

Total Annual Responses: 1,900; *Total Annual Hours:* 1,900.

To obtain copies of the supporting statement for the proposed paperwork collections referenced above, call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to the HCFA Paperwork Clearance Officer designated at the following address: OMB Human Resources and Housing Branch, Attention: Allison Eydt, New Executive Office Building, Room 10235, Washington, D.C. 20503.

Dated: February 10, 1997.

Edwin J. Glatzel,

Director, Management Analysis and Planning Staff, Office of Financial and Human Resources, Health Care Financing Administration.

[FR Doc. 97-3893 Filed 2-14-97; 8:45 am]

BILLING CODE 4120-03-P

Health Resources and Services Administration

Special Project Grants and Cooperative Agreement; Maternal and Child Health (MCH) Services; Community Integrated Service Systems (CISS) Set-Aside Program

AGENCY: Health Resources and Services Administration (HRSA).

ACTION: Notice of availability of funds.

SUMMARY: The HRSA announces that approximately \$2.3 million in fiscal year (FY) 1997 funds will be available for grants for Maternal and Child Health (MCH) Community Integrated Service Systems grants to support strategies for reducing infant mortality and improving the health of mothers and children through development and expansion of successful community integrated service systems. These community integrated service systems are public-private partnerships of community health and other related organizations and individuals working collaboratively to use community resources to address

community-identified health problems. Awards are made under the program authority of section 502(b)(1)(A) of the Social Security Act, the CISS Federal Set-Aside Program. Within the HRSA, CISS projects are administered by the Maternal and Child Health Bureau (MCHB).

Of the approximately \$9.8 million available for all CISS activities in FY 1997, about \$2.3 million will be available to support approximately 33 new and competing renewal projects at an average of about \$69,700 per award for a one-year period. The remaining funds will be used to continue existing CISS projects and for other activities in support of overall CISS program goals. The actual amounts available for awards and their allocation may vary, depending on unanticipated program requirements and the volume and quality of applications. Awards are made for grant periods which generally run from 1 up to 4 years in duration. Funds for CISS awards are appropriated by Public Law 104-208.

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a PHS-led national activity for setting priority areas. The MCH Block Grant Federal Set-Aside Program addresses issues related to the Healthy People 2000 objectives of improving maternal, infant, child and adolescent health and developing service systems for children with special health care needs. 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).

The PHS strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. In addition, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion

of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

ADDRESSES: Federal Register notices and application guidance for MCHB programs are available on the World Wide Web via the Internet at address: <http://www.os.dhhs.gov/hrsa/mchb>. Click on the file name you want to download to your computer. It will be saved as a self-extracting (Macintosh or) WordPerfect 5.1 file. To decompress the file once it is downloaded, type in the file name followed by a <return>. The file will expand to a WordPerfect 5.1 file.

For applicants for CISS grants and cooperative agreements who are unable to access application materials electronically, a hard copy may be obtained from the HRSA Grants Application Center. Applicants for CISS research grants will use PHS form 398, approved by the Office of Management and Budget (OMB) under control number 0925-0001. Applicants for all other CISS awards will use revised PHS form 5161-1, approved under OMB clearance number 0937-0189. Requests should specify the category or categories of activities for which an application is requested so that the appropriate forms, information and materials may be provided. The Center may be contacted by: Telephone Number: 1-888-300-HRSA, FAX Number: 301-309-0579, E-mail Address: HRSA.GAC@ix.netcom.com. Completed applications should be returned to: Grants Management Officer, HRSA Grants Application Center, 40 West Gude Drive, Suite 100, Rockville, Maryland 20850. Please indicate the appropriate CFDA # for the application being submitted (see table below).

DATES: Potential applicants are invited to request application packages for the particular program category in which they are interested, and to submit their applications for funding consideration. Deadlines for receipt of applications differ for the several categories of grants. These deadlines are as follows:

COMPETITIVE GRANTS FOR COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS) FEDERAL SET-ASIDE PROGRAM ANTICIPATED DEADLINE, AWARD, FUNDING, AND PROJECT PERIOD INFORMATION, BY CATEGORY FY 1997

CFDA No.	Funding source category	Application deadline	Est. number of awards	Est. amounts available	Project period (years)
93.110(V)	Healthy Tomorrows Partnership for Children.	April 17, 1997	10	\$500,000	5
93.110(AN)	CISS Research Grants	July 1, 1997	2	600,000	5
93.110(AP)	Maternal and Child Health Provider Partnership Cooperative Agreement.	May 13, 1997	1	200,000	5

**COMPETITIVE GRANTS FOR COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS) FEDERAL SET-ASIDE PROGRAM
ANTICIPATED DEADLINE, AWARD, FUNDING, AND PROJECT PERIOD INFORMATION, BY CATEGORY FY 1997—Continued**

CFDA No.	Funding source category	Application deadline	Est. number of awards	Est. amounts available	Project period (years)
93.110(AR)	CISS Local/State Community Organization Grants.	April 30, 1997	20	1 million	4

Applications will be considered to have met the deadline if they are either: (1) Received on or before the deadline date, or (2) postmarked on or before the deadline date and received in time for orderly processing. Applicants should request a legibly dated receipt from a commercial carrier or the U.S. Postal Service, or obtain a legibly dated U.S. Postal Service postmark. Private metered postmarks will not be accepted as proof of timely mailing. Late applications will be returned to the applicant.

FOR FURTHER INFORMATION CONTACT:

Requests for technical or programmatic information should be directed to the contact persons identified below for each category covered by this notice. Requests for information concerning business management issues should be directed to: Sandra Perry, Grants Management Officer (GMO), Maternal and Child Health Bureau, 5600 Fishers Lane, Room 18-12, Rockville, Maryland 20857, telephone: 301-443-1440.

SUPPLEMENTARY INFORMATION:

Program Background and Objectives

Public Law 101-239, the Omnibus Budget Reconciliation Act of 1989 (OBRA 1989) provided for a new set-aside program under the MCH Block Grant that would be activated when the annual appropriation for title V exceeds \$600 million. This has become known as the CISS program. The program seeks to reduce infant mortality and improve the health of mothers and children, including those living in rural areas and those having special health care needs, through project support for development and expansion of strategies which have proved successful in helping communities to achieve integrated service systems.

OBRA 1989 also provided the conceptual framework for strengthening Federal-State partnerships under the MCH Block Grant. States are now expected to work with their Federal and local partners to promote development of comprehensive, community-based systems of health and related services which can assure family-centered, culturally competent, coordinated care for children and their families.

CISS Phase I (FY 92-95) featured support of demonstrations of one or more Congressionally-designated service delivery strategies: Home visiting activities; provider participation in publicly funded programs; one stop shopping service integration projects; not-for-profit hospital/community based initiatives; MCHB projects serving rural populations; and outpatient and community based program alternatives to inpatient institutional care for children with special health care needs. These service delivery demonstrations served as focal points or platforms from which linkages were established with a variety of agencies, laying the foundation for a local system of delivery of services.

Initial CISS grants funded in FY 1992 were required to use at least one of the above-listed six strategies to achieve program objectives. In FY 1993, CISS grants were directed toward developing and/or expanding successful community integrated service systems using at least one of the six strategies. Priority was given to projects which could demonstrate a high likelihood of having continuing support beyond the federal grant period and strong community based public/private organizational collaboration, including participation of the local county/municipal health departments, the State MCH and CSHCN programs, and, where they exist, community and migrant health centers.

In FY 1994 and 1995 CISS grants supported Home Visiting for At-Risk Families (HVAF), in collaboration with the Administration for Children and Families' (ACF) Family Preservation and Support Program. The purpose of the CISS/HVAF was to assist State MCH programs to emphasize the home visiting model as an important component of care. The CISS/HVAF grants were used to support development of an enhanced health component in the ACF's Five Year State Plans for Family Preservation and Family Support Services.

Prior to establishing the CISS-Phase II program priorities for FY 1996 and beyond, feedback was solicited from members of the MCH community, the 41 current CISS grantees, and the MCH-

ACF Technical Assistance Group, a working group of senior State and Federal-level child health, welfare, social services, and child care officials. In FY 1996, MCHB began CISS-Phase II, using a variety of approaches to implement the local systems integration activities developed in Phase I.

Again in FY 1997, CISS funds will support local systems integration activities. CISS funds will also be available in FY 1997 for Community-Based Intervention Research Grant projects, which seek to generate new knowledge on early intervention services models and on how to integrate these models into existing systems of care at the community level while sustaining the essential nature and demonstrated effectiveness of the original prototypes. In addition, FY 1997 CISS funds will be available to fund Healthy Tomorrows projects, which encourage support from the private sector to form community-based partnerships to coordinate preventive health resources for pregnant women, infants, and children. CISS funds will also support a cooperative agreement aimed at enhancing private-public partnerships to restructure and improve perinatal health services in communities.

Program Goal

The goal of the CISS program is to enhance development of service systems at the community level capable of addressing the physical, psychological, social well-being, and related needs of pregnant women, infants, and children, including children with special health care needs and their families. CISS projects assist communities to better meet consumer-identified needs, fill gaps in services, reduce duplication of effort, coordinate activities, increase availability of services, improve efficiency, and enhance quality of care. Programs must be developed in collaboration and coordination with the State MCH Services Block Grant programs and State efforts in community systems development. Where appropriate, programs should be coordinated with other HRSA-funded programs that build community infrastructure in the respective States.

Eligible Applicants

Any public or private entity, including an Indian tribe or tribal organization (as defined at 25 U.S.C. 450b), is eligible to apply for grants or cooperative agreements for project categories covered by this announcement. As noted in the Funding Categories section below, based on the subject matter of particular categories or subcategories, applications may be encouraged from applicants with a specified area of expertise. In addition, special funding considerations may apply to certain categories or subcategories.

Funding Categories

CISS funds are available for 4 categories of projects this year: Healthy Tomorrows Partnerships for Children; CISS Research Grants; Maternal and Child Health Provider Partnership Cooperative Agreement; and CISS Local/State Community Organization Grants.

Category 1: Healthy Tomorrows Partnership for Children (CFDA #93.110V)

- *Narrative Description of this Competition:* This program supports projects for mothers and children that improve access to health services and utilize preventive strategies. The initiative encourages additional support from the private sector and from foundations to form community-based partnerships to coordinate health resources for pregnant women, infants, and children. Proposals are invited in the following priority program areas: (1) Local initiatives that are community-based, family-centered, comprehensive and culturally relevant and improve access to health services for infants, children, adolescents, or CSHCN; and (2) initiatives which show evidence of a capability to meet cost participation goals for securing funds for the second and sequential years of the project.

- *Estimated Amount of this Competition:* \$500,000.
- *Number of Expected Awards:* 10.
- *Funding Priorities and/or Preferences:* In the interest of equitable geographical distribution, special consideration for funding will be given to projects from States without a currently funded Healthy Tomorrows project. These States are identified in the application guidance.
- *Evaluation Criteria:* See Criteria for Review; application guidance materials will specify final criteria.
- *Application Deadlines:* April 17, 1997.
- *Contact Person:* Latricia C. Robertson, telephone: 301-443-8041.

Category 2: CISS Community-Based Intervention Research (CFDA #110AN)

- *Narrative Description of this Competition:* The purpose of these projects is to support research on CISS-sponsored early intervention services programs within the context of developing and expanding local service delivery systems. The intent is to generate new knowledge on early intervention services models and on how to integrate these models into existing systems of care at the community level while sustaining the essential nature and demonstrated effectiveness of the original prototypes.
- *Eligible Organizations:* Eligible applicants are public or nonprofit institutions of higher learning and public or nonprofit private agencies and organizations engaged in research or in maternal and child health or children with special health care needs programs.
- *Estimated Amount of this Competition:* \$600,000.
- *Number of Expected Awards:* 2.
- *Evaluation Criteria:* See Criteria for Review; application guidance will specify final review criteria.
- *Application Deadline:* July 1, 1997.
- *Contact Person:* Gontran Lamberty, Dr. P.H., telephone: 301-443-2190.

Category 3: Maternal and Child Health Provider Partnership (CFDA #93.110AP)

- *Narrative Description of this Competition:* This cooperative agreement will support an effort to encourage private sector involvement and strengthen private-public partnerships to restructure and improve perinatal health services in communities and States and to improve coordination of and access to community health resources for women of reproductive age and infants. The awardee will be expected to analyze the current circumstances and obstacles to providers in the delivery of maternal and infant health services, develop strategies to improve maternal and infant health status and service systems through collaboration with national and State public health organizations, and disseminate and communicate concerns and information pertaining to the issues and strategies employed to their members and to other national organizations.

It is anticipated that substantial Federal programmatic involvement will be required in this cooperative agreement. This means that after award, awarding office staff provide technical assistance and guidance to, or coordinate and participate in, certain programmatic activities of award

recipients beyond their normal stewardship responsibilities in the administration of grants. Federal involvement may include, but is not limited to, planning, guidance, coordination and participation in programmatic activities. Periodic meetings, conferences, and/or communications with the award recipient are held to review mutually agreed upon goals and objectives and to assess progress. Additional details on the scope of Federal programmatic involvement in cooperative agreements, consistent with HRSA grants administration policy, will be included in the application guidance for this cooperative agreement.

- *Estimated Amount of this competition:* \$200,000.
- *Number of Expected Awards:* 1.
- *Funding Priorities and/or Preferences:* Preference for funding will be given to national membership organizations representing providers of obstetrical and gynecological services.
- *Evaluation Criteria:* See Criteria for Review; application guidance materials will specify final criteria.
- *Application Deadline:* May 13, 1997.
- *Contact Person:* Ann M. Koontz, Dr.P.H., telephone: 301-443-6327.

Category 4: CISS Local/State Community Organization Grants (CFDA #93.110AR)

These grants will support community organization activities in two areas: (1) Local level agencies; and (2) State MCH agencies. Funds may be used to hire staff to assist in consortium building and to function as community organizers, to help formulate a plan for integrated service systems, to obtain and/or provide technical assistance, and to convene community or State networking meetings for information dissemination and replication of systems integration programs.

- *Subcategory A: Local Level Community Organization Grants*
- *Narrative Description of this Competition:* The purpose of these grants is to provide direct support to local communities to array resources in the most beneficial form to promote consortium building, creation of integrated service systems, or replication of systems integration programs at the local level. While not designed to support direct service delivery, these monies may be used to modify functions of existing service organizations to better complement each other. The specific approach is at the discretion of each community. Because CISS projects are intended to facilitate

the development of systems of services in communities, projects must be consistent with State systems development efforts.

- *Estimated Amount of this Competition:* \$500,000.

- *Number of Expected Awards:* 10.

- *Funding Priorities and/or*

Preferences: Preference for funding of these grants will be given to local communities. In the interest of equitable geographical distribution, special consideration for funding will be given to projects from communities without a currently-funded CISS project.

- *Application Deadline:* April 30, 1997.

- *Contact Person:* Joseph A. Zogby, M.S.W., telephone: 301-443-4393.

- Subcategory B: State Community Organization Grants

- *Narrative Description of this Competition:* The purpose of these grants is to support strengthened ties between MCHB's community and State-level system development initiatives since FY 1992, thus reinforcing the benefits of the substantial investment in State and local infrastructure-building represented by ongoing SPRANS State Systems Development Initiative (SSDI) grants as well as CISS initiatives. State networking activities which may be supported by these grants include: Providing technical assistance to community and local organizations needing help in systems development; convening statewide meetings; and disseminating and replicating successful local/community strategies.

- *Estimated Amount of this Competition:* \$500,000.

- *Number of Expected Awards:* 10.

- *Funding Priorities and/or*

Preferences: Preference for funding of these grants will be given to State MCH agencies.

- *Application Deadline:* April 30, 1997.

- *Contact Person:* Joseph A. Zogby, M.S.W., telephone: 301-443-4393.

Special Concerns

In its administration of the MCH Services Block Grant, the MCHB places special emphasis on improving service delivery to women and children from racial and ethnic minority populations who have had limited access to care. This means that CISS projects are expected to serve and appropriately involve in project activities individuals from the populations to be served, unless there are compelling programmatic or other justifications for not doing so. The MCHB's intent is to ensure that project interventions are responsive to the cultural and linguistic

needs of special populations, that services are accessible to consumers, and that the broadest possible representation of culturally distinct and historically underrepresented groups is supported through programs and projects sponsored by the MCHB. This same special emphasis applies to improving service delivery to children with special health care needs.

In keeping with the goals of advancing the development of human potential, strengthening the Nation's capacity to provide high quality education by broadening participation in MCHB programs of institutions that may have perspectives uniquely reflecting the Nation's cultural and linguistic diversity, and increasing opportunities for all Americans to participate in and benefit from Federal public health programs, HRSA will place a funding priority on projects from Historically Black Colleges and Universities (HBCU) or Hispanic Serving Institutions (HSI) in all categories in this notice for which applications from academic institutions are encouraged. This is in conformity with the Federal Government's policies in support of White House Initiatives on Historically Black Colleges and Universities (Executive Order 12876) and Educational Excellence for Hispanic Americans (Executive Order 12900). An approved proposal from a HBCU or HSI will receive a 0.5 point favorable adjustment of the priority score in a 4 point range before funding decisions are made.

Evaluation Protocol

An MCH discretionary project, including a CISS, is expected to incorporate a carefully designed and well planned evaluation protocol capable of demonstrating and documenting measurable progress toward achieving the project's stated goals. The protocol should be based on a clear rationale relating the project activities, the project goals, and the evaluation measures. Wherever possible, the measurements of progress toward goals should focus on health outcome indicators, rather than on intermediate measures such as process or outputs. A project lacking a complete and well-conceived evaluation protocol as part of the planned activities may not be funded.

Project Review and Funding

Within the limit of funds determined by the Secretary to be available for the activities described in this announcement, the Secretary will review applications for funds as competing applications and may award

Federal funding for projects which will, in her judgment, best promote the purpose of Title V of the Social Security Act, with special emphasis on improving service delivery to women and children from culturally distinct populations; best address achievement of Healthy Children 2000 objectives related to maternal, infant, child and adolescent health and service systems for children at risk of chronic and disabling conditions; and otherwise best promote improvements in maternal and child health.

Criteria for Review

The criteria which follow are derived from MCH project grant regulations at 42 CFR Part 51a or from HRSA administrative policies that apply to MCHB discretionary projects. These criteria are used, as pertinent, to review and evaluate applications for awards under all CISS grant and cooperative agreement categories announced in this notice. Application guidance materials specify final criteria.

- The quality of the project plan or methodology.
- The need for the research or training.
- The extent to which the project will contribute to the advancement of maternal and child health and/or improvement of the health of children with special health care needs.
- The extent to which the project is responsive to policy concerns applicable to MCH grants and to program objectives, requirements, priorities and/or review criteria for specific project categories, as published in program announcements or guidance materials.
- The extent to which the estimated cost to the Government of the project is reasonable, considering the anticipated results.
- The extent to which the project personnel are well qualified by training and experience for their roles in the project and the applicant organization has adequate facilities and personnel.
- The extent to which, insofar as practicable, the proposed activities, if well executed, are capable of attaining project objectives.
- The adherence of the project's evaluation plan to the requirements of the Evaluation Protocol.
- The extent to which the project will be integrated with the administration of the MCH Block Grant, State primary care plans, public health, and prevention programs, and other related programs in the respective State(s).
- The extent to which the application is responsive to the special concerns

and program priorities specified elsewhere in this notice.

Funding of Approved Applications

Final funding decisions for SPRANS research and training grants are the responsibility of the Director, MCHB. In considering scores for the ranking of approved applications for funding, preferences may be exercised for groups of applications, e.g., applications from geographical areas without previously funded projects in particular category vs. applications from with previously funded projects. Within any category of approved projects, the score of an individual project may be favorably adjusted if the project addresses specific priorities identified in this notice. In addition, special consideration in assigning scores may be given by reviewers to individual applications that address areas identified in this notice as meriting special consideration.

Executive Order 12372

The MCH Federal set-aside program has been determined to be a program which is not subject to the provisions of Executive Order 12372 concerning intergovernmental review of Federal programs.

The OMB Catalog of Federal Domestic Assistance number is 93.110.

Dated: February 6, 1997.

Ciro V. Sumaya,
Administrator.

[FR Doc. 97-3892 Filed 2-14-97; 8:45 am]

BILLING CODE 4160-15-P

National Institutes of Health; National Cancer Institute

Notice of Meeting of the National Cancer Advisory Board and its Subcommittees Pursuant to Public Law 92-463, notice is hereby given of the meeting of the National Cancer Advisory Board, National Cancer Institute, and its Subcommittees on February 24-26, 1997. The meetings of the Board and its Subcommittees will be open to the public as indicated below. Attendance by the public will be limited to space available.

A portion of the Board meeting will be closed to the public in accordance with the provisions set forth in secs. 552b(c)(4), 552b(c)(6), and 552(c)(9)(B), Title 5, U.S.C. and sec. 10(d) of Public Law 92-463, for the review, discussion and evaluation of individual grant applications and for discussion of issues pertaining to programmatic areas and/or NCI personnel. These applications and discussions could reveal confidential trade secrets or commercial property

such as patentable material, and personal information concerning the individuals associated with the applications or programs, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy and premature disclosure of recommendations which would inhibit the final outcome and subsequent implementation of recommendations.

The Committee Management Office, National Cancer Institute, National Institutes of Health, Executive Plaza North, Room 630E, 6130 Executive Boulevard, MSC 7410, Rockville, Maryland 20892-7410, (301) 496-5708 will provide summaries of the meetings and rosters of the Board members, upon request.

Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should contact Ms. Cynthia Morgan, Committee Management Specialist, at (301) 496-5708 in advance of the meeting.

Name of Committee: Ad Hoc

Subcommittee on Policy and Advocacy.

Contact Person: Dr. Marvin R. Kalt, Executive Secretary, National Cancer Institute, NIH, Executive Plaza North, Room 600, 6130 Executive Blvd., MSC 7405, Bethesda, MD 20892-7405, (301) 496-5147.

Date of Meeting: February 24, 1997.

Place of Meeting: Hyatt Regency Bethesda, One Bethesda Metro Center, Bethesda, MD 20814.

Open: 7:00 pm to 9:00 pm.

Agenda: To discuss the role of the NCAB in advocacy activities and in advising NCI on extramural and intramural policy.

Name of Committee: Subcommittee on Cancer Centers.

Contact Person: Dr. Brian Kimes, Executive Secretary, National Cancer Institute, NIH, Executive Plaza North, Room 502, 6130 Executive Blvd., MSC 7383, Bethesda, MD 20892-7383, (301) 496-8537.

Date of Meeting: February 24, 1997.

Place of Meeting: Hyatt Regency Bethesda, One Bethesda Metro Center, Bethesda, MD 20814.

Open: 7:00 pm to 9:00 pm.

Agenda: To discuss new Cancer Centers guidelines.

Name of Committee: Subcommittee on Planning and Budget.

Contact Person: Ms. Cherie Nichols, Executive Secretary, National Cancer Institute, NIH, 7550 Wisconsin Avenue, Room 312, MSC 9010, Bethesda, MD 20892-9010, (301) 496-5515.

Date of Meeting: February 25, 1997.

Place of Meeting: Conference Room 10, Building 31C, National Institutes of Health, 9000 Rockville Pike, Bethesda, MD 20892.

Open: 1:15 pm to 2:30 pm.

Agenda: To discuss the NCI Budget and various planning issues.

Name of Committee: Subcommittee on Special Actions for Grants.

Contact Person: Dr. Marvin R. Kalt, Executive Secretary, National Cancer

Institute, NIH, Executive Plaza North, Room 600, 6130 Executive Blvd., MSC 7405, Bethesda, MD 20892-7405, (301) 496-5147.

Date of Meeting: February 25, 1997.

Closed: 3:45 to approximately 5:00 pm.

Place of Meeting: Conference Room 10, Building 31C, National Institutes of Health, 9000 Rockville Pike, Bethesda, MD 20892.

Agenda: For review and discussion of individual grant applications.

Name of Committee: National Cancer Advisory Board.

Contact Person: Dr. Marvin R. Kalt, Executive Secretary, National Cancer Institute, NIH, Executive Plaza North, Room 600, 6130 Executive Blvd., MSC 7405, Bethesda, MD 20892-7405, (301) 496-5147.

Dates of Meeting: February 25-26, 1997.

Place of Meeting: Conference Room 10, Building 31C, National Institutes of Health, 9000 Rockville Pike, Bethesda, MD 20892.

Open: February 25—8:30 am to approximately 1:15 pm; February 25—2:30 pm to approximately 3:45 pm; February 26—8:30 am to adjournment.

Agenda: Report of the Director, National Cancer Institute; Reports from the Association of Community Cancer Centers and American Association for Cancer Research; Subcommittee Reports including Global Programs at Cancer Centers and Cancer Center Guidelines; Report of the Director, Division of Research Grants; Discussion of Mammography Guidelines; Discussion of President's Cancer Panel Report on Managed Health Care; and other Council business.

Closed: February 25—5:00 pm to adjournment.

Agenda: For review and discussion of grant applications and extramural/intramural programmatic and personnel policies.

This notice is being published less than 15 days prior to the meeting due to the urgent need to meet timing limitations imposed by the review and funding cycle.

(Catalog of Federal Domestic Assistance Program Numbers: 93.393, Cancer Cause and Prevention Research; 93.394, Cancer Detection and Diagnosis Research; 93.395, Cancer Treatment Research; 93.396, Cancer Biology Research; 93.397, Cancer Centers Support; 93.398, Cancer Research Manpower; 93.399, Cancer Control.)

Dated: February 10, 1997.

LaVerne Y. Stringfield,

Committee Management Officer, NIH.

[FR Doc. 97-3937 Filed 2-14-97; 8:45 am]

BILLING CODE 4140-01-M

National Cancer Institute; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meeting of the National Cancer Institute Initial Review Group:

Agenda/Purpose: To review and evaluate grant applications.