

determines that a proposed or ongoing study may pose significant risks for human subjects or is otherwise seriously deficient, as discussed in the investigational new drug regulations, it may order a clinical hold on the study. The clinical hold is one of FDA's primary mechanisms for protecting subjects who are involved in investigational new drug or biologic trials. Section 312.42 describes the grounds for ordering a clinical hold.

A clinical hold is an order that FDA issues to a sponsor to delay a proposed investigation or to suspend an ongoing investigation. The clinical hold may be ordered on one or more of the investigations covered by an investigational new drug application (IND). When a proposed study is placed on clinical hold, subjects may not be given the investigational drug or biologic as part of that study. When an ongoing study is placed on clinical hold, no new subjects may be recruited to the study and placed on the investigational drug or biologic, and patients already in the study should stop receiving therapy involving the investigational drug or biologic unless FDA specifically permits it.

When FDA concludes that there is a deficiency in a proposed or ongoing clinical trial that may be grounds for ordering a clinical hold, ordinarily FDA will attempt to resolve the matter through informal discussions with the sponsor. If that attempt is unsuccessful, a clinical hold may be ordered by or on behalf of the director of the division that is responsible for the review of the IND.

FDA regulations in § 312.48 provide dispute resolution mechanisms through which sponsors may request reconsideration of clinical hold orders. The regulations encourage the sponsor to attempt to resolve disputes directly with the review staff responsible for the review of the IND. If necessary, the sponsor may request a meeting with the review staff and management to discuss the clinical hold.

CBER began a process to evaluate the consistency and fairness of practices in ordering clinical holds by instituting a review committee to review clinical holds (see 61 FR 1033, January 11, 1996). CBER held its first clinical hold review committee meeting on May 17, 1995, and plans to conduct further quality assurance oversight of the IND process. The committee last met in November 1996. The review procedure of the committee is designed to afford an opportunity for a sponsor who does not wish to seek formal reconsideration of a pending clinical hold to have that clinical hold considered "anonymously." The committee

consists of senior managers of CBER, a senior official from the Center for Drug Evaluation and Research, and the FDA Chief Mediator and Ombudsman.

Clinical holds to be reviewed will be chosen randomly. In addition, the committee will review some of the clinical holds proposed for review by biological product sponsors. In general, a biological product sponsor should consider requesting review when it disagrees with FDA's scientific or procedural basis for the decision.

Requests for committee review of a clinical hold should be submitted to the FDA Chief Mediator and Ombudsman, who is responsible for selecting clinical 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 February 11, 1997, meeting. Submissions should be made by January 9, 1997, to Amanda Bryce Norton, FDA Chief Mediator and Ombudsman (address above).

Dated: December 9, 1996.

William K. Hubbard,

Associate Commissioner for Policy Coordination.

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BILLING CODE 4160-01-F

Health Resources and Services Administration

Rural Health Outreach and Rural Network Development Program

AGENCY: Health Resources and Services Administration (HRSA).

ACTION: Notice of availability of funds.

SUMMARY: The Office of Rural Health Policy announces that fiscal year 1997 funds are available for grants under the Rural Health Outreach, Network Development, and Telemedicine Grant Program. This announcement deals with the Rural Outreach and Rural Network Development aspects of the program. The Telemedicine grants will be announced separately.

Two kinds of projects will be funded under this announcement: (1) Rural Outreach Grants for the development of innovative new service delivery systems in rural areas where support is provided for the actual delivery of new services or enhancement of existing services, and (2) Rural Network Development Grants for the planning and development of vertically integrated networks in rural areas where the emphasis is placed not on the actual delivery of services, but on efforts to restructure the delivery system in rural communities. Funds were appropriated for these grants under Public Law 104-208. The grants are authorized by Section 330A of the Public Health Service Act as amended by the Health Centers Consolidation Act of 1996, Public Law 104-299.

Applicants may not apply for both the Rural Outreach Grants and the Rural Network Development Grants.

NATIONAL HEALTH OBJECTIVES FOR THE YEAR 2000: The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a PHS-led national activity for setting priority areas. The Rural Health Outreach, Network Development, and Telemedicine Grant Program is related to the priority areas for health promotion, health protection and preventive services. Potential applicants may obtain a copy of Healthy People 2000 (Full Report: Stock No. 017-001-00474-C) Or Healthy People (Summary Report: Stock No. 017-001-00473-1) through the Superintendent of Documents, Government Printing Office, Washington, D.C. 20402-9325 (Telephone (202)783-3238).

FUNDS AVAILABLE: Appropriations for FY 1997 include \$16 million to support Rural Outreach and Rural Network Development Grants. Of this amount, it is anticipated that about \$8 million will be available to support 40 new Rural

Outreach Grant awards and \$8 million to support about 40 Rural Network Development awards. The budget period for new projects will begin September 30, 1997.

Individual grant awards under this notice will be limited to a total amount of \$200,000 (direct and indirect costs) per year. Applications for smaller amounts are encouraged. Applicants may propose project periods for up to three years, but the duration of projects is contingent upon the availability of funds. Applicants are advised that continued funding of grants beyond the one year period covered by this announcement is contingent upon the appropriation of funds for the program and assessment of grantee performance. No project will be supported for more than three years.

DUE DATES: Applications for the program must be received by the close of business on March 31, 1997. Completed applications must be sent to HRSA GRANTS APPLICATION CENTER, 40 West Gude Drive, Suite 100, Rockville, MD 20850.

Applications shall be considered as meeting the deadline if they are either (1) received on or before the deadline date; or (2) postmarked on or before the deadline date and received in time for orderly processing. Applicants must obtain a legibly dated receipt from a commercial carrier or the U.S. Postal Service in lieu of a postmark. Private metered postmarks will not be acceptable as proof of timely mailing. Late applications will be returned to the sender.

The standard application form and general instructions for completing applications (Form PHS-5161-1, OMB #0937-0189) have been approved by the Office of Management and Budget. To receive an application kit write to: HRSA GRANTS APPLICATION CENTER, 40 West Gude Drive, Suite 100, Rockville, MD 20850, or call toll-free 1(888)300-HRSA.

FOR FURTHER INFORMATION CONTACT: Information or technical assistance regarding business, budget, or financial issues should be directed to the following staff from Office of Grants Management, Bureau of Primary Health Care, Health Resources and Services Administration, 4350 East-West Highway, 11th Floor, Bethesda, Md. 20814, (301) 594-4260 depending on the location of the proposed project:

Nancy Benson (301) 594-4232—IA, KS, MO, NE

Karen Campbell (301) 594-4259—AK, CO, ID, MT, ND, OR, SD, UT, WA, WY

Pam Hilton (301) 594-4255—GA, NJ, NY, Puerto Rico, Virgin Islands
Jo Lepkowski (301) 594-4261—AR, LA, NC, NM, OK, TX
Joyce Monk (301) 594-4254—District of Columbia, DE, MD, PA, SC, VA, WV
Sharon Robertson (301) 594-4268—AL, FL, KY, MS, TN
Kathleen Sample (301) 594-4251—AZ, CA, HI, NV, Palau and the South Pacific
Martha Teague (301) 594-4258—CT, MA, ME, NC, NH, VT
Carolyn Testerman (301) 594-4244—IL, IN, MI, MN, OH, WI

Requests for technical or programmatic information on this announcement should be directed to staff of the Office of Rural Health Policy, Room 9-05, Parklawn Building, 5600 Fishers Lane, Rockville, Md. 20857, (301) 443-0835 as follows:

Roberto Anson (301) 443-7440—AZ, CA, DE, HI, MD, NV, PA, VA, WV, Palau, the South Pacific
Arlene Granderson (301) 443-0613—IL, IN, IA, KS, MI, MN, MO, NE, NJ, NY, WI, Puerto Rico, Virgin Islands
Eileen Holloran (301) 443-7529—AK, AR, CO, ID, LA, MT, NM, ND, OK, OR, SD, TX, UT, WA, WY
Sandi Lyles (301) 443-7321—CT, ME, MA, NH, RI, VT
Lisa Shelton (301) 443-4269—AL, FL, GA, KY, MS, NC, SC, TN

SUPPLEMENTARY INFORMATION: The two categories of grants offered under this program, Rural Outreach Grants and Rural Network Development Grants, have a common purpose as stated in the authorizing legislation cited above. That purpose is "to coordinate, restrain the cost of, and improve the quality of essential health care services in rural areas, including preventive and emergency services, through the development of integrated health care delivery systems or networks in rural areas and regions." The two types of grants available through this announcement are different approaches to achieve the same goals.

Rural Outreach Grants

These grants are very similar to the outreach projects awarded by the Office of Rural Health Policy over the past six years. They will support the development of innovative new health service delivery systems in rural areas that lack basic services. Grants will be awarded to support the actual delivery of new services. They may also be awarded to support activities that will expand access to or increase utilization of existing services. Programs in preventive health care, health education, quality improvement,

emergency care and other services may be supported through the program. Applicants may propose projects to address the needs of a wide range of rural population groups including the poor, the elderly, adolescents, rural minority populations, pregnant women and children, populations with special health care needs, etc. Projects should be responsive to the special cultural and linguistic needs of specific populations. The grants may not be used to support planning activities.

A central goal of the Rural Outreach Grants is to better coordinate services through the development of new service delivery systems. In furtherance of this goal, participation in the program requires the formation of a service delivery network of three or more health care organizations, or a combination of three or more health care and social service organizations. At least one of the entities must be a health care service delivery organization. Individual members of the Rural Outreach Grant network might include such entities as physicians, hospitals, public health agencies, emergency care providers, mental health centers, Rural Health Clinics, social service agencies, health professions schools, other educational institutions, community and migrant health centers, civic organizations, dental providers, etc. There must be a memorandum of agreement or other documented arrangements to ensure effective collaboration among members of the service delivery network. Although applicants for the program must be nonprofit or public entities, other network members may be for-profit organizations.

The roles and responsibilities of each member of a Rural Outreach Grant network must be clearly defined and each must contribute significantly to the goals of the project. The local community must be involved in the project and committed to the goals of the network.

Review Considerations:

Applications for the Rural Outreach Grant Program will be evaluated on the basis of the following criteria:

1. The extent to which the applicant has documented and justified the need(s) for the proposed project. *20 Points*

2. The extent to which the applicant has proposed innovative new approaches for meeting the health care needs of the community and developed measurable goals and objectives for carrying out the project. *20 Points*

3. The extent to which the applicant has clearly defined the roles and responsibilities of each member of the network and demonstrated the

experience and expertise needed to manage the project. **20 Points**

4. The level of local commitment and involvement with the project, as evidenced by the extent of cost participation on the part of the applicant, members of the network, and other organizations; letters of support from community leaders and organizations; and the feasibility of plans to sustain the project after Federal grant support is ended. **15 Points**

5. The reasonableness of the budget that is proposed for the project. **15 Points**

6. The extent to which the applicant has developed a realistic and workable plan for evaluating the project and the applicant's plan for disseminating information about the project. **10 Points**

Rural Network Development Grants

These grants will support the development of vertically integrated health care networks in rural areas or regions of the country. Vertically integrated networks are defined as networks consisting of different types of providers (e.g., hospital, long-term care facility, rural health clinics) as opposed to horizontally integrated networks composed of only one type of provider (e.g., hospitals only). The grants will support both planning and developmental activities to assist providers and the rural communities they serve in restructuring the local health care delivery system. Vertically integrated networks may entail more formal relationships among the members than the networks envisioned for the Rural Outreach Grants. Also, the activities supported by these grants do not need to involve the actual delivery of services. Instead, it is expected that most activities will be aimed at developing and strengthening the organizational capabilities of the networks.

Like the outreach networks, vertically integrated networks supported under these grants must be composed of three or more health care providers or other entities that provide or support the delivery of health care services. All of the members of a network may not be owned by one entity. While social service providers may be part of a network, the grants will not support networks for the exclusive provision of social services. The members of a network must have a strong existing commitment to the network's goals and objectives and some history of prior collaboration before applying for the grant. Unlike the Rural Outreach Grants, the program will not support projects where the members have never collaborated in the past.

Although applicants for the program must be nonprofit or public entities, profit-making organizations may be members of a vertically integrated network. The local community must be involved in the project and committed to the goals of the network.

Review Considerations:

Applications for the Rural Network Development Grant Program will be evaluated on the basis of the following criteria:

1. Purpose and Benefits—10 Points

A. The strength of the applicant's description of the goals of the network and the problems and needs that will be addressed by the grant.

B. The extent to which the applicant has demonstrated the potential benefits of the project that will accrue to the communities and populations in the network service area.

2. Activities—15 Points

A. The extent to which the specific activities and functions to be supported by the grant will contribute to the overall goals of the network.

3. Self-Sustainability—20 Points

A. The extent to which the applicant's plan for continuing the project is likely to result in a self-sustaining network at the conclusion of the Federal grant.

4. Current Status and Capability—15 Points

A. The strength of organizational relationships between members of the network and the strength of governance arrangements for the network.

B. The extent of previous collaboration between members of the network.

5. Commitment—15 Points

A. The level of commitment and active involvement in the grant project as evidenced by the network members' allocation of time, capital, cash and in-kind contributions and other resources needed for the project.

B. The extent of personal commitment to the project from the network leadership staff including leadership staff employed by each of the individual members of the network.

6. Community Involvement—20 Points

A. The extent to which the local communities to be served by the network and the grant project are involved with the planning and ongoing operations of the network.

7. Budget—5 Points

A. The reasonableness of the budget proposed for the project and the

strength of the applicant's justification of the need for Federal funds.

Eligible Applications

The grant recipient must be a nonprofit or public entity which meets the requirements stated below. Applicants that meet one of these requirements are eligible for one or both of the grant opportunities described in this notice.

(1) The applicant's central administrative headquarters where the grant will be managed is not located in a Metropolitan Statistical Area as defined by the Office of Management and Budget. A list of the cities and counties that are designated as Metropolitan Statistical Areas is included in the application kit. If your organization's central administrative headquarters is located in one of these areas, you are not eligible for the program unless you meet one of the other two criteria listed below.

(Note to former applicants: The list of metropolitan statistical areas has been updated from previous years. Please check your status using the enclosed list.)

(2) Some Metropolitan Statistical Areas on the list are extremely large. We have divided these areas into rural and urban census tracts. Appendix I provides a list of these large Metropolitan Statistical Areas and the rural census tracts in each area. If your central administrative headquarters is located within one of these census tracts, you are eligible for the two grant opportunities.

(If you are eligible under this criterion, you must list your county and census tract under item #5 on the face page of the application or your application will be returned. If you do not know your census tract, appendix II provides the telephone numbers for regional offices of the census bureau. You should call the appropriate office to determine your census tract.)

(3) Your organization is constituted exclusively to provide services to migrant and seasonal farmworkers in rural areas and is supported under Section 329 of the Public Health Service Act. These organizations are eligible regardless of the urban or rural location of their administrative headquarters.

In addition to the above criteria, applicants must be capable of receiving the grant funds directly and must have the capability to manage the project. This means that applicants must be able to exercise administrative and program direction over the grant project; must be responsible for hiring and managing the project staff; must have the administrative and accounting capabilities to manage the grant funds;

and must have some permanent staff at the time a grant award is made. Further, applicants must have an Employer Identification Number from the Internal Revenue Service at the time of the grant award and other proof of organizational viability that may be requested by the Grants Management Office.

Applicants from the 50 United States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the Territories of the Virgin Islands, Guam, American Samoa, the Compact of Free Association Jurisdiction of the Republic of the Marshall Islands, the Republic of Palau, and the Federated States of Micronesia are eligible to apply.

Applications That Do Not Meet the Requirements Stated Above Will Not Be Reviewed

Current Rural Health Services Outreach grantees may not apply for funds to support the same project. Any new proposal they submit must have a different focus from the project that is currently receiving support.

Preference Points

The authorizing legislation gives preference *for both programs* to applications from networks that include: (1) a majority of the health care providers serving in the area or region to be served by the network; (2) any federally qualified health centers, rural health clinics, and local public health departments serving in the area or region; (3) outpatient mental health providers serving in the area or region; (4) appropriate social service providers, such as agencies on aging, school systems, and providers under the women, infants and children program, to improve access to and coordination of health care services.

A total of 10 preference points will be added to the review score of each approved application that includes any of the above mentioned preferences, agencies, or providers. Applicants for either type of grant offered under this announcement are eligible to receive the preference points.

The HRSA hopes to achieve a geographic balance in making new awards under this announcement. Therefore, HRSA will consider geographic coverage when deciding which approved applications to fund. With respect to the Rural Network Development Grants only, HRSA will also consider the balance between grants to newly emerging networks where planning is the major activity, and grants to more advanced networks.

Other Information

For both types of grants, at least 50 percent of the funds awarded must be spent in rural areas or for the benefit of rural communities. Grant funds may not be used for purchase, construction or renovation of real property. The grants will not support projects that are solely for the purchase of equipment or vehicles.

Applicants are required to participate in the cost of grant supported projects. Cost participation may be in cash or in-kind. In-kind contributions might include donated staff time, donated space or equipment, donated vehicles, or other non-cash resources.

Applicants are advised that the entire application may not exceed 70 pages in length including the project and budget narratives, face page, all forms, appendices, attachments and letters of support. Each page of the application must be numbered consecutively. All applications must be computer generated or typewritten in print measuring at least 12 characters (scalable or nonscalable font) per inch and legible. Margins must be no less than 1 inch on the top and 1/2 inch on the bottom and left and right sides.

In order to allow the Office of Rural Health Policy to plan for the objective review process, applicants are encouraged to notify the Office in writing of their intent to apply and the program they are applying for. This notification serves to inform the Office of anticipated numbers of applications which may be submitted. The address is: Office of Rural Health Policy, Health Resources and Services Administration, Parklawn Building, Room 9-05, Rockville, Md., 20857, or Fax # 301/443-2803. If notification is offered, it should be received no later than February 15.

Smoke-free Workplaces

The PHS strongly encourages all grant recipients to provide a smoke-free workplace and 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.

Public Health System Impact Statement

This program is subject to the Public Health System Reporting Requirements. Reporting requirements have been approved by the Office of Management and Budget—# 0937-0195. Under these requirements, the community-based

nongovernmental applicant must prepare and submit a Public Health System Impact Statement (PHSIS). The PHSIS is intended to provide information to State and local health officials to keep them apprised of proposed health services grant applications submitted by community-based organizations within their jurisdictions.

Community-based non-governmental applicants are required to submit the following information to the head of the appropriate State and local health agencies in the area(s) to be impacted no later than the Federal application receipt due date:

- a. A copy of the face page of the application (SF 424).
- b. An abstract of the project not to exceed one page, which provides:
 - (1) A description of the population to be served;
 - (2) A summary of the services to be provided;
 - (3) A description of the coordination planned with the appropriate State or local health agencies.

Executive Order 12372

This grant program has been determined to be a program which is subject to the provisions of Executive Order 12372 concerning intergovernmental review of Federal programs by appropriate health planning agencies as implemented by 45 CFR part 100. Executive Order 12372 allows States the option of setting up a system for reviewing applications from within their States for assistance under certain Federal programs. Applicants (other than Federally-recognized Indian tribal governments) should contact their State Single Point of Contact (SPOCs), a list of which will be included in the application kit, as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC of each affected State. All SPOC recommendations should be submitted to Larry Poole, Office of Grants Management, Bureau of Primary Health Care, 4350 East West Highway, 11th Floor, Bethesda, Maryland 20814, (301)594-4260. The due date for State process recommendations is 60 days after the application deadline of March 31, 1997 for competing applications. The granting agency does not guarantee to "accommodate or explain" State process recommendations it receives after that date. (See Part 148 of the PHS Grants Administration Manual, Intergovernmental Review of PHS Programs under Executive Order 12372,

and 45 CFR Part 100 for a description of the review process and requirements.

Applicants are required to notify their State Office of Rural Health (or other appropriate State entity) of their intent to apply for this grant program and to consult with such agency regarding the content of the application. The State Office can provide information and technical assistance. A list of State Offices of Rural Health is included with the application kit.

(OMB Catalog of Federal Domestic Assistance Number is 93.912)

Dated: December 9, 1996.

Ciro V. Sumaya,
Administrator.

Appendix I

* Census tract numbers are shown below each county name.

To be eligible under criterion #2 your organization's central administrative headquarters must be located in one of the census tracts or block numbered areas that is listed below your county. *The county name and the census tract number must be included with the rest of your address in section #5 on the face page form 424 of the application or your application will be returned.*

STATE

County

Tract Number

ALABAMA

Baldwin

101-102

106

110

114-116

Mobile

59

62

66

72.02

Tuscaloosa

107

ARIZONA

Coconino

16-25

Maricopa

101

405.02

507

611

822.02

5228

7233

Mohave*

See Below

This entire county, although located in a large city MSA, is eligible under the Rural Outreach Grant program criteria.

* This county is divided into Block Numbered Areas (BNA), not Census Tracts (CT). You must include the BNA or CT # in Section 5 of the PHS-5161 if you are eligible under this criteria.

Pima

44.05

48-49

Pinal

01-02

04-12

Yuma

105-107

110

112-113

115-116

CALIFORNIA

Butte

24-36

El Dorado

301.01-301.02

302-303

304.01-304.02

305.01-305.03

306

310-315

Fresno

40

63

64.01

64.03

65-68

71-74

78-83

84.01-84.02

Kern

33.01-33.02

34-37

40-50

51.01

52-54

55.01-55.02

56-61

63

Los Angeles

5990

5991

9001-9002

9004

9012.02

9100-9101

9108.02

9109-9110

9200.01

9201

9202

9203.03

9301

Madera

01.02-01.05

02-04

10

11.98

12.98

Merced

01-02

03.01

04

05.01-05.02

06-08

19.98

20

21.98

22

23.01

24.

24.75-24.98

Monterey

109

112-0113

114.01-0114.02

115

Placer

201.01-201.02

202-204

216-217

219-220

Riverside

421

427.02-427.03

429-432

444

452.02

453-455

456.01-456.02

457.01-457.02

458-462

San Bernardino

89.01-89.02

90.01-90.02

91.01-91.02

93-95

96.01-96.03

97.01

97.03-97.04

98-99

100.01-100.02

102.01-102.02

103

104.01-104.03

105-107

San Diego

189.01-189.02

190

191.01

208

209.01-209.02

210

212.01-212.02

213

San Joaquin

40

44-45

52.01-52.02

53.02-53.04

54-55

San Luis Obispo

100-106

107.01-107.02

108

114

118-122

124-126

127.01-127.02

Santa Barbara

18

19.03

Santa Clara

5117.04

5118

5125.01

5127

Shasta

126-127	406	NEW YORK
1504	<i>Palm Beach</i>	<i>Herkimer</i>
<i>Sonoma</i>	79.01-79.02	101
1506.04	80.01-80.02	105.02
1537.01	81.01-81.02	107-109
1541-1543	82.01-82.02	110.01-110.02
<i>Stanislaus</i>	82.03-83.01	111-112
01	83.02	113.01
02.01	<i>Polk</i>	NORTH DAKOTA
32-35	125-127	<i>Burleigh</i>
36.05	142-144	114-115
37-38	152	<i>Grand Forks</i>
39.01-39.02	154-161	114-116
<i>Tulare</i>	KANSAS	118
02-07	<i>Butler</i>	<i>Morton</i>
26	201-205	205
28	209	OKLAHOMA
40	LOUISIANA	<i>Osage</i>
43-44	<i>Rapides</i>	103-108
<i>Ventura</i>	106	OREGON
01-02	135-136	<i>Clackamas</i>
46	<i>Terrebonne</i>	235-236
75.01	122-123	239-241
COLORADO	MINNESOTA	243
<i>Adams</i>	<i>Polk *</i>	<i>Jackson</i>
84	204-210	24
85.13	*9701-9704	27
87.01	<i>St. Louis</i>	<i>Lane</i>
<i>El Paso</i>	105	01
38	112-114	05
39.01	121-135	07.01-07.02
46	137.01-137.02	08
<i>Larimer</i>	138-139	13-16
14	141	PENNSYLVANIA
17.02	151-155	<i>Lycoming</i>
19.02	<i>Stearns</i>	101-102
20.01	103	SOUTH DAKOTA
22	105-111	<i>Pennington</i>
<i>Mesa</i>	MONTANA	116-117
12	<i>Cascade</i>	TEXAS
15	105	<i>Bexar</i>
18	<i>Yellowstone</i>	1720
19	15-16	1821
<i>Pueblo</i>	19	1916
28.04	NEVADA	<i>Brazoria</i>
32	<i>Clark</i>	606
34	57-59	609-619
<i>Weld</i>	<i>Washoe</i>	620.01-620.02
19.02	31.04	621-624
20	32	625.01-625.03
24	33.01-33.04	626.01-626.02
25.01-25.02	34	627-632
FLORIDA	NEW MEXICO	<i>Harris</i>
<i>Collier</i>	<i>Dona Ana</i>	354
111-114	14	544
<i>Dade</i>	19	546
115	<i>Nye</i>	<i>Hidalgo</i>
<i>Marion</i>	See Below	223-228
02	<i>Sandoval</i>	230-231
04-05	101-104	243
27	105.01	WASHINGTON
<i>Osceola</i>	<i>Santa Fe</i>	<i>Benton</i>
401.01-401.02	101-102	116-120
402.01-402.02	103.01	<i>Franklin</i>
403.01-403.02	<i>Valencia *</i>	208
404	* 9701	<i>King</i>
405.01-405.02	* 9703-9706	327-328
405.03	* 9708	330-331
405.05	* 9711-9712	<i>Snohomish</i>

532
536-538
Spokane
101-102
103.01-103.02
133
138
143
Whatcom
110
Yakima
18-26
WISCONSIN
Douglas
303
Marathon
17-18
20-23
WYOMING
Laramie
16-18

Appendix II

Bureau of the Census regional information service.
Atlanta, GA, 404-730-3957
Alabama, Florida, Georgia
Boston, MA, 617-424-0510
Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont, Upstate New York
Charlotte, NC, 704-344-6144
Kentucky, North Carolina, South Carolina, Tennessee, Virginia
Chicago, IL, 708-562-1350
Illinois, Indiana, Wisconsin
Dallas, TX, 214-640-4470
Louisiana, Mississippi, Texas
Denver, CO, 303-969-7750
Arizona, Colorado, Nebraska, New Mexico, North Dakota, South Dakota, Utah, Wyoming
Detroit, MI, 313-259-1875
Michigan, Ohio, West Virginia
Kansas City, KS, 913-551-6711
Arkansas, Iowa, Kansas, Minnesota, Missouri, New Mexico, Oklahoma
Los Angeles, CA, 818-904-6339
California
Philadelphia, PA, 215-597-8313
Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania
Seattle, WA, 206-728-5314
Idaho, Montana, Nevada, Oregon, Washington

[FR Doc. 96-31748 Filed 12-12-96; 8:45 am]
BILLING CODE 4160-15-P

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-4086-N-75]

Submission for OMB Review: Comment Request

AGENCY: Office of Administration, HUD.
ACTION: Notice.

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

DATES: Comments due date; January 13, 1997.

ADDRESS: Interested persons are invited to submit comments regarding this proposal. Comments must be received within thirty (30) days from the date of this Notice. Comments should refer to the proposal by name and/or OMB approval number and should be sent to: Joseph F. Lackey, Jr., OMB Desk Officer, Office of Management and Budget, Room 10235, New Executive Office Building, Washington, DC 20503.

FOR FURTHER INFORMATION CONTACT: Kay F. Weaver, Reports Management Officer, Department of Housing and Urban Development, 451 7th Street, Southwest, Washington, DC 20410, telephone (202) 708-0050. This is not a toll-free number. Copies of the proposed forms and other available documents submitted to OMB may be obtained from Ms. Weaver.

SUPPLEMENTARY INFORMATION: The Department has submitted the proposal for the collection of information, as described below, to OMB for review, as required by the Paperwork Reduction Act (44 U.S.C. Chapter 35).

The Notice lists the following information: (1) the title of the information collection proposal; (2) the office of the agency to collect the information; (3) the OMB approval number, if applicable; (4) the description of the need for the information and its proposed use; (5)

the agency form number, if applicable; (6) what members of the public will be affected by the proposal; (7) how frequently information submissions will be required; (8) an estimate of the total number of hours needed to prepare the information submission including number of respondents, frequency of response, and hours of response; (9) whether the proposal is new, an extension, reinstatement, or revision of an information collection requirement; and (10) the names and telephone numbers of an agency official familiar with the proposal and of the OMB Desk Officer for the Department.

Authority: Section 3507 of the Paperwork Reduction Act of 1995, 44 U.S.C. 35, as amended.

Dated: November 5, 1996.

David S. Cristy,
Acting Director, Information Resources,
Management Policy and Management
Division.

Notice of Submission of Proposed Information Collection to OMB

Title of Proposal: Report of Tenants Accounts Receivable (TARS)—Indian Housing Program.

Office: Public and Indian Housing.

OMB Approval Number: None.

Description of the Need for the Information and its Proposed Use: Indian Housing Authorities (IHAs) prepare information on tenant accounts for each Annual Contributions Contract (ACC) executed. This information is submitted to HUD. HUD uses the information to monitor the effectiveness of rent collection procedures employed by IHAs. HUD will also input the data into the Management Information Retrieval System (MIRS).

Form Number: HUD-53020.

Respondents: State, Local, or Tribal Government.

Frequency of Submission: Annually, Semi-annually, or On Occasion.

Reporting Burden:

	Number of respondents	×	Frequency of response	×	Hours per response	=	Burden hours
HUD-53020	189		1-4.5		2		1,198

Total Estimated Burden Hours: 1,198.

Status: New.

Contact: Jo Ann Teiken, HUD, (202) 755-0088 x131; Joseph F. Lackey, Jr., OMB, (202) 395-7316.

Dated: November 5, 1996.

[FR Doc. 96-31735 Filed 12-12-96; 8:45 am]

BILLING CODE 4210-01-M

[Docket No. FR-4086-N-76]

Submission for OMB Review: Comment Request

AGENCY: Office of Administration, HUD.