

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.

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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

geographic area (e.g., the responsible local health agency may apply as a single applicant or in consortium). The list of organizational partners should include at least one with demonstrated substantial expertise in epidemiologic research, evaluation, economics, and quantitative policy analysis. In addition, collaboration with health care providers, especially managed care organizations, will be of significant importance. The interests of the community organizations should be incorporated into the development of this cooperative agreement.

Availability of Funds

Federal financial assistance totalling approximately \$600,000 is available in FY 1995 to fund up to three awards in support of core activities. Awardees will be expected to secure additional funding from other sources (public and private sector support). It is expected that the award(s) will be made on or about April 1, 1995, and will extend for a 12-month budget period. Projects may be approved for a period of up to 5 years, renewable on an annual basis. Federal funding estimates may vary and are subject to change. Continuation awards within an approved project period will be made on the basis of satisfactory progress and availability of funds. Funds for specific program project activities may be added to the awards in subsequent years upon availability.

Grant awards cannot supplant existing funding for epidemiologic research in urban areas. Eligible applicants are encouraged to secure additional funds from other sources, including consortia agreements, as necessary, to meet the requirements of the program and strengthen the overall application.

Purpose

The purpose of this cooperative agreement is to assist the recipient in the development of an urban "population laboratory" which utilizes the combined resources of the recipient, other local organizations, the local community, and CDC. The goal is to promote collaborative epidemiologic and prevention effectiveness research on the most serious health threats facing urban residents; and thereby, developing information for public health planning and for improving the health of citizens. A key aim of this center will be to identify opportunities related to the inner city. The Center will be beneficial to CDC by unifying the process of community planning.

The specific objectives of the population laboratory are as follows:

A. To assess the availability and capacity of existing prevention programs offered by State and local health agencies; public and private health care providers; and other community or lay organizations.

B. To foster the development of collaborative relationships among the population laboratory, CDC, and the State and local health departments for the purpose of focusing the expertise of academic institutions and community based organizations on high priority urban health problems.

C. To develop and implement organizational and sociological intervention studies to optimize effectiveness in prevention programs by involving the community in planning, program design, and related public health activities.

D. To develop a multidisciplinary approach to prevention programs and to develop, test, evaluate, and disseminate model programs to enhance health promotion and disease and injury prevention in various settings and populations.

Program Requirements

Applications that do not meet the following requirements will be considered non-responsive. Applicants must:

- Provide evidence of working relationships with partner organizations and community leaders which allow evaluation and implementation of any proposed intervention activities.
- Provide evidence of supplemental technical and financial assistance from other "partner organizations."
- Provide evidence of expertise in research related to urban and minority health issues or a planned process for developing such expertise in a short timeframe.
- Provide evidence/plans for core activities, demonstration projects, collaborations/collaborative projects with State/local health departments and academic institutions.

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities under A, (Recipient Activities), and CDC will be responsible for the activities listed under B, (CDC Activities).

A. Recipient Activities

1. Establish and operate a demonstration population laboratory for epidemiologic, social science, behavioral science, and prevention effectiveness research.

a. Establish the population laboratory in a defined population in a geographically defined urban area.

b. Establish an Executive Board composed of representatives from the community as well as public health, academic, health care community leaders and private partners to provide advice and guidance to the Urban Center Project Director, as needed. The recipient will obtain participation and input from community-based organizations in the proposed geographic area.

2. Propose and conduct multidisciplinary research dedicated to improving the health and well-being of urban populations. Address research topics of typical urban health problems (e.g., HIV transmission and AIDS, tuberculosis, violence, lead poisoning, immunization, diabetes, and cardiovascular disease).

3. Manage, analyze, and interpret data from population laboratory projects, and publish and disseminate important public health information stemming from population laboratory projects.

4. Monitor and evaluate scientific and operational accomplishments of the population laboratory and progress in achieving the purpose and overall goals of this program.

5. Document findings in the scientific literature.

6. Evaluate specific interventions (programs) to address typical urban health problems researched in #2 of Recipient activities.

7. Foster the development of prevention programs that are not categorical but that cut across health issues that affect common populations. Coordinate activities with CDC's Prevention Centers program.

B. CDC Activities

1. Assign a CDC scientist on-site to function as liaison, provide technical assistance, and facilitate collaboration of population laboratory staff with CDC staff. The assignee will provide cross-cutting coordination for all CDC Centers, Institute, and Offices (CIO) programmatic activities which are relevant to the Urban Center(s)' activities, especially activities undertaken by CDC's Prevention Centers program.

2. Provide consultation and scientific and technical assistance in designing and conducting individual population laboratory projects.

3. Participate in analysis and interpretation of data from population laboratory projects. Participate in the dissemination of findings and information stemming from population laboratory projects.

4. Monitor and evaluate scientific and operational accomplishments of the population laboratory and progress in

achieving the purpose and overall goals of this program.

Evaluation Criteria

Upon receipt, applications will be reviewed by CDC staff for completeness and responsiveness as outlined under the previous heading Program Requirements (a listing of where these requirements are described and/or documented in the application will facilitate the review process). Incomplete applications and applications that are not responsive will be returned to the applicant without further consideration.

Applications which are complete and responsive will undergo an initial peer evaluation of the scientific and technical merit to warrant further review; the CDC will withdraw from further consideration applications judged to be noncompetitive and promptly notify the principal investigator/program director and the official signing for the applicant organization. The second review will be conducted by senior Federal staff, who will consider the results of the first review together with program need and relevance. Awards will be made based on merit and priority score ranking by the peer review, program review by senior Federal staff, and the availability of funds.

A. The Objective Review Committee may recommend approval or disapproval based on the content of the application and the following criteria:

1. The Population Laboratory for Applied Research in Public Health Purpose (5 points)

The extent to which the efforts will result in innovative approaches or interventions to meet health priorities, emerging health and other health needs of urban residents, or an identified demographic group, or combination thereof.

2. Overall program plan (10 points)

The extent to which the overall program plan has clear objectives that are specific, measurable, and realistic, and makes effective use of population laboratory resources to advance the population laboratory's purpose.

3. Strategy and Technical Approach (45 points)

The technical and scientific merits of the proposed projects, the potential to achieve the stated objectives and the extent to which the applicant's plans are consistent with the purpose of the program.

a. Core activities (10 points)
—Description of the core activities of the Urban Center.

b. Collaborations/collaborative projects with State/local health departments and academic institutions (35 points)

—Plan for including community-based organizations, State and local health departments, and academia in planning, developing, and implementing collaborative projects (15 points)

—Plan for conducting collaborative assessments to identify urban health issues (5 points)

—Plan to identify, train, and involve community residents in program activities (5 points)

—Project descriptions of collaborative projects (10 points)

4. Evaluation plan (5 points)

The extent to which the overall population laboratory objectives will be evaluated in regards to progress, efficacy, and cost benefit to the urban areas.

5. Management and staffing plan (15 points)

The extent to which the applicant demonstrates the ability and capacity to carry out the overall objectives and specific project plans. Elements to consider include:

(a) Demonstrated knowledge and experience of the proposed project director in planning and managing large and complex interdisciplinary programs involving public health and urban issues (5 points);

(b) Demonstrated knowledge and experience of the proposed staff in carrying out the project objectives, including the percentage of time each person will devote to each project/activity (5 points); and

(c) Institutional capacity, demonstrated by the experience and continuing capability of the State and local health departments, academia, and community-based organizations to initiate and implement similar projects.

Applicant should describe previous related efforts and the current capacity of its collaborators/collaborating organizations (5 points).

6. Institutionalization plan/ Collaboration (20 points)

The population laboratory's plan for collaborating and developing relationships with local/State health departments, academic/research institutions, and community leaders. Extent to which the applicant demonstrates that proposed activities

are being conducted in conjunction with, or through, organizations with known and established ties in the identified urban area. Evidence of support and participation from appropriate community-based organizations in the form of memoranda of understanding or other agreements of collaboration.

7. Budget (not scored)

The extent to which the budget and justification are consistent with the program objectives and purpose. Applicants are strongly urged to include a plan for obtaining additional resources that lead to institutionalization of the population laboratory.

B. Review by senior Federal staff

Further review will be conducted by Senior Federal staff.

Factors to be considered will be:

1. Results of the peer review.
2. Program needs and relevance to national goals.
3. Budgetary considerations.

Executive Order 12372 Review

Applications are subject to the 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 is included in the application kit. If SPOC have any State process recommendations on applications submitted to CDC, they should forward them to Henry S. Cassell, III, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E-13, Atlanta, Georgia 30305, no later than 60 days after the deadline date for new and competing awards. The granting agency does not guarantee to "accommodate or explain" State process recommendations it receives after that date.

Public Health System Reporting Requirements

This program is subject to the Public Health System Reporting Requirements. Under these requirements, all community-based nongovernmental applicants must prepare and submit the

items identified below to the head of the appropriate State and/or local health agency(s) in the program area(s) that may be impacted by the proposed project no later than the receipt date of the Federal application. The appropriate State and/or local health agency is determined by the applicant. The following information must be provided:

- A. A copy of the face page of the application (PHS 398, AA).
- B. A summary of the project that should be titled "Public Health System Impact Statement" (PHSIS), not exceed one page, and include the following:
 1. A description of the population to be served;
 2. A summary of the services to be provided; and
 3. A description of the coordination plans with the appropriate State and/or local health agencies.

If the State and/or local health official should desire a copy of the entire application, it may be obtained from the SPOC or directly from the applicant.

Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance number is 93.135.

Other Requirements

A. Paperwork Reduction Act

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

B. 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.

Application Submission and Deadlines

A. Preapplication Letter of Intent

Although it is not a prerequisite to apply, potential applicants are encouraged to submit a non-binding letter of intent to apply to the Grants Management Officer (whose address is given in this section, Item B). It should

be postmarked on or before February 21, 1995. The letter should identify the announcement number being responded to, title and brief description of the proposed population laboratory, and the names and addresses of the principal investigators. The letter of intent does not influence review or funding decisions, but it will enable CDC to plan the review more efficiently.

B. Applications

Applicants should submit an original and five copies of form PHS-398 (OMB Number 0925-0001) to Henry S. Cassell, III, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE, Room 300, Mailstop E-13, Atlanta, Georgia 30305, on or before March 13, 1995.

C. Deadlines

Applications shall be considered as meeting the deadline above if they are either:

1. Received on or before the deadline date; or
2. Sent on or before the deadline date and received in time for submission to the peer review committee. (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.)

D. Late Applications

Applications which do not meet the criteria in C.1 or C.2. 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

A complete program description, information on application procedures, an application package, and business management technical assistance may be obtained from Georgia Jang, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE, Room 300, Mailstop E-13, Atlanta, Georgia 30305, telephone (404) 842-6814. Programmatic technical assistance may be obtained from Mary Moreman, Project Officer, Epidemiology Program Office, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE, Mailstop C-08, Atlanta, Georgia 30333, telephone (404) 488-4390.

Please refer to Program Announcement Number 515 when requesting information and submitting an application.

Potential applicants may obtain a copy of Healthy People 2000 (Full Report; Stock number 017-001-00474-0) or Healthy People 2000 (Summary Report; Stock number 017 001-00473-1) through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325, telephone (202) 783-3238.

Dated: December 19, 1994.

Joseph R. Carter,

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

Attachment A

50 largest U.S. Cities with 200,000 or more population ranked by population per square mile, 1992 (reference: County and City Data Book 1994)

New York, NY
San Francisco, CA
Jersey City, NJ
Chicago, IL
Philadelphia, PA
Boston, MA
Newark, NJ
Santa Ana, CA
Miami, FL
Washington, D.C.
Baltimore, MD
Long Beach, CA
Buffalo, NY
Los Angeles, CA
Detroit, MI
Oakland, CA
Minneapolis, MN
Pittsburgh, PA
Rochester, NY
Cleveland, OH
Milwaukee, WI
St. Louis, MO
Seattle, WA
Anaheim, CA
St. Paul, MN
Cincinnati, OH
Norfolk, VA
San Jose, CA
Honolulu, HI
Louisville, KY
Stockton, CA
Toledo, OH
Sacramento, CA
St. Petersburg, FL
Fresno, CA
Akron, OH
Portland, OR
Las Vegas, NE
San Diego, CA
Omaha, NE
Columbus, OH
Richmond, VA
Denver, CO
Houston, TX

Riverside, CA
 Baton Rouge, LA
 Albuquerque, NM
 Atlanta, GA
 Dallas, TX
 Arlington, TX

Local Health Departments for the 50 Largest Urban Cities

New York City, Dept of Health, 125 Worth St., New York, NY 10013, (212) 788-5261
 Los Angeles County Department of Health Services, 313 North Figueroa, Room 930, Los Angeles, CA 90012, (213) 240-8156
 Chicago Department of Health, DePaul Center, 333 South State, 2nd Floor, Chicago, IL 60602, (312) 747-9870
 City of Houston Health and Human Services, 8000 North Stadium Dr., Houston, TX 77054, (713) 794-9311
 Philadelphia Department of Health, 1600 Arch St., Seventh Floor, Philadelphia, PA 19103, (215) 686-5043
 San Diego County Department of Health Services, Suite 211, 1700 Pacific Highway, San Diego, CA 92101, (619) 236-7633
 Detroit Health Department, Herman Kiefer Health Complex, 1151 Taylor, Detroit, MI 48202, (313) 876-4000
 Dallas County Health Department, 1936 Amelia Court, Dallas, TX 75235-7795, (214) 920-7910
 Santa Clara County Health Department, 2220 Moorpark Ave., San Jose, CA 95128, (408) 299-2301
 Baltimore City Health Department, Eighth Floor, 303 East Fayette St., Baltimore, MD 21202, (410) 396-4387
 San Francisco Department of Health, 101 Grove St., Suite 306, San Francisco, CA 94102, (415) 554-2600
 Franklin County Health Department, 410 South High St., Courthouse Annex, Fifth Floor, Columbus, OH 43215, (614) 462-3160
 City of Milwaukee Health Department, 841 North Broadway, Room 112, Milwaukee, WI 53202, (414) 278-3521
 District of Columbia Division of Public Health, Suite 1200, 1660 L St., NW, Washington, D.C. 20036, (202) 673-7700
 City of Boston Department of Health and Hospitals, 818 Harrison Ave., Boston, MA 02118, (617) 534-5365
 Seattle/King County Health Department, Suite 600, 110 Prefontaine Place, South, Seattle, WA 98104, (206) 296-4603
 Cuyahoga County Health Department, One Playhouse Square, 1375 Euclid Ave., Cleveland, OH 44115, (216) 443-7500
 Denver Department of Health, 605 Bannock, Denver, CO 80204, (303) 436-7200

Mulnomah County Department of Health, Eighth Floor, 426 Southwest Stark, Portland, OR 97204, (503) 248-3674
 Department of Health and Human Services, City of Long Beach, 2525 Grand Ave., Long Beach, CA 90806, (310) 570-4014
 City of St. Louis, 634 North Grand, Ninth Floor, St. Louis, MO 63103, (314) 658-1140
 Fulton County Health Department, District 3, Unit 2, 99 Butler St., SE, Atlanta, GA 30303, (404) 703-1205
 District Health Department, Box 25846, 1111 Stanford Dr., N.E., Albuquerque, NM 87125, (505) 841-4100
 Alameda County Health Care Services Agency, 409 Fifth St., Oakland, CA 94607, (510) 268-2727
 Allegheny County Health Department, 3333 Forbes Ave., Pittsburgh, PA 15213-9913, (412) 578-8026
 Sacramento County Health Department, 3701 Branch Center Rd., Sacramento, CA 95827, (916) 366-2181
 Hennepin County Community Health Department, Third Floor, 525 Portland Ave., South, Minneapolis, MN 55415, (612) 348-4382
 Hawaii State Department of Health, 1250 Punchbowl St., PO Box 3378, Honolulu, HI 96801, (808) 548-6505
 Cincinnati Health Department, 3101 Burnet Ave., Cincinnati, OH 45229-3098, (513) 357-7285
 Dade County Health Department, 1350 Northwest 14th St., Miami, FL 33125, (305) 324-2400
 Fresno County Department of Health, 1221 Fulton Mall, PO Box 11867, Fresno, CA 93775, (209) 445-3202
 Douglas County Health Department, 1819 Farnam St., Room 401, Omaha, NE 68183-0401, (402) 444-7472
 Toledo Health Department, 635 North Erie St., Health Center, Toledo, OH 43624, (419) 245-1711
 Erie County Health Department, Rath Office Building, 95 Franklin St., Buffalo, NY 14202, (716) 858-7690
 Jersey City Division of Health, 586 Newark Ave., Jersey City, NJ 07306, (201) 547-5168
 Newark Department of Health, and Welfare, 110 Williams St., Newark, NJ 07102, (201) 733-5310
 Orange County Health Department, Box 355, Santa Ana, CA 92702, (714) 834-3155
 Monroe County Health Department, 111 Westfall Rd., Health and Social Services Building, Rochester, NY 14692, (716) 274-6068
 Dakota County Community Health Services, Suite 345 West, 33 East Wentworth, St. Paul, MN 55118, (612) 450-2608

Norfolk Department of Public Health, Norfolk City Health District, 401 Colley Ave., Norfolk, VA 23507
 Louisville/Jefferson County Health Department, PO Box 1704, Louisville, KY 40202, (502) 625-6530
 San Joaquin Local Health District, 1601 East Hazelton Ave., PO Box 20009, Stockton, CA 95201, (209) 468-3411
 Pinellas County Health Unit, 500 Seventh Ave., South, PO Box 13549, St. Petersburg, FL 33701, (813) 824-6924

Akron City Health Department, 177 South Broadway, Akron, OH 44308-1799, (216) 375-2960
 Clark County Health Department, PO Box 4426, Las Vegas, NV 89106, (702) 383-1201
 Henrico County Health Department, Henrico Gov't Center, Human Services, 8600 Dixon Powers Dr., Box 27032, Richmond, VA 23273
 Riverside County Health Department, 4065 County Circle Dr., Riverside, CA 92503, (909) 358-5058
 Capitol Regional Health Department, Region II, 1772 Wooddale Boulevard, Baton Rouge, LA 70806, (504) 925-7200
 Texas Department of Health, Region #5, 2561 Matlock, Arlington, TX 76015, (817) 459-6767.

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BILLING CODE 4163-18-P

Food and Drug Administration

[Docket No. 94F-0415]

Ashland Chemical Co.; Filing of Food Additive Petition

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that Ashland Chemical Co., has filed a petition proposing that the food additive regulations be amended to provide for the safe use of polypropylene glycol with a molecular weight range of 1,200-3,000 grams per mole (g/mol), as a defoaming agent in processing beet sugar and yeast.

FOR FURTHER INFORMATION CONTACT:

Aydin Örstan, Center for Food Safety and Applied Nutrition (HFS-217), Food and Drug Administration, 200 C St. SW, Washington, DC 20204-0002, 202-418-3076.

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 5A4436) has been filed by