

health effects studies at each Superfund site from potentially responsible parties. The recipient would agree to maintain an accounting system that will keep an accurate, complete, and current accounting of all financial transactions on a site-specific basis, i.e., individual time, travel, and associated cost including indirect cost, as appropriate for the site. The recipient will retain the documents and records to support these financial transactions, for possible use in a cost recovery case, for a minimum of 10 years after submission of a final Financial Status Report (FSR), unless there is a litigation, claim, negotiation, audit, or other action involving the specific site, then the records will be maintained until resolution of all issues on the specific site.

E. Third Party Agreements

Project activities which are approved for contracting pursuant to the prior approval provisions shall be formalized in a written agreement that clearly establishes the relationship between the grantee and the third party.

The written agreement shall at a minimum:

1. State or incorporate by reference all applicable requirements imposed on the contractors under the grant by the terms of the grant, including requirements concerning peer review and technical review, release of data, ownership of data, and the arrangement for copyright when publications, data or other copyrightable works are developed in the course of work under an ATSDR grant supported project or activity.

2. State that any copyrighted or copyrightable works shall be subject to a royalty-free, nonexclusive, and irrevocable license to the Government to reproduce, publish, or otherwise use them, and to authorize others to do so for Federal Government purposes.

3. State that whenever any work subject to this copyright policy may be developed by a contractor under a grant, the written agreement (contract) must require the contractor to comply with these requirements and can in no way diminish the Government's right in that work.

4. State the activities to be performed, the time schedule for those activities, the policies and procedures for carrying out the agreement, and the maximum amount of money for which the grantee may become liable to the third party.

The written agreement required shall not relieve the grantee of any part of its responsibility or accountability to ATSDR under the grant. The agreement shall, therefore, retain sufficient rights and control to the grantee to enable it to fulfill this responsibility and accountability.

Application and Submission 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 Branch, CDC (see address below) and should be postmarked no later than June 8, 1996. The letter should include the following:

1. Announcement Number,
2. Title of the proposed area or areas of research,
3. Name of the principal investigator/s and
4. Identification of any other participating institutions.

The letter of intent does not influence review or funding decisions, but it will enable ATSDR to more efficiently plan the objective review.

The original and two copies of the application PHS Form 5161-1 (OMB Number 0937-0189) must be submitted to Ron S. Van Dyne, 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, Mail Stop E-13, Atlanta, GA 30305, on or before July 8, 1996 (By formal agreement, the CDC Procurement and Grants Office will act on behalf of and for ATSDR on this matter.)

1. Deadline

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 to the objective review group. (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 in the current competition and will be returned to the applicant.

Where To Obtain Additional Information

To receive additional information call (404) 332-4561. You will be asked to leave your name, address and phone number and will need to refer to Announcement 608. You will receive a

complete program description, information on application procedures and application forms. The announcement is also available through the CDC home page on the Internet. The address for the CDC home page is <http://www.cdc.gov>.

If you have questions after reviewing the contents of all the documents, business management assistance may be obtained from Maggie Slay, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E-13, Atlanta, GA 30305, telephone (404) 842-6797, or INTERNET address, mcs9@opspgo1.em.cdc.gov.

Programmatic assistance may be obtained from Dr. Jeffrey A. Lybarger, Director, Division of Health Studies, telephone, (404) 639-6200, or INTERNET address, jal2@atsdhs2.em.cdc.gov, or Dr. John Andrews, Associate Administrator for Science, telephone (404) 639-0708, or INTERNET address, jsa1@atsoaa1.em.cdc.gov, Agency for Toxic Substances and Disease Registry, 1600 Clifton Road, NE., Mailstop E-31, Atlanta, GA 30333.

Please refer to announcement number 608 when requesting information and submitting an application.

There may be delays in mail delivery as well as difficulty in reaching the CDC Atlanta offices during the 1996 Summer Olympics (July 19 - August 4). Therefore, in order to receive more timely response to questions please use INTERNET/E-Mail, follow all instructions in this announcement, and leave messages on the contact person's voice 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) referenced in the Introduction through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325, telephone, (202) 512-1800.

Dated: May 1, 1996.

Claire V. Broome,

Deputy Administrator, Agency for Toxic Substances and Disease Registry.

[FR Doc. 96-11444 Filed 5-7-96; 8:45 am]

BILLING CODE 4163-70-P

Centers for Disease Control and Prevention**[30DAY-09]****Agency Forms Undergoing Paperwork Reduction Act Review**

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Office on (404) 639-7090.

The following request have been submitted for review since the last publication date on March 21, 1996.

Proposed Project

1. Phase 2, 1996 National Health Interview Survey, Basic Module (0920-0214). The annual National Health Interview Survey (NHIS) is a basic source of general statistics on the health

of the U.S. population. Due to the integration of health surveys in the Department of Health and Human Services, the NHIS also has become the sampling frame and first stage of data collection for other major surveys, including the Medical Expenditure Panel Survey, the National Survey of Family Growth, and the National Health and Nutrition Examination Survey. By linking to the NHIS, the analysis potential of these surveys increases. The NHIS has long been used by government, university, and private researchers to evaluate both general health and specific issues, such as cancer, AIDS, and childhood immunizations. Journalists use its data to inform the general public. It will continue to be a leading source of data for the Congressionally-mandated "Health US" and related publications, as well as the single most important source of statistics to track progress toward the National Health Promotion

and Disease Prevention Objectives, "Healthy People 2,000."

Because of survey integration and changes in the health and health care of the U.S. population, demands on the NHIS have changed and increased, leading to a major redesign. Improved information technology is planned, especially computer assisted personal interviewing (CAPI.) This clearance is for a one-time data collection, to introduce, test, and evaluate the redesigned NHIS data system. This data collection, planned for July-December 1996, is also expected to produce data of sufficient quality to allow publication of national estimates and release of public use micro data files. The resulting new NHIS data system is expected to be in the field for at least 10 years, beginning in January, 1997. Separate clearance will be requested for the post-1996 period.

Respondents	Number of respondents	Number of respondents/re-spondents	Avg. burden/responses (in hours)	Total burden (in hrs.)
Family	10,500	1	0.5	5,250
Sample Adult	10,500	1	0.5	5,250
Sample child	4,500	1	0.25	1,125
Total	11,625

The total annual burden is 11,625. Send comments to Desk officer, CDC; Human Resources and Housing Branch, New Executive Office Building, Room 10235; Washington, DC 20503.

2. Ethnographic Study of Tuberculosis Outreach Worker Activities - New - This data collection will generate descriptive data from those directly involved and responsible for providing outreach to identified TB patients to gain an understanding of outreach activities, how they occur, and their level of effectiveness. Three interview guides have been developed for use with TB outreach workers, their supervisor and a small number of outreach patients. This effort will result in a more comprehensive picture of effective and efficient TB outreach activities. The major product of this effort will be a descriptive analytical report detailing the "lessons learned".

Respondents	Number of respondents	Number of responses/respondents	Avg. Burden (in hrs.)
Outreach Workers	36	1	0.75
Outreach Workers' Supervisor	36	1	0.75
TB Patients	72	1	0.33

The total annual burden is 78.00. Send comments to Desk officer, CDC; Human Resources and Housing Branch, New Executive Office Building, Room 10235; Washington, DC 20503.

Dated: May 1, 1996.

Wilma G. Johnson,

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

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