GENERAL SERVICES ADMINISTRATION

[Wildlife Order 184; 7–D–KS–486]

Public Buildings Service; Cheney Dam and Reservoir, Sedgwick and Reno Counties, Kansas; Transfer of Property

Pursuant to section 2 of Public Law 537, 80th Congress, approved May 19, 1948 (16 U.S.C. 667c), notice is hereby given that:

1. By deed from the General Services Administration, dated July 13, 1995, and 150.80 acres of land, known as Cheney Dam and Reservoir situated in the counties of Sedgwick and Reno, Kansas, has been transferred to the State of Kansas.

2. The above described property was conveyed for wildlife conservation in accordance with the provisions of section 1 of Public Law 80–537 (16 U.S.C. 667b), as amended by Public Law 92–432.

Dated: December 4, 1996.

Gordon S. Creed,

Assistant Deputy Commissioner, Office of Property Disposal.

[FR Doc. 96–31815 Filed 12–13–96; 8:45 am]

BILLING CODE 6820–23–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Agency Information Collection Activities: Proposed Collections; Comment Request

The Department of Health and Human Services, Office of the Secretary will periodically publish summaries of proposed information collections projects and solicit public comments in compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995. To request more information on the project or to obtain a copy of the information collection plans and instruments, call the OS Reports clearance Officer on (202) 690–6207.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Projects

1. HHS Acquisition Regulations—HHSAR Subpart 315, Solicitation and Receipt of Proposals and Quotations—0990–0139—Extension with no change—Subpart 315.4 is needed to ensure consistency in all Departmental solicitations and to ensure that all solicitations describe all of the information which an offeror would need to submit an acceptable proposal. *Repondents:* State or local governments, businesses or other for-profit organizations, non-profit institutions, small businesses; *Total Number of Respondents:* 12,914; Frequency of Response: One time; *Average Burden per Response:* 2 hours; *Estimated Annual Burden:* 25,828 hours.

2. National Study of Assisted Living Facilities for the Frail Elderly—New—the goal of this study is to determine where assisted living fits in the continuum of long term care and to examine its potential for addressing the needs of elderly persons with disabilities. The study will address such topics as trends in supply and demand; barriers to development; the effect of key assisted living features on resident satisfaction and other outcomes. Surveys of operators, staff and elderly residents will be conducted. *Respondents:* Assisted Living Facilities operators, staff and residents—Burden Information on Operator Screen—*Number of Responses:* 1912; *Burden per Response:* 11 minutes; *Total Screen Burden:* 351 hours—Burden Information for Operator Telephone Interview—*Number of Responses:* 230; *Burden per Response:* 20 minutes; *Total Burden:* 77 hours—Burden Information for Operator In-Person Interview—Number of Responses: 690; *Burden per Response:* 30 minutes; *Total Burden:* 345 hours—Burden Information for Staff Interview—*Number of Responses:* 1380; *Burden per Response:* 20 minutes; Total Burden: 460 hours—Burden Information for Resident Interview—*Number of Responses:* 2300; Burden per Response: 35 minutes; *Total Burden:* 1342 hours—Burden Information for Resident Proxy Interview—*Number of Responses:* 1150; *Burden per Response:* 20 minutes,; *Total Burden:* 383 hours—*Total Burden for the Survey:* 2958 hours.

OMB Desk Officer: Allison Eydt.

Send comments to Cynthia Agens Bauer, OS Reports Clearance Officer, Room 503H, Humphrey Building, 200 Independence Avenue S.W., Washington DC, 20201. Written comments should be received within 60 days of this notice.

Dated: December 9, 1996.

Dennis P. Williams,

Deputy Assistant Secretary, Budget.

[FR Doc. 96–31757 Filed 12–13–96; 8:45 am]

BILLING CODE 4150–04–M

Centers for Disease Control and Prevention

[Announcement Number 711]

Cooperative Agreement Program To Strengthen the Public Health System by Effectively Translating the Essential Public Health Services Into Practice

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1997 funds for a cooperative agreement program with national public health associations and organizations to strengthen the public health system by effectively translating the essential public health services into practice. The 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 Objective 8.14 of Healthy People 2000: National Health Promotion and Disease Prevention Objectives: ''Increase to at least 90 percent the proportion of people who are served by a local health department that is effectively carrying out the core functions of public health.'' (To order a copy of ''Healthy People 2000,'' see the section **WHERE TO OBTAIN ADDITIONAL INFORMATION.**

The Institute of Medicine (IOM) defined the mission of public health as fulfilling society's interest in assuring conditions in which people can be healthy (The Future of Public Health, IOM, 1988). CDC proposes to support associations and organizations with a clearly defined membership or constituency and the capacity to serve communities across the nation. This ensures that all communities—urban, suburban, and rural—have the opportunity to access and receive the benefits of this comprehensive implementation strategy.

The CDC has committed substantial resources to promote and ultimately measure the implementation and impact of the Essential Public Health Services (see Attachment 1 which is included in the application kit). This program will also contribute to an overall strategy to assure the achievement of the Year 2000: National Health Promotion and Disease Prevention Objectives. To

ensure that the perspectives of the communities and local values are appropriately integrated into local public health policy and program implementation plans, public health associations and the professionals they represent must be engaged collectively and collaboratively.

Authority: This program is authorized under section 317(k)(2) of the Public Health Service Act, 42 U.S.C. 247b(k)(2), as amended.

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 103–277, 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 national, nonprofit, nonacademic associations and organizations, whose primary mission is to represent State and local public health practitioners and policy makers.

Organizations described in section 501(c)(4) of the Internal Revenue Code of 1986 that engage in lobbying are not eligible to receive Federal grant/cooperative agreement funds.

Availability of Funds

Approximately $800,000 is expected to be available in FY 1997 to fund 3–5 cooperative agreements. It is expected that the average award will be $200,000 per year, ranging from $100,000 to $300,000 per year (includes both direct and indirect costs). Applications requesting $350,000 or more, will not be considered and will be returned to applicants. It is expected that the awards will begin on or about May 1, 1997, and will be made for a 12-month budget period within a project period of up to 3 years. The funding estimate may vary and is subject to change. Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.

Cooperative agreement funds may not supplant or duplicate existing funding from any other public or private source. Although contracts with other organizations are allowable, grantees must perform a substantial portion of each activity for which funds are requested. Funds may not be expended for construction, renovation of existing facilities, or relocation of headquarters, affiliates, or personnel.

Background

The Essential Public Health Services (Essential Services) provide a contemporary definition of the practice of public health. The Essential Services were developed in collaboration with representatives from major public health professional associations and organizations and supported by CDC. While acknowledged and endorsed by public health professionals, the Essential Services have not been fully integrated into public health agencies. They remain mostly conceptual, in part due to an absence of a nationally-focused, comprehensive implementation strategy. This program and the resulting cooperative agreements will facilitate development and implementation of a comprehensive, national strategy to integrate the services into the practice of public health. Please see Attachment 1(included in the application kit) for more information regarding the Essential Public Health Services.

The Essential Public Health Services are:

(1) Monitor health status to identify community health problems.

(2) Diagnose and investigate health problems and health hazards in the community.

(3) Inform, educate, and empower people about health issues.

(4) Mobilize community partnerships to identify and solve health problems.

(5) Develop policies and plans that support individual and community health efforts.

(6) Enforce laws and regulations that protect health and ensure safety.

(7) Link people to needed personal health services and assure the provisions of health care when otherwise unavailable.

(8) Assure a competent public health and personal health care workforce.

(9) Evaluate effectiveness, accessibility, and quality of personal and population-based health services.

(10) Research for new insights and innovative solutions to health problems.

Activities should be designed to increase understanding, adoption, and ultimately full implementation of the Essential Services into the practice of public health. Implementation refers to official public health agencies incorporating the language into operational planning and the policies and procedures of their programs and services.

CDC's partnership activities have sought to strengthen the public health system within all communities through collaboration with local, State, and national partners. This program will further strengthen these partnerships and extend the reach of CDC's community-based activities.

In September 1995, the CDC Director presented his vision of partnership at the annual meeting of State and Territorial Health Officials. This vision outlined three critical ''principles of partnership.'' This program announcement addresses each of these principles. The first principle—shared vision—will be achieved by asking each applicant to, individually and collectively, focus their creative efforts on the development and implementation of a comprehensive, national strategy to integrate the Essential Services into the practice of public health. The second principle—regular, effective communication—will be achieved, as each applicant will develop an internal capacity building plan. This internal plan will focus on identified needs, with particular emphasis on enhancing internal skills that will improve electronic communication and information-sharing. The final principle of partnership—building capacity in the community—will be achieved by encouraging associations to undertake projects and activities that will strengthen their internal ability to improve community capacities.

Applicants are encouraged to design and develop creative and innovative methodologies and solutions, and seize every opportunity to accelerate the transfer of the Essential Services into all State and local health agencies and thousands of communities. In addition, this program will enhance the existing collaborative partnerships established between CDC and national public health associations and organizations.

Purpose

The purpose of this program is for CDC to develop and sustain partnerships between national associations and organizations in order to strengthen the public health system by effectively incorporating the Essential Services into the practice of public health. This cooperative agreement program will:

A. Introduce a more contemporary model for supporting public health partnerships and providing associations with increasing flexibility for administrative decision-making.

B. Ensure the health of the public is best protected and served by integrating the efforts of grantees and their constituency to coordinate activities toward incorporation of these services into the practice of public health.

C. Ensure that national public health associations and organizations are supported to provide the most effective and sustainable leadership and consensus of mission.

D. Enhance existing partnership linkages between State and local health agencies, private providers, foundations, and other organizations in support of the Essential Services.

E. Improve understanding and integration of all levels of governance through coordination of public health policy and program implementation.

F. Improve overall public health management by undertaking activities that value and respect diversity among the professional disciplines represented in public health.

G. Increase partnership opportunities with private sector providers, nonprofit and not-for-profit organizations and Federal agencies with responsibilities for the health of the public.

Priority consideration will be given only to applications supporting CDC's initiative to strengthen the public health system with a distinctive focus on the Essential Public Health Services. While there is not an exact formula for distribution of funds across the identified priorities (see the section ''Recipient Activities''), CDC/Public Health Practice Program Office (PHPPO) offers the following guidance: (a) At least 30% of the requested funds will be dedicated to Priority #1, (b) at least 20% of the requested funds will be dedicated to Priority #2, and (c) at least 10% of the requested funds will be dedicated to Priority #3. This ''level of emphasis'' recognizes the differing needs and capacities among potential applicants. Therefore, CDC/PHPPO expects applicants to present varied plans which justify distribution of funds, and are appropriate for the respective association or organization. This guidance further reinforces CDC's commitment to strengthening partnerships by requiring each applicant to identify the most appropriate association-specific distribution of the balance of the funding request.

Program Requirements

To be considered for funding under this program announcement, applicants must address each of the three priorities listed below. Successful partnership strategies must focus on identified priorities. The priorities identified in this program announcement provide a framework for potential applicants to develop and focus their proposal. This framework offers an opportunity for organizations to focus more emphasis on performance measures and specific indicators. CDC fully recognizes and accepts the probability that applicants will submit applications with varying degrees of emphasis for each identified priority.

Activities proposed must be consistent with the intent of the priority area. Each activity should be constructed in the context of how it will contribute to the priority and ultimately, to a national strategy for implementation of the Essential Services. Creative, innovative activities are encouraged, but applicants are cautioned that implementation plans must be designed to achieve stated objectives. All activities should be coordinated with CDC, and when practical, in collaboration with relevant national, regional, State, and local public health groups.

An expectation of this program is that each grantee becomes an advocate for the Essential Services as ''the standard'' for official health agencies and supports agency efforts to incorporate the Essential Services language into their official statements of authority, mission, and operational planning.

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the following activities under A. (Recipient Activities), and CDC will be responsible for conducting activities under B. (CDC Activities).

A. Recipient Activities

Priority #1 Promote as a long-term public health system's outcome, the translation of the Essential Services as ''the standard'' for the practice of public health.

Projects/activities that may accelerate the translation of Essential Services into public health practice may include: (1) Promoting partnerships, such as joint projects, meetings, workshops, and conferences, (2) demonstrating association support for the Essential Services through position papers, resolutions, and formal recommendations, (3) enhancing the Essential Services or a defined subset, (4) promoting dialogue that will result in consensus definitions for the Essential Services, and (5) supporting ''Implementation of Essential Public Health Services'' as a Year 2010, national health objective.

Priority #2 Improve project planning and implementation of the grantee and their constituencies, whereby evaluation plans focus on objectives and indicators of measurable performance.

Projects/activities that may emphasize performance may include: (1) Increasing the grantee's management staff capacities to conduct performance-based planning, implementation, and evaluation, (2) developing appropriate indicators for measuring effectiveness of activities, including projects that focus on training, consultation, and technical assistance, (3) initiating a process for peer review of projects/activities, (4) developing procedures for sharing resources among partners, and (5) increasing capacity to access and utilize relevant electronic communication networks.

Priority #3 Build the internal capacities of the grantee to develop, enhance, and sustain partnership activities among both traditional and non-traditional groups.

Projects/activities that may enhance the internal capacities of the association/organization may include: (1) Conducting an internal needs assessment (e.g., Assessment Protocol for Excellence in Public Health—APEXPH, Part I) (2) developing a plan to address identified needs, (3) identifying opportunities to secure new revenue sources, (4) developing procedures to secure individuals with critical skills for special short-term needs, (e.g., survey design), (5) acquiring hard- and software to increase electronic communication and information-sharing capacity, and (6) developing an organizational capacity to augment project implementation with technical assistance.

B. CDC Activities

1. Provide information to, and collaborate with, funded associations and organizations in developing and implementing short- and long-term plans.

2. Provide consultation, assistance, and guidance in planning and implementing program activities under this announcement including promotion and publicity related to accomplishments.

3. Assist in identifying, acquiring, or developing appropriate materials to be used in projects and activities.

4. To the extent that resources and skilled personnel are available, provide science-based collaboration and technical assistance.

5. Provide technical assistance in developing and implementing evaluation strategies for the program.

6. Facilitate collaboration with other public and private sector agencies involved at the national, regional, State, and community levels and facilitate technical assistance between other public and private agencies at all levels.

7. Facilitate the exchange of program information and technical assistance among public and private agencies at all levels.

8. Monitor the successful applicants' performance, projects, activities for compliance with all programmatic, administrative, and budgetary requirements.

Technical Reporting Requirements

All reports must be submitted to Ron Van Duyne, Grants Management Officer, Attention: David Elswick, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 321, Mailstop E–13, Atlanta, GA 30305. The following reports are required:

A. An original and two copies of a quarterly narrative progress report (not to exceed 4 pages) for the first, second and fourth quarters of each budget period due to CDC no later than 30 days after the end of each quarter.

B. A cumulative progress report for the first three quarters of each budget period as part of a grantee's continuation application for funding during the project period (this report will serve as the third quarter report). Progress reports should document activity status in comparison to the stated objectives and other relevant observations. Awardees should pay careful attention to answering the evaluation questions and documenting accomplishments and problems encountered in meeting program objectives, as described in the evaluation requirements section in their reports. The progress report is intended not only as a way of informing CDC of the progress made by cooperative agreement recipients in implementing projects and activities and evaluating performance, but also as a tool for documenting and sharing important information with other organizations and agencies. CDC may share portions of the progress report with other partners, grantees and Centers/Institute/Offices within CDC.

C. A Financial Status Report (FSR) no later than 90 days after the end of each budget period. A final FSR and performance report are required no later than 90 days after the end of the project period.

Application Content

Applications must be prepared in accordance with PHS Form 5161–1, information contained in the program announcement, and the general instructions outlined below. When writing the application, careful consideration should be given to the ''Evaluation Criteria'' section below. The applicant should provide a detailed description of the objectives, program plan, intended collaboration(s), and evaluation activities for the first-year budget period only and briefly describe future activities during the project period. If indirect costs are requested, a current, approved indirect cost rate agreement must be included with the application.

Proof of nonprofit and organizational status and compliance with all other eligibility criteria must be submitted with the application for determination of eligibility.

Applicants must use the following format for the narrative portion of their applications and refer to the relevant program requirements and guidance, address requirements and issues in A–G as follows, and consider the review and evaluation criteria when developing the application. Applicants must address all three priorities, but have some discretion regarding the level of activity and commitment of funds.

A. Abstract (not to exceed 1 page): Summarize the overall proposal including the applicant's organizational structure, projects/activities, funding request, collaboration and coordination with CDC and other national associations and organizations, and relationship to priority area.

I. Translating the Essential Services into public health practice (Priority #1)

II. Increasing emphasis on performance measures (Priority #2)

III. Enhancing internal capacities (Priority #3)

B. Program Rationale and Need (not to exceed three pages):

1. For activities related to the Essential Services, describe the rationale for the projects/activities and include a summary of existing information on identified association needs that the proposed program will help address. This should include a description of the activity, the expected impact on the need, and an explanation of how the activity will contribute to the national strategy to strengthen the public health system, particularly as it relates to the Essential Public Health Services.

2. For activities that focus on increasing performance, applicants should focus their attention to progress relative to their objectives. In situations where the performance is difficult to measure or not easily quantifiable, the proposal should outline activities with a series of time-phased tasks to be completed during the budget period.

3. For capacity building activities, including staff training, describe the need(s) to be met, why it is necessary, and how it will impact or benefit the association. This should include an explanation of how this capacity building activity may contribute to the overall national implementation strategy. Any relevant evidence supporting this need should be included in the application.

C. Program Objectives (not to exceed one page): Specify the measurable program objectives. An outcome objective will address (at least partially) resolution of an unmet need. Include at least one outcome objective for each priority, and the indicators that will be used to measure activities and benchmarks toward meeting those objectives.

D. Detail Experience (not to exceed two pages): Specify time, project title, and organization's role related to previous public health initiatives. Accomplishments with supporting documentation and evidence of an association's sustainability will be a critical component in the evaluation phase of each applicant's proposal. An applicant's experience should be described in relation to its ability to provide technical assistance and/or training or other relevant technical assistance to affiliates, constituency groups, other organizations, and agencies. This should also demonstrate the applicant's understanding of the varying information needs of those working with specific audience segments, and how these varying needs will be addressed.

E. Collaboration/Coordination (not to exceed two pages):

1. Describe in sufficient detail the intended collaboration, coordination, and relationships with CDC; regional, State, and local affiliates, members, etc.; other national organizations; State/local health agencies; community-based organizations; and other organizations and agencies. Letters of support would be evidence of collaboration.

2. Describe the role of each of the collaborating organizations, including the specific activities each will undertake in the proposed program plan. Describe proposed technical assistance activities anticipated and summarize other efforts to secure collaboration in the proposed program plan.

3. Describe past experience, if any, in collaborating and coordinating programs and activities among other organizations.

4. Include in the attachments evidence of past collaboration and coordination, such as jointly-developed work plans or memoranda of understanding.

F. Evaluation Plan (not to exceed two pages): Describe the plan for evaluating program activities and services. Indicate how progress toward achieving objectives will be measured and how the quality of services will be ensured

or how the applicant will work with CDC to develop and implement a comprehensive evaluation plan. Describe how needs for technical assistance and training will be identified and monitored, and specify the process through which program objectives and plans will be modified to meet the emerging and changing needs of target populations and the organizations and agencies serving them.

G. Attachments (attach the following documents):

1. Proof of the applicant organization's nonprofit status.

2. A list of participating affiliates or organizations, or description of the constituency(ies) served by the applicant.

3. A list of the names, addresses, and phone numbers of members of the board(s) or governing body(ies) for the applicant.

Evaluation Criteria

Applications will be objectively reviewed and evaluated in accordance with the following criteria:

I. Review and Evaluation of Application

A. Organizational Capability (20%)

The extent to which the applicant documents:

(1) Recent experience administering/coordinating health-related, public health, or community-based programs in conjunction with a national plan, and

(2) Ability to access and influence a particular sector such as public, private, professional, voluntary groups through a network of affiliates, constituents, or members, and

(3) Capacity (or planned capacity) to provide technical assistance and training to their affiliates, constituents, members, and others regarding the Essential Services.

B. Understanding of the Problem (15%)

The extent to which the applicant demonstrates and documents an understanding of the priorities for the public health system, the unmet needs of the association or organization, and the opportunities and barriers that exist among the target audience(s).

C. Program Objectives (15%)

The extent to which the proposed objectives are specific, measurable, time-phased, and consistent with the purpose of the program announcement, the identified priorities, and the applicant organization's overall mission.

D. Quality of Plan (20%)

The strength of the applicant's plan for conducting program activities and the likelihood that the proposed plans will adequately address the priorities.

E. Organizational Experience (15%)

The extent to which the applicant can demonstrate existing support for partnership activities and collaboration with CDC, other associations and organizations, and official public health agencies.

F. Evaluation Plan (15%)

The extent to which the evaluation plan measures the achievement of program objectives and monitors the implementation of proposed activities or the commitment to implement a collaboratively developed evaluation plan.

G. Budget Justification (not scored)

The budget will be evaluated for the extent to which it is reasonable, clearly justified, and consistent with the intended use of cooperative agreement funds. Applicants are also requested to present an estimate (percentage) of their total request budgeted for each identified priority.

II. Predecisional Site Visits

Site visits may be conducted before CDC makes final funding decisions. Only those associations and organizations with high-ranking applications may be visited. During the visit, CDC staff will meet with project staff, a representative of the board of directors, and other applicant principals to assess the applicant's ability to implement the proposed program, review the application and program plans for current or planned activities, and determine the special programmatic conditions and technical assistance requirements of the applicant.

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 Requirements.

Catalog of Federal Domestic Assistance

The Catalog of Federal Domestic Assistance Number is 93.283.

Other Requirements

A. Confidentiality of Records: All identifying information obtained in connection with the provision of services to any person in any program that is being carried out through a cooperative agreement made under this announcement may not be disclosed unless required by a law of a State or political subdivision or unless written, voluntary informed consent is provided by persons who receive services.

B. OMB Review: Projects/activities that involve the collection of information from 10 or more individuals and funded by the cooperative agreement will be subject to review by the Office of Management and Budget under the Paperwork Reduction Act.

Application and Submission Deadline

Preapplication Letter of Intent

A non-binding letter of intent-to-apply is required from potential applicants. An original and two copies of the letter should be submitted to the Grants Management Branch, CDC at the address for Ron Van Duyne given below. It should be postmarked no later than January 15, 1997. The letter should identify the announcement number, name of the Principal Investigator, and specify the activity(ies) to be addressed by the proposed project. The letter of intent does not influence review or funding decisions, but it will enable CDC to plan the review more efficiently, and will ensure that each applicant receives timely and relevant information prior to application submission.

Application

The original and two copies of the application PHS Form 5161–1 (Revised 7/92, OMB Control Number 0937–0189) must be submitted to Ron Van Duyne, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 321, Mailstop E–13, Atlanta, GA 30305, on or before February 14, 1997.

1. *Deadline*: Applications meet the deadline if they are either:

(a) Received on or before the deadline date; or

(b) Sent on or before the deadline date and received in time for submission to the objective review group. (Applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks will not be acceptable as proof of timely mailing.)

2. *Late Applications*: Applications which do not meet the criteria in 1. (a) or 1. (b), above are considered late applications. Late applications will not be considered and will be returned to applicants.

Where to Obtain Additional Information

A complete program description, information on application procedures, an application package, and business management technical assistance may be obtained from David Elswick, Grants Management Specialist, Grants

Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 321, Mailstop E–13, Atlanta, GA 30305, telephone (404) 842–6521, Internet address: DCE1@opspgo1.em.cdc.gov. Programmatic technical assistance may be obtained from Deane Johnson, Division of Public Health Systems, Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE., Mailstop K–39, Atlanta, GA 30333, telephone (770) 488–2495.

Please refer to Announcement 711 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: December 10, 1996

Joseph R. Carter,

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

[FR Doc. 96–31822 Filed 12–13–96; 8:45 am]

BILLING CODE 4163–18–P

Board of Scientific Counselors, National Institute for Occupational Safety and Health: Announcement of Meeting and Request for Comments on Diesel Exhaust Study Protocol

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the following committee meeting:

Name: Board of Scientific Counselors, National Institute for Occupational Safety and Health (BSC, NIOSH).

Time and Date: 9 a.m.–5 p.m., January 14, 1997.

Place: The Washington Court Hotel, Montpelier Room, 525 New Jersey Avenue NW, Washington, DC 20001.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 50 people.

Purpose: The BSC, NIOSH is charged with providing advice to the Director, NIOSH on NIOSH research programs. Specifically, the Board shall provide guidance on NIOSH's research activities related to developing and evaluating hypotheses, systematically documenting findings, and disseminating results.

Matters to be Discussed: Agenda items include a report from the Director of NIOSH and reports on the January NIOSH/OSHA effective ergonomic practices conference; NIOSH construction and agriculture programs; women's safety and health at work; the National Occupational Research Agenda; review of the Health Hazard Evaluation Program; and future activities of the Board.

In addition, the Board will consider the August 1995 draft protocol for the NIOSH/National Cancer Institute (NCI) study entitled ''A Cohort Mortality Study With a Nested Case-Control Study of Lung Cancer and Diesel Exhaust Among Non-Metal Miners.'' The Board will provide NIOSH with an assessment of the scientific quality of the draft protocol, including a review of the stated objectives of the study and the methods proposed to achieve those objectives.

Given the public interest in this study, the Board and NIOSH will review the draft protocol as follows:

1. On January 14, 1996, the Board will begin its review of the draft protocol.

2. Copies of the draft protocol are available from Michael Attfield, Ph.D., NIOSH Project Director, NIOSH, Division of Respiratory Disease Studies, Mail Stop 234, 1095 Willowdale Road, Morgantown, West Virginia 26505–2888; (304)285–5751; Internet address mda1@niords1.em.cdc.gov; and from the NIOSH Home Page at http://www.cdc.gov/niosh/homepage.html.

3. The public is invited to submit written comments on the draft protocol to NIOSH through January 31, 1997. All written comments should be submitted to Dr. Attfield at the above address. At this January 14, 1997 meeting of the Board, members of the public may make oral comments up to five minutes in length if time allows.

4. NIOSH will revise the draft protocol after receipt of all written and oral comments. A revised protocol will thereafter be made available to the Board and to any interested person. The availability of the revised protocol will be announced in the Federal Register and on the NIOSH Home Page.

5. In approximately 90 days following the January 14, 1997 meeting, the Board will reconvene at a public meeting (to be announced in the Federal Register) to consider the revised protocol and any written comments provided to NIOSH. The Board will provide comments and recommendations to NIOSH on the revised protocol.

Agenda items are subject to change as priorities dictate.

Contact Person for More Information: Bryan D. Hardin, Ph.D., Executive Secretary, BSC, NIOSH, CDC, 200 Independence Avenue, SW, Humphrey Building, Washington, DC 20201, telephone (202) 205–8556.

Dated: December 11, 1996.

John C. Burckhardt,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 96–31948 Filed 12–13–96; 8:45 am]

BILLING CODE 4163–19–P

National Institutes of Health

Proposed Collection; Comment Request; Clinical, Laboratory, and Epidemiologic Characterization of Individuals at High Risk of Cancer

SUMMARY: In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed extension of existing data collection projects, the National Cancer Institute (NCI), the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

PROPOSED COLLECTION: *Title* Clinical, Laboratory, and Epidemiologic Characterization of Individuals at High Risk of Cancer. *Type of Information Collection Request:* Extension of OMB No. 0925–0194 (Expiration date 01/31/97). *Need and Use of Information Collection:* This ongoing research study will identify cancer-prone persons in order to learn about cancer risk and cancer causes in individuals and families. The primary objectives of this research study are to utilize clinical, laboratory, and epidemiologic approaches in studies of individuals and families at high risk of cancer to identify and further characterize cancer susceptibility factors. Respondents are members of families in which multiple cancers are thought to have occurred. Information about the occurrence of cancer is collected and reviewed to determine eligibility for further etiologic study. Participation is entirely voluntary. The findings will lead to a better understanding of the causes and risk factors for selected cancers, which may reduce cancer incidence, and promote the earlier diagnosis of some cancers. *Frequency of Response:* One time. *Affected Public:* Individuals or households. *Type of Respondents:* Adults. The annual reporting burden is as follows: *Estimated Number of Respondents:* 600 per year; *Estimated Number of Responses per Respondent: 1; Average Burden Hours Per Response:* .75; and *Estimated Total Annual Burden Hours Requested:* 450. The annualized cost to respondent is estimated at: $4,500. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

REQUEST FOR COMMENTS: Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the