FOR FURTHER INFORMATION CONTACT: Phoebe Morse or John Dugan, Federal Trade Commission, Boston Regional Office, 101 Merrimac St., Suite 810, Boston, MA. 02114–4719. (617) 424–5960.

SUPPLEMENTARY INFORMATION: On Wednesday, January 29, 1997, there was published in the **Federal Register** 62 FR 4291, a proposed consent agreement with analysis In the Matter of Uno Restaurant Corporation, et al., for the purpose of soliciting public comment. Interested parties were given sixty (60) days in which to submit comments, suggestions or objections regarding the proposed form of the order.

No comments having been received, the Commission has ordered the issuance of the complaint in the form contemplated by the agreement, made its jurisdictional findings and entered an order to cease and desist, as set forth in the proposed consent agreement, in disposition of this proceeding.

(Sec. 6, 38 Stat. 721; 15 U.S.C. 46. Interprets or applies sec. 5, 38 Stat. 719, as amended; 15 U.S.C. 45, 52)

Donald S. Clark,

Secretary.

[FR Doc. 97–16190 Filed 6–19–97; 8:45 am]

BILLING CODE 6750–01–M

FEDERAL TRADE COMMISSION

[Dkt. C–3717]

World Media T.V., Inc.; Prohibited Trade Practices, and Affirmative Corrective Actions

AGENCY: Federal Trade Commission.

ACTION: Consent order.

SUMMARY: In settlement of alleged violations of federal law prohibiting unfair or deceptive acts or practices and unfair methods of competition, this consent order prohibits, among other things, the California-based advertising production and distribution corporation from making pain relief or pain elimination claims in infomercials for any device without possessing competent and reliable scientific evidence to support such claims and prohibits the respondent from representing that any endorsement or testimonial represents the typical experience with the product, unless the claim is substantiated or it is accompanied by a prominent disclaimer.

Reference Branch, H–130, 6th Street & Pennsylvania Avenue, NW., Washington, DC 20580.

DATES: Complaint and Order issued February 25, 1997.[1].

FOR FURTHER INFORMATION CONTACT: Lesley Fair, FTC/S–4002, Washington, DC 20580. (202) 326–3081.

SUPPLEMENTARY INFORMATION: On Monday, December 16, 1996, there was published in the **Federal Register**, 61 FR 66042 a proposed consent agreement with analysis In the Matter of Natural Innovations, Inc., et al./World Media T.V., Inc., for the purpose of soliciting public comment. Interested parties were given sixty (60) days in which to submit comments, suggestions or objections regarding the proposed form of the order.

No comments having been received, the Commission has ordered the issuance of the complaint in the form contemplated by the agreement, made its jurisdictional findings and entered an order to cease and desist, as set forth in the proposed consent agreement, in disposition of this proceeding.

(Sec. 6, 38 Stat. 721; 15 U.S.C. 46. Interprets or applies sec. 5, 38 Stat. 719, as amended; 15 U.S.C. 45, 52)

Donald S. Clark,

Secretary.

[FR Doc. 97–16189 Filed 6–19–97; 8:45 am]

BILLING CODE 6750–01–M

[1] Copies of the Complaint and the Decision and Order are available from the Commission's Public Reference Branch, H–130, 6th Street & Pennsylvania Avenue, NW., Washington, DC 20580.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 741]

Cooperative Agreements To Support State; Assessment Initiatives

Introduction

The Centers for Disease Control and Prevention (CDC), the Nation's prevention agency, announces the availability of fiscal year (FY) 1997 funds for cooperative agreements to enhance State and local capacity to assess progress toward achieving national, State, and community health objectives; improve the capacity to conduct health assessment through partnerships; and utilize assessment information for policy making and program management.

CDC is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a national activity to reduce morbidity and mortality and improve the quality of life. The activities in this announcement are directly related to the priority area of Surveillance and Data Systems in Healthy People 2000. (For ordering a copy of Healthy People 2000, see the section *Where to Obtain Additional Information*.)

Authority

This program is authorized under the Public Health Service Act, Sections 301(a), 311(b), and 317 [42 U.S.C. 241(a), 243(b) and 247b], as amended.

Smoke-Free Workplace

CDC strongly encourages all recipients to provide a smoke-free workplace and promote the nonuse of all tobacco products, and Public Law 103–227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, and early childhood development services are provided to children.

Eligible Applicants

Eligible applicants are the official public health agencies of States or their bona fide agents or instrumentalities and regional consortia of such agencies. This includes the District of Columbia, American Samoa, the Commonwealth of Puerto Rico, the Virgin Islands, the Federated States of Micronesia, Guam, the Northern Mariana Islands, the Republic of the Marshall Islands, and the Republic of Palau.

Note: Effective January 1, 1996, Section 18 of Public Law 104–65 states that an organization described in section 501(c)(4) of the Internal Revenue Code of 1986 which engages in lobbying activities shall not be eligible for the receipt of Federal funds constituting an award, grant (cooperative agreement), contract, loan, or any other form.

Availability of Funds

Approximately $1,335,000 is available in FY 1997 to fund approximately 6–7 awards. It is expected that the average award will be $200,000 ranging from $175,000 to $250,000. It is expected that the awards will begin on or about September 30, 1997, and will be made for a 12-month budget period within a project period of up to 5 years. Funding estimates may vary and are subject to change. Continuation awards within the project period will be made on the basis of satisfactory performance, an acceptable continuing application, and the availability of funds.

If requested, Federal personnel may be assigned to a project in lieu of a portion of the financial assistance.

Restrictions on Lobbying

Applicants should be aware of restrictions on the use of HHS funds for

lobbying of Federal or State legislative bodies. Under the provisions of 31 U.S.C. Section 1352 (which has been in effect since December 23, 1989), recipients (and their subtier contractors) are prohibited from using appropriated Federal funds (other than profits from a Federal contract) for lobbying Congress or any Federal agency in connection with the award of a particular contract, grant, cooperative agreement, or loan. This includes grants/cooperative agreements that, in whole or in part, involve conferences for which Federal funds cannot be used directly or indirectly to encourage participants to lobby or to instruct participants on how to lobby.

In addition, the FY 1997 HHS Appropriations Act, which became effective October 1, 1996, expressly prohibits the use of 1997 appropriated funds for indirect or ''grass roots'' lobbying efforts that are designed to support or defeat legislation pending before State legislatures. This new law, Section 503 of Pub. L. No. 104–208, provides as follows:

> Sec. 503: (a) No part of any appropriation contained in this Act shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress, . . . except in presentation to the Congress or any State legislative body itself.
>
> (b) No part of any appropriation contained in this Act shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State legislature.

Department of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 1997, as enacted by the Omnibus Consolidated Appropriations Act, 1997, Division A, Title I, Section 101(e), Pub. L. No. 104–208 (September 30, 1996).

Background

The ability of the public health system to assure the health of Americans depends on its capacity to accomplish three major functions: assessment, policy development, and assurance. The 1988 Institute of Medicine Report, The Future of Public Health, emphasized the importance of strengthening these core functions to respond to the public health priorities of this decade. In addition to the three core functions, ten public health practices have been determined as essential. Of the ten, three of these practices relate to the assessment function (assess, investigate, analyze), two focus on policy development (prioritize, plan), and four address assurance (manage, implement, evaluate, and inform/educate).

The Year 2000 Health Objectives are based on the three core functions. Not only do the Year 2000 Objectives define the health problems and measures that need to be monitored over time, they define specific surveillance and data-system objectives that must be addressed if public health agencies at all levels of government are to perform the first of these major functions—assessment.

During fiscal years 1992–1996, CDC awarded seven cooperative agreements to State health departments to enhance their assessment capacity. Since that time, important changes have affected the practice of public health. Among these are:

- Expansion of the managed care model in the health delivery sector;
- Recognition of local communities as the critical arena for effective public health interventions;
- Commitment to public health strategies founded on partnerships between public and private organizations;
- Movement for privatizing public health functions and changing the respective roles of government agencies;
- Emergence of new infectious diseases and other threats to the health of the public;
- Transfer of health policy-making responsibilities from the Federal to State and local government;
- Commitment by CDC and State and local public health organizations to integrate information systems.

These influences provide the public health arena with new challenges and opportunities when developing effective assessment capacity at the State and community level. Chief among these is the opportunity to strengthen the capacity to conduct comprehensive health assessment through new partnerships with various public and private entities.

Where assessment capacity is robust, integrated, and networked, its practice enables community and State public health agencies— in partnership with other public and private organizations—to collaborate in the collection, analysis, and use of information on a wide spectrum of health matters, for example: (a) Vital statistics; (b) morbidity and mortality related to infection, illness, chronic disease, injury and disabilities; (c) personal, occupational, and environmental risk factors; (d) the provision and effectiveness of public health programs and health care services; (e) community perceptions of health problems and priorities, and others. In most of the nation, however, assessment capacity is not yet sufficiently developed to support that vision. Many information systems serve only governmental public health agencies, pass information from the community to State and Federal agencies, and employ categorical or ''stand-alone'' electronic systems.

Strong assessment capacity is essential to determine health status of target populations, establish priorities, develop effective health policies, and evaluate the impact of public health and health care programs. The ability of public health officials to carry out assessment requires the following component:

1. Developing, maintaining, and using health information systems to identify the impact of diseases, risk factors, and health care on the population and to monitor changes in the impact, cost, quality, and effectiveness over time.

2. Making health information available to State and local health departments, Federal agencies, and other private and public users, which enables health officials to define the health needs of a population; to design and implement health prevention, health promotion, and intervention programs; and to evaluate the effectiveness of those programs.

3. Building the capacity of State and local health departments and other relevant organizations to use integrated health information and public health surveillance systems and to strengthen the core functions of policy development and assurance.

4. Evaluating health information strategies, to determine their adequacy in serving the health needs of communities and making appropriate changes to maximize their effectiveness.

The ready exchange of data, information, knowledge, and expertise among public health agencies and other public and private organizations is critical to comprehensive health assessment. Recognizing this as an essential objective, CDC initiated the Wide-Ranging Online Data for Epidemiologic Research (WONDER)—a system of remote data base access and electronic mail; and the Information Network for Public Health Officials (INPHO)—infrastructure-building program.

Purpose

This project is intended to address health assessment capacity building through the development of State public/private partnerships. The

purposes of this cooperative agreement are to:

A. Promote the development of innovative assessment partnerships between traditional public health agencies and other public and private partners.

B. Develop novel and creative approaches and methods of assessment that will enhance State and local capacity to monitor progress toward achieving measurable national, State, and community health objectives.

C. Strengthen the capacity to use information from assessment for policy making, program management and coordination.

Funds will be awarded for developing assessment capacity in one or more of the following four areas of emphasis. The objective of these partnerships is to build the capacity of all partner agencies to use health assessment information in policy development and program management.

1. ''Managed Care Assessment Partnership'' associates State and community public health agencies with health care provider organizations operating under a capitated or other managed care model.

2. ''Collaborative Community Assessment Partnership'' combines State and community public health agencies with local community-based organizations (e.g., community health centers, community mental health centers, Indian tribal clinics, nonprofit human services organizations, schools, employers, and others).

3. ''Medicaid Assessment Partnership'' combines State and community public health agencies with Medicaid agencies and organizations affiliated with Medicaid agencies (e.g., health care providers under contract to Medicaid agencies).

4. ''Preventive Health Assessment Partnership'' of State and community public health agencies and other organizations (e.g., universities, schools of public health, academic health centers, professional and voluntary organizations, Indian tribal governments, philanthropic foundations, and businesses) that share an interest in the health of a defined population and that can apply information, resources, and other elements that are valuable to the goal of building improved assessment capacity.

Program Requirements

In conducting activities to achieve the purposes of this program, the recipient shall be responsible for the activities under A. below, and CDC shall be responsible for conducting activities under B.

Applicant must apply for one or more of the partnership categories.

A. Recipient Activities

Year One

1. Develop a consortium of health partners to address the assessment needs of the partnership. At least one of the following partnership categories must be included: Managed Care Assessment Partnership; Collaborative Community Assessment Partnership; Medicaid Assessment Partnership; and Preventive Health Assessment Partnership.

2. Identify and describe project partners and their capacity to provide assessment data and their skills and expertise in using data for policy development and planning.

3. Form a project steering committee with representation from consortium partners and hold, at minimum, quarterly meetings.

4. Determine the priority health assessment needs of the project partners and the populations they serve.

5. Develop a five-year strategic plan for building assessment capacity including: major goals and objectives; a description of major data systems; ability of combining data from various system; data gaps; modifications to current data systems; development of a combined surveillance system to address identified health problems; roles and responsibilities of all partners in the consortium; analysis plans; data dissemination plans; and other relevant information.

6. Create or adopt health status indicators whose measurements and use will become the objectives of the strategic plan.

7. Conduct an evaluation of each agency's surveillance/data systems using the approach in the Guidelines for Evaluating Surveillance Systems. Focus on only those systems that are relevant to the indicators to be measured. (For obtaining a copy of Guidelines for Evaluating Surveillance Systems, see the section **Where to Obtain Additional Information**.)

Subsequent Years (Years 2–5)

8. Implement the strategic plan for building assessment capacity.

9. Develop and maintain a methodology for public health assessment, including the flow, editing, analysis, and application of data.

10. Coordinate the health assessment system among partners and with other appropriate organizational units in and out of the agency to ensure consistency and comparability in the data that are collected and to ensure a single point for data management.

11. Plan and implement procedures and training for ensuring the timeliness, completeness, and quality of the data.

12. Develop and implement a plan for the analysis and use of health assessment data in appropriate prevention and intervention programs to reduce the prevalence of risk factors associated with identified health problems.

13. Prepare and disseminate health assessment information through presentation and publication in appropriate forums.

14. Develop an evaluation strategy to assess the effectiveness and efficiency of the assessment practices used to monitor the health of the population and provide reasonable evidence of the use of assessment information in policy development and implementing changes in health programs and priorities.

B. CDC Activities

1. Collaborate in the design and adoption of selected health status indicators, standardized data items, definitions, procedures, and methods to collect assessment information.

2. Provide training, as appropriate, on: public health assessment and surveillance; analytic and methodological issues; electronic data transfer; integration of laboratory data; and the uses of assessment data for policy and planning.

3. Assist States to analyze, interpret, and use the health assessment data to measure program effectiveness, improve interventions, and formulate relevant policies.

4. Collaborate with the recipients in preparing and presenting program-relevant findings to appropriate State and national audiences.

5. Collaborate with the recipients in evaluating the effectiveness and efficiency of the health assessment system to monitor and intervene upon the health risks of identified populations.

6. Review models, findings, and results of these projects and, in collaboration with the recipients, compile and disseminate models of improved capacity and practices for consideration and potential adoption or adaptation in other jurisdictions.

Technical Reporting Requirements

Semiannual progress reports on project activities should be submitted within 30 days after the end of each reporting period. An original and two copies of a final performance report must be submitted within 90 days after the end of the project period. These reports must include:

A. A brief program description.

B. A comparison of the actual accomplishments to the goals and objectives established for the period.

C. If established goals and objectives were not accomplished or were delayed, document both the reason for the deviation and the anticipated corrective action, or rationale for deletion of the activity from the project.

D. Other pertinent information, including the analysis of data collected.

Financial status reports must be submitted no later than 90 days after the end of each budget period. Final financial status reports are required no later than 90 days after the end of the project period.

Application Content

Applicants are required to submit an original application and two copies. Pages must be clearly numbered, and a complete index to the application and its appendices must be included. Please begin each separate section on a new page. The original and each copy of the application set must be submitted unstapled and unbound. All material must be typewritten, single-spaced, with unreduced type on 8½″ by 11″ paper, with at least 1″ margins, headers and footers, and printed on one side only.

All applicants must develop their applications in accordance with PHS Form 5161–1, information contained in this program announcement, and the instructions outlined below. If the proposed program is a multiple year project, the applicant should provide a detailed description for each year. The application, excluding budget and appendixes, should not exceed 30 pages.

Applicant must provide a narrative describing the following:

A. Executive Summary

Provide a clear, concise, and written summary of the following: (1) Statement of need; (2) major goals, objectives, and activities of the proposed project; (3) operational plan; (4) capability of applicant; and (5) estimated cost of the project including the requested amount.

B. Table of Contents

C. Statement of Need

Describe the role of assessment in setting the State's public health priorities developing agency policy and planning; the State's current assessment capability; the State's relationship with potential partners and how assessment is conducted; and how this project will strengthen the capacity to conduct assessment activities.

D. Goals and Objectives

Establish and submit long-term (5 year) goals and short-term (1 year) objectives for the assessment activities included in the application. Objectives must be specific, measurable, time-phased, and feasible.

E. Operational Plan

1. Submit a plan to develop and expand assessment activities through a consortium of health partners. At least one of the following partnership categories must be included in the plan: Managed Care Assessment Partnership; Collaborative Community Assessment Partnership; Medicaid Assessment Partnership; or Preventive Health Assessment Partnership.

2. Submit a time schedule for all activities to be carried out in year one, including responsible staff for each activity.

3. Describe future years' activities and explain how the first year will logically lead into program activities in subsequent years.

4. Describe procedures to disseminate information from the assessment activities for policy development, program evaluation, and research through presentation and publication in appropriate forums.

F. Capability

1. Identify and describe the availability of data and information for the project from various potential partners.

2. Identify and describe the project staff, their qualifications and experience in epidemiology, surveillance, statistical applications, program management, policy development, health assessment, and integrated electronic information systems. Include the curriculum vitae and job descriptions for key project staff in the supporting materials in the appendix.

3. Provide written commitments from the appropriate public/private organization expected to support activities as a potential partner in this project.

G. Project Evaluation

Submit a plan to evaluate the project that assesses the extent to which:

1. The consortium or partnership has been a successful means of conducting and strengthening assessment activities.

2. Data were used for policy development, program planning, and evaluation of appropriate intervention programs.

3. Data were appropriately analyzed and disseminated through periodic reports, presentations, and publication.

H. Budget

1. Line-item descriptive justification for personnel, travel, supplies, and other services should be submitted. Applicant should be precise about the purpose of each budget item as it relates to the project.

2. If applicable, applicants requesting monies for contracts should include the name of the person or firm to be contracted, a description of the services to be performed, an itemized and detailed budget including justification, the period of performance, and the method of selection.

3. Funding levels for years two through five should be estimated.

I. Supporting materials

1. Curriculum vitae and job descriptions of key personnel.

2. Materials related to previous or current activities of State and local, public and private, health agencies directed toward assessment.

3. Letters of endorsement and/or collaboration of participating partners, as appropriate.

Evaluation Criteria (100 Points)

Applications will be reviewed and evaluated according to the following criteria:

A. Potential for Public Health Impact (10 Points)

1. Evidence of the applicant's plans to improve its ability to perform the assessment function in conjunction with outside public/private partners.

2. Evidence of the applicant's ability to develop, implement, evaluate, and use assessment activities to support effective program policies and interventions.

3. Extent and availability of statewide health data and information from a variety of public and private sources.

B. Capability (30 Points)

1. The extent and appropriateness of previous State health department assessment and policy development efforts to monitor health risks of general and high-risk populations.

2. The ability of the State to integrate information and data from two or more existing public and/or private sources for program development and evaluation.

3. Evidence of strong working relationships with the organizational entities involved with this project.

4. Evidence that key project staff have experience in surveillance, assessment, applied research, partnership development, electronic data information systems, and policy-making.

C. Project Design (55 Points Total)

1. Partnership Development (15 Points)

a. The extent to which the applicant describes the feasibility of developing a partnership for assessment activities in one or more of the following four areas (Extra points will not be awarded for developing more than one partnership): Managed Care Assessment Partnership; Collaborative Community Assessment Partnership; Medicaid Assessment Partnership; and/or Preventive Health Assessment Partnership.

b. The adequacy of procedures for selecting private/public partners, target population and health problem areas.

c. The adequacy of the partnership structure to establish partner concurrence, build consensus, address problem resolution, and carry out project activities within the proposed time schedule.

2. Strategic Plan (25 Points)

a. The adequacy of the applicant's plans to develop and maintain a working partnership for public health assessment and policy development.

b. The objectives and activities are appropriate, feasible, and time appropriate to the project.

c. The ability of the applicant's plans to be flexible and able to incorporate additional partners, activities, etc., as emerging issues warrant.

3. Program Evaluation (15 Points)

a. The extent to which the applicant proposes a strategy of ongoing evaluation and feedback for this project.

b. The adequacy of the applicant's plans to evaluate the overall effectiveness and success of this project.

D. Commitment (5 Points)

1. Evidence that the organizational positioning of this project is conducive to accomplishing the stated purposes of this cooperative agreement, including formal written commitments from appropriate organizational entities that would be expected to support the project.

2. Evidence of the applicant's ability to continue the project beyond established performance period.

E. Budget (Not Weighted)

The extent to which the applicant describes the total amount of funds requested in each of the object class categories and clearly links the budget items to objectives and activities proposed for the budget period.

F. Human Subjects (Not Weighted)

Whether or not exempt from the Department of Health and Human Services (DHHS) regulations, are procedures adequate for the protection of human subjects? Recommendations on the adequacy of protections include: (1) Protections appear adequate and there are no comments to make or concerns to raise, (2) protections appear adequate, but there are comments regarding the protocol,(3) protections appear inadequate and there are concerns related to human subjects, or (4) disapproval of the application is recommended because the research risks are sufficiently serious and protection against the risks are inadequate as to make the entire application unacceptable.

Executive Order 12372 Review

Applications are subject to Intergovernmental Review of Federal Programs as governed by Executive Order (E.O.) 12372. E.O. 12372 sets up a system for State and local government review of proposed Federal assistance applications. Applicants should contact their State Single Point of Contact (SPOC) as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC of each affected State. A current list of SPOCs is included in the application kit. If SPOCs have any State process recommendations on applications submitted to CDC, they should forward them to Sharron P. Orum, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Atlanta, Georgia 30305. The due date for State process recommendations is 30 days after the application deadline date for new and competing continuation applications. The granting agency does not guarantee to ''accommodate or explain'' for State process recommendations it receives after that date.

Public Health System Reporting Requirements

This program is not subject to the Public Health System Reporting Requirements.

Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance number is 93.283.

Other Requirements

Paperwork Reduction Act

Projects that involve the collection of information from 10 or more individuals and funded by the cooperative agreement will be subject to review by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

Human Subjects

If the proposed project involves research on human subjects, the applicant must comply with the Department of Health and Human Services Regulations, 45 CFR part 46, regarding the protection of human subjects. Assurance must be provided to demonstrate that the project will be subject to initial and continuing review by an appropriate institutional review committee. The applicant will be responsible for providing assurance in accordance with the appropriate guidelines and form provided in the application kit. Should human subjects review be required, the proposed work plan should incorporate time lines for such development and review activities.

Women, Racial, and Ethnic Minorities

It is the policy of the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) to ensure that individuals of both sexes and the various racial and ethnic groups will be included in CDC/ATSDR-supported research projects involving human subjects, whenever feasible and appropriate. Racial and ethnic groups are those defined in OMB Directive No. 15 and include American Indian, Alaskan Native, Asian, Pacific Islander, Black and Hispanic. Applicants shall ensure that women, racial and ethnic minority populations are appropriately represented in applications for research involving human subjects. Where clear and compelling rationale exist that inclusion is inappropriate or not feasible, this situation must be explained as part of the application. This policy does not apply to research studies when the investigator cannot control the race, ethnicity and/or sex of subjects. Further guidance to this policy is contained in the **Federal Register**, Vol. 60, No. 179, pages 47947–47951, and dated Friday, September 15, 1995.

Application Submission and Deadline

The original and two copies of the application PHS Form 5161–1 (Revised 7/92, OMB Number 0937–0189) must be submitted to Sharron P. Orum, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 314, Mail Stop E–18, Atlanta, Georgia 30305, on or before *August 11, 1997.*

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 the U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.)

2. Late Application: Applications that 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 written information, call (404) 332–4561. You will be asked to leave your name, address, and telephone number. Please refer to *Announcement 741.* You will receive a complete program description, information on application procedures, and application forms. If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from Albertha Carey, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 314, Mail Stop E–18, Atlanta, Georgia 30305, telephone (404) 842–6591; electronic mail at ayc1@cdc.gov.

Technical assistance may be obtained from Colette Zyrkowski, Division of Public Health Surveillance and Informatics, Epidemiology Program Office, Centers for Disease Control and Prevention (CDC), Mail Stop C–08, 1600 Clifton Road, NE., Atlanta, Georgia 30333, telephone (404) 639–0080; fax (404) 639–1546; or Internet or CDC WONDER electronic mail at coz1@cdc.gov.

You may obtain this announcement from one of two Internet sites on the actual publication date: CDC's homepage at http://www.cdc.gov or the Government Printing Office homepage (including free on-line access to the **Federal Register** at http://www.access.gpo.gov).

Please refer to *Program Announcement 741* when requesting information and submitting an application.

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. Centers for Disease Control and Prevention Guidelines for Evaluating Surveillance Systems can be found in the Morbidity and Mortality Weekly Report 1988; 37 (suppl. no. S–5).

Dated: June 16, 1997.

Joseph R. Carter,

Acting Associate Director for Management and Operations, Centers for Disease Control and Prevention (CDC).

[FR Doc. 97–16169 Filed 6–19–97; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Subcommittee on Intimate Partner Violence Prevention Research and the Injury Research Grant Review Committee (IRGRC): Meetings

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 subcommittee and conference call committee meetings.

Name: Subcommittee on Intimate Partner Violence Prevention Research of the IRGRC.

Times and Dates: 6:30 p.m.–9 p.m., July 13, 1997. 8 a.m.–4 p.m., July 14, 1997.

Place: Renaissance Atlanta Hotel-Concourse, One Hartsfield Centre Parkway, Atlanta, Georgia 30354.

Status: Open: 6:30 p.m.–6:45 p.m., July 13, 1997.

Closed: 6:45 p.m.–9 p.m., July 13, 1997, through 4 p.m., July 14, 1997.

Purpose: The Subcommittee advises IRGRC on the technical and scientific merit of injury prevention research grant applications on intimate partner violence prevention.

Matters to be Discussed: Agenda items include a description of the Subcommittee's responsibilities and review process, and review of grant applications.

Name: Injury Research Grant Review Committee.

Time and Date: 2 p.m.–4 p.m., July 16, 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.)

Status: Open: 2 p.m.–2:15 p.m., July 16, 1997.

Closed: 2:15 p.m.–4 p.m., July 16, 1997.

Purpose: This committee is charged with advising the Secretary of Health and Human Services, the Assistant Secretary for Health, and the Director, CDC, regarding the scientific merit and technical feasibility of grant applications received from academic institutions and other public and private profit and nonprofit organizations, including State and local government agencies, to conduct specific injury research that focus on prevention and control and to support injury prevention research centers.

Matters to be Discussed: Agenda items include a budget update, recent awards, report of the Subcommittee on Intimate Partner and Violence Prevention Research, description of the review process, future meeting dates, and review of grant applications.

Beginning at 2:15 p.m., July 13, through 4 p.m., July 14, the Subcommittee on Intimate Partner Violence Prevention Research of the IRGRC will meet and from 2:15–4 p.m., July 16, IRGRC will meet to conduct a review of grant applications. These portions of the meetings will be closed to the public in accordance with provisions set forth in section 552b(c) (4) and (6), title 5 U.S.C., and the Determination of the Associate Director for Management and Operations, CDC, pursuant to Pub. L. 92–463.

Agenda items are subject to change as priorities dictate.

Contact Person for More Information: Richard W. Sattin, M.D., Executive Secretary, IRGRC, NCIPC, CDC, 4770 Buford Highway, NE, M/S K58, Atlanta, Georgia 30341–3724, telephone 770/488–4580.

Dated: June 13, 1997.

Carolyn J. Russell,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 92N–0251]

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 July 21, 1997.