Human Services.

ACTION: Notice of Intent to Reallot Fiscal Year 1996 Funds, pursuant to Section 125 and Section 142 of the Developmental Disabilities Assistance and Bill of Rights Act, as amended (Act).

SUMMARY: The Administration on Developmental Disabilities herein gives notice of intent to reallot funds which were set aside in accordance with Section 142(c)(5) of the Act. Of the $806,682 which was set aside for technical assistance and Indian Consortiums, $534,360 was utilized for technical assistance and $136,161 was awarded to an Indian Consortium. Therefore, the balance of $136,161 has been released for reallotment.

Any State or Territory which wishes to release funds or cannot use the additional funds under Part C—Protection and Advocacy program for Fiscal Year 1996 should notify Joseph Lonergan, Director, Division of Formula, Entitlement and Block Grants, Office of Program Support, Administration for Children and Families, Department of Health and Human Services, 370 L'Enfant Promenade, S.W., Washington, D.C. 20447, in writing within thirty (30) days of the date of this promulgation. This notice is hereby given in accordance with Sections 125 and 142 of the Act.

FOR FURTHER INFORMATION CONTACT: Joseph Lonergan on (202) 401–6603.

The proposed reallotment for Part C—Protection and Advocacy program are set forth below:

ADMINISTRATION ON DEVELOPMENTAL DISABILITIES

[Fiscal Year 1996 Reallotment]

	Protection and Advocacy	Reallotment	Revised allotment
Alabama	$443,606	$2,328	$445,934
Alaska	254,508	1,336	255,844
Arizona	339,119	1,780	340,899
Arkansas	257,788	1,353	259,141
California	2,180,763	11,437	2,192,200
Colorado	274,211	1,439	275,650

ADMINISTRATION ON DEVELOPMENTAL DISABILITIES—Continued

[Fiscal Year 1996 Reallotment]

	Protection and Advocacy	Reallotment	Revised allotment
Connecticut	259,173	1,360	260,533
Delaware	254,508	1,336	255,844
Dist. of Columbia	254,508	1,336	255,844
Florida	1,056,678	5,546	1,062,224
Georgia	601,121	3,155	604,276
Hawaii	254,508	1,336	255,844
Idaho	254,508	1,336	255,844
Illinois	912,328	4,788	917,116
Indiana	514,368	2,700	517,068
Iowa	265,501	1,393	266,894
Kansas	254,508	1,336	255,844
Kentucky	405,062	2,126	407,188
Louisiana	466,781	2,450	469,231
Maine	254,508	1,336	255,844
Maryland	337,787	1,773	339,560
Massachusetts	445,718	2,339	448,057
Michigan	843,318	4,426	847,744
Minnesota	357,873	1,878	359,751
Mississippi	318,030	1,669	319,699
Missouri	462,189	2,426	464,615
Montana	254,508	1,336	255,844
Nebraska	254,508	1,336	255,844
Nevada	254,508	1,336	255,844
New Hampshire	254,508	1,336	255,844
New Jersey	508,648	2,669	511,317
New Mexico	254,508	1,336	255,844
New York	1,384,019	7,264	1,391,283
North Carolina	635,921	3,337	639,258
North Dakota	254,508	1,336	255,844
Ohio	1,006,478	5,282	1,011,760
Oklahoma	306,490	1,609	308,099
Oregon	263,401	1,382	264,783
Pennsylvania	1,040,683	5,462	1,046,145
Rhode Island	254,508	1,336	255,844
South Carolina	368,740	1,935	370,675
South Dakota	254,508	1,336	255,844
Tennessee	495,627	2,601	498,228
Texas	1,501,473	7,880	1,509,353
Utah	254,508	1,336	255,844
Vermont	254,508	1,336	255,844
Virginia	502,496	2,637	505,133
Washington	384,796	2,019	386,815
West Virginia	276,991	1,454	278,445
Wisconsin	451,493	2,370	453,863
Wyoming	254,508	1,336	255,844
American Samoa	136,161	715	136,876
Guam	136,161	715	136,876
Puerto Rico	813,736	4,271	818,007
Virgin Islands	136,161	715	136,876
Northern Mariana Islands	136,161	715	136,876
Palau**	103,124	.....	103,124
AZ DNA People's Legal Services	136,161	715	136,876
Total	26,047,479*	136,161	26,183,640

* Includes the award of $136,161 to an Indian Consortium (AZ DNA People's Legal Services) in accordance with Section 142(b).

** Palau's allotment is reduced to 75% of its Fiscal Year 1995 allotment, in accordance with the Compact of Free Association with the Republic of Palau.

Dated: August 12, 1996.

Reginald F. Wells,

Deputy Commissioner Administration on Developmental Disabilities.

[FR Doc. 96–22337 Filed 8–29–96; 8:45 am]

BILLING CODE 4184–01–P

Food and Drug Administration

[Docket No. 90N–0172]

Medical Devices; Development of Design Control Inspectional Strategies; Notice of Public Meeting

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice of public meeting.

SUMMARY: The Food and Drug Administration (FDA) is announcing a public meeting intended to explore and develop strategies to be utilized by FDA's investigators when inspecting a medical device facility relative to design controls, after issuing the final quality system regulation. The purpose of the meeting is to obtain information from the medical device industry and other members of the public about their perspective and practical experience in exercising design controls. This meeting is intended to provide an opportunity to work with FDA towards constructing an investigational model for design controls which will become the basis for future establishment inspections.

DATES: The public meeting will be held on September 12, 1996, from 8:30 a.m. to 4:30 p.m. There is no cost to attend, however, due to space limitations, registration is required and must be submitted by September 4, 1996.

ADDRESSES: The public meeting will be held at the Parklawn Bldg., 5600 Fishers Lane, conference room M, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: Kimberly A. Trautman, Office of Compliance, Center for Devices and Radiological Health (HFZ–341), Food and Drug Administration, 2098 Gaither Rd., Rockville, MD 20850, 301–594–4648, ext. 126, FAX number 301–594–4672. Persons interested in attending this meeting should FAX a request for participation no later than the close of business on Wednesday, September 4, 1996. Please include name, firm affiliation if any, job title, address, telephone number, and FAX number to the contact person. Please do not plan to attend this meeting unless you have received a confirmation from the Center of Devices and Radiological Health (CDRH) affirming your participation. This confirmation will be sent via FAX on a first-come-first-served basis.

SUPPLEMENTARY INFORMATION: Under notice and comment rulemaking procedures initiated in 1990 to implement certain provisions of the Safe Medical Devices Act of 1990, FDA plans to issue a final rule revising the current good manufacturing practice (CGMP) requirements for medical devices and incorporating them into a quality system regulation. This action will add preproduction design controls to the CGMP regulation and achieve consistency with quality system requirements worldwide.

FDA is interested in obtaining further information regarding perspectives and practical experience in exercising design controls. Accordingly, FDA's CDRH is conducting a grassroots regulatory partnership meeting on September 12, 1996, with interested parties in the device industry and members of the public. This meeting is being conducted in accordance with President Clinton's reinventing government initiatives. The purpose of the meeting will be to address specific issues and to explore and develop strategies with regard to how design controls will be inspected for compliance with the regulation by FDA's investigators at the field District Offices. FDA headquarters and District personnel will attend and participate in the meeting.

Industry, FDA participants, and members of the public will be arranged into working teams to review and develop strategies. This is an opportunity for the regulated industry and others to work with front-line FDA's regulators towards constructing an investigational model for design controls which will become the basis for all future establishment inspections.

Upon completion of the grassroots regulatory meeting, FDA will formulate its design control inspectional strategy and make this strategy document available to the public through the publication of a notice of availability in the Federal Register.

Dated: August 27, 1996.

Joseph A. Levitt,

Deputy Director, Center for Devices and Radiological Health.

[FR Doc. 96–22284 Filed 8–28–96; 9:56 am]

BILLING CODE 4160–01–F

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR–4021–N–02]

Office of Administration; Notice of Submission of Proposed Information Collection to OMB

AGENCY: Office of Administration, HUD.

ACTION: Notice.

SUMMARY: The proposed information requirement described below has been submitted to the Office of Management and Budget (OMB) for emergency review and approval, as required by the Paperwork Reduction Act. The Department is soliciting public comments on the subject proposal.

DATES: The due date for comments is: September 6, 1996.

ADDRESSES: Interested persons are invited to submit comments regarding this proposal. Comments must be received within seven (7) days from the date of this Notice. Comments should refer to the proposal by name and should be sent to: Joseph F. Lackey, Jr., HUD Desk Officer, Office of Management and Budget, New Executive Office Building, Washington, DC 20503.

FOR FURTHER INFORMATION CONTACT: Kay F. Weaver, Reports Management Officer, Department of Housing and Urban Development, 451 Seventh Street, SW., Washington, DC 20410, telephone (202) 708–0050. This is not a toll-free number. Copies of available documents submitted to OMB may be obtained from Ms. Weaver.

SUPPLEMENTARY INFORMATION: This Notice informs the public that if the Department of Housing and Urban Development (HUD) has submitted to OMB, for emergency processing, an information collection package with respect to a proposed ''Application Kit for Economic Development and Supportive Services (EDSS) Program Grants''.

This Program provides grants to public housing agencies and Indian housing authorities (collectively HAs) to (1) provide economic development opportunities and supportive services to assist residents of public and Indian housing to become economically self-sufficient and (2) to provide supportive services to assist the elderly and disabled persons to live independently or to prevent premature or unnecessary institutionalization. HUD published a Notice of Funding Availability (NOFA) which announced a total of $ million in grant funds. The grants will be up to three years in duration.