

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 #811. You will receive a complete program description, information on application procedures, and application. Business management information may be obtained from Joanne Wojcik, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., MS-E13, Atlanta, GA 30305, telephone (404) 842-6535; fax: (404) 842-6513; Internet: jcw6@cdc.gov.

Programmatic technical assistance may be obtained from Roy M. Fleming, Sc.D., Associate Director for Grants, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE., Building 1, Room 3053, MS-D30, Atlanta, GA 30333, telephone: (404) 639-3343; fax: (404) 639-4616; Internet: rmf2@cdc.gov.

Please refer to announcement number 811 when requesting information and submitting an application.

This and other CDC Announcements can be found on the CDC home page (<http://www.cdc.gov>) under the Funding section.

CDC will not send application kits by facsimile or express mail (even at the request of the applicant).

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.

Dated: September 29, 1997.

Linda Rosenstock,

Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC).

[FR Doc. 97-26275 Filed 10-2-97; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

The Centers for Disease Control and Prevention (CDC) Announces the Following Workshop

Name: Workshop on Enhancing Community Participation to Restore Public Trust and Improve Science in Health Research.

Times and Dates: 8:30 a.m.-5:30 p.m., October 16, 1997. 8 a.m.-4:45 p.m., October 17, 1997.

Place: CDC, Auditorium A, 1600 Clifton Road, NE, Atlanta, Georgia 30333.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 100 people.

Purpose: The primary purpose of this workshop is to provide guidance to public health researchers on the inclusion of communities in the planning, conduct, and application of research.

History has demonstrated, when medical and public health science is planned and conducted in the absence of considering the social context of its work, people have been harmed. As a result, society has responded with laws and regulations to protect human subjects who participate in research. Lacking in this discussion has been the issue of planning and conducting research that involves and impacts communities. This workshop will provide a unique opportunity to open dialogue between government, communities, and researchers. This dialogue should result in a proposed framework through which CDC promotes public health, advances democratic principles, establishes an ethical basis for community-based research, enhances scientific credibility, and provides mechanisms for building public trust while advancing the science of public health.

Matters To Be Discussed: Agenda items include: identifying strategies for partnering with communities in research and overcoming distrust; legacy from the Tuskegee Study of Untreated Syphilis; review of human subjects protection; role of the community in protecting human subjects; assets that communities bring to research; and assets that researchers bring to communities.

After the above comments and discussions, the workshop will be divided into five breakout sessions which will include: (I) Strategies, Issues,

and Barriers; (II) Research Design Scenarios; (III) Critique of Strategies Elicited in Breakout Session II; (IV) Community Concerns and Issues; and (V) Final Recommendations.

Contact Persons for More Information: Michael J. Sage, Deputy Chief, Radiation Studies Branch, Division of Environmental Hazards and Health Effects, National Center for Environmental Health, CDC, 4770 Buford Highway, NE (F-35), Atlanta, Georgia 30341-3724, telephone 770/488-7040, FAX 770/488-7044; or Kate M. MacQueen, Ph.D., Division of HIV/AIDS Prevention, National Center for HIV, STD and TB Prevention, CDC, 1600 Clifton Road, NE (E-45), Atlanta, Georgia 30333, telephone 404/639-6146, FAX 404/639-6129.

Dated: September 29, 1997.

Carolyn J. Russell,

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

[FR Doc. 97-26243 Filed 10-2-97; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 97N-0401]

Agency Information Collection Activities; Submission for OMB Review; Comment Request

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that the proposed collection of information listed below has been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995 (the PRA).

DATES: Submit written comments on the collection of information by November 3, 1997.

ADDRESSES: Submit written comments on the collection of information to the Office of Information and Regulatory Affairs, OMB, New Executive Office Bldg., 725 17th St. NW., rm. 10235, Washington, DC 20503, Attn: Desk Officer for FDA.

FOR FURTHER INFORMATION CONTACT: Margaret R. Wolff, Office of Information Resources Management (HFA-250), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301-827-1223.

SUPPLEMENTARY INFORMATION: In compliance with section 3507 of the PRA (44 U.S.C. 3507), FDA has submitted the following proposed collection of information to OMB for review and clearance:

Export of Medical Devices—Foreign Letters of Approval—21 U.S.C. 381(e)(2) (OMB Control No. 0910-0264—Reinstatement)

Section 801(e)(2) of the Federal Food, Drug, and Cosmetic Act (the act) (21

U.S.C. 381(e)(2)) provides for the exportation of an unapproved device under certain circumstances if the exportation is not contrary to the public health and safety and it has the approval of the foreign country to which it is intended for export.

Requesters communicate (either directly or through a business associate in the foreign country) with a representative of the foreign government to which they seek exportation, and written authorization must be obtained

from the appropriate office within the foreign government approving the importation of the medical device. FDA uses the written authorization from the foreign country to determine whether the foreign country has any objection to the importation of the device.

The respondents to this collection of information are companies that seek to export medical devices.

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

TABLE 1.—ESTIMATED ANNUAL REPORTING BURDEN

No. of Respondents	Annual Frequency per Response	Total Annual Responses	Hours per Response	Total Hours
20	1	20	0.5	10

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

These estimates are based on the experience of FDA's medical device program personnel. In fiscal year 1995, FDA received approximately 800 requests from U.S. firms to export medical devices under section 801(e)(2) of the act. However, the enactment of the Food and Drug Export Reform and Enhancement Act of 1996 has greatly reduced the number of export permit requests made under section 801(e)(2) to an estimated 20 per year.

Dated: September 26, 1997.

William K. Hubbard,
Associate Commissioner for Policy
Coordination.

[FR Doc. 97-26257 Filed 10-2-97; 8:45 am]

BILLING CODE 4160-01-F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 97F-0406]

Sveriges Stärkelseproducenter; Filing of Food Additive Petition

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that Sveriges Stärkelseproducenter has filed a petition proposing that the food additive regulations be amended to provide for the safe use of industrial starch modified by treatment with up to 21 percent 2,3-epoxypropyl trimethylammonium chloride, as a component of food-contact articles.

FOR FURTHER INFORMATION CONTACT: Andrew J. Zajac, Center for Food Safety and Applied Nutrition (HFS-215), Food

and Drug Administration, 200 C St. SW., Washington, DC 20204, 202-418-3095.

SUPPLEMENTARY INFORMATION: Under the Federal Food, Drug, and Cosmetic Act (sec. 409(b)(5) (21 U.S.C. 348(b)(5))), notice is given that a food additive petition (FAP 7B4558) has been filed by Sveriges Stärkelseproducenter, c/o Kirschman Associates, P.O. Box 88, Emmaus, PA 18049. The petition proposes to amend the food additive regulations in § 178.3520 *Industrial starch-modified* (21 CFR 178.3520) to provide for the safe use of industrial starch modified by treatment with up to 21 percent 2,3-epoxypropyl trimethylammonium chloride, as a component of food-contact articles.

The agency has determined under 21 CFR 25.32(i) that this action is of the type that does not individually or cumulatively have a significant effect on the human environment. Therefore, neither an environmental assessment nor an environmental impact statement is required.

Dated: September 15, 1997.

Alan M. Rulis,
Director, Office of Premarket Approval,
Center for Food Safety and Applied Nutrition.
[FR Doc. 97-26256 Filed 10-2-97; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[Document Identifier: HCFA-R-212]

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with the requirement of section 3506(c)(2)(A) of the

Paperwork Reduction Act of 1995, the Health Care Financing Administration (HCFA), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding the burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Type of Information Collection Request: New Collection; *Title of Information Collection:* Survey of Primary Caregivers for the District of Columbia's Managed Care Demonstration for Disabled and Special Needs Children and Supporting Statute Section 1115(a) of the Social Security Act; *Form No.:* HCFA-R-212; *Use:* This survey will collect information from primary caregivers of Disabled and Special Needs Children about household composition, access to care, health status, functional status, home care, family care giving burden, satisfaction, and out-of-pocket expenditures on disabled and special needs children living in the District of Columbia who are enrolled in the Supplemental Security Income (SSI) program. This instrument is designed to support a series of analytic studies, which will eventually provide HCFA, Assistant Secretary of Planning and