Board of Governors of the Federal Reserve System, May 7, 1997.

Jennifer J. Johnson,

Deputy Secretary of the Board.

[FR Doc. 97–12449 Filed 5–12–97; 8:45 am]

BILLING CODE 6210–01–F

FEDERAL RESERVE SYSTEM

Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR Part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. Once the application has been accepted for processing, it will also be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act. Unless otherwise noted, nonbanking activities will be conducted throughout the United States.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than June 6, 1997.

A. Federal Reserve Bank of Minneapolis (Karen L. Grandstrand, Vice President) 250 Marquette Avenue, Minneapolis, Minnesota 55480-2171:

1. Stearns Financial Services, Inc., Employee Stock Ownership Plan, St. Cloud, Minnesota, and Stearns Financial Services, Inc., St. Cloud, Minnesota; to acquire 80 percent of the voting shares of Arizona Community Bank of Scottsdale, Scottsdale, Arizona, a *de novo* bank.

B. Federal Reserve Bank of San Francisco (Pat Marshall, Manager of Analytical Support, Consumer Regulation Group) 101 Market Street, San Francisco, California 94105-1579:

1. Zions Bancorporation, Salt Lake City, Utah; to acquire 100 percent of the voting shares of Tri-State Bank, Montpelier, Idaho.

Board of Governors of the Federal Reserve System, May 7, 1997.

Jennifer J. Johnson,

Deputy Secretary of the Board.

[FR Doc. 97–12450 Filed 5–12–97; 8:45 am]

BILLING CODE 6210–01–F

FEDERAL RESERVE SYSTEM

Notice of Proposals to Engage in Permissible Nonbanking Activities or to Acquire Companies that are Engaged in Permissible Nonbanking Activities

The companies listed in this notice have given notice under section 4 of the Bank Holding Company Act (12 U.S.C. 1843) (BHC Act) and Regulation Y, (12 CFR Part 225) to engage *de novo*, or to acquire or control voting securities or assets of a company that engages either directly or through a subsidiary or other company, in a nonbanking activity that is listed in § 225.28 of Regulation Y (12 CFR 225.28) or that the Board has determined by Order to be closely related to banking and permissible for bank holding companies. Unless otherwise noted, these activities will be conducted throughout the United States.

Each notice is available for inspection at the Federal Reserve Bank indicated. Once the notice has been accepted for processing, it will also be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the question whether the proposal complies with the standards of section 4 of the BHC Act.

Unless otherwise noted, comments regarding the applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than May 27, 1997.

A. Federal Reserve Bank of Cleveland (Jeffrey Hirsch, Banking Supervisor) 1455 East Sixth Street, Cleveland, Ohio 44101-2566:

1. Mellon Bank Corporation, Pittsburgh, Ohio; to acquire Buck Consultants, Inc., New York, New York, and thereby engage in employee benefits consulting activities, pursuant to § 225.28(b)(9)(ii) of the Board's Regulation Y.

Board of Governors of the Federal Reserve System, May 7, 1997.

Jennifer J. Johnson,

Deputy Secretary of the Board.

[FR Doc. 97–12443 Filed 5–12–97; 8:45 am]

BILLING CODE 6210–01–F

FEDERAL RESERVE SYSTEM

Sunshine Act Meeting

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

TIME AND DATE: 12:00 noon, Monday, May 19, 1997.

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. Personnel actions (appointments, promotions, assignments, reassignments, and salary actions) involving individual Federal Reserve System employees.

2. 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: May 9, 1997.

Jennifer J. Johnson,

Deputy Secretary of the Board.

[FR Doc. 97–12690 Filed 5–9–97; 2:54 pm]

BILLING CODE 6210–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Announcement Number 776]

Cooperative Agreements for Studies To Evaluate Primary Prevention of Childhood Lead Poisoning Notice of Availability of Funds for Fiscal Year 1997

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1997 funds for a cooperative agreement program to conduct studies to evaluate the costs and effectiveness of primary prevention of childhood lead poisoning.

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 area of Environmental Health. (For ordering a copy of Healthy People 2000, see the

section **WHERE TO OBTAIN ADDITIONAL INFORMATION.**)

Authority

This program is authorized under sections 301(a), 317A and 317B of the Public Health Service Act [42 U.S.C. 241(a), 247b-1 and 247b-3] as amended. Program regulations are set forth in 42 CFR Part 51b.

Smoke-Free Workplace

CDC strongly encourages all cooperative agreement recipients to provide a smoke-free workplace and promote the non-use 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

Applications may be submitted by public and private, nonprofit organizations and governments and their agencies. Thus, universities, colleges, research institutions, hospitals, other public and private non-profit organizations, State and local governments or their bona fide agents, including small, minority-and/or women-owned non-profit businesses are eligible to apply.

An organization described in section 501(c)(4) of the Internal Revenue Code of 1986 which engages in lobbying activities shall not be eligible to receive Federal funds constituting an award, grant, loan, or any other form.

Applications will be considered for funding to conduct studies in one or more programmatic interest areas. The programmatic interest area(s) should be clearly indicated for each study on a cover letter submitted with the application.

Availibility of Funds

Approximately $500,000 is available in FY 1997 to fund up to two cooperative agreements. It is expected that the average award will be $250,000 (direct and indirect cost). It is expected that the awards will begin on or about September 30, 1997. The awards will be made for 12-month budget periods within a project period up to 4 years. Funding estimates may vary and are subject to change based on the availability of funds.

Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.

Use of Funds

Grant funds may not be expended for medical care and treatment or for environmental remediation of lead sources.

Eligible applicants may enter into contracts, including consortia agreements, as necessary to meet the requirements of the program and strengthen the overall application; however, applicants must perform a substantial portion of the activities for which funds are requested.

Restrictions on Lobbying

Applicants should be aware of restrictions on the use of HHS funds for lobbying of Federal or State legislative bodies. Under the provisions of 31 U.S.C. Section 1352 (which has been in effect since December 23, 1989), recipients (and their subtier contractors) are prohibited from using appropriated Federal funds (other than profits from a Federal contract) for lobbying Congress or any Federal agency in connection with the award of a particular contract, grant, cooperative agreement, or loan. This includes grants/cooperative agreements that, in whole or in part, involve conferences for which Federal funds cannot be used directly or indirectly to encourage participants to lobby or to instruct participants on how to lobby.

In addition, the FY 1997 HHS Appropriations Act, which became effective October 1, 1996, expressly prohibits the use of 1997 appropriated funds for indirect or ''grass roots'' lobbying efforts that are designed to support or defeat legislation pending before State legislatures. This new law, Section 503 of Pub. L. 104–208, provides as follows:

Sec. 503(a). No part of any appropriation contained in this Act shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress, * * * except in presentation to the Congress or any State legislative body itself.

(b) No part of any appropriation contained in this Act shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State legislature.

Department of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 1997, as enacted by the Omnibus Consolidated Appropriations Act, 1997, Division A, Title I, Section 101(e), Pub. L. 104–208 (September 30, 1996).

Background and Definitions

The adverse health effects of lead on young children can be profound. Lower levels of lead, which rarely cause symptoms, can result in decreased intelligence, developmental disabilities, behavioral disturbances, and disorders of blood production. It is estimated that in the United States nearly one million children younger than 6 years old have blood levels high enough to cause adverse health effects. Lead poisoning affects children of all socioeconomic strata, racial/ethnic groups, and regions of the country; however, children who are minorities, are residents of central cities, live in older housing, or live in households with lower income are at higher risk for lead poisoning.

In February 1991, HHS released the document, Strategic Plan for the Elimination of Childhood Lead Poisoning, which described the goals and objectives of CDC to eliminate this disease. The strategic plan focuses heavily on lead-based paint because of its key role in lead poisoning and because of the limited nature of previous efforts to reduce this source of lead. However, a national plan to eliminate childhood lead poisoning must focus on other sources and pathways of lead exposure that contribute significantly to children's blood lead levels. Continued efforts to identify and reduce these sources and pathways of lead exposure will result in lower average blood lead levels in the United States and will further diminish the likelihood of lead poisoning developing even in children exposed to a high-dose source.

In general, blood lead levels of infants begin to correlate with the amount of lead contamination in their environments when the infants reach crawling age and their mobility puts them in contact with household dust, paint, and soil. By the time older infants and toddlers have been identified with elevated blood lead levels, often between 12 and 24 months of age, they have already begun to accumulate high body burdens of lead and have had substantial periods of exposure to levels of lead potentially harmful to the developing nervous system. Thus, long periods of lead exposure prior to initiating an intervention may reduce the impact of the intervention on blood lead levels and neurobehavioral outcomes. For these reasons, it may be desirable to initiate interventions in

children at high risk for lead exposure at 6 months or younger.

Definitions

Primary prevention refers to the prevention of lead exposure among children who have not yet developed elevated blood lead levels at the time of initiation of prevention measures.

Purpose

The purposes of these awards are to (1) Study important epidemiologic questions critical to the implementation, operation, and expansion of childhood lead poisoning primary prevention programs; and (2) to support the development of guidelines and directives. Specifically, the purpose is to evaluate the feasibility, costs, and effectiveness (in terms of average blood levels and the proportion of children with elevated blood lead levels as measured in children 12 to 24 months of age) of various strategies for primary prevention among young children (6 months of age or younger at study initiation) who are at high risk for lead exposure.

Programmatic Interest Areas

Studies must be in one of the following areas:

1. Evaluation of primary prevention through environmental intervention.
2. Evaluation of primary prevention through educational intervention.
3. Evaluation of primary prevention through nutritional intervention.

Applicants are encouraged to work collaboratively with health, housing, and environmental government agencies and community-based organizations.

Application Content

Please prepare your application following the instructions in the PHS–398. Please include the following:

1. Identify a director who has specific authority and responsibility to carry out the requirements of the project.
2. Demonstrate ability to collect and analyze data on cost and effectiveness needed to fulfill the study objectives.
3. Demonstrate ability to describe in detail the materials, activities, and administrative arrangements that constitute the intervention and the way in which the program will be delivered.
4. Demonstrate ability to evaluate the effectiveness of the program as measured by blood lead levels in children 12 to 24 months of age.
5. Demonstrate ability to accurately assess the intervention costs and differentiate these costs from those of the research study.
6. Demonstrate experience in conducting relevant epidemiologic studies, including publication of original research in peer-reviewed journals.
7. Demonstrate effective and well-defined working relationships within the performing organization and with outside entities which will ensure implementation of the proposed study.
8. Demonstrate access to a laboratory with demonstrated proficiency in performing blood lead (and other laboratory measurements as indicated in the applicant's study protocol).
9. Demonstrate ability to ensure that children identified with elevated blood levels receive appropriate medical and environmental management through an ongoing childhood lead poisoning prevention program (which need *not* be applicant's organization).
10. Provide assurance that, when appropriate, referrals and other appropriate measures will be taken to ensure that children receive household environmental assessments and interventions that are consistent with applicable health and housing regulations and the community standard of care. If the applicant does not have direct responsibility for such activities, a letter of support from the organization with that responsibility is required.

Cooperative Activities

In conducting activities to achieve the purpose of these cooperative agreements, the recipient will be responsible for conducting activities under A. (Recipient Activities), and CDC will be responsible for conducting activities under B. (CDC Activities):

A. Recipient Activities

1. Conduct study activities, including: (1) Enrolling eligible study subjects, after obtaining informed consent; (2) collection, analysis, and interpretation of collected data; (3) ensuring appropriate medical and environmental management of study subjects; (4) evaluation of project during implementation of study and after completion of study; and (5) all other components required for implementation of the study.
2. Enter and maintain data in a computerized database.
3. Analyze collected data and prepare and publish a report of the study findings.

B. CDC Activities

1. Collaborate with the recipient in refining the approved study protocol and the data collection instrument(s), as appropriate.
2. Provide technical advice on data collection and management.
3. Assist in assessment of quality of laboratory measurements, if needed.

Technical Reporting Requirements

Annual progress reports in a CDC-approved format are required of all cooperative agreement recipients. Timelines for the annual reports will be established at the time of award. The narrative progress reports must include the following for each goal or activity involved in the study: (1) A comparison of actual accomplishments to the goals established for the period; (2) the reasons for slippage if established goals were not met; and (3) other pertinent information and data essential to evaluating progress and findings of the study.

The Financial Status Report is required no later than 90 days after the end of the budget period. A final progress report and financial status report are required no later than 90 days after the end of the project period. Submit the original and two copies of the reports to the Grants Management Branch, CDC.

Evaluation Criteria

Applications will be reviewed and evaluated according to the following criteria:

1. Study Protocol (35%)

The protocol's scientific soundness (including adequate sample size with power calculations), quality, feasibility, consistency with the project goals, and soundness of the evaluation plan (which should provide sufficient detail regarding the way in which the program will be implemented to facilitate replication of the program).

2. Access to Study Subjects (20%)

Documented ability to identify, access, enroll, and follow high-risk study subjects. The degree to which the applicant has met the CDC policy requirements regarding the inclusion of women, ethnic, and racial groups in the proposed research. This includes: (a) The proposed plan for the inclusion of both sexes and racial and ethnic minority populations for appropriate representation; (b) the proposed justification when representation is limited or absent; (c) a statement as to whether the design of the study is adequate to measure differences when warranted; and (d) a statement as to whether the plans for recruitment and outreach for study participants include the process of establishing partnerships with community(ies) and recognition of mutual benefits.

3. Environmental, Educational, and Medical Intervention (15%)

Ability to provide environmental and educational interventions before infants are exposed to potential lead hazards. Documented ability to ensure that children identified with elevated blood lead levels receive appropriate medical and environmental management.

4. Project Personnel (15%)

The qualifications, experience, (including experience in conducting relevant studies) and time commitment of the staff needed to ensure implementation of the project.

5. Laboratory Capacity (10%)

Documented availability to a laboratory with demonstrated proficiency in performing lead measurements (and other laboratory measurements as indicated in applicant's proposed study).

6. Performance Measurement (5%)

Schedule for implementing and monitoring the project. The extent to which the application documents specific, attainable, and realistic goals and clearly indicates the performance measures that will be monitored, how they will be monitored, and with what frequency. This section should contain enough detail to determine at the end of each budget year, the extent to which the project is on target in completing the study process and outcome objectives.

7. 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.

8. Human Subjects (not scored)

The extent to which the applicant complies with the Department of Health and Human Services Regulations (45 CFR Part 46) regarding the protection of human subjects.

Executive Order 12372 Review

Applications are not subject to the review requirements of Executive Order 12372.

Public Health System Reporting Requirement

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

Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance number assigned to this program is 93.283.

Other Requirements

Paperwork Reduction Act

Projects that involve the collection of information from ten or more individuals and funded by this cooperative agreement will be subject to review by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

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 form provided in the application kit.

Women and Minority Inclusion Policy

It is the policy of the CDC to ensure that women and racial and ethnic groups will be included in CDC supported research projects involving human subjects, whenever feasible and appropriate. Racial and ethnic groups are 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 a clear and compelling rationale exists that inclusion is inappropriate or not feasible, this situation must be explained as part of the application.

In conducting the review of applications for scientific merit, review groups will evaluate proposed plans for inclusion of minorities and both sexes as part of the scientific assessment and assigned score. 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, Friday, September 15, 1995, pages 47947–47951.

Application Submission and Deadline

A. Preapplication Letter of Intent

Although not a prerequisite of application, a non-binding letter of intent-to-apply is requested from potential applicants. The letter should be submitted to the Grants Management Officer (whose address is reflected in section B, ''Applications''). It should be postmarked no later than one month prior to the planned submission deadline (e.g., June 16 for July 16 submission). The letter should identify the announcement number, the intended submission deadline, name the principal investigator, and specify the study area addressed by the proposed project.

The letter of intent does not influence review of 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.

B. Applications

Applicants should use Form PHS–398 (OMB No. 0925–0001 Revised 5/95) and adhere to the ERRATA Instruction Sheet for form PHS–398 contained in the grant application kit. Please submit an original and five copies on or before July 16, 1997, to Lisa Tamaroff, 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, Atlanta, GA 30305, telephone (404) 842–6796.

C. Deadline

1. Applications shall be considered as meeting 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 for the review process. 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 shall 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 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 telephone number and will need to refer to Announcement 776. 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 Lisa Tamaroff, 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) 842–6796, or Internet lgt1@cdc.gov.

Programmatic technical assistance may be obtained from Alan B. Bloch, M.D., M.P.H. , Lead Poisoning Prevention Branch, Division of Environmental Hazards and Health Effects, National Center for Environmental Health, Centers for Disease Control and Prevention (CDC), 4770 Buford Highway, NE., Mailstop F–42, Atlanta, GA 30341–3724, telephone (770) 488–7330, or Internet abb1@cdc.gov.

Please refer to Announcement Number 776 when requesting information and submitting an application.

This and other CDC announcements are also available through the CDC home page on the Internet. The address for the CDC home page is http://www.cdc.gov.

CDC will not send application kits by facsimile or express mail.

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) through the Superintendent of Documents, Government Printing Office, Washington, DC 20402–9325, telephone (202) 512–1800.

To receive a free copy of the Strategic Plan for the Elimination of Childhood Lead Poisoning, call toll-free 1–888–232–6789 and leave name, address, and telephone number.

Dated: May 7, 1997.

Joseph R. Carter,

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

[FR Doc. 97–12455 Filed 5–12–97; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Chronic Fatigue Syndrome Coordinating Committee: Meeting

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: Chronic Fatigue Syndrome Coordinating Committee (CFSCC).

Time and Date: 10 a.m.–12 noon, 1:30–5 p.m., May 29, 1997.

Place: Room 503A, Hubert H. Humphrey Building, 200 Independence Avenue, SW, Washington, DC 20201.

Status: Open to the public, limited only by the space available. The meeting room will accommodate 85 people.

Purpose: The Committee is charged with providing advice to the Secretary, the Assistant Secretary for Health, and the Commissioner, Social Security Administration (SSA) to assure interagency coordination and communication regarding chronic fatigue syndrome (CFS) research and other related issues; facilitating increased Department of Health and Human Services (HHS) and agency awareness of CFS research and educational needs; developing complementary research programs that minimize overlap; identifying opportunities for collaborative and/or coordinated efforts in research and education; and developing informed responses to constituency groups regarding HHS and SSA efforts and progress.

Matters to be Discussed: Agenda items will include defining the scope and mission of the Chronic Fatigue Syndrome Coordinating Committee; review of an approach to the current disease name; prioritization of education of the physician/provider population; disability issues; therapeutic agents and their assessment; measurement of functional activity; and pediatric CFS.

Agenda items are subject to change as priorities dictate.

Public comments will be received at the meeting for approximately 90 minutes. Persons wishing to make oral comments should notify the Executive Secretary, Lisa Blake-DiSpigna, by fax (404/639–4138) or by telephone (404/639–3227) no later than the close of business on May 23, 1997. All requests to make oral comments should contain the name, address, telephone number, and organizational affiliation of the presenter. These comments will become a part of the official record of the meeting. Due to the time available, public comments will be limited to five minutes per person.

Notice: In the interest of security, the Department has instituted stringent procedures for entrance to the Hubert H. Humphrey Building by non-government employees. Thus, persons without a government identification card will need to provide a photo ID and know the subject and room number of the meeting in order to be admitted into the building. Visitors must use the Independence Avenue entrance.

Contact Person for More Information: Renee Ross, Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases, CDC, 1600 Clifton Road, NE, MS A30, Atlanta, Georgia 30333, telephone 404/639–3574.

Dated: May 7, 1997.

Nancy C. Hirsch,

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

[FR Doc. 97–12457 Filed 5–12–97; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Agency Recordkeeping/Reporting Requirements Under Emergency Review by the Office of Management and Budget (OMB)

Title: Native Employment Works (NEW) Program Abbreviated Preprint.

OMB No.: New.

Description: The purpose of this document is to determine whether the interim tribal plan is complete and will fulfill its' intended purpose, goals and objectives to provide work activities. The plan will provide an outline of how the Tribe's program will be administered and operated. It is used to provide the public with information about the program.

Respondents: States, Puerto Rico, Guam and the District of Columbia.

Annual Burden Estimates:

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Preprint	77	1	16	1,232

Estimated Total Annual Burden Hours: 1,232.

Additional Information: ACF is requesting that OMB grant a 180 day approval for this information collection under procedures for emergency processing by May 14, 1997. A copy of this information collection, with applicable supporting documentation, may be obtained by calling the Administration for Children and