holds for review. The committee and CBER staff, with the exception of the FDA Chief Mediator and Ombudsman, are never advised, either in the review process or thereafter, which of the clinical holds were randomly chosen and which were submitted by sponsors. The committee will evaluate the selected clinical holds for scientific content and consistency with FDA regulations and CBER policy.

The meetings of the review committee are closed to the public because committee discussions deal with confidential commercial information. Summaries of the committee deliberations, excluding confidential commercial information, may be requested in writing from the Freedom of Information Office (HFI-35), Food and Drug Administration, 5600 Fishers Lane, rm. 12A–16, Rockville, MD 20857, approximately 15 working days after the meeting, at a cost of 10 cents per page. If the status of a clinical hold changes following the committee's review, the appropriate division will notify the sponsor.

FDA invites biological product companies to submit to the FDA Chief Mediator and Ombudsman the name and IND number of any investigational biological product trial that was placed on clinical hold during the past 12 months that they want the committee to review at its November 1996 meeting. Submissions should be made by October 1, 1996, to Amanda Bryce Norton, FDA Chief Mediator and Ombudsman (address above).

Dated: August 23, 1996.
William K. Hubbard,
Associate Commissioner for Policy
Coordination.
[FR Doc. 96–22443 Filed 9–3–96; 8:45 am]
BILLING CODE 4160–01–F

Health Care Financing Administration [R-106]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Health Care Financing Administration

(HCFA), Department of Health and Human Services, has submitted to the Office of Management and Budget (OMB) the following proposal for the collection of information. Interested persons are invited to send comments regarding the burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Type of Information Collection Request: Reinstatement, with change, of a previously approved collection for which approval has expired; Title of Information Collection: Criteria for Medicare Coverage of Heart Transplants; Form No.: HCFA-R-106; Use: Medicare participating hospitals must file an application to be approved for coverage and payment of heart transplants performed on Medicare beneficiaries. Frequency: Annually; Affected Public: Business or other for-profit; Number of Respondents: 5; Total Annual Responses: 5; Total Annual Hours Requested: 500.

To request copies of the proposed paperwork collections referenced above, E-mail your request, including your address, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786–1326. Written comments and recommendations for the proposed information collections should be sent within 30 days of this notice directly to the OMB Desk Officer designated at the following address: OMB Human Resources and Housing Branch, Attention: Allison Eydt, New Executive Office Building, Room 10235, Washington, D.C. 20503.

Dated: August 26, 1996. Edwin J. Glatzel, Director, Management Planning and Analysis Staff, Office of Financial and Human Resources, Health Care Financing Administration.

[FR Doc. 96–22456 Filed 9–03–96; 8:45 am] BILLING CODE 4120–3–P

Health Resources and Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget, in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for review, call the HRSA Reports Clearance Office on (301)–443–1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

Health Professions Student Loan (HPSL) and Nursing Student Loan (NSL) Programs—Forms (OMB No. 0915-0044)—Extension and Revision—The HPSL Program provides long-term, lowinterest loans to students attending schools of medicine, osteopathic medicine, dentistry, veterinary medicine, optometry, podiatric medicine, and pharmacy. The NSL Program provides long-term, lowinterest loans to students who attend eligible schools of nursing in programs leading to a diploma in nursing, an associate degree, a baccalaureate degree, or a graduate degree in nursing. Participating HPSL and NSL schools are responsible for determining eligiblity of applicants, making loans, and collecting monies owed by borrowers on their outstanding loans. The Deferment form (HRSA Form 519) provides the schools with documentation of a borrower's eligibility for deferment. The Annual Operating Report (AOR—HRSA Form 501) provides the Federal Government with information from participating schools relating to HPSL & NSL program operations and financial activities. The AOR is submitted electronically.

The estimated annual reponse burden is as follows:

Form	Number of respondents	Responses per respond- ent	Hours per re- spondent	Total annual hour burden
Deferment-519	10,375 1,178	1	10 min 4 hrs	1,729 4,712
Total	11,553			6,441

Three additional forms were previously approved under the OMB number cited above. These forms have been discontinued for the following reasons:

HRSA-514, HPSL & NSL Application to Participate: This form was used by schools to apply to participate in the programs. Because there have been no program appropriations for several years, and the schools are operating the program only with revolving loan funds, the application form is no longer used.

HRSA 518, Request for Postponement of Installment Payment, and HRSA 520, Request for Partial Cancellation of Loan: These forms, which were used by borrowers to request cancellation or postponement of their student loan payments in return for service as a Registered Nurse, are no longer needed. The NSL cancellation provision for service as a Registered Nurse has been repealed for loans made on or after September 29, 1979. There are now no students eligible for these benefits.

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Virginia Huth, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, D.C. 20503.

Dated: August 20, 1996.

J. Henry Montes,

Associate Administrator for Policy Coordination.

[FR Doc. 96–22434 Filed 9–3–96; 8:45 am] BILLING CODE 4160–15–P

Special Projects of National Significance; Adolescent-focused HIV Service Delivery and Care Demonstration Models

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice of limited competition.

SUMMARY: The Health Resources and Services Administration (HRSA) announces a limited competition to support the completion and dissemination of innovative programs to advance knowledge and skills in the delivery of health and support services for adolescents at high risk for infection or who are living with HIV disease. The purpose of the Special Projects of National Significance (SPNS) Program is to demonstrate innovative and replicable service delivery models of HIV care, to conduct rigorous evaluations on the models proposed, and to disseminate the project findings and lessons learned. Awards will be

made under the program authority of Section 2691 of the Public Health Service Act, as amended by the Ryan White CARE Act Amendments of 1996, Public Law 104–146, dated May 20, 1996.

HRSA is limiting competition among those ten (10) currently funded Special Projects of National Significance (SPNS) Program Adolescent-focused HIV Service Delivery and Care Demonstration Model grants that were initially funded in fiscal years (FY) 1992 and 1993 for three years; including: Bay Area Young Positives, San Francisco, CA; Children's Hospital of Boston, Boston HAPPENS Program, Boston, MA; Children's Hospital of Los Angeles, Division Of Adolescent Medicine, Los Angeles, CA; Greater Bridgeport Adolescent Pregnancy Project, TOPS Program, Bridgeport, CT; Health Initiatives for Youth, Youth Empowerment Services Project, San Francisco, CA; Indiana State Department of Health/Indiana Youth Access Project, Indianapolis, IN; University of Alabama at Birmingham, Division of Adolescent Medicine, Birmingham, AL; University of Minnesota Youth & AIDS Project, Minneapolis, MN; Walden House, Inc., Adolescent Planetree Program, San Francisco, CA; and YouthCare, Adolescent Health Promotion Program, Seattle, WA.

Experience has taught the SPNS Program that a minimum five year project period is required to maximize the opportunity to fully and comprehensively initiate, evaluate and disseminate the models of HIV care developed by SPNS Program grantees. In their first three years of funding, these ten (10) adolescent-focused SPNS Program grantees have successfully identified a set of core characteristics relating to the provision of services for young people.

GRANTS/AMOUNTS: This program announcement is a contingency action being taken to assure that should funds become available in fiscal year (FY) 1997 for this purpose, grants can be awarded in a timely fashion consistent with the needs of the program. It is anticipated that a maximum of ten (10) projects will be approved and funded for fiscal year (FY) 1997. All budget periods for funded projects will begin on December 1, 1996. Project periods will be for two years.

FOR FURTHER INFORMATION CONTACT: Additional information may be obtained from Mr. Russell E. Brady, Project Officer, SPNS Branch, Office of Science and Epidemiology, Bureau of Health Resources Development, Health Resources and Services Administration, 5600 Fishers Lane, Room 7A–08, Rockville, MD 20857. The telephone number is (301) 443–3496 or (301) 443–9976 and the FAX number is (301) 594–2511.

OTHER GRANT INFORMATION:

Certification Regarding
Environmental Tobacco Smoke: The
Public Health Service strongly
encourages all grant and contract
recipients to provide a smoke-free
workplace and to promote the non-use
of all tobacco products. In addition,
Public Law 103–227, the Pro-Children
Act of 1994, prohibits smoking in
certain facilities (or in some cases, any
portion of a facility) in which regular or
routine education, library, day care,
health care or early childhood
development services are provided to
children.

(OMB Catalog of Federal Domestic Assistance: The number for the Special Projects of National Significance is 93.928.)

Dated: August 27, 1996.

Ciro V. Sumaya,

[FR Doc. 96–22431 Filed 9–3–96; 8:45 am]

BILLING CODE 4160-15-P

Program Announcement for a Cooperative Agreement with a Professional Trade Association Representing Health Maintenance Organizations

The Health Resources and Services Administration (HRSA) announces that applications will be accepted for a fiscal year (FY) 1996 Cooperative Agreement with a professional trade association representing health maintenance organizations. This activity will be supported under the authority of Title III, Section 301, of the Public Health Service Act. Approximately \$125,000 is available to fund one competitive cooperative agreement in FY 1996. The project period will be three years.

Background

Several years ago the Health Resources and Services Administration (HRSA) in the Department of Health and Human Services (the Department) became aware of the low numbers of minority health administrators in health maintenance organizations and other managed care systems in the United States. In response to this concern, HRSA supported the development of a Health Management Training Institute for Minorities in Health Maintenance Organizations which has been demonstrated in the Baltimore-Washington area. Since July 1993, 28