

KeyCorp; Notice of Application to Engage *de novo* in Permissible Nonbanking Activities

The company listed in this notice has filed an application under § 225.23(a)(1) of the Board's Regulation Y (12 CFR 225.23(a)(1)) for the Board's approval under section 4(c)(8) of the Bank Holding Company Act (12 U.S.C. 1843(c)(8)) and § 225.21(a) of Regulation Y (12 CFR 225.21(a)) to commence or to engage *de novo*, either directly or through a subsidiary, in a nonbanking activity that is listed in § 225.25 of Regulation Y as closely related to banking and permissible for bank holding companies. Unless otherwise noted, such activities will be conducted throughout the United States.

The application is available for immediate inspection at the Federal Reserve Bank indicated. Once the application has been accepted for processing, it will also be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the question whether consummation of the proposal can "reasonably be expected to produce benefits to the public, such as greater convenience, increased competition, or gains in efficiency, that outweigh possible adverse effects, such as undue concentration of resources, decreased or unfair competition, conflicts of interests, or unsound banking practices." Any request for a hearing on this question must be accompanied by a statement of the reasons a written presentation would not suffice in lieu of a hearing, identifying specifically any questions of fact that are in dispute, summarizing the evidence that would be presented at a hearing, and indicating how the party commenting would be aggrieved by approval of the proposal.

Comments regarding the application must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than January 26, 1995.

A. Federal Reserve Bank of Cleveland (John J. Wixted, Jr., Vice President) 1455 East Sixth Street, Cleveland, Ohio 44101:

1. *KeyCorp*, Cleveland, Ohio; to engage *de novo* through its subsidiary, *KeyCorp Finance, Inc.*, in making, acquiring, and servicing loans pursuant to § 225.25(b)(1) of the Board's Regulation Y.

Board of Governors of the Federal Reserve System, January 6, 1995.

Jennifer J. Johnson,

Deputy Secretary of the Board.

[FR Doc. 95-769 Filed 1-11-95; 8:45 am]

BILLING CODE 6210-01-F

GENERAL SERVICES ADMINISTRATION

Industrial Funding of Federal Supply Schedule Program

AGENCY: General Services Administration, Federal Supply Service.

ACTION: Notice; corrections.

SUMMARY: This notice makes corrections to a notice published for comment on December 27, 1994 (59 FR 66545).

FOR FURTHER INFORMATION CONTACT: Linda S. Hauenstein, FCO (703) 305-5272.

SUPPLEMENTARY INFORMATION: A typographical error was made Under Paragraph A, Background, second paragraph, third sentence from end of paragraph. The amount shown that the contractor will invoice GSA should be \$90.00, and not \$90.90. Another similar typographical error was made in the example shown under Paragraph 7c. The amount shown in the sentence that reads, "The contractor invoices GSA at the awarded contract price of \$90.90" should be \$90.00.

Dated: January 5, 1995.

Nicholas M. Economou,

Director, FSS Acquisition Management Center.

[FR Doc. 95-774 Filed 1-11-95; 8:45 am]

BILLING CODE 6820-24-M

Interagency Committee for Medical Records (ICMR) Cancellation and Establishment of Medical Forms

AGENCY: General Services Administration.

ACTION: Notice.

SUMMARY: Standard Form 520, Clinical Record—Electrocardiographic Record is being cancelled and replaced by Optional Form 520, Medical Record—Electrocardiographic Record. Now that many facilities use automated EKG tracings and report interpretation, SF 520 is usually not completed. Only some of the smaller hospitals who still collect this data manually will use the new Optional form. This form is authorized for local reproduction. Upon request, a camera copy of OF 520 will be provided by the General Services Administration (CARM), Attn.: Barbara Williams, (202) 501-0581.

FOR FURTHER INFORMATION CONTACT: Ms. Barbara Williams, General Services Administration, (202) 501-0581.

Dated: December 29, 1994.

Theodore D. Freed,

Chief, Forms Management Branch.

[FR Doc. 95-775 Filed 1-11-95; 8:45 am]

BILLING CODE 6820-34-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Health Care Policy and Research

Meeting of the National Advisory Council for Health Care Policy, Research, and Evaluation

AGENCY: Agency for Health Care Policy and Research, HHS.

ACTION: Notice of public meeting.

SUMMARY: In accordance with section 10(a) of the Federal Advisory Committee Act, this notice announces a meeting of the National Advisory Council for Health Care Policy, Research, and Evaluation.

DATES: The meeting will be open to the public on Monday, January 23, from 1:00 p.m. to 5:45 p.m., and on Tuesday, January 24, from 8:30 a.m. to 10:30 a.m.

In accordance with the provisions set forth in section 552b(c)(6), title 5, U.S. Code, and section 10(d) of the Federal Advisory Committee Act, a meeting closed to the public will be held on January 24, 1995, from 10:30 a.m. to 12:00 p.m. to discuss the relative emphasis and focus of topics in the AHCPR grant portfolio. The discussion could reveal confidential personal information, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

ADDRESSES: The meeting will be held at the ANA Hotel, 2401 M Street, N.W., Washington, D.C. 20037.

FOR FURTHER INFORMATION CONTACT: Deborah L. Queenan, Executive Secretary of the Advisory Council at the Agency for Health Care Policy and Research, 2101 East Jefferson Street, Suite 603, Rockville, Maryland 20852, (301) 594-1459.

In addition, if sign language interpretation or other reasonable accommodation for a disability is needed, please contact Linda Reeves, the Assistant Administrator for Equal Opportunity, AHCPR, on (301) 594-6666 no later than January 13, 1995.

SUPPLEMENTARY INFORMATION:**I. Purpose**

Section 921 of the Public Health Service Act (42 U.S.C. 299c) establishes the National Advisory Council for Health Care Policy, Research, and Evaluation. The Council provides advice to the Secretary and the Administrator, Agency for Health Care Policy and Research (AHCPR), on matters related to the activity of AHCPR to enhance the quality, appropriateness, and effectiveness of health care services and access to such services through scientific research and the promotion of improvements in clinical practice and the organization, financing, and delivery of health care services.

The Council is composed of public members appointed by the Secretary. These current members are: Marion F. Bishop, Ph.D.; Linda Burnes Bolton, Dr.P.H.; John W. Danaher, M.D.; William S. Kiser, M.D.; Walter J. McNerney, M.H.A.; and Louis F. Rossiter, Ph.D.

Eleven new members will be appointed shortly.

There also are Federal ex officio members. These members are:

Administrator, Substance Abuse and Mental Health Services Administration; Director, National Institutes of Health; Director, Centers for Disease Control and Prevention; Administrator, Health Care Financing Administration; Commissioner, Food and Drug Administration; Assistant Secretary of Defense (Health Affairs); and Chief Medical Director, Department of Veterans Affairs.

II. Agenda

On Monday, January 23, 1995, the open portion of the meeting will begin at 1:00 p.m. with the call to order by the Council Chairman. The Administrator will introduce new and reappointed members to the Council and discuss the broad strategic plan for AHCPR and related organizational issues. The Administrator, AHCPR, will conclude the afternoon meeting with a discussion of new AHCPR initiatives. The meeting will adjourn at 5:45 p.m.

On Tuesday, January 24, 1995, the open portion of the Council meeting will resume at 8:30 a.m. with administrative announcements, a discussion of legislative and budget authorities, and a discussion of tools for accomplishing the AHCPR mission. The open meeting will adjourn at 10:30 a.m. The Council will begin the closed portion of the meeting to discuss the AHCPR grant portfolio from 10:30 a.m. to 12:00 p.m. The meeting will then adjourn at 12:00 p.m.

Agenda items are subject to change as priorities dictate.

Dated: January 6, 1995.

Linda K. Demlo,

Acting Administrator.

[FR Doc. 95-708 Filed 1-11-95; 8:45 am]

BILLING CODE 4160-90-P

Centers for Disease Control and Prevention

[Announcement Number 515]

Cooperative Agreement Program for Urban Center(s) for Applied Research in Public Health**Introduction**

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1995 funds for a cooperative agreement program for the establishment of an Urban Center(s) for Applied Research in Public Health. Activities coordinated by the Urban Center(s) are intended to use "population laboratories"* to produce information useful in health policy decisions and planning, thereby enhancing the effectiveness, quality, and cost-effectiveness of preventive and health care delivery systems and improving the health of persons living in the city.

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 to reduce morbidity and mortality and improve the quality of life. As the lead Federal agency for prevention, CDC has emphasized evaluation of prevention programs. As part of that continuing effort, CDC is strengthening efforts to assure that public health priorities and program strategies maximize the health of the population relative to the resources expended. Epidemiologic research is required in urban areas both to recognize emerging problems of illness and injury, to describe trends in risk factors, especially among youth and diverse populations, and to better characterize known public health problems. While research is required to identify persons at highest risk, studies are particularly needed to evaluate the efficacy, effectiveness, and economic feasibility of proposed and ongoing preventive interventions.

* The phrase "population laboratory" as used herein refers to an organization dedicated to epidemiologic, sociologic, and economic study of public health interventions in a well defined urban population. Projects may or may not include support from a laboratory as defined in the traditional clinical setting.

Residents of many urban neighborhoods have high rates of disease and injury, such as sexually transmitted diseases and AIDS, tuberculosis, lead toxicity, diabetes, asthma, violence, and teen pregnancy. Interventions to reduce these problems must address the complex social, behavioral, and economic conditions of the communities as well as the determinants of the specific diseases and injuries themselves. These comprehensive, multidisciplinary interventions need to be implemented and evaluated to determine their effectiveness and cost effectiveness. This cooperative agreement is intended to create an interdisciplinary urban center to work with the community. The center will assess the health impact of interventions targeted to address underlying problems contributing to high rates of disease and injury.

CDC also recognizes the vital importance of measuring the impact on health (including effectiveness, safety, and cost) of prevention policies, programs, and practices. The assessment of prevention effectiveness is the ongoing process of applying evaluation tools to prevention practices.

This announcement is related to all of the priority area(s) of 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 section 301 of the Public Health Service Act (42 U.S.C. 241) as amended.

Smoke-Free Workplace

The Public Health Service strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

Eligible Applicants

Assistance will be provided only to local (city/county) health departments or research organizations collaborating with local health departments of the fifty largest U.S. cities ranked by population per square mile (as determined from the County and City Book 1994—refer to Attachment A). Applications should be made by the local (city or county) department of health or by one or more other organizations (e.g., academic, technical, or community organizations) with a written indication of support from the local health department. Therefore, there should be only one application per