

collection of information to OMB for review and clearance.

**Importer's Entry Notice (OMB Control Number 0910-0046—Extension)**

Section 801 of the Federal Food, Drug, and Cosmetic Act (the act) (21 U.S.C. 381) charges FDA with the responsibility for assuring that foreign-origin FDA-regulated foods, drugs, cosmetics, medical devices, and radiological health products offered for import into the United States meet the same requirements of the act as do domestic products, and for preventing shipments from entering the country if they are not in compliance.

The information collected by FDA consists of the following: Product code, an alpha-numeric series of characters that identifies each product FDA regulates; FDA country of origin, the country where the FDA-registered or FDA-responsible firm is located; FDA manufacturer, the party who manufactured, grew, assembled, or otherwise processed the goods (if more than one, the last party who substantially transformed the product); shipper, the party responsible for packing, consolidating, or arranging the shipment of the goods to their final destination; quantity and value of the

shipment; and, if appropriate, affirmation of compliance, a code that conveys specific FDA information, such as registration number, foreign government certification, etc. This information is collected electronically by the entry filer via the U.S. Customs' Automated Commercial System at the same time he/she files an entry for import with the U.S. Customs Service. FDA uses the information to make admissibility decisions about FDA-regulated products offered for import into the United States.

FDA estimates the burden of this collection of information as follows:

TABLE I.—ESTIMATED ANNUAL REPORTING BURDEN

No. of respondents	Annual frequency per response	Total annual responses	Hours per response	Total hours
2,505	1,212.54	3,037,426	0.07	229,693

There are no capital costs or operating and maintenance costs associated with this collection.

The source of the estimate for the number of respondents is the number of importers who submitted entry data for foreign-origin FDA-regulated products in 1996. The estimated reporting burden is based on information obtained by contacting several past respondents.

Dated: September 12, 1997.

**William K. Hubbard,**

*Associate Commissioner for Policy Coordination.*

[FR Doc. 97-25020 Filed 9-19-97; 8:45 am]

BILLING CODE 4160-01-F

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Notice of a Cooperative Agreement With the National Association of People With AIDS**

The Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau announces that it will enter into an umbrella cooperative agreement with the National Association of People with AIDS (NAPWA).

The purpose of this cooperative agreement is to assist NAPWA in expanding and enhancing its HIV training and technical assistance activities with the ultimate goal of improving the health status and access to care for people infected with or affected by HIV/AIDS. Activities will include but not be limited to developing materials, guides, and conferences for HRSA's Ryan White programs. HRSA will provide consultation, including administrative and technical assistance as needed, for the execution and

evaluation of all aspects of this cooperative agreement. HRSA will also participate and/or collaborate with the NAPWA in any workshops or symposia to exchange current information, opinions, and research findings to the Ryan White grantees during this agreement.

**Authorizing Legislation**

This cooperative agreement is authorized under Section 2692 of the PHS Act.

**Background**

Assistance will be provided to the National Association of People with AIDS. No other applications are solicited. NAPWA is the only organization capable of administering this cooperative agreement because it has:

1. Developed, expanded, and managed an infrastructure to coordinate and implement various programs within local communities and organizations that deal extensively with individuals most directly affected by the HIV/AIDS epidemic. The association established national initiatives—e.g., conferences, public policy education program (including policy forums), technical assistance programs and publications (including newsletters, action alerts and training manuals) that provide a foundation upon which to develop, promote, and manage HIV-related health programs for Ryan White grantees aimed at preventing and reducing unnecessary morbidity and mortality rates.
2. Established itself and its members as a national association of people

affected by HIV/AIDS who serve as leaders and experts in planning, developing, implementing, promoting, and evaluating HIV-related education and policy campaigns, both nationally and locally, aimed at reducing the impact of HIV in minority populations and improving the minority community's overall well being.

3. Developed a base of critical knowledge, skills, and abilities related to serving HIV-infected individuals with a range of HIV-related health and social problems. NAPWA has worked with the Federal Government, academic institutions, and health groups on mutually beneficial education, research, and health endeavors relating to the goal of reducing HIV-related mortality and has the national leadership needed to assist Ryan White health care professionals to work more effectively with people living with HIV/AIDS.

4. Developed national network of individuals, community-based organizations, and state, regional, and national health and civil rights organizations committed to addressing the HIV service, treatment, and research needs of individuals affected and infected by HIV and AIDS.

Approximately \$200,000 is available in fiscal year (FY) 1997 for a 12-month budget period within a project period of 3 years. Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.

**Where To Obtain Additional Information**

If you are interested in obtaining additional information regarding this project, contact Joan Holloway, HIV/AIDS Bureau, HRSA, 5600 Fishers Lane, Room 7-13, Rockville, Maryland 20857 or telephone (301) 443-9530.

Dated: September 15, 1997.

**Claude Earl Fox,**

*Acting Administrator.*

[FR Doc. 97-25019 Filed 9-21-97; 8:45 am]

BILLING CODE 4160-15-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Notice of a Cooperative Agreement With the National Minority AIDS Council**

The Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau announces that it will enter into an umbrella cooperative agreement with the National Minority AIDS Council (NMAC). This cooperative agreement will establish the broad programmatic framework in which specific projects can be funded.

The purpose of this cooperative agreement is to assist NMAC in expanding and enhancing its HIV training and technical assistance to Ryan White Comprehensive AIDS Resources Emergency (CARE) Act providers servicing racial and ethnic minority populations, with the ultimate goal of improving the health status of minorities and disadvantaged people. HRSA will provide consultation, including administrative and technical assistance as needed, for the execution and evaluation of all aspects of this cooperative agreement. Activities will include but not be limited to developing materials, guides, and conferences for HRSA's Ryan White programs. HRSA will also participate and/or collaborate with the NMAC in any workshops or symposia to exchange current information, opinions, and research findings during this agreement.

**Authorizing Legislation**

This cooperative agreement is authorized under Section 2692 of the PHS Act.

**Background**

Assistance will be provided to the National Minority AIDS Council. No other applications are solicited. NMAC is the only organization capable of administering this cooperative agreement because it has:

1. Developed, expanded, and managed an infrastructure to coordinate

and implement various programs within local communities and organizations that deal extensively with HIV in each of the ethnic minority populations served by the Ryan White CARE Act programs of HRSA. The Council established national initiatives—e.g., conferences, public policy education program (including policy forums), technical assistance programs and publications (including newsletters, action alerts and training manuals) that provide a foundation upon which to develop, promote, and manage HIV-related health programs aimed at preventing and reducing unnecessary morbidity and mortality rates among racial and ethnic minority populations.

2. Established itself and its members as a national association of professionals who serve as leaders and experts in planning, developing, implementing, promoting and evaluating HIV-related education and policy campaigns, both nationally and locally, aimed at reducing the impact of HIV in minority populations and improving the minority community's overall well being.

3. Developed a base of critical knowledge, skills, and abilities related to serving minority individuals and organizations with a range of HIV-related health and social problems. Through the collective efforts of its members, community-based organizations, and volunteers, NMAC has demonstrated (1) the ability to work with minority and non-minority organizations, the Federal Government, academic institutions, and health groups on mutually beneficial education, research, and health endeavors relating to the goal of health promotion and disease prevention among racial and ethnic minority populations; (2) the national leadership necessary to focus the nation's attention on minority-related HIV issues; and (3) the leadership needed to assist Ryan White health care professionals to work more effectively with racial/ethnic minority communities.

4. Developed a national network of individuals, community-based organizations, and state, regional, and national health and civil rights organizations committed to addressing the HIV service, treatment, and research needs of individuals effected and infected by HIV and AIDS.

Approximately \$200,000 is available in fiscal year (FY) 1997 for a 12-month budget period within a project period of 3 years. Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.

**Where To Obtain Additional Information**

If you are interested in obtaining additional information regarding this project, contact Joan Holloway, HIV/AIDS Bureau, HRSA, 5600 Fishers Lane, Room 7-13, Rockville, Maryland 20857 or telephone (301) 443-9530.

Dated: September 15, 1997.

**Claude E. Fox,**

*Acting Administrator.*

[FR Doc. 97-25017 Filed 9-19-97; 8:45 am]

BILLING CODE 4160-15-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Health Resources and Services Administration****Proposed Review Criteria for Grants for the National Research Service Awards: Primary Care Research for Fiscal Year 1998**

The Health Resources and Services Administration (HRSA) National Research Service Awards: Primary Care Research (NRSA) institutional training grants (T32) are provided to accredited public or private nonprofit schools of medicine, osteopathy, dentistry, or a public or private nonprofit hospital or other entity which is affiliated with an entity that has received grants or contracts under section 747, 748, or 749 of the PHS Act, agrees to use the funding for research in primary medical care, and is located in a State. The NRSA program is authorized by Title IV, Section 487(d)(3)(A) of the Public Health Service Act.

**Proposed Review Criteria**

The following criteria are proposed for National Research Service Awards in primary care research:

**1. Program Characteristics**

Objectives, design, and direction of the research training program—including the probability of achieving stated goals.

Substantive and methodological content of the proposed program and its relevance to the Program Objectives noted above, including relevant descriptions of courses and experiential opportunities offered and/or required.

The extent to which proposed approaches address areas in need of research given changes in the health care delivery system.

**2. Program Support and Organizational Structure and Plans**

The institutional training environment, including the level of