

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 February 10, 1995.

**A. Federal Reserve Bank of Atlanta**  
(Zane R. Kelley, Vice President) 104 Marietta Street, N.W., Atlanta, Georgia 30303:

1. *Barnett Banks, Inc., and Barnett Mortgage Company*, both of Jacksonville, Florida; to acquire BancPLUS Financial Corporation, San Antonio, Texas, and thereby engage in (1) acquiring and servicing mortgage loans; (2) acting as principal, agent or broker for insurance that is directly related to an extension of credit and limited to ensuring repayment of the outstanding balance due on the extension of credit; and (3) supervising on behalf of insurance underwriters the activities of retail insurance agents who sell fidelity insurance and property and casualty insurance on the real and personal property used in the operations of the bank holding company or its subsidiaries, and group insurance that protects the employees of the bank holding company or its subsidiaries, pursuant to §§ 225.25(b)(1)(iii); 225.25(b)(8)(i); and 225.25(b)(8)(v) of the Board's Regulation Y.

Board of Governors of the Federal Reserve System, January 24, 1995.

**William W. Wiles,**

*Secretary of the Board.*

[FR Doc. 95-2170 Filed 1-27-95; 8:45 am]

**BILLING CODE 6210-01-F**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[Announcement Number 514]

RIN 0905-ZA85

### Sexually Transmitted Diseases/Human Immunodeficiency Virus Prevention Training Centers

#### Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1995 funds for cooperative agreements to continue the Sexually Transmitted Diseases/Human Immunodeficiency Virus (STD/HIV) Prevention Training Centers (PTCs) program. The objective of these awards is to support innovative professional training programs in integrated STD and HIV client management within a national network of STD/HIV PTCs to achieve a comprehensive prevention strategy, including clinical, health behavioral, and partner counseling interventions.

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. This announcement is related to the priority areas of STDs and HIV infection. (For ordering a copy of "Healthy People 2000," see the section "Where to Obtain Additional Information.")

#### Authority

This program is authorized under the Public Health Service Act section 318 (42 U.S.C. 247c), section 301 (42 U.S.C. 241), section 311 (42 U.S.C. 243), and section 317 (42 U.S.C. 247b), as amended. Regulations governing Grants for STD Research Demonstrations and Public and Professional Education are codified in Part 51b, Subparts A and F of Title 42, Code of Federal Regulations.

#### Smoke-Free Workplace

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

#### Eligible Applicants

Eligible applicants are the official public health agencies of State and local governments or their bona fide agents. This includes the District of Columbia, American Samoa, the Commonwealth of Puerto Rico, the Virgin Islands, the Federated States of Micronesia, Guam, the Northern Mariana Islands, the Republic of the Marshall Islands, the Republic of Palau, and federally recognized Indian tribal governments. Applicants from local public health agencies must document the concurrence of the State or territorial health agency.

#### Availability of Funds

Approximately \$5.6 million is available in FY 1995 to fund approximately ten awards for a 12-month budget period within a 5-year project period. All applicants must compete for Part I (Clinical Services Training). Part II (Health Behavior Training) and Part III (Partner Counseling Training) are elective. Up to \$4 million will be available to fund 10 awards in Part I. It is expected that the average award for Part I will be \$375,000, ranging from \$300,000 to \$450,000. For Part II, up to \$1 million will be available to fund up to 4 awards with an anticipated average award of \$250,000. For Part III, up to \$600,000 will be available to fund up to 4 awards with an anticipated average award of \$150,000. Funding estimates may vary and are subject to change.

Part I establishes the funding for this cooperative agreement; Parts II and III build upon Part I. Only applicants funded under Part I can receive awards under Part II or Part III. Separate funding will be established for awards made under Part I, Part II and Part III for each recipient. Awards are expected to be made on or about April 1, 1995.

Continuation awards within the project period will depend on satisfactory progress and the availability of funds. Progress will be determined by site visits by CDC representatives, progress reports, and the quality of future program plans.

#### Use of Funds

Cooperative agreement funds may be used to support personnel, equipment, and supplies necessary for professional training, including distance learning activities. Funds may not be used to lease space; maintain central registries; provide diagnostic and treatment facilities and services; develop literature for the general public; provide disease intervention services or HIV counseling and testing; or to pay other expenses

normally supported by the applicant. Unless specifically approved, funds may not be used for substantial renovation of facilities. Federal funds may not be used to replace training support.

In-kind contributions, such as space and reduced service fees, may be considered in the total program costs.

Program income in the form of participant registration fees may be collected to offset the costs of conducting training as specified in this announcement. Program income may support the costs of designing and delivering additional courses directly related to the objectives of PTCs and as determined by the assessment of training needs. Registration fees should be reasonable, i.e., they should not prohibit the participation of the training audience.

Any materials developed in whole or in part with PHS funds shall be subject to a nonexclusive, irrevocable, royalty-free license to the government to reproduce, translate, publish, or otherwise use and authorize others to use for government purposes.

#### **Purpose**

The purpose of this training cooperative agreement is to: (1) Explore and provide innovative educational methods for health professionals in public, private, and community sectors, (2) augment the capacity to reach minority populations in need of services and improve health benefits for women, infants, and adolescents, (3) facilitate integrated prevention efforts by building upon the interrelationships between HIV and other STDs at biologic, behavioral, and epidemiologic levels, (4) support a comprehensive disease prevention strategy through clinic-based and community-based activities, (5) anticipate the emerging health care reform demands to maintain a knowledgeable, skilled, sensitive, responsive, and productive national work force, and (6) prepare, through experiential activities, persons who are studying to be health practitioners.

Training will be accomplished by: (1) Establishing regional training centers coordinated with CDC to participate in a national network of quality training instruction in the procedures and guidelines for integrated STD and HIV client management such as: (a) the principles and techniques of diagnosis and treatment, (b) behavioral intervention strategies to prevent or reduce behaviors that place persons at risk, and (c) partner counseling including referral and notification; (2) offering clinic-based and community-based training experiences with clients in a public health setting; (3) developing

capacity in communities by enlisting graduate school faculty and experts from the community to work in interdisciplinary partnerships with health departments in the planning, production, delivery, and evaluation of training; (4) using advances in communications technology in innovative distance learning methodologies; and (5) designing analytic methods for educationally relevant and cost-effective training.

#### **Program Requirements**

The recipient will be responsible for conducting activities under A., and the CDC will be responsible for conducting activities under B., below:

##### *A. Recipient Activities*

1. Administration: (a) Select a person with management and educational experience and credentials and give that person primary responsibility and authority to manage and coordinate all training activities; (b) organize a PTC steering committee to facilitate clinic-based, community-based, and regional training; and (c) ensure that PTC staff are qualified and work collaboratively without duplication of administrative expense.

2. STD/HIV program-related issues: Maintain liaison with regional, State, local, and community-based STD and HIV prevention programs and initiatives (e.g., Prevention of Infertility, HIV Prevention Community Planning) and other health professional training programs in the PHS region to determine training needs, to assess educational resources, and to design, deliver, and evaluate training.

3. Professional Training: (a) Contract with the experts in the community and graduate schools for faculty, subject experts, behavioral scientists with field experience, and education and evaluation consultants for assistance in designing or writing training needs assessments, educational objectives, curriculum content, instructional design, state-of-the-art delivery methods, and course evaluation. Graduate schools include a local school of medicine and other schools (in the PHS region) offering academic disciplines such as nursing, social work, psychology, sociology, anthropology, education, and public health. (b) Establish innovative arrangements with universities such as graduate assistantships for student academic involvement in PTC activities.

4. Model Clinic and Community-based Services: Provide a setting with (a) a public health STD clinic which follows CDC guidelines for integrated STD and HIV client medical

management, clinic operation, client-centered counseling, and partner counseling, including elicitation, referral, and notification; (b) community-based interventions based on behavior change theory, and (c) clinic-based and community-based training with clients.

5. Distance Learning: Explore, develop, and deliver distance learning products and accompanying documentation. The products should be regional or national in scope and usable by other PTCs and training agencies. Distance learning includes off-site conferences, satellite broadcasts, remote video instruction, self-study modules, computer-based training, interactive computer disks, train-the-trainer, and Internet transmission.

6. Accreditation: (a) Acquire and award continuing medical education (CME) credit and continuing education units (CEU) that meet the needs of most course participants, (b) maintain a regional course registration database, including required CME and CEU documentation, and (c) coordinate participant data collection with CDC.

7. Evaluation: (a) Determine and measure successful process indicators, immediate training benefits (impact), and long-range benefits in STD/HIV prevention (especially for women, infants, adolescents, and minority populations); and (b) Analyze training costs including the cost-effectiveness of distance learning.

8. National Prevention Training Network Participation: Individually and through meetings, participate with all STD/HIV Prevention Training Centers and CDC in sharing materials and evaluating training.

9. Collaboration: In collaboration with CDC: (a) meet with technical experts on subject matter and educational theory in the development of courses (including needs assessment, curriculum design, and evaluation), and (b) Public Health Training Network (PHTN) and distance learning coordinators (DLC) in the marketing of distance learning courses using CDC Wonder.

10. Technical assistance: Collaborate with CDC in course preparation and delivery by PTC professionals to train staff in health departments or nongovernmental organizations in support of national STD/HIV prevention activities.

##### *B. CDC Activities*

1. Technical Assistance: (a) Provide STD/HIV subject matter, educational, and technical experts to assist and advise in the development of the curriculum; advise on course objectives, instructional design, and delivery; and

ensure that evaluation is consistent with desired training outcomes, and (b) be available to the recipient upon request to co-teach selected courses on clinical, behavioral, and partner counseling.

#### 2. Distance Learning Assistance:

Assist in: (a) providing information on the PHTN, DLCs, and resources; (b) scheduling regional and national training through CDC Wonder; and (c) establishing an electronic communication network among the PTCs, the Division of STD/HIV Prevention grantees, CDC, and graduate school partners.

3. Program Reviews: Conduct site visits: (a) for new recipients, to review clinical and community-based capabilities; (b) to advise on instructional design; (c) to provide technical assistance in defining and resolving problems; and (d) to monitor program implementation, project management, and analysis.

4. Ensure Training Network Integrity: Provide guidelines, curriculum, training aids, and software developed by CDC, the PTCs, or other agencies that provide direction for professional intervention approaches that preserve client dignity and confidentiality.

5. National Prevention Training Network: Through yearly (or more frequent) PTC conferences and training meetings, augment the network capacity of PTC network partners by sharing new curricula and distance learning strategies.

6. Communication: Through publications, correspondence, narrative reports, and electronic communication, keep CDC and PTC staff informed of national issues that affect training and program management.

7. Evaluation: Coordinate and support a national course registration database, provide adequate staff database training, and analyze and publish cumulative data on the training effectiveness of the national network of PTCs.

### Evaluation Criteria

*Applications requesting funds to support administrative functions only will be considered nonresponsive.* Only information in the application will be considered. Applications will be evaluated separately for each part according to the following criteria (maximum 100 points).

#### 1. Quality of Plan

a. *Administration:* The quality of the plan for committing to regional or national training, providing leadership and direction, describing duties of personnel, continuing or expeditiously beginning training according to a schedule, committing a person to act as

medical school liaison for prescribed duties, obtaining high quality behavioral science expertise, recruiting faculty who are skilled and experienced in interactive instruction, and making cost-efficient and quality arrangements for faculty from graduate schools. (10 points)

b. *Training Needs Assessment:* The quality of the description of contacts with STD and HIV prevention programs and initiatives in the training area, the training partners, and the specific health professional audiences identified for training. (10 points)

c. *Objectives:* The extent to which training objectives are specific, measurable, time-phased, and realistic. (10 points)

d. *Clinical and Community-based Capability:* The ability to support training opportunities with clients reflecting regional disease trends yet providing diverse clinical experiences (e.g., census, disease, sex, age, and race or ethnicity) as evidenced by descriptions of the local STD/HIV morbidity, laboratory tests, clinic hours, patient flow, staffing, significant records, profiles of clients, and prevention programs. (10 points)

e. *Training Capability:* The quality of the applicant's ability to perform training as evidenced by descriptions of training locations, equipment, storage and security, computer capabilities, distance learning capabilities, the plan to involve graduate students, the plan for updating staff, the plan for printing training materials, and the design of library. (10 points)

f. *Training Courses:* The quality of the plan to deliver training as evidenced by a schedule of proposed training courses (including 200 hours of clinical, Part I; 100 hours of behavioral intervention, Part II; 500 hours of partner counseling, Part III), assurance of training experience with clients, distance learning plans, outlines and objectives for courses, assurance of distribution of training products, and an intent to collaborate with CDC. (10 points)

#### 2. Innovation

The degree to which the applicant proposes innovative, feasible approaches such as: (a) using existing resources to avoid duplication and minimize costs, (b) determining the needs of potential participants that complement HIV/STD prevention programs, (c) designing distance-learning strategies appropriate to needs and audiences, (d) maximizing the impact of training experiences, (e) using a variety of effective training techniques, (f) making arrangements for graduate students to be academically

involved in PTC activities, and (g) working with new partners. (20 points)

#### 3. Strength of Training Evaluation

The quality of the applicant's plans to (a) acquire and commit the expertise to perform quality evaluation (e.g., contracts with a local graduate school), (b) maintain records electronically, (c) coordinate data collection and system maintenance consistent with a national PTC course registration database, (d) determine whether course offerings match needs assessment, (e) assess student gains in knowledge and skills, (f) assess the application of skills and abilities after participants return to their workplaces, (g) determine training benefits for STD/HIV prevention, and (h) develop training cost-benefit models. (20 points)

#### 4. Budget

Consideration also will be given to the reasonableness of the budget request, the amount of program income toward total project costs, amount and nature of in-kind contributions, the proposed use of project funds, and the need for financial support. The level of support will depend on the availability of funds. (not scored)

### Funding Priorities

Consideration will be given in Part I to applicants who have established training and clinical capabilities and to funding one PTC in each of the 10 Public Health Service (PHS) Regions; in Part II to applicants with demonstrated experience in community-based interventions and experience in working with behavioral scientists; and in Part III to applicants with experience in current partner counseling techniques and with a wide geographic distribution of the applicants.

Interested person are invited to comment on the proposed funding priority. All comments received on or before February 24, 1995, will be considered before the funding priority is established. If the funding priority should change as a result of any comments received, a revised Announcement will be published in the **Federal Register** prior to the final selection of awards.

Written comments should be addressed to: Elizabeth M. Taylor, 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-16, Atlanta, Georgia 30305.

**Executive Order 12372 Review**

Applications are subject to Intergovernmental Review of Federal Programs as governed by Executive Order (E.O.) 12372. E.O. 12372 sets up a system for State and local government review of proposed Federal assistance applications. Applicants (other than federally recognized Indian tribal governments) 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 for each affected State. A current list of SPOCs is included in the application kit. If SPOCs have any State process recommendations on applications submitted to CDC, they should send them to Elizabeth M. Taylor, 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-16, Atlanta, GA 30305, not later than 60 days after due date for receipt of applications. The Program Announcement Number and Program Title should be referenced on the document. CDC does not guarantee to "accommodate or explain" State process recommendations it receives after that date. Indian tribes are strongly encouraged to request tribal government review of the proposed application. If tribal governments have any tribal process recommendations on applications submitted to CDC, they should forward them to Elizabeth M. Taylor, 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-16, Atlanta, GA 30305. This should be done no later than 60 days after the application deadline date. The granting agency does not guarantee to "accommodate or explain" for tribal process recommendations it receives after that date.

**Public Health System Reporting Requirements**

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

**Catalog of Federal Domestic Assistance Number**

The Catalog of Federal Domestic Assistance Number is 93.978, Sexually Transmitted Disease Research, Demonstrations, and Public Information and

Education Grants, and 93.941, HIV Demonstration, Research, Public and Professional Education Projects.

**Other Requirements***Paperwork Reduction Act*

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

*Confidentiality*

Applicants must have in place systems to ensure the confidentiality of patient records.

*HIV/AIDS Requirements*

Recipients must comply with the document entitled, Content of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions (June 1992)(a copy is in the application kit). To meet the requirements for a program review panel, recipients are encouraged to use an existing program review panel, such as the one created by the State health department's HIV/AIDS Prevention Program. If the recipient forms its own program review panel, at least one member must also be an employee (or a designated representative) of a State or local health department. The names of the review panel members must be listed on the Assurance of Compliance form CDC 0.1113, which is also included in the application kit. The recipient must submit the program review panel's report that indicates all materials have been reviewed and approved.

Before funds can be used to develop HIV/AIDS-related materials, determine whether suitable materials are already available at the CDC National AIDS Clearinghouse.

**Application Submission and Deadline**

The application for Part I (excluding legally required assurance pages and forms, and budget justification) including the programmatic narrative content, illustrations, and examples should not exceed 40 (8½" × 11") pages, single spaced, single sided and with 1-inch margins, 12 cpi font, and numbered on each page. Applications for Parts II and III should not exceed 20 pages each. The programmatic narrative content should also be submitted in electronic format on a 3.5" double sided, high-density diskette, in WordPerfect 5.1 or ASCII. On or before February 24, 1995, submit the original and two copies of the application (Form PHS 5161-1—OMB Number 0937-0189)

and one electronic copy on disk to Elizabeth M. Taylor, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Center for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E-16, Atlanta, GA 30305.

1. *Deadline:* Applications shall be considered as meeting the deadline if they are:

A. Received on or before the deadline or

B. Sent on or before the deadline date and received in time for submission to the independent review committee. (Applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks will not be acceptable proof of timely mailing.)

2. *Late Applications:* Applications that do not meet the criteria in 1.A. or 1.B. are considered late applications and 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 Manuel Lambrinos, 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, Atlanta, GA 30305, telephone (404) 842-6777, FAX (404) 842-6513. Programmatic technical assistance may be obtained from Robert B. Emerson, Clinical Services Training Coordinator, Training and Education Branch, Division of STD/HIV Prevention, National Center for Prevention Services (NCPS), Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE., MS E-02, Atlanta, GA 30333, telephone (404) 639-8357, FAX (404) 639-8609, (Bitnet or Internet RBE1@CPSSTD1.EM.CDC.GOV).

Please refer to Announcement 514 "STD/HIV Prevention Training Centers" when requesting information or submitting an application.

Potential applicants may obtain a copy of "Healthy People 2000" (Full Report: Stock No. 017-001-00474-0) or "Healthy People 2000" (Summary Report: Stock No. 017-001-00473-1) referenced in the "Introduction" through the Superintendent of Documents, Government Printing

Office, Washington, DC 20402-9325, telephone (202) 783-3238.

Dated: January 24, 1995.

**Joseph R. Carter,**

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

[FR Doc. 95-2171 Filed 1-27-95; 8:45 am]

**BILLING CODE 4163-18-P**

## National Institutes of Health

### National Institute on Deafness and Other Communication Disorders; Meeting

Notice is hereby given that the National Institute on Deafness and Other Communication Disorders will hold a workshop to discuss emerging auditory system research knowledge which could be used to advance the field of tinnitus research. The meeting will be held March 22, 1995, from 8:30 am to 3 pm in Conference Room 7, Building 31, at the National Institutes of Health, 9000 Rockville Pike, Bethesda, MD.

The meeting is open to the public. Attendance will be limited by seating availability. For an agenda, list of participants, or a meeting summary, please contact Dr. Kenneth A. Gruber, Program Administrator, NIDCD/DHC, Executive Plaza South, Room 400C, Bethesda, MD 20892, 301-402-3458.

Individuals who plan to attend the meeting and need special assistance such as sign language interpretation or other special accommodations should contact Dr. Gruber in advance of the meeting.

Dated: January 24, 1995.

**Susan K. Feldman,**

*Committee Management Officer, NIH.*

[FR Doc. 95-2142 Filed 2-27-95; 8:45 am]

**BILLING CODE 4140-01-M**

### National Institute on Deafness and Other Communication Disorders; 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:

*Name of Committee:* Communication Disorders Review Committee.

*Date:* February 21-22, 1995.

*Time:* February 21—8:30 am to 5:00 pm, February 22—8:30 am to adjournment.

*Place:* Holiday Inn—Crowne Plaza, 1750 Rockville Pike, Rockville, Maryland.

*Contact Person:* Craig A. Jordan, Ph.D., Scientific Review Administrator, NIDCD/DEA/SRB, Executive Plaza South, Room

400C, Bethesda, Maryland 20892, 301-496-8683.

*Purpose/Agenda:* To review and evaluate grant applications.

The meeting will be closed in accordance with the provisions set forth in secs. 552b(c)(4) and 552b(c)(6), Title 5, U.S.C. Applications and/or proposals and the discussions could reveal confidential trade secrets or commercial property such as patentable material and personal information concerning individuals associated with the applications and/or proposals, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy. (Catalog of Federal Domestic Assistance Program No. 93.173 Biological Research Related to Deafness and Communication Disorders).

Dated: January 23, 1995.

**Susan K. Feldman,**

*Committee Management Officer, NIH.*

[FR Doc. 95-2143 Filed 1-27-95; 8:45 am]

**BILLING CODE 4140-01-M**

### National Institute of Diabetes and Digestive and Kidney Diseases; Meeting, National Task Force on Prevention and Treatment of Obesity Ad Hoc Work Group

Notice is hereby given that the National Task Force on Prevention and Treatment of Obesity Ad Hoc Work Group of the National Diabetes and Digestive and Kidney Diseases Advisory Council will hold a meeting on February 3, 1995, 8:30 a.m. to 5 p.m., at the Hyatt Regency Bethesda, 1 Bethesda Metro Center, Bethesda, Maryland 20814.

The meeting, which will be open to the public, will include discussion on topics related to prevention and treatment of obesity and updates on the Shape-up America Program, the President's Council on Physical Fitness and Sports, the Weight-Control Information Network and other related activities. Public participation will be limited to space available.

For any further information, and for individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, please contact Joanne Gallivan, Project Director, 7910 Woodmont Avenue, Suite 305, Bethesda, Maryland 20814, (301) 951-1120. In addition, upon request, Ms. Gallivan's office will provide an agenda, a roster of the members, and summaries of the meeting.

Dated: January 24, 1995.

**Susan K. Feldman,**

*Committee Management Officer, NIH.*

[FR Doc. 95-2141 Filed 1-27-95; 8:45 am]

**BILLING CODE 4140-01-M**

### National Institute of Nursing Research; 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:

*Name of Committee:* Nursing Science Review Committee.

*Date:* February 16-17, 1995.

*Time:* 8:00 a.m. until adjournment.

*Place:* National Institutes of Health, Building 45, Conference Room B, 9000 Rockville Pike, Bethesda, Maryland 20892.

*Contact Person:* Dr. Mary Stephens-Frazier, 9000 Rockville Pike, Building 45, Room 3AN.12, Bethesda, Maryland 20892, (301) 594-5971.

*Purpose:* To review and evaluate grant applications.

The meeting will be closed in accordance with the provisions set forth in sec. 552b(c)(4) and 552b(c)(6), Title 5, U.S.C. Applications and/or proposals and the discussions could reveal confidential trade secrets or commercial property such as patentable material and personal information concerning individuals associated with the applications and/or proposals, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy. (Catalog of Federal Domestic Assistance Program No. 93.361, Nursing Research, National Institutes of Health.)

Dated: January 23, 1995.

**Susan K. Feldman,**

*Committee Management Officer, NIH.*

[FR Doc. 95-2144 Filed 1-27-95; 8:45 am]

**BILLING CODE 4140-01-M**

### Recombinant DNA Advisory Committee; Meeting

Pursuant to Public Law 92-463, notice is hereby given of a meeting of the Recombinant DNA Advisory Committee on March 6-7, 1995. The meeting will be held at the National Institutes of Health, Building 31C, 6th Floor, Conference Room 6, 9000 Rockville Pike, Bethesda, Maryland 20892, starting on March 6, 1995, at approximately 9 a.m., and will recess at approximately 6 p.m. The meeting will reconvene on March 7, 1995, at approximately 8:30 a.m. and will adjourn at approximately 5 p.m. The meeting will be open to the public to discuss Proposed Actions under the NIH Guidelines for Research Involving Recombinant DNA Molecules (59 FR 34496) and other matters to be considered by the Committee. The Proposed Actions to be discussed will follow this notice of meeting. Attendance by the public will be limited to space available. Members of the public wishing to speak at this meeting