affected adversely by this declared major disaster:

The Counties of Audubon, Boone, Cherokee, Crawford, Hamilton, Hardin, Harrison, Ida, Monona, Plymouth, Pottawattamie, Sac, Shelby, Story and Woodbury for Public Assistance and Hazard Mitigation.

(Catalog of Federal Domestic Assistance No. 83.516, Disaster Assistance)

James L. Witt,

Director.

[FR Doc. 96–22672 Filed 9–4–96; 8:45 am]

BILLING CODE 6718–02–P

[FEMA–1132–DR]

West Virginia; Major Disaster and Related Determinations

AGENCY: Federal Emergency Management Agency (FEMA).

ACTION: Notice.

SUMMARY: This is a notice of the Presidential declaration of a major disaster for the State of West Virginia (FEMA–1132–DR), dated August 14, 1996, and related determinations.

EFFECTIVE DATE: August 14, 1996.

FOR FURTHER INFORMATION CONTACT: Pauline C. Campbell, Response and Recovery Directorate, Federal Emergency Management Agency, Washington, DC 20472, (202) 646-3606.

SUPPLEMENTARY INFORMATION: Notice is hereby given that, in a letter dated August 14, 1996, the President declared a major disaster under the authority of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5121 *et seq.*), as follows:

I have determined that the damage in certain areas of the State of West Virginia, resulting from heavy rains, high winds, flooding and slides on July 18–31, 1996, is of sufficient severity and magnitude to warrant a major disaster declaration under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (''the Stafford Act''). I, therefore, declare that such a major disaster exists in the State of West Virginia.

In order to provide Federal assistance, you are hereby authorized to allocate from funds available for these purposes, such amounts as you find necessary for Federal disaster assistance and administrative expenses.

You are authorized to provide Individual Assistance, Public Assistance, and Hazard Mitigation in the designated areas. Consistent with the requirement that Federal assistance be supplemental, any Federal funds provided under the Stafford Act for Public Assistance or Hazard Mitigation will be limited to 75 percent of the total eligible costs.

The time period prescribed for the implementation of section 310(a), Priority to Certain Applications for Public Facility and Public Housing Assistance, 42 U.S.C. 5153, shall be for a period not to exceed six months after the date of this declaration.

Notice is hereby given that pursuant to the authority vested in the Director of the Federal Emergency Management Agency under Executive Order 12148, I hereby appoint Robert J. Gunter of the Federal Emergency Management Agency to act as the Federal Coordinating Officer for this declared disaster.

I do hereby determine the following areas of the State of West Virginia to have been affected adversely by this declared major disaster:

Barbour, Braxton, Clay, Gilmer, Monongalia, Nicholas, Randolph, and Webster Counties for Individual Assistance, Public Assistance and Hazard Mitigation; and,

Cabell and Upshur Counties for Individual Assistance and Hazard Mitigation only.

(Catalog of Federal Domestic Assistance No. 83.516, Disaster Assistance)

James L. Witt,

Director.

[FR Doc. 96–22671 Filed 9–4–96; 8:45 am]

BILLING CODE 6718–02–P

FEDERAL MARITIME COMMISSION

Ocean Freight Forwarder License Applicants

Notice is hereby given that the following applicants have filed with the Federal Maritime Commission applications for licenses as ocean freight forwarders pursuant to section 19 of the Shipping Act of 1984 (46 U.S.C. app. 1718 and 46 CFR 510).

Persons knowing of any reason why any of the following applicants should not receive a license are requested to contact the Office of Freight Forwarders, Federal Maritime Commission, Washington, D.C. 20573.

United Shipping Agent, Inc., 15 Penn Plaza, Suite 107, New York, NY 10001,

Officers: Mohamed Abouelmaati, President; Blanche Yarkish, Vice President

J F Hillebrand USA West Coast Inc., 621 West Spain Street, Sonoma, CA 95476

Officers: Christophe Bernard, President; Jo Garces Ruzicka, Secretary

Dated: August 29, 1996.

Joseph C. Polking,

Secretary.

[FR Doc. 96–22528 Filed 9–4–96; 8:45 am]

BILLING CODE 6730–01–M

FEDERAL RESERVE SYSTEM

Sunshine Act Meeting

AGENCY HOLDING THE MEETING: Board of Governors of the Federal Reserve System.

TIME AND DATE: 11:00 a.m., Monday, September 9, 1996.

PLACE: Marriner S. Eccles Federal Reserve Board Building, C Street entrance between 20th and 21st Streets, N.W., Washington, D.C. 20551.

STATUS: Closed.

MATTERS TO BE CONSIDERED:

1. Federal Reserve Bank and Branch director appointments.
2. Personnel actions (appointments, promotions, assignments, reassignments, and salary actions) involving individual Federal Reserve System employees.
3. Any items carried forward from a previously announced meeting.

CONTACT PERSON FOR MORE INFORMATION: Mr. Joseph R. Coyne, Assistant to the Board; (202) 452–3204. You may call (202) 452–3207, beginning at approximately 5 p.m. two business days before this meeting, for a recorded announcement of bank and bank holding company applications scheduled for the meeting.

Dated: August 30, 1996.

William W. Wiles,

Secretary of the Board.

[FR Doc. 96–22739 Filed 8–30–96; 4:42 pm]

BILLING CODE 6210–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Announcement 705]

Grants for Injury Control Research Centers; Notice of Availability Of Funds for Fiscal Year 1997

Introduction

The Centers for Disease Control and Prevention (CDC) announces that grant applications are being accepted for Injury Control Research Centers (ICRCs). CDC is committed to achieving the health promotion and disease prevention objectives of ''Healthy People 2000,'' a national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority areas of Violent and Abusive Behavior and Unintentional Injuries. For ordering a copy of ''Healthy People 2000,'' see the Section Where to Obtain Additional Information.

Authority

This program is authorized under Sections 301 and 391–394A of the Public Health Service Act (42 U.S.C. 241 and 280b–280b–3). Program regulations are set forth in 42 CFR Part 52.

Smoke-Free Workplace

CDC strongly encourages all grant recipients to provide a smoke-free workplace and to promote the nonuse of all tobacco products, and Public Law 103–227, the Pro-children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, and early childhood development services are provided to children.

Eligible Applicants

Eligible applicants are limited to organizations in Region 1 (Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, Vermont), Region 2 (New Jersey, New York, Puerto Rico, Virgin Islands), Region 5 (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin) and Region 6 (Louisiana, New Mexico, Oklahoma, Texas, Arkansas). This will enable funding for ICRCs in regions which do not have funded centers or have re-competing centers. Presently, there are existing funded centers in Regions 3, 4, 7, 8, 9 and 10 who are eligible for supplemental funding.

Eligible applicants include all nonprofit and for-profit organizations in Regions 1, 2, 5 and 6. Thus, universities, colleges, research institutions, hospitals, other public and private organizations, State and local health departments, and small, minority and/or women-owned businesses are eligible for these grants. Applicants from non-academic institutions should provide evidence of a collaborative relationship with an academic institution. Current recipients of CDC injury control research center grants and injury control research program project grants are eligible to apply for continued support.

Availability of Funds

Approximately $750,000 is expected to be available in fiscal year (FY) 1997 to fund one new or re-competing center project. It is expected that the award will begin on or around August 1, 1997, and will be made for a 12-month budget period, not to exceed a project period of three years. Funding estimates may vary and are subject to change. Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.

New center grant awards will not exceed $500,000 per year (*total of direct* and *indirect costs*) with a project period not to exceed three years. Depending on availability of funds, re-competing center awards may range from $750,000 to $1,500,000 per year (*total of direct* and *indirect costs*) with a project period not to exceed five years. The range of support provided is dependent upon the degree of comprehensiveness of the center in addressing the *phases of injury control (i.e., Prevention, Acute Care, and Rehabilitation)* as determined by the Injury Research Grants Review Committee (IRGRC).

Incremental levels within this range for successfully re-competing ICRCs will be determined as follows:

Base funding (included in figures below)—Up to $750,000

One phase ICRC (addresses one of the three phases of injury control)—Up to $1,000,000

Two phase ICRC (addresses two of the three phases of injury control)—Up to $1,250,000

Comprehensive ICRC (addresses all three phases of injury control)—Up to $1,500,000

Subject to program needs and the availability of funds, supplemental awards to expand/enhance existing projects, to add a new phase(s) to an existing ICRC grant, or to add biomechanics project(s) that support phases may be made for up to $250,000 per year.

Purpose

The purposes of this program are:

A. To support injury prevention and control research on priority issues as delineated in: *Healthy People 2000; Injury Control in the 1990's: A National Plan for Action; Injury in America; Injury Prevention: Meeting the Challenge; and Cost of Injury: A Report to the Congress.* Information on these reports may be obtained from the individuals listed in the section Where to Obtain Additional Information;

B. To support ICRCs which represent CDC's largest national extramural investment in injury control research and training, intervention development, and evaluation;

C. To integrate collectively, in the context of a national program, the disciplines of engineering, epidemiology, medicine, biostatistics, public health, law and criminal justice, and behavioral and social sciences in order to prevent and control injuries more effectively;

D. To identify and evaluate current and new interventions for the prevention and control of injuries;

E. To bring the knowledge and expertise of ICRCs to bear on the development and improvement of effective public and private sector programs for injury prevention and control; and

F. To facilitate injury control efforts supported by various governmental agencies within a geographic region.

Program Requirements

The following are applicant requirements:

A. Applicants must demonstrate and apply expertise (as defined in the Section Background and Definitions of the program announcement included in the application kit) in at least one of the three phases of injury control (prevention, acute care, or rehabilitation) as a core component of the center. The second and/or third phases do not have to be supported by core funding but may be achieved through collaborative arrangements. Comprehensive ICRCs must have all three phases supported by core funding.

B. Applicants must document ongoing injury-related research projects or control activities currently supported by other sources of funding.

C. Applicants must provide a director (Principal Investigator) who has specific authority and responsibility to carry out the project. The director must report to an appropriate institutional official, e.g., dean of a school, vice president of a university, or commissioner of health. The director must have no less than 30 percent effort devoted solely to this project with an anticipated range of 30 to 50 percent.

D. Applicants must demonstrate experience in successfully conducting, evaluating, and publishing injury research and/or designing, implementing, and evaluating injury control programs.

E. Applicants must provide evidence of working relationships with outside agencies and other entities which will allow for implementation of any proposed intervention activities.

F. Applicants must provide evidence of involvement of specialists or experts in medicine, engineering, epidemiology, law and criminal justice, behavioral and social sciences, biostatistics, and/or public health as needed to complete the plans of the center. These are considered the disciplines and fields for ICRCs. An ICRC is encouraged to involve biomechanicists in its research. This, again, may be achieved through collaborative relationships as it is no longer a requirement that all ICRCs have biomechanical engineering expertise.

G. Applicants must have an established curricula and graduate training programs in disciplines relevant to injury control (e.g., epidemiology, biomechanics, safety

engineering, traffic safety, behavioral sciences, or economics).

H. Applicants must demonstrate the ability to disseminate injury control research findings, translate them into interventions, and evaluate their effectiveness.

I. Applicants must have an established relationship, demonstrated by letters of agreement, with injury prevention and control programs or injury surveillance programs being carried out in the State or region in which the ICRC is located. Cooperation with private-sector programs is encouraged.

Applicants should have an established or documented planned relationship with organizations or individual leaders in communities where injuries occur at high rates, e.g., minority health communities.

Grant funds will not be made available to support the provision of direct care. Studies may be supported which evaluate methods of care and rehabilitation for potential reductions in injury effects and costs. Studies can be supported which identify the effect on injury outcomes and cost of systems for pre-hospital, hospital, and rehabilitative care and independent living.

Eligible applicants may enter into contracts, including consortia agreements (as set forth in the PHS Grants Policy Statement, dated April 1, 1994), as necessary to meet the requirements of the program and strengthen the overall application.

Evaluation Criteria

Upon receipt, applications will be reviewed by CDC staff for completeness and responsiveness as outlined under the previous heading Program Requirements. Incomplete applications and applications that are not responsive will be returned to the applicant without further consideration.

Applications which are complete and responsive may be subjected to a preliminary evaluation by a peer review group to determine if the application is of sufficient technical and scientific merit to warrant further review (triage). CDC will withdraw from further consideration applications judged to be noncompetitive and promptly notify the principal investigator/program director and the official signing for the applicant organization. Those applications judged to be competitive will be further evaluated by a dual review process. The primary review will be a peer evaluation by the Injury Research Grant Review Committee/(IRGRC), for the scientific and technical merit of the application. The final review will be conducted by the CDC Advisory Committee for Injury Prevention and Control (ACIPC), which will consider the results of the peer review together with program need and relevance. Funding decisions will be made by the Director, National Center for Injury Prevention and Control (NCIPC), based on merit and priority score ranking by the IRGRC, program review by the ACIPC, and the availability of funds.

A. Review by the Injury Research Grants Review Committee

Peer review of ICRC grant applications will be conducted by the IRGRC, which may recommend the application for further consideration or not for further consideration. As a part of the review process the committee may conduct a site visit to the applicant organization for re-competing ICRCs. New applicants may be asked to travel to CDC for a meeting with the committee.

Factors to be considered by IRGRC include:

1. The specific aims of the application, e.g., the long-term objectives and intended accomplishments.

2. The scientific and technical merit of the overall application, including the significance and originality (e.g., new topic, new method, new approach in a new population, or advancing understanding of the problem) of the proposed research.

3. The extent to which the evaluation plan will allow for the measurement of progress toward the achievement of stated objectives.

4. Qualifications, adequacy, and appropriateness of personnel to accomplish the proposed activities.

5. The soundness of the proposed budget in terms of adequacy of resources and their allocation.

6. The appropriateness (e.g., responsiveness, quality, and quantity) of consultation, technical assistance, and training in identifying, implementing, and/or evaluating intervention/control measures that will be provided to public and private agencies and institutions, with emphasis on State and local health departments, as evidenced by letters detailing the nature and extent of this commitment and collaboration. Specific letters of support or understanding from appropriate governmental bodies must be provided.

7. Evidence of other public and private financial support.

8. Details of progress made in the application if the applicant is submitting a re-competing application. Documented examples of success include: development of pilot projects; completion of high quality research projects; publication of findings in peer reviewed scientific and technical journals; number of professionals trained; provision of consultation and technical assistance; integration of disciplines; translation of research into implementation; impact on injury control outcomes including legislation/regulation, treatment, and behavior modification interventions.

B. Review by CDC Advisory Committee for Injury Prevention and Control (ACIPC)

Factors to be considered by ACIPC include:

1. The results of the peer review.

2. The significance of the proposed activities as they relate to national program priorities and the achievement of national objectives.

3. National and programmatic needs and geographic balance.

4. Overall distribution of the thematic focus of competing applications; the nationally comprehensive balance of the program in addressing the three phases of injury control (prevention, acute care, and rehabilitation); the control of injury among populations who are at increased risk, including racial/ethnic minority groups, the elderly and children; the major causes of intentional and unintentional injury; and the major disciplines of injury control (such as biomechanics and epidemiology).

5. Within budgetary considerations, the ACIPC will establish annual funding levels as detailed under the heading, Availability of Funds.

C. Applications for Supplemental Funding

Existing CDC Injury Centers may submit an application for supplemental grant awards to support research work or activities. Applications should be clearly labeled to denote their status as requesting supplemental funding support. These applications will be reviewed by the IRGRC and the ACIPC.

D. Continued Funding

Continuation awards within the project period will be made on the basis of the availability of funds and the following criteria:

1. The accomplishments of the current budget period show that the applicant's objectives as prescribed in the yearly workplans are being met;

2. The objectives for the new budget period are realistic, specific, and measurable;

3. The methods described will clearly lead to achievement of these objectives;

4. The evaluation plan allows management to monitor whether the methods are effective by having clearly

defined process, impact, and outcome objectives, and the applicant demonstrates progress in implementing the evaluation plan;

5. The budget request is clearly explained, adequately justified, reasonable, and consistent with the intended use of grant funds; and

6. Progress has been made in developing cooperative and collaborative relationships with injury surveillance and control programs implemented by State and local governments and private sector organizations.

Funding Preference

Special consideration will be given to re-competing Injury Control Research Centers.

Executive Order 12372 Review

This program is not subject to the Executive Order 12372 review.

Public Health System Reporting Requirements

This program is not subject to the Public Health System Reporting Requirement.

Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance Number is 93.136.

Other Requirements

A. Human Subjects

If the proposed project involves research on human subjects, the applicant must comply with the Department of Health and Human Services Regulations, 45 CFR Part 46, regarding the protection of human subjects. Assurance must be provided to demonstrate that the project will be subject to initial and continuing review by an appropriate institutional review committee. The applicant will be responsible for providing assurance in accordance with the appropriate guidelines and forms provided in the application kit.

B. Animal Subjects

If the proposed project involves research on animal subjects, the applicant must comply with the ''PHS Policy on Humane Care and Use of Laboratory Animals by Awardee Institutions.'' An applicant organization proposing to use vertebrate animals in PHS-supported activities must file an Animal Welfare Assurance with the Office for Protection from Research Risks at the National Institutes of Health.

C. Women, Racial and Ethnic Minorities

It is the policy of the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) to ensure that individuals of both sexes and the various racial and ethnic groups will be included in CDC/ATSDR-supported research projects involving human subjects, whenever feasible and appropriate. Racial and ethnic groups are those defined in OMB Directive No. 15 and include American Indian, Alaskan Native, Asian, Pacific Islander, Black and Hispanic. Applicants shall ensure that women, racial and ethnic minority populations are appropriately represented in applications for research involving human subjects. Where clear and compelling rationale exist that inclusion is inappropriate or not feasible, this situation must be explained as part of the application. In conducting review for scientific merit, review groups will evaluate proposed plans for inclusion of minorities and both sexes as part of the scientific assessment.

This policy does not apply to research studies when the investigator cannot control the race, ethnicity and/or sex of subjects. Further guidance to this policy is contained in the Federal Register, Vol. 60, No. 179, pages 47947–47951, and dated Friday, September 15, 1995.

Application Submission and Deadlines

A. Preapplication Letter of Intent

In order to schedule and conduct site visits as part of the formal review process, potential applicants are encouraged to submit a nonbinding letter of intent to apply. It should be postmarked no later than one month prior to the submission deadline (October 6, 1996, for November 6, 1996, submission). The letter should be submitted to the Grants Management Specialist whose address is given in Section B, below. The letter should identify the relevant announcement number for the response, name the principal investigator, and specify the injury control theme or emphasis of the proposed center (e.g., acute care, biomechanics, epidemiology, prevention, intentional injury, or rehabilitation). The letter of intent does not influence review or funding decisions, but it will enable CDC to plan the review more efficiently.

B. Applications

Applicants should use Form PHS–398 (OMB 0925–0001) and adhere to the ERRATA Instruction Sheet contained in the Grant Application Kit. The narrative section for *each* project within an ICRC should not exceed 25 typewritten pages. Refer to section 1, page 6, of PHS–398 instructions for font type and size. *Applications not adhering to these specifications may be returned to applicant.*

Applicants must submit an original and five copies on or before November 6, 1996 to Kathy Raible, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, MS E–13, Atlanta, GA 30305.

C. Deadlines

Applications shall be considered as meeting the deadline above if they are either:

1. Received on or before the deadline date; or

2. Sent on or before the deadline date and received in time for submission to the peer review committee. Applicants should request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.

Applications which do not meet the criteria in C.1. or C.2. above are considered late applications and will be returned to the applicant.

Where To Obtain Additional Information

To receive additional written information call (404)332–4561. You will be asked to leave your name, address, and phone number and will need to refer to Announcement 705. You will receive a complete program description, information on application procedures, and application forms.

If you have questions after reviewing the contents of all documents, business management technical assistance may be obtained from Kathy Raible, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers For Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., MS–E13, Atlanta, GA 30305, telephone (404) 842–6803. Internet address: kcr8@opspgo.1.em.cdc.gov.

Programmatic technical assistance may be obtained from Tom Voglesonger, Program Manager, Injury Control Research Centers, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (CDC), 4770 Buford Highway, MS–K58, Atlanta, GA 30341–3724, telephone (770) 488–4265. Internet address: tdv1@cipcod1.em.cdc.gov.

Please refer to Announcement 705 when requesting information and submitting an application.

Potential applicants may obtain a copy of ''Healthy People 2000'' (Full Report; Stock No. 017–001–00474–0) or ''Healthy People 2000'' (Summary Report; Stock No. 017–001–00473–1), referenced in the Introduction, through the Superintendent of Documents, Government Printing Office, Washington, DC 20402–9325, telephone (202) 512–1800.

Dated: August 29, 1996.

Arthur C. Jackson,

Associate Director for Management and Operations, Centers for Disease Control and Prevention (CDC).

[FR Doc. 96–22601 Filed 9–4–96; 8:45 am]

BILLING CODE 4163–18–P

Food and Drug Administration

[Docket No. 95F–0255]

GE Silicones; Filing of Food Additive Petition; Amendment

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is amending the filing notice for a food additive petition filed by GE Silicones to indicate that the petitioner also proposed that the food additive regulations be amended to provide for the safe use of diallyl maleate as an optional polymerization inhibitor and dimethyl(methyl hydrogen) polysiloxane as a cross-linking agent for vinyl-containing siloxanes used in coatings on paper and paperboard that contact food. The agency is also clarifying that the petitioner proposed to expand the safe use of vinyl-containing siloxanes in coatings that contact additional food types and under additional conditions of use. The previous filing notice stated that the petition proposed that the food additive regulations be amended to list 1-ethynyl-1-cyclohexanol as an optional inhibitor for vinyl-containing siloxanes and to increase to 200 parts per million (ppm) the level of platinum used in the manufacture of the additive.

FOR FURTHER INFORMATION CONTACT: Hortense S. Macon, Center for Food Safety and Applied Nutrition (HFS–216), Food and Drug Administration, 200 C St. SW., Washington, DC 20204, 202–418–3086.

SUPPLEMENTARY INFORMATION: In a notice published in the Federal Register of September 25, 1995 (60 FR 49414), FDA announced that a food additive petition (FAP 5B4475) had been filed by GE Silicones,
c/o 700 13th St. NW., Washington, DC 20005, proposing to amend the food additive regulations in § 176.170 *Components of paper and paperboard in contact with aqueous and fatty foods* (21 CFR 176.170) to provide for the safe use of vinyl-containing siloxanes as a component of coatings for paper and paperboard in contact with food, to provide for the safe use of 1-ethynyl-1-cyclohexanol as an optional inhibitor (more accurately termed a polymerization inhibitor) for the additive, and to increase the level of platinum catalyst used in the manufacture of the additive to 200 ppm.

Upon further review of the petition, the agency notes that the petitioner also requested the use of diallyl maleate as an optional polymerization inhibitor and dimethyl(methylhydrogen) polysiloxane as a cross-linking agent in the manufacture of vinyl-containing siloxanes. In addition, the agency would like to clarify that the petitioner proposed to expand the safe use of coatings with vinyl-containing siloxanes for contact with additional food types and under additional conditions of use. Therefore, FDA is amending the filing notice of September 25, 1995, to state that the petitioner requested that the food additive regulations be amended: (1) To provide for the safe use of diallyl maleate and 1-ethynyl-1-cyclohexanol as optional polymerization inhibitors and dimethyl(methyl hydrogen) polysiloxane as a cross-linking agent in the manufacture of vinyl-containing siloxanes that are used in coatings for paper and paperboard that contact food; (2) to increase the level of the platinum catalyst used in the manufacture of vinyl-containingsiloxanes to 200 ppm; and (3) to expand the safe use of coatings with vinyl-containing siloxanes for contact with additional food types and under additional conditions of use.

Dated: August 5, 1996.

Alan M. Rulis,

Director, Office of Premarket Approval, Center for Food Safety and Applied Nutrition.

[FR Doc. 96–22693 Filed 9–4–96; 8:45 am]

BILLING CODE 4160–01–F

Open Meeting for Clinical Investigators, Coordinators, and Institutional Review Board Personnel

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice of public meeting.

SUMMARY: The Food and Drug Administration (FDA) is announcing an open educational meeting entitled ''Current Issues in Human Subject Protection: An FDA Perspective.'' This national conference will present a unique opportunity for participants to hear about issues in human research subject protections from an FDA perspective. Current regulatory issues, historical perspectives, and future directions will be presented. The meeting will be chaired by Stuart L. Nightingale, Associate Commissioner for Health Affairs, and Sharon Smith Holston, Deputy Commissioner for External Affairs.

DATES: The meeting will be held on Friday, September 13, 1996, from 7:30 a.m. to 4:15 p.m.

ADDRESSES: The meeting will be held at the National Institutes of Health, Bldg. 45, Natcher Auditorium, 9000 Rockville Pike, Bethesda, MD. There will be no registration fee, however, space is limited. Persons will be registered in the order in which registration forms are received. Registration information can be obtained from the FDA Office of Health Affairs FAX-back line at 800–993–0098, document number 24 or from the contact person listed below.

FOR FURTHER INFORMATION CONTACT: Regarding information concerning the meeting and registration forms: Gary L. Chadwick, Office of Health Affairs (HFY–20), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–827–1685.

Dated: August 29, 1996.

William B. Schultz,

Deputy Commissioner for Policy.

[FR Doc. 96–22696 Filed 9–4–96; 8:45 am]

BILLING CODE 4160–01–F

Health Care Financing Administration

[Document Identifier: HCFA–R–197]

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

AGENCY: Health Care Financing Administration, HHS.

In compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et seq.), the Health Care Financing Administration (HCFA), Department of Health and Human Services, has submitted to the Office of Management and Budget (OMB) the following proposals 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;