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: January 31, 1997.

Jennifer J. Johnson,

Deputy Secretary of the Board.

[FR Doc. 97–2897 Filed 1–31–97; 3:39 pm]

BILLING CODE 6210–01–P

GENERAL SERVICES ADMINISTRATION

Office of Government Policy, FAR Secretariat; Revision of Standard Form, SF 294, Subcontracting Report for Individual Contracts and SF 295, Summary Subcontract Report

AGENCY: General Services Administration.

ACTION: Notice.

SUMMARY: The General Services Administration, FAR Secretariat, recently revised Standard Form, SF 294, Subcontracting Report for Individual Contracts and SF 295, Summary Subcontract Report, as part of FAR Case 95–307. This revision changed the Contractor Establishment Code to the Contractor Identification Number. Since these forms are authorized for local reproduction, you can obtain a camera copy of each in two ways:

On the internet. Address: http://www.gsa.gov/forms,

On the U.S. Government Management Policy CD–ROM, or;

From CARM, Attn: Barbara Williams, (202) 501–0581.

FOR FURTHER INFORMATION CONTACT: Ms. Linda Klein, General Services Administration, (202) 501–3775 for information concerning FAR Case 95–307.

DATES: Effective February 4, 1997.

Dated: January 24, 1997.

Theodore D. Freed,

Standard and Optional Forms Management Officer.

[FR Doc. 97–2625 Filed 2–3–97; 8:45 am]

BILLING CODE 6820–34–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Statement of Organization, Functions, and Delegations of Authority

Part N, National Institutes of Health, of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services (40 FR 22859, May 27, 1975, as amended most recently at 61 FR 54451, October 18, 1996, and redesignated from Part HN as Part N at 60 FR 56605, November 9, 1995), is amended as set forth below to reflect the reorganization of the National Institute of Mental Health as follows: In the Office of the Director, transfer the program analysis function from the Office of Resource Management (ORM) to the Office of Science Policy and Program Planning, and revise ORM's functional statement.

Section N–B, Organization and Functions, under the heading National Institute of Mental Health (N7, formerly HN7), Office of the Director (N71, formerly HN71), insert the following:

Office of Resource Management (N719, formerly HN719). Directs and coordinates the Institute's resource allocation, management improvement, and technical services processes by overseeing: (a) program planning and financial management; (b) grant and acquisition activities; (c) information resource management; (d) management policy and procedure development, interpretation, and implementation; (e) the provision of general administration services throughout the Institute; (f) personnel operations; and (g) visual and audiovisual information services and technical guidance.

Dated: January 22, 1997.

Harold Varmus,

Director, National Institutes of Health.

[FR Doc. 97–2722 Filed 2–3–97; 8:45 am]

BILLING CODE 4140–01–M

Centers for Disease Control and Prevention

[INFO–97–02]

Proposed Data Collections Submitted for Public Comment and Recommendations

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 data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 639–7090.

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 for other forms of information technology. Send comments to Wilma Johnson, CDC Reports Clearance Officer, 1600 Clifton Road, MS–D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Projects

1. Employee Vital Status Letter (0920–0035)—Extension—The employee vital status letter is an update of a letter originally approved by OMB in 1977 and last approved in 1994. The vital status letter is used for a type of study known as ''retrospective mortality.'' The retrospective mortality study involves the identification of a study population of present and former workers who were exposed to a toxic substance in the workplace that is suspected of causing a long term adverse health effect to the exposed workers. The adverse health effects may be identified by observing the cause of specific mortality in the study population and comparing that to the expected mortality. The study populations are identified through employment records of past and present workers in given industries where the suspected toxins are found. In order to identify these deaths, it is necessary to determine the vital status (i.e., whether the individual is alive or deceased) of all members of the study population as of a given cut-off date and then obtain the medical certification of cause of death on all deceased members. This letter is sent to study cohort members as a last resort. If the vital status of an individual cannot be determined from a number of available data sources (such as the National Death Index and the Social Security Administration), the letter is sent to determine if the respondent is deceased or alive—if deceased, the data and place of death is requested from next of kin. The total cost to respondents for the three year period is $1,890.

Respondents	No. of respondents	No. of responses/respondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Workers	756	1	.166	126
Total				126

2. Airways Disease in Miners—(0920–0349)—Extension—A relationship between coal mining exposure and lung function loss has been demonstrated. Both smoking and coal mine dust exposure are associated with clinically important respiratory dysfunction. Their separate contributions to obstructive airway disease in coal miners appear to be additive. However, much of the apparent variation in the health risks of coal mine dust exposure remains unexplained. Miners exposed to similar levels of coal mine dust demonstrate large variations in lung function loss. Intrinsic susceptibility to the dust or some environmental factor not yet identified must be sought to explain why some individuals suffer severe lung damage and others experience stable or age related changes in lung function in responses to inhalation of respirable dust.

The spectrum of respiratory disease in coal miners is certainly broad. Pneumoconiosis is widely accepted as specific to mine dust exposure. It has been observed that emphysema is more common and severe in coal miners than non-miners. Symptoms of chronic bronchitis are common in miners and the risk of their development has been related to exposure to the mine environment. Over 50% of non-smoking coal miners with identifiable airflow obstruction may have asthma. Questions that remain include: What are the predictable factors which relate variations in airflow obstruction in miners to measured respirable coal mine dust exposure? What are the specific processes responsible for lung function losses in miners?

The goals of this investigation are to: 1) Improve our understanding of the processes and mechanisms involved in the development of pulmonary diseases and accelerated lung function losses in underground coal miners and other dust exposed workers, and to further define the consequences of inhalation of coal mine and other dusts; and 2) Identify potential risk factors in the development of excessive respiratory function loss as a basis for interventions to reduce morbidity and mortality associated with respirable dust in the work place.

The data collected in this study will be used to provide a basis for improving the understanding of pulmonary disease processes in dust exposed workers, and as a basis for intervention strategies to reduce morbidity in the coal mining and possibly other industries.

The total cost to respondents is $0.00.

Respondents	No of respondents	No. of responses/respondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Physicians	40	1	0.17	7
Volunteers	36	1	7.0	252
Total				259

3. Former Waste-To-Energy Facility, Columbus, Ohio: Dioxin and Cadmium Exposure Study—New—The Agency for Toxic Substances and Disease Registry is announcing the request for a three year OMB approval for a new information collection entitled: ''Former Waste-To-Energy Facility, Columbus, Ohio: Dioxin and Cadmium Exposure Study.'' The purpose of this proposed study is to determine whether blood serum dioxin and urine cadmium levels of an adult population residing near the Waste-To-Energy Facility are elevated compared to an adult population not residing near the Waste-To-Energy Facility. A scientifically valid exposure assessment is crucial in determining whether the health of exposed populations may have been adversely impacted.

The two study groups, target population and comparison population, will be selected using environmental data, census data, systematic sampling method, and eligibility criteria. The statistical analysis will include the comparison of serum dioxin and urine cadmium average concentration levels for target and comparison populations while adjusting for factors that affect the concentration levels. This study's average concentration will be compared to the levels of other similar health studies. Other than their time, there will be no cost to the respondents.

Respondents	No. of respondents	No. of respondents/respondents	Average burden/response (in hrs.)	Total burden (in hrs.)
Systematic Phone Census Survey	2000	1	.10	200
Verify Participant Eligibility	800	1	.15	120
Medical Questionnaire	440	1	.15	66
Specimen Collection	440	1	.25	110
Total				496

3. Former Waste-To-Energy Facility, Columbus, Ohio: Dioxin and Cadmium Exposure Study—New—The Agency for Toxic Substances and Disease Registry is announcing the request for a three year OMB approval for a new information collection entitled: ''Former Waste-To-Energy Facility, Columbus, Ohio: Dioxin and Cadmium Exposure Study.'' The purpose of this proposed study is to determine whether blood serum dioxin and urine cadmium levels of an adult population residing near the Waste-To-Energy Facility are elevated compared to an adult population not residing the Waste-To-Energy Facility. A scientifically valid exposure assessment is crucial in determining whether the health of exposed populations may have been adversely impacted.

The two study groups, target population and comparison population, will be selected using environmental data, census data, systematic sampling method, and eligibility criteria. The statistical analysis will include the comparison of serum dioxin and urine cadmium average concentration levels for target and comparison populations while adjusting for factors that affect the concentration levels. This study's average concentration will be compared to the levels of other similar health studies. Other than their time, there will be no cost to the respondents.

Respondents	No. of respondents	No. of responses/respondents	Average burden/responses (in hrs.)	Total burden (in hrs.)
Systematic Phone Census Survey	2000	1	.10	200.0
Verify Participant Eligibility	800	1	.15	120.0
Medical Questionnaire	440	1	.15	66.0
Specimen Collection	440	1	.25	110.0
Total				496.0

4. Risk And Protective Factors of Intimate Partner Violence Survey—New—The purpose of the project is to identify early warning signs and protective factors in intimate violence prevention by conducting a random-digit-dial national survey. Findings from a preliminary focus group study reveal that: (1) There may exist a pattern of early warning signs that women can use to avoid intimate partner violence, (2) certain individual and societal characteristics (which we call risk and protective factors), such as family history of abuse or the support of friends or institutions, may increase or reduce the risk of violence in women's lives, (3) these risk and protective factors may influence women's ability to detect early warning signs for physical violence perpetrated by an intimate partner, and (4) there may be differences between African-American women and Caucasian women regarding helping relationships and services utilized by abused women.

The survey will include a stratification methodology to include six specific categories of women across the United States who are over 18 years of age. The six categories of women are African-American and Caucasian women who: (1) have never been in a violent relationship, (2) are currently in a violent relationship, and (3) have previously been in a violent relationship, but have been living free of violence for at least one year. The survey will gather data from approximately 1,800 women using an interview protocol which was developed and pilot tested in conjunction with the focus group study and has been defined by experts and CDC program staff. The total cost to respondents is $1,979.84, which is based on a median wage of women over 16 in the United States (includes non-working and part-time employed women) of $3.99 per hour [source: Bureau of Labor Statistics, 1997]

Respondents	No. of respondents	No. of responses/respondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Never Abused in a Relationship			10	
African Am.	300	1	.167	50
Caucasian	300	1	.167	50
Currently in Abusive Relationship			20	
African Am.	300	1	.33	99
Caucasian	300	1	.33	99
Formerly in Abusive Relationship			20	
African Am.	300	1	.33	99
Caucasian	300	1	.33	99
Total				496

Dated: January 29, 1997.

Wilma G. Johnson,

Acting Associate Director for Policy Planning And Evaluation, Centers for Disease Control and Prevention (CDC).

[FR Doc. 97–2681 Filed 2–3–97; 8:45 am]

BILLING CODE 4163–18–M

Injury Research Grant Review Committee: Conference Call 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 conference call committee meeting.

Name: Injury Research Grant Review Committee (IRGRC).

Time and Date: 1 p.m.–3 p.m., February 27, 1997.

Place: National Center for Injury Prevention and Control (NCIPC), CDC, Koger Center, Vanderbilt Building, 1st Floor, Conference Room 1006, 2939 Flowers Road, South, Atlanta, Georgia 30341. (Exit Chamblee-Tucker Road off I–85.)