

Bloomington, Minnesota, and thereby indirectly acquire State Bank of Edgerton, Edgerton, Minnesota; and The First State Bank of Eden Prairie, Eden Prairie, Minnesota.

2. *Otto Bremer Foundation*, St. Paul, Minnesota; through its subsidiary, Bremer Financial Corporation, St. Paul, Minnesota, to acquire 100 percent of the voting shares of The Halo Bancorporation, Inc., Devils Lake, North Dakota, and thereby indirectly acquire First National Bank of Devils Lake, Devils Lake, North Dakota.

Board of Governors of the Federal Reserve System, July 16, 1997.

Jennifer J. Johnson,

Deputy Secretary of the Board.

[FR Doc. 97-19100 Filed 7-18-97; 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. The notice also will 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 August 14, 1997.

A. Federal Reserve Bank of Richmond (A. Linwood Gill III, Assistant Vice President) 701 East Byrd Street, Richmond, Virginia 23261-4528:

1. *Horizon Bancorp, Inc.*, Beckley, West Virginia; to acquire Beckley Bancorp, Inc., Beckley, West Virginia, and thereby indirectly acquire Beckley Federal Savings Bank, Beckley, West

Virginia, and thereby engage in operating a savings and loan association, pursuant to § 225.28(b)(4) of the Board's Regulation Y.

Board of Governors of the Federal Reserve System, July 15, 1997.

Jennifer J. Johnson,

Deputy Secretary of the Board.

[FR Doc. 97-19016 Filed 7-18-97; 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. The notice also will 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 August 5, 1997.

A. Federal Reserve Bank of Chicago (Philip Jackson, Applications Officer) 230 South LaSalle Street, Chicago, Illinois 60690-1413:

1. *Associated Banc-Corp.*, Green Bay, Wisconsin; to acquire First Financial Corporation, Stevens Point, Wisconsin, and thereby indirectly acquire First Financial Bank, FSB, Stevens Point, Wisconsin, and thereby engage in owning and operating a savings and loan association, pursuant to § 225.28(b)(4) of the Board's Regulation Y; Appraisal Services, Inc., Milwaukee, Wisconsin, and thereby engage in performing appraisals of real estate and tangible personal property, pursuant to § 225.28 (b)(2) of the Board's Regulation Y; and First Financial Card Services

Bank, N.A., Stevens Point, Wisconsin, and thereby engage in operating a credit card bank, pursuant to §§ 225.28(b)(1) and (2) of the Board's Regulation Y.

Board of Governors of the Federal Reserve System, July 16, 1997.

Jennifer J. Johnson,

Deputy Secretary of the Board.

[FR Doc. 97-19099 Filed 7-18-97; 8:45 am]

BILLING CODE 6210-01-F

FEDERAL TRADE COMMISSION

Sunshine Act Meetings

AGENCY HOLDING THE MEETING: Federal Trade Commission.

TIME AND DATE: 2:00 p.m., Thursday, August 14, 1997.

PLACE: Federal Trade Commission Building, Room 532, 6th Street and Pennsylvania Avenue, NW., Washington, DC 20580.

STATUS: Parts of this meeting will be open to the public. The rest of the meeting will be closed to the public.

MATTERS TO BE CONSIDERED: Portions Open to Public.

(1) Oral Argument in Automotive Breakthrough Sciences, Inc., Docket 9275.

Portions Closed to the Public:

(2) Executive Session to follow Oral Argument in Automotive Breakthrough Sciences, Inc., Docket 9275.

CONTACT PERSON FOR MORE INFORMATION: Victoria Streitfeld, Office of Public Affairs: (202) 326-2180. Recorded Message: (202) 326-2711.

Donald S. Clark,

Secretary.

[FR Doc. 97-19237 Filed 7-17-97; 2:56 pm]

BILLING CODE 6750-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Announcement 786]

Cooperative Agreements To Refine a National Surveillance System for Hospital Health Care Workers

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1997 funds for cooperative agreements to refine a surveillance system for health care workers (HCWs) in hospital settings that will lead to the prevention of occupational transmission of bloodborne infections, vaccine-

preventable diseases, tuberculosis (TB), and other occupational hazards.

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 Immunization and Infectious Diseases. (For ordering a copy of Healthy People 2000, see the section Where to Obtain Additional Information.)

Authority

This program is authorized under Sections 301, 304, 306, 308(d), and 317(k)(2) of the Public Health Service Act, as amended [42 U.S.C. 241, 242b, 242k, 242m(d) and 247b(k)(2)]. Applicable program regulations are found in 42 CFR 51b and 52, Project Grants for Preventive Health Services and Research Projects.

Smoke-Free Workplace

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

Eligible Applicants

Eligible applicants include only U.S. public and non-profit private hospitals. Applicants must have an established surveillance system or program for occupational exposures to HCWs which includes a written protocol, plan, or policy including data collection forms. Eligibility requirements must be clearly specified under background information in Application Content.

Competition is limited to hospitals as defined above because the purpose of this program is to refine a surveillance system for HCWs in hospital settings.

Identifiable information provided to CDC through this agreement will be maintained in accordance with the assurance of confidentiality provided to hospitals participating in the National Surveillance System for Hospital HCWs (NaSH) System under Section 308(d) of the Public Health Service Act [42 U.S.C. 242m(d)].

Availability of Funds

Approximately \$350,000 is available in FY 1997 to fund approximately 8 awards. It is expected that the average award will be \$45,000, ranging from \$30,000 to \$60,000. It is expected that the awards will begin on or about

September 30, 1997, and will be made for a 12-month budget period within a one-year project period. Funding estimates may vary and are subject to change.

Note: Effective January 1, 1996, Public Law 104-65 states that an organization described in section 501(c)(4) of the Internal Revenue Code of 1986 which engages in Lobbying activities shall not be eligible for the receipt of Federal funds constituting an award, grant (cooperative agreement), contract, loan, or any other form.

Use of Funds

Cooperative agreement funds will not be used for the delivery of clinical/therapeutic services.

Restrictions on Lobbying

Applicants should be aware of restrictions on the use of Department of Health and Human Services (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 Departments of Labor, HHS, and Education, and Related Agencies 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. Section 503 of this new law, as enacted by the Omnibus Consolidated Appropriations Act, 1997, Division A, Title I, Section 101(e), Public Law 104-208 (September 30, 1996), provides as follows:

Section 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.

Background

In recent years, occupational hazards faced by HCWs in the United States have received increasing attention. Existing surveillance systems are often inadequate to describe the scope and magnitude of occupational exposures to infectious agents and other occupational hazards that HCWs experience, the outcomes of these exposures, and the impact of preventive measures. Hospital groups and experts in infectious disease have requested guidance and assistance from CDC to develop a system for hospital data management, so that hospitals may develop prevention strategies, identify emerging problems, and in general create a safe and healthy working environment for patients and HCWs, in accordance with Occupational Safety and Health Administration (OSHA) requirements and CDC Guidelines for the Prevention and Management of Occupational Exposures to Tuberculosis, Bloodborne Pathogens and Vaccine-preventable Diseases (MMWR 1994, Vol. 43 No. RR-13; MMWR 1990, Vol 39 No. RR-1; MMWR 1991, Vol 40 No. RR-12). Many hospitals around the United States have requested technical assistance from CDC to improve current surveillance systems for a variety of occupationally acquired infections and other work-related hazardous conditions and exposures.

CDC has developed a surveillance system that focuses on surveillance of exposures and infections among hospital-based HCWs. This system, modeled after the National Nosocomial Infections Surveillance (NNIS) system for patient infections, includes standardized methodology and software for various occupational health issues. The system is called the National Surveillance System for Hospital HCWs, or (NaSH). The Hospital Infections Program (National Center for Infectious Diseases (NCID)) has developed this system in collaboration with the Hepatitis Branch (Division of Viral and Rickettsial Diseases, NCID), the Division of Tuberculosis Elimination (National Center for HIV, STD, and TB Prevention), the National Immunization Program, and the National Institute for Occupational Safety and Health (NIOSH). Currently, the NaSH system consists of the following surveillance modules: HCW Baseline Assessment; Routine Tuberculin Skin Testing; Exposures to Blood/Body Fluids and Blood borne Pathogens; Exposures to and Infections with Vaccine-Preventable Diseases; Exposures to Infectious

Tuberculosis Patients/HCWs; Non-infectious Injuries; and Annual HCW Survey.

The ultimate goal and primary benefit of this cooperative agreement program is to improve hospital surveillance methods for management of occupational health information and the prevention of exposures at participating hospitals. Hospitals will receive technical assistance in order to better comply with current OSHA and CDC Guidelines for Occupational Exposures to Tuberculosis, Bloodborne Pathogens and Vaccine-Preventable Diseases. Technical assistance will also be provided in the development of a standardized system of data management for the Employee Health data for their HCWs. Information provided by the participating hospitals about their needs will allow CDC to refine the NaSH system, including data collection forms and software, in order to make the NaSH system more suitable for each collaborating hospital.

Purpose

The purpose of this cooperative agreement is to assist hospitals to improve their current methods of assessing rates and reducing transmission of occupationally-acquired infections and other occupationally-related adverse medical outcomes in their facilities. With a comprehensive, organized surveillance system, hospitals will be able to systematically monitor trends in exposures, assess the risk for occupational infection and injury, and evaluate preventive measures including engineering controls work practices, protective equipment, and postexposure prophylaxis to prevent occupationally-acquired infections.

Program Requirements

In conducting activities to achieve the purpose of this cooperative agreement, the recipient will be responsible for the activities under A. below, and CDC will be responsible for conducting activities under B. below.

A. Recipient Activities

1. Improve its surveillance system for occupational exposures and infections in order to have a comprehensive and integrated surveillance system that includes: (a) Immunizing HCWs; (b) periodic tuberculin skin testing; (c) reporting, follow-up, and management of occupational blood/body fluid and bloodborne exposures; (d) reporting, management, and follow-up of exposures to, and infections with, measles, mumps, rubella, influenza, varicella, and TB; (e) reporting, management, and follow-up of non-

infectious occupational injuries (e.g., sprains, back injuries).

2. Assess the level of needlestick reporting and distribute the "Health Care Worker Survey Form" for HCWs in occupational groups with higher risk of needlesticks.

3. Attend a single planning/training meeting in Atlanta.

Optional Recipient Activity:

4. Recipients may elect to collect and send blood specimens from source patients and HCWs involved in exposures to hepatitis C virus (HCV) to CDC for PCR testing for HCV RNA.

B. CDC Activities

1. Modify the NaSH surveillance system as requested by the recipients to maximize its usefulness to collaborating hospitals.

2. Provide technical assistance in the conduct of the surveillance program.

3. Provide technical assistance in the improvement of on-site hospital data management systems, such as developing data fields customized to the institution, etc.

4. Provide training regarding the use and adaptation of NaSH software to personnel involved in data management at the participating hospitals.

5. Assist in the coordination of data analysis, dissemination, and presentation of aggregated data.

6. CDC will perform:—For those hospitals that elect to send specimens to CDC for additional HCV testing and after appropriate informed consents are obtained—(a) supplemental testing and PCR testing for HCV RNA of source-patients who are anti-HCV positive and (b) PCR testing for HCV RNA at 3 and 6 month follow-up of HCWs exposed to these source patients. PCR testing for HCV is currently not available for commercial use in hospitals.

Technical Reporting Requirements

An original and two copies of progress reports must be submitted to CDC, semiannually. Progress reports are due no later than 30 days after each reporting period. The semiannual progress reports should include annual data (e.g., inpatient days, FTEs for some occupational groups) to calculate rates for the events for which surveillance is conducted in this system. Progress reports should also address progress toward overall objectives as represented in the Purpose and Recipient Activities sections of this announcement.

A final performance report and financial status report are due no later than 90 days after the end of the project period. Please send all reports or other correspondence to: Sharron P. Orum, Grants Management Officer, Grants

Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Mailstop E-18, Room 314, Atlanta, Georgia 30305.

Application Content

Narrative

All applicants must develop their applications in accordance with the Public Health Service (PHS) Form 5161-1, information contained in this program announcement, and the instructions outlined below. Also, the narrative must be limited to 10 pages excluding appendices and should include the following:

1. Background information about the facility including: Eligibility requirements (documentation about surveillance system or program for occupational exposures to HCWs which includes a written protocol, plan, or policy). Provide the names and job titles for all personnel in the Employee Health and Infection Control Departments of the medical center. Applicant should provide information about: (1) The patient population (i.e., annual number of outpatient visits, inpatient admissions, patients with HIV/AIDS, and patients with TB); (2) the HCW population (i.e., total number of HCWs, number of nurses, physicians, and housekeepers); and (3) the occupational exposures in previous year (i.e., number of exposure-events and HCWs exposed to measles, varicella and TB; total number of percutaneous injuries and number of percutaneous injuries involving source patients infected with HIV and with HCV.)

2. Information about how the project is to be organized, staffed, and managed. This information should demonstrate an understanding of important events or tasks and their management. Include the names and proposed duties of professional personnel assigned to the project and resumes with information on education, background, recent experience, and specific scientific or technical accomplishments. The approximate percentage of time each individual will be available for this project must be stated. The proposed staff hours for each individual should be allocated against each project task or subtask.

3. Information about the facilities and computer equipment to be used in the performance of the cooperative agreement.

4. The objectives of the proposed project which are consistent with the purposes of the cooperative agreement and which are measurable and time-phased.

5. The methods which will be used to accomplish the objectives of the cooperative agreement. Describe activities and methods and supporting resources already in place and/or planned, including capacity and experience to coordinate data collection and analysis.

6. An evaluation plan to monitor progress toward the achievement of the proposed objectives.

7. Letters of support to demonstrate appropriate collaboration with other departments, divisions, etc., in the hospital, if applicable, (e.g., administrative officers, employee health, infectious diseases, and department chair).

8. A budget which is reasonable and consistent with the purpose and objectives of the cooperative agreement. All budget items should be itemized and items individually justified.

The application should be presented in a manner which demonstrates the applicant's ability to address the proposed activities in a collaborative manner with CDC.

Format

Pages must be clearly numbered, and a complete index to the application and its appendices must be included. Please begin each separate section on a new page. The original and each copy of the application set must be submitted unstapled and unbound. All material must be typewritten, single-spaced, with unreduced type on 8½" by 11" paper, with at least 1" margins, headings and footers, and printed on one side only.

Evaluation Criteria

Applications will be reviewed and evaluated based on the following criteria: (Total 100 points)

1. The applicant's understanding of the purpose of the proposed program objectives and the willingness to cooperate with CDC. (20 points)

2. The extent to which the applicant demonstrates understanding of the need for systematic and integrated surveillance, and for utilizing data to assist in prevention of occupational transmission of bloodborne infections, vaccine-preventable diseases, TB, and other occupational hazards. (15 points)

3. The extent that the applicant has the organizational structure, administrative support, and ability to access appropriately defined target populations. (10 points)

4. A statement of the applicant's demonstrated capabilities and experience in conducting surveillance of occupational exposures and infections. (15 points)

5. The adequacy of the plans to coordinate and conduct the project objectives described under recipient activities and supporting evidence that applicant can successfully perform these activities. (25 points)

6. The degree to which the proposed objectives are consistent with the defined purpose of this program, specific, measurable, and time-phased. The degree to which the applicant has met the CDC policy requirements regarding the inclusion of women, ethnic, and racial groups in 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) documentation of plans for recruitment and outreach for study participants that includes the process of establishing partnerships with community(ies) and recognition of mutual benefits. (15 points)

7. Human Subjects: If the proposed project involves human subjects, whether or not exempt from the DHHS regulations, the extent to which adequate procedures are described for the protection of human subjects. Recommendations on the adequacy of protections include: (a) Protections appear adequate and there are no comments to make or concerns to raise, (b) protections appear adequate, but there are comments regarding the protocol, (c) protections appear inadequate and the ORG has concerns related to human subjects, (d) disapproval of the application is recommended because the research risks are sufficiently serious and protection against the risks are inadequate as to make the entire application unacceptable. (not scored)

8. The extent to which the budget is reasonable, clearly justifiable, and consistent with the intended use of cooperative agreement funds. (not scored)

Executive Order Review 12372 Review

Applicants are subject to Intergovernmental Review of Federal Programs as governed by Executive Order 12372. E.O. 12372 sets up a system for State and local review of proposed Federal assistance applications. Applicants should contact their State Single Point of Contact (SPOC) as early as possible to alert them to the prospective applications and receive any necessary instructions in the State process. For proposed projects

serving more than one State, the applicant is advised to contact the SPOC of each affected State. A current list of SPOCs is included in the application kit. If SPOCs have any state process recommendations on applications to CDC, they should forward them to Sharron P. Orum, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E-18, Atlanta, Georgia 30305, no later than 30 days after the application deadline date. The granting agency does not guarantee to "accommodate or explain" for State process recommendations it receives after that date.

Public Health System Reporting Requirement

This program is subject to the Public Health System Reporting Requirements. Under these requirements, all community-based nongovernmental applicants must prepare and submit the items identified below to the head of the appropriate State or local health agency(s) in the program area(s) that may be impacted by the proposed project no later than the receipt date of the Federal application. The appropriate State or local health agency is determined by the applicant. The following information must be provided:

A. A copy of the face page of the application (SF 424).

B. A summary of the project that should be titled "Public Health System Impact Statement" (PHSIS), not to exceed one page, and should include the following:

1. A description of the population to be served.

2. A summary of the services to be provided.

3. A description of the coordination plans with the appropriate State or local health agencies.

If the State and/or local health official desires a copy of the entire application, it may be obtained from the State Single Point of Contact (SPOC) or directly from the applicant.

Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance number is 93.283.

Other Requirements

Paperwork Reduction Act

Approval for data collection initiated under this cooperative agreement is going through the Office of Management and Budget (OMB) reports clearing process.

Human Subjects

If the proposed project involves research on human subjects, the applicant must comply with the DHHS 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 evidence of this assurance in accordance with the appropriate guidelines and form provided in the application kit.

Women, Racial and Ethnic Minorities

It is the policy of the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) to ensure that individuals of both sexes and the various racial and ethnic groups will be included in CDC/ATSDR-supported research projects involving human subjects, whenever feasible and appropriate. Racial and ethnic groups are those defined in OMB Directive No. 15 and include American Indian, Alaskan Native, Asian, Pacific Islander, Black and Hispanic. Applicants shall ensure that women, racial and ethnic minority populations are appropriately represented in applications for research involving human subjects. Where clear and compelling rationale exist that inclusion is inappropriate or not feasible, this situation must be explained as part of the application. This policy does not apply to research studies when the investigator cannot control the race, ethnicity and/or sex of subjects. Further guidance to this policy is contained in the **Federal Register**, Vol. 60, No. 179, pages 47947-47951, dated Friday, September 15, 1995.

Application Submission and Deadline

The original and two copies of the application PHS Form 5161-1 (revised 5/96, OMB Number 0937-0189) must be submitted to Sharron P. Orum, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 314,

Mailstop E-18, Atlanta, Georgia 30305, on or before August 22, 1997.

1. Deadline: Applications shall be considered to 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 independent review group. (Applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks will NOT be acceptable 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 Number 786. 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 Locke Thompson, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Mailstop E-18, Room 314, Atlanta, Georgia 30305, telephone (404) 842-6595, or through the Internet or CDC WONDER electronic mail at: lxt1@cdc.gov. Programmatic technical assistance may be obtained from Scott Campbell, R.N., MSPH, or Denise Cardo, M.D., HIV Infections Branch, Hospital Infections Program, National Center for Infectious Diseases, Centers for Disease Control and Prevention (CDC), Mailstop E-68, Atlanta, Georgia 30333, telephone (404) 639-6425, or through the Internet or CDC WONDER electronic mail at: sic3@cdc.gov.

You may obtain this and other CDC announcements from one of two Internet sites on the actual publication date: CDC's homepage at <http://www.cdc.gov> or at the Government Printing Office homepage (including free on-line access to the **Federal Register** at <http://www.access.gpo.gov>).

Please refer to Program Announcement Number 786 when requesting information and submitting an application on the Request for Assistance.

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: July 15, 1997.

Joseph R. Carter,

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

[FR Doc. 97-19060 Filed 7-18-97; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects

Title: Order/Notice to Withhold Income for Child Support Support.
OMB No.: 0970-0154.

Description: The child support enforcement agency needs the information to process court/tribunal administered direct income withholding orders to collect support. The form will provide employers with the required amounts to deduct child support payment from an employee's/obligor's income.

Respondents: State, Local or Tribal Govt.

Annual Burden Estimates:

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Order/Notice	54	1,620	.1666	14,579

Estimated Total Annual Burden Hours: 14,579.

In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction act of 1995, the

Administration for Children and Families is soliciting public comment on the specific aspects of the