

Ashland Chemical Co., One Drew Plaza, Boonton, NJ 07005. The petition proposes to amend the food additive regulations in § 173.340 *Defoaming agents* (21 CFR 173.340) to provide for the safe use of polypropylene glycol with a molecular weight range of 1,200–3,000 g/mol, as a defoaming agent in processing beet sugar and yeast.

The agency has determined under 21 CFR 25.24(a)(9) that this action is of a type that does not individually or cumulatively have a significant effect on the human environment. Therefore, neither an environmental assessment nor an environmental impact statement is required.

Dated: January 4, 1995.

Alan M. Rulis,

Acting Director, Office of Premarket Approval, Center for Food Safety and Applied Nutrition.

[FR Doc. 95–837 Filed 1–11–95; 8:45 am]

BILLING CODE 4160–01–F

[Docket No. 94F–0451]

The Shepherd Color Co., Filing of Food Additive Petition

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that The Shepherd Color Co. has filed a petition proposing that the food additive regulations be amended to provide for the safe use of copper chromite black spinel (C.I. Pigment Black 28) as a colorant for polymers intended for use in contact with food.

DATES: Written comments on the petitioner's environmental assessment by February 13, 1995.

ADDRESSES: Submit written comments to the Dockets Management Branch (HFA–305), Food and Drug Administration, rm. 1–23, 12420 Parklawn Dr., Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: Vir D. Anand, Center for Food Safety and Applied Nutrition (HFS–216), Food and Drug Administration, 200 C St. SW., Washington, DC 20204, 202–418–3081.

SUPPLEMENTARY INFORMATION: Under the Federal Food, Drug, and Cosmetic Act (sec. 409(b)(5) (21 U.S.C. 348(b)(5))), notice is given that a food additive petition (FAP 5B4446) has been filed by The Shepherd Color Co., 4539 Dues Dr., Cincinnati, OH 45246. The petition proposes to amend the food additive regulations in § 178.3297 *Colorants for polymers* (21 CFR 178.3297) to provide for the safe use of copper chromite black

spinel (C.I. Pigment Black 28) as a colorant for polymers intended for use in contact with food.

The potential environmental impact of this action is being reviewed. To encourage public participation consistent with regulations promulgated under the National Environmental Policy Act (40 CFR 1501.4(b)), the agency is placing the environmental assessment submitted with the petition that is the subject of this notice on display at the Dockets Management Branch (address above) for public review and comment. Interested persons may, on or before February 13, 1995, submit to the Dockets Management Branch (address above) written comments. Two copies of any comments are to be submitted, except that individuals may submit one copy. Comments are to be identified with the docket number found in brackets in the heading of this document. Received comments may be seen in the office above between 9 a.m. and 4 p.m., Monday through Friday. FDA will also place on public display any amendments to, or comments on, the petitioner's environmental assessment without further announcement in the **Federal Register**. If, based on its review, the agency finds that an environmental impact statement is not required and this petition results in a regulation, the notice of availability of the agency's finding of no significant impact and the evidence supporting that finding will be published with the regulation in the **Federal Register** in accordance with 21 CFR 25.40(c).

Dated: January 4, 1995.

Alan R. Rulis,

Acting Director, Office of Premarket Approval, Center for Food Safety and Applied Nutrition.

[FR Doc. 95–838 Filed 1–11–95; 8:45 am]

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Health Resources and Services Administration

RIN 0905–ZA45

Final Review Criterion and Indicators for Grants for Family Medicine Training and Grants for General Internal Medicine and General Pediatrics Training

Grants for Family Medicine Training and Grants for General Internal Medicine and General Pediatrics Training are authorized by sections 747 (a) and (b) and 748, title VII of the Public Health Service Act, as amended by the Health Professions Education Extension Amendments of 1992, Pub. L. 102–408, dated October 13, 1992. These grant programs include:

Grants for Predoctoral Training in Family Medicine
Grants for Graduate Training in Family Medicine
Grants for Faculty Development in Family Medicine
Grants for Establishment of Departments of Family Medicine
Grants for Residency Training in General Internal Medicine and General Pediatrics
Grants for Faculty Development in General Internal Medicine and General Pediatrics

A notice was published in the **Federal Register** at 59 FR 50423 on October 3, 1994 to review criterion and indicators for Grants for Family Medicine Training and Grants for General Internal Medicine and General Pediatrics Training. No comments were received within the 30 day comment period. Therefore, the review criterion and indicators remain as proposed.

Review Criteria

The following review criteria were established in 42 CFR part 57, subparts Q, R, and FF.

1. The administrative and management ability of the applicant to carry out the proposed project in a cost-effective manner.

2. The potential of the project to continue on a self-sustaining basis after the period of grant support.

3. The degree to which the proposed project adequately provides for the project requirements.

In addition, the following review criterion is finalized for FY 1995:

4. Potential effectiveness of the proposed project in carrying out the training purposes of sections 747 or 748 of the PHS Act.

Weighted Indicators

Criterion 1: Potential Effectiveness of the Proposed Project in Carrying Out the Training Purposes of Sections 747 and 748 of the PHS Act

Indicator 1—Institutional Environment—20 points

Proposal describes the actions taken by the institution (i.e., department, medical school, or other sponsoring health care delivery institution) that demonstrate a high level of support for and promotion of generalist training and practice in community-based settings within underserved urban and rural communities and populations. Examples include organizational mission statements describing support for training and graduating generalists in the primary care disciplines, institutional financial support for such programs, institutional support for rural

practices such as locum tenens, 1-800 numbers for consultations, visiting faculty status for rural practitioners, complementary institutional and other resources to support such programs, and adequate representation of generalist faculty on key academic committees such as Admissions, Selection, Tenure, and Faculty Recruitment.

Indicator 2—Strategic Outcomes—20 points

Proposal describes a strategy for the institution's training program that will lead to or sustain a high level of graduates entering generalist residencies and/or practice.

Indicator 3—Generalist Faculty—10 points

Proposal includes strong, clinically-oriented generalist faculty who practice in community-based settings that include underserved populations.

Indicator 4—Promotion of Workforce Diversity—20 points

Proposal includes a strategy and plan for recruiting and retaining underrepresented minority and disadvantaged faculty, students, trainees and/or residents. Proposal describes the current and projected levels of participation of these underrepresented groups in the program. Applicants are expected to reflect the diversity of the populations within their states.

Indicator 5—Critical Training Emphasis—10 points

Proposal includes reference to a curriculum that incorporates Healthy People 2000 objectives in one or more of the following content areas: HIV/AIDS epidemiology, prevention, diagnosis and treatment; substance abuse; or clinical preventive services. Wherever necessary, curriculum is appropriate to the needs of the patient population (culturally competent regarding ethnicity, gender, and sexual orientation) whether that population is urban, rural or underserved.

Indicator 6—Interdisciplinary Training—10 points

Except for Faculty Development projects, proposal provides for interdisciplinary clinical training opportunities, i.e., a training environment in which students, interns and/or residents learn to work in teams including varied health care professionals and/or primary care disciplines. The environment is such that the important contributions by each member of the health care team are recognized and utilized in the primary care setting.

Indicator 7—Clinical Training Settings—10 points

Except for Faculty Development projects, proposal provides for clinical training in community-based settings within underserved areas or populations.

Indicator 8—Primary Care Preceptorship—10 points

For Departments of Family Medicine and Predoctoral Training Programs Only: Training includes a primary care preceptorship that: 1) occurs in the first or second year and is at least four weeks in duration; or 2) is a longitudinal experience of at least five days per semester in both the first and second years.

Indicator 9—Third-Year Clerkship—20 points

For Departments of Family Medicine and Predoctoral Training Programs Only: Training includes a required third-year clerkship in family medicine of at least four-weeks duration.

Indicator 10—Faculty Expertise—30 points

For Faculty Development Programs Only: Proposal includes adequate balance in faculty expertise to teach the proposed curriculum, e.g., teaching skills, administrative and management skills, or primary care research.

Indicator 11—Generalism Outcomes/Continuity of Care—30 points

For General Internal Medicine and/or General Pediatrics Residency Training Program Only: Competing continuation General Internal Medicine and/or General Pediatrics program demonstrates a consecutive 3-year track record of 80% or more graduates entering primary care careers. IN ADDITION, by the beginning of the second year of grant support the competing continuation *OR NEW* General Internal Medicine and/or General Pediatrics program will provide ALL PGY-1 residents (primary care and traditional) entering the Internal Medicine and/or Pediatrics residency with continuity of care training experience comprising a total of 20% (average) over the 3-year training period, scheduled in at least 9 months of each year of training.

Criterion 2: Administration and Management Ability of the Applicant to Carry Out the Proposed Project in a Cost-Effective Manner

Indicator 1—Project Rationale—30 points

Project plan includes a background statement, a statement of need for the project, and a specific rationale justifying the proposed project. Project plan also describes the links between this proposed project and an effective larger institutional program, i.e., the department, division, residency, etc. This section of the project plan will define the larger purposes of the project, i.e., in what way the project will cause an improvement or expansion in the capability of the larger educational institution or program to deliver quality primary care training.

For competing continuation proposals, a progress report is provided. At a minimum, the report includes a summary of the funded objectives and the accomplishments made during the project period. Progress report includes evaluation data related to each of the project objectives. For applicants who are not currently funded, but who have received funding within the last four years, a discussion is included in the application describing the previously funded objectives, accomplishments and evaluation data relative to those objectives.

Indicator 2—Project Objectives—40 points

Project plan contains a detailed description of the project's objectives with measurement indicators for each objective. The plan also includes a description of the methods that will be used to implement the project, e.g., educational strategy, timetable and a resource plan that outlines the faculty, staff, facilities and equipment that will be used, including identification of those resources that already exist or that will be made available by the institution.

Indicator 3—Budget Justification—30 points

Project plan indicates the degree to which the proposed objectives relate to the budget narrative and justifies the budget items requested.

Indicator 4—Evaluation Plan—10 points

Project plan includes an evaluation strategy for the proposed project to determine achievements in relation to project objectives.

Indicator 5—Anticipated Problems—10 points

Project plan defines the problems anticipated in implementing the project and the proposed approaches to resolving such problems as may arise.

Indicator 6—Institutional Collaboration—15 points

Project plan includes documentation of the support of individuals or organizations who will collaborate in implementation of this proposed project. Letters of support for the project from the institution, department, faculty, etc., are included. For Faculty Development projects, letters from potential/actual trainees are included.

Indicator 7—Trainee Grid—10 points

Except for Departments of Family Medicine, project plan includes a "trainee grid" that defines the type of individuals being trained, how many will be trained, and when they will be trained.

For General Internal Medicine and General Pediatrics Residencies, the grid should also reflect actual and projected numbers of primary care and traditional residents.

Criterion 3: Economic Viability—The Potential of the Project to Continue on a Self-Sustaining Basis After the Period of the Project Grant**Indicator 1—Continuation Support—10 points**

Proposed projects demonstrate how their support will be continued after cessation of Federal funding. If other projects have been funded under this grant program within the past five years, a financial report discusses how terminated Federal funds have been replaced.

Indicator 2—Non-Federal Support—10 points

Financial and in-kind support is or will be provided by state or local government, institution, medical school, department, patient fees, or other private funding sources to supplement the Federal grant.

Criterion 4: Degree to Which the Proposed Project Adequately Provides for the Project Requirements

(These indicators (project requirements) have been established in 42 CFR part 57, subparts Q, R, and FF and are summarized below.)

Establishing Departments of Family Medicine**Indicator 1—Project Director—10 Points****Indicator 2—Administrative Autonomy—15 points****Indicator 3—Control Over Residency Program—10 points****Indicator 4—Evaluation Plans—10 points****Indicator 5—Family Medicine Instruction—10 points****Indicator 6—Full-Time Faculty—10 points****Indicator 7—Academic Status—10 points****Family Medicine Residencies****Indicator 1—Accreditation Status—40 points**

Proposal includes a letter of accreditation from the ACGME/RRC or a letter of approval from the AOA verifying that the residency meets all requirements. All such projects are considered to have satisfied the Project Requirements. To the extent that problems are noted by the accrediting body, the project plan addresses the problems and has a plausible plan for their correction. New programs which have not yet been accredited must meet the project requirements specified in regulations at 42 CFR 57.1604.

Family Medicine Faculty Development**Indicator 1—Project Director—10 points****Indicator 2—Administrative & Organizational Plan—10 points****Indicator 3—Evaluation Plans—10 points****Indicator 4—Curriculum—25 points****Indicator 5—Eligible Trainees—10 points****Indicator 6—Number of Trainees—0 points****Indicator 7—Length of Training—0 points****Indicator 8—Trainee Support—0 points****Family Medicine Predoctoral Training****Indicator 1—Project Director—10 points****Indicator 2—Administrative & Organizational Plan—10 points****Indicator 3—Evaluation Plans—10 points****Indicator 4—Ambulatory Care Training Settings—20 points****Indicator 5—Curriculum—10 points****Indicator 6—Sponsoring Unit—10 points****Indicator 7—Institutional Strategy—10 points****General Internal Medicine and General Pediatrics Residencies****Indicator 1—Project Director—10 points****Indicator 2—Administrative & Organizational Plan—10 points****Indicator 3—Curriculum Development and Evaluation Coordinator—10 points****Indicator 4—Faculty and Training Personnel—10 points****Indicator 5—Behavioral Science Faculty—10 points****Indicator 6—Resident Recruitment and Selection—10 points****Indicator 7—Requirement for Stipend Support—0 points****Indicator 8—Number and Distribution of Residents—10 points****Indicator 9—Ambulatory Care Training Setting—10 points****Indicator 10—Continuity of Care Experience—0 points****Indicator 11—Other Ambulatory Patient Care Experiences—10 points****Indicator 12—Curriculum Content and Evaluation of Educational Offerings—20 points****Indicator 13—Evaluation of Residents—10 points****General Internal Medicine and General Pediatrics Faculty Development****Indicator 1—Project Director—10 points****Indicator 2—Administrative & Organizational Plan—10 points****Indicator 3—Curriculum—25 points****Indicator 4—Evaluation Plans—10 points****Indicator 5—Eligible Trainees—10 points****Indicator 6—Eligibility for Trainee Stipend Support—0 points****Indicator 7—Length of Training for Stipend Support—0 points**

If additional information is needed, please contact: Enrique Fernandez, M.D., Division of Medicine, Bureau of Health Professions, Health Resources and Services Administration, Parklawn Building, Room 9A-20, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone: (301) 443-1467, FAX: (301) 443-8890.

Dated: January 5, 1995.

Ciro V. Sumaya,

Administrator.

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BILLING CODE 4160-15-P

Health Resources and Services Administration**Final Project Requirements and Review Criteria for Cooperative Agreements for the National AIDS Education and Training Centers Program for FY 1995**

The Health Resources and Services Administration (HRSA) announces the final project requirements and review criteria for Cooperative Agreements for the National AIDS Education and Training Centers (AETCs) Program for FY 1995 authorized under section 776(a), title VII of the Public Health Service (PHS) Act, as amended by the Health Professions Education Extension Amendments of 1992, Public Law 102-408, dated October 13, 1992.