radioactive materials licensure and inspection, the nuclear fuel cycle, emergency response, electronic product radiation, environmental radiation, the medical use of radiation, and radioactive waste disposal. The number of State radiation control programs that participate in the activities organized by the applicant's organization, the extent of the managerial responsibilities in radiation control of the personnel representing these programs, and the number of radiation control areas considered will also be taken into account in evaluating the applicant's experience (30 points);

(5) Extent to which the activities of the applicant's organization have influenced the practices and policies of the Federal and State radiation control programs (15 points); and

(6) Evidence that demonstrates the applicant's ability to obtain the support of the radiation control programs of the 50 States for the activities to be conducted under this award, including the participation, without compensation except for travel expenses, of State personnel in the work of the committees and working groups (15 points).

A total of 100 points is available.

VII. Submission Requirements

The original and five copies of the completed Grant Application Form PHS 398 (Rev. 5/95) or the original and two copies of Form PHS 5161 (Rev. 7/92) for State and local governments, with copies of the appendix for each of the copies, should be mailed or hand delivered to Robert L. Robins (address above). No supplemental material will be accepted after the closing date. The outside of the mailing package and item 2 of the application face page should be labeled ''Response to RFA–FDA–CDRH 97–1''.

All General Instructions and Specification Instructions in the application kit should be followed with the exception of the receipt date and the mailing label address. Do not mail the application to NIH's Division of Research Grants.

This information collection is approved under OMB No. 00925–0001. Data included in the application, if restricted with the legend specified in section VIII. B of this document, may be entitled to confidential treatment as trade secret or confidential commercial information within the meaning of the Freedom of Information Act (5 U.S.C. 552(b)(4)) and FDA's implementing regulations (21 CFR 20.61).

VIII. Method of Application

A. Submission Instructions

Applications will be accepted by close of business, Monday through Friday, on or before July 25, 1997.

Applications will be considered received on time if sent on or before the receipt date as evidenced by a legible U.S. Postal Service dated postmark or a legible dated receipt from a commercial carrier, unless they arrive too late for orderly processing. Private metered postmarks shall not be acceptable as proof of timely mailing. Applications not received on time will not be considered for review and will be returned to the applicant.

Applicants should note that the U.S. Postal Service does not uniformly provide dated postmarks. Before relying on this method, applicants should check with their local post office.

B. Legend

Unless disclosure is required by the Freedom of Information Act as amended (5 U.S.C. 552), as determined by the freedom of information officials of the Department of Health and Human Services or by a court, data contained in the portions of this application that have been specifically identified by page number, paragraph, etc., by the applicant as containing trade secret, confidential commercial, or other information that is exempt from public disclosure will not be used or disclosed except for evaluation purposes.

Dated: June 10, 1997.

William K. Hubbard,

Associate Commissioner for Policy Coordination.

[FR Doc. 97–16124 Filed 6–18–97; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Advisory Committee; Notice of Meeting

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

This notice announces a forthcoming meeting of a public advisory committee of the Food and Drug Administration (FDA). At least one portion of the meeting will be closed to the public.

Name of Committee: Obstetrics and Gynecology Devices Panel of the Medical Devices Advisory Committee.

General Function of the Committee: To provide advice and recommendations to the agency on FDA regulatory issues.

Date and Time: The meeting will be held on July 14 and 15, 1997, 8:30 a.m. to 5 p.m.

Location: Corporate Bldg., conference room 020B, 9200 Corporate Blvd., Rockville, MD.

Contact Person: Elisa D. Harvey, Center for Devices and Radiological Health (HFZ–470), Food and Drug Administration, 9200 Corporate Blvd., Rockville, MD 20850, 301–594–1180, or FDA Advisory Committee Information Line, 1–800–741–8138 (301–443–0572 in the Washington, DC area), code 12524. Please call the Information Line for up-to-date information on this meeting.

Agenda: On July 14, 1997, the committee will consider a draft guidance document on the study and evaluation of intrapartum continuous monitors for fetal oxygen saturation (fetal pulse oximeters) and fetal tissue pH. This document was prepared based on presentations and committee discussion at a meeting of this committee held on July 22, 1996. For the remainder of July 14, 1997, and continuing through July 15, 1997, the committee will consider a draft guidance document on the study and evaluation of in vivo devices for the detection of cervical cancer. Single copies of these two guidance documents will be available to the public after June 14, 1997, by contacting the Division of Small Manufacturers Assistance, 1350 Piccard Dr., Rockville, MD 20851, 1–800–638–2041, or from the Internet: http://www.fda.gov.cdrh.draftgui.html.

Procedure: On July 14, 1997, from 9:30 a.m. to 5 p.m., and on July 15, 1997, from 8:30 a.m. to 5 p.m., the meeting is open to the public. Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Written submissions may be made to the contact person by June 30, 1997. Oral presentations from the public will be scheduled between approximately 8:30 a.m. and 9:30 a.m., on July 15, 1997. Time allotted for each presentation may be limited. Those desiring to make formal oral presentations should notify the contact person before June 30, 1997, and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time requested to make their presentation.

Closed committee deliberations: On July 14, 1997, from 8:30 a.m. to 9:30 a.m., the meeting will be closed to permit discussion and review of trade secret and/or confidential information (5 U.S.C. 552b(c)(4)). FDA staff will

present to the committee commercial information regarding various medical devices used in obstetrics and gynecology that are currently being evaluated by FDA.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C app. 2).

Dated: June 12, 1997.

Michael A. Friedman,

Deputy Commissioner for Operations.

[FR Doc. 97–16125 Filed 6–18–97; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Advisory Committee; Notice of Meeting

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

This notice announces a forthcoming meeting of a public advisory committee of the Food and Drug Administration (FDA). The meeting will be open to the public.

Name of Committee: Nonprescription Drugs Advisory Committee.

General Function of the Committee: To provide advice and recommendations to the agency on FDA regulatory issues.

Date and Time: The meeting will be held on July 14, 1997, 8:30 a.m. to 5 p.m.

Location: Holiday Inn, Versailles Ballrooms I and II, 8120 Wisconsin Ave., Bethesda, MD.

Contact Person: Andrea G. Neal or Angie Whitacre, Center for Drug Evaluation and Research (HFD–21), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–443–5455, or FDA Advisory Committee Information Line, 1–800–741–8138 (301–443–0572 in the Washington, DC area), code 12541. Please call the Information Line for up-to-date information on this meeting.

Agenda: The committee will hear presentations and discuss the proposed labeling requirements for over-the-counter (OTC) drug products that will enable consumers to better read and understand OTC drug product labeling and to apply this information to the safe and effective use of OTC drug products. Elsewhere in this issue of the **Federal Register**, FDA is also extending the comment period on a proposed rule regarding labeling requirements for OTC drug products that appeared in the **Federal Register** of February 27, 1997 (62 FR 9024).

Procedure: Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Written submissions may be made to the contact person by July 3, 1997. Oral presentations from the public will be scheduled between approximately 1:15 p.m. to 2:15 p.m. Time allotted for each presentation may be limited. Those desiring to make formal oral presentations should notify the contact person before July 3, 1997, and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time requested to make their presentation.I11Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. app. 2).

Dated: June 12, 1997.

Michael A. Friedman,

Deputy Commissioner for Operations.

[FR Doc. 97–16067 Filed 6–18–97; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Public Law 104–13), the Health Resources and Services Administration (HRSA) will publish periodic summaries of proposed projects being developed for submission to OMB under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans, call the HRSA Reports Clearance Officer on (301) 443–1129.

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 or other forms of information technology.

Proposed Project: Grantee Reporting Requirements for the Rural Telemedicine Grant Program

New—The Rural Telemedicine Grant Program is authorized by Section 330A of the Public Health Service Act as amended by the Health Centers Consolidation Act of 1996 (Public Law 104–229). The goal of the program is to improve access to quality health services for rural residents and reduce the isolation of rural practitioners through the use of telemedicine technologies. The two objectives of the Rural Telemedicine Grant Program are: 1) to demonstrate how telemedicine can be used as a tool in developing integrated systems of health care, which would improve access to health services for rural individuals across the lifespan and reduce the isolation of rural health care practitioners; and 2) to evaluate the feasibility, costs, appropriateness and acceptability of rural telemedicine services and technologies. Such evaluation is needed to determine how best to organize and provide telemedicine services in a sustainable manner.

Grantees will be responsible for submitting the data collection instruments listed in the burden table below. Grantees will gather information from sources involved with their telemedicine program, including patients, providers, health administrators and site coordinators. Information gathered on the data collection instruments will be entered into a database which will communicate with a central server storing all of the data from the grantee sites. Standardized data collection across all grantee sites is essential to drawing meaningful conclusions about the progress and direction of telemedicine.

The estimated burden is as follows: