Guam

Mr. Michael J. Reidy, Director, Bureau of Budget and Management Research, Office of the Governor, P.O. Box 2950, Agana, Guam 96910, Telephone (671) 472–2285

Northern Mariana Islands

State Single Point of Contact, Planning and Budget Office, Office of the Governor, Saipan, CM, Northern Mariana Islands 96950

Puerto Rico

Norma Burgos/Jose H. Caro, Chairman/ Director, Puerto Rico Planning Board, Minillas Government Center, P.O. Box 41119, San Juan, Puerto Rico 00940–9985, Telephone (809) 727–4444

Virgin Islands

Jose L. George, Director, Office of Management and Budget, #41 Norregade Emancipation Garden Station, Second Floor, Saint Thomas, Virgin Islands 00802

Please direct correspondence to:

Linda Clarke, Telephone (809) 774–0750

Attachment F

Certification Regarding Environmental Tobacco Smoke

Public Law 103–227, Part C—Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

By signing and submitting this application the applicant/grantee certifies that it will comply with the requirements of the Act. The applicant/grantee further agrees that it will require the language of this certification be included in any subawards which contain provisions for children's services and that all subgrantees shall certify accordingly.

[FR Doc. 95–5409 Filed 3–3–95; 8:45 am]

BILLING CODE 4184–01–P

Commission on Child and Family Welfare; Hearing

AGENCY: Administration for Children and Families, DHHS.

ACTION: Notice of public hearings.

SUMMARY: The Commission on Child and Family Welfare will hold Public Hearings at the following locations:

On March 28–29, 1995—Alexandria, Virginia, Embassy Suites Hotel, 1900 Diagonal Road

On April 19–20, 1995—Cleveland, Ohio, Forum Conference Center, 1 Cleveland Center, 1375 E. 9th Street

On May 9–10, 1995—San Francisco, California, Holiday Inn Golden Gateway, 1500 Van Ness Avenue

Mission

Creating environments in which decisions can best be made about the well-being of children that ensure that children get emotional and financial support from both parents.

Subject of Hearings: Custody and Visitation

A. Laws, Policies and Procedures
- determination of how custody and visitation decisions are made and enforced;
- examination of alternative dispute resolution models, standards and guidelines;
- examination of (interstate) mobility factors of parents and children;
- examination of the effectiveness of putative fathers' registries in custody and visitation.

B. Community-Based Alternatives and Support Systems
- examination of community support systems and resources available to parents and families with custody and visitation issues.

C. Child Well-Being Issues: Strengthening the Family
- examination of special populations including: remarried, adoption, domestic violence, immigration, racial and ethnic factors that affect custody and visitation;
- examination of research concerning child adjustment associated with various custody and visitation approaches;
- examination of the dynamics of the absent father syndrome; and
- examination of public policies and procedures working against the viability and support of two-parent families.

Guidelines for Public Participation

Persons wishing to provide oral testimony on the subject areas specified above should make a request in writing prior to the hearings by the following dates:

For Alexandria, Virginia—March 17
For Cleveland, Ohio—April 5
For San Francisco, California—April 25

Send your request to: U.S. Commission on Child and Family Welfare, 370 L'Enfant Promenade, SW., Aerospace Building, Room 616, Washington, DC 20447, Phone: (202) 401–5565. Witnesses will be notified of the time of their appearance. Oral testimony may be limited due to time constraints. To ensure thorough consideration of all viewpoints, witnesses and other interested individuals should submit written testimony for inclusion in the printed record of the hearing. Written testimony will be accepted before, but not later than 7 days following, each public hearing. If a sign language interpreter is needed, contact Kevin Costigan at (202) 401–5565 no later than 14 days prior to each meeting.

FOR FURTHER INFORMATION CONTACT: Kevin Costigan, Commission on Child and Family Welfare, 370 L'Enfant Promenade SW., Aerospace Bldg., 6th Floor West, Room 616, Washington, DC 20447, (202) 401–5565.

SUPPLEMENTARY INFORMATION: None.

Dated: February 27, 1995.

Ann Rosewater,

Deputy Assistant Secretary for Policy and External Affairs.

[FR Doc. 95–5333 Filed 3–3–95; 8:45 am]

BILLING CODE 4184–01–M

Food and Drug Administration

Memorandum of Understanding Between the Food and Drug Administration and the Environmental Protection Agency

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is providing notice of a memorandum of understanding (MOU) between FDA and the Environmental Protection Agency (EPA). This action is necessary to establish the working arrangements and responsibilities of the two agencies. The purpose of the MOU is to establish an FDA liaison to the EPA Gulf of Mexico Program Office.

DATES: The agreement became effective September 29, 1994.

FOR FURTHER INFORMATION CONTACT: Juanita Pointer, Center for Food Safety and Applied Nutrition (HFS–669), Food and Drug Administration, 200 C St. SW., Washington, DC 20204, 202–205–4098.

SUPPLEMENTARY INFORMATION: In accordance with 21 CFR 20.108(c), which states that all written agreements and memoranda of understanding between FDA and others shall be published in the **Federal Register**, the agency is publishing notice of this memorandum of understanding.

Dated: February 3, 1995,

Ronald G. Chesemore,

Associate Commissioner for Regulatory Affairs.

Memorandum of Understanding Between U.S. Department of Health and Human Services, Public Health Service, Food and Drug Administration and Environmental Protection Agency, Gulf of Mexico Program

Purpose:

This Memorandum of Understanding (MOU) is to establish the working arrangements and responsibilities of the Food and Drug Administration (FDA) and the Environmental Protection Agency (EPA) for the purpose of FDA providing a liaison to the EPA Gulf of Mexico Program Office.

Background:

The Gulf of Mexico Program (GMP) was established under the leadership of EPA to develop a comprehensive, intergovernmental strategy to protect and enhance the environmental quality of the Gulf of Mexico. The GMP identified priority issues of environmental degradation and concern, established a Gulf-wide committee framework and infrastructure to ensure communication and information exchange and began implementing a 5-year strategy. The strategy includes:

1. Preparation of environmental characterization reports,

2. Preparation of environmental assessments,

3. Development of an interactive data management system,

4. Preparation of predictive assessments,

5. Development of environmental measurement plans and

6. Development of an environmental monitoring system.

FDA's Office of Seafood was established to strengthen the agency's domestic and imported seafood programs. The Office of Seafood coordinates all of FDA's seafood activities, including those which assure that seafood does not contain harmful amounts of natural or man-made substances, such as toxins, pathogenic microorganisms, industrial chemicals or toxic metals. FDA uses several strategies to accomplish its public health mission. One strategy is to assist EPA in its Gulf of Mexico Program.

A. The Food and Drug Administration agrees to:

1. Assign one individual to serve as the principal liaison between FDA and the Gulf of Mexico Program (GMP) with responsibility for managing, coordinating, implementing and evaluating FDA activities in support of the GMP. The FDA liaison:

a. Provides program and technical assistance and coordination of FDA activities with the GMP Technical Steering Committee, Policy Review Committee, technical steering subcommittees and the State, local and Federal agencies participating in the GMP.

b. Serves as Federal Co-Chair of the Public Health Subcommittee with primary responsibility for developing a Public Health Action Plan for the Gulf of Mexico Program and incorporating the recommendations of the National Academy of Sciences Report on Seafood Safety. The plan should address four major elements, three of which are problems for which FDA has the lead:

(1) Illnesses associated with consumption of raw shellfish as a result of naturally occurring pathogens and/or pathogens of fecal origin.

(2) Risks associated with consumption of Gulf of Mexico seafood contaminated with toxic substances or pesticides.

(3) Effects of naturally occurring marine biotoxins on the public health through direct exposure via aerosols and/or exposure via contaminated Gulf seafood.

(4) Illness associated with recreational or occupational use of ambient waters contaminated with sewage.

c. Coordinates, with other GMP participants, the five major aspects of the GMP study: Resource characterization and assessment; problem identification and study design; communication and education; integration with ongoing programs of the Gulf; and development of management, implementation and monitoring strategies.

d. Evaluates technical documents developed by the Technical Steering Subcommittees and other agencies as they relate to public health and GMP issues and for consistency with FDA policies, programs and regulations.

e. Works closely with States to promote cooperation and harmonization of their public health programs as they relate to Gulf of Mexico issues.

f. Serves as the FDA point of contact with the National Shellfish Pollution Indicator Study. Is responsible for keeping the GMP informed of developments and providing program needs to the Indicator Study directors.

g. Develops appropriate projects to evaluate programs and methods of reducing public health risks associated with the use of the waters and resources of the Gulf of Mexico.

h. Serves as project officer on extramural projects to conduct scientific studies of interest to FDA which relate to the Gulf of Mexico Program.

2. Provide the following administrative support to the assigned individual:

a. *Salary*—The FDA employee will remain on the FDA payroll for the entire period of the assignment.
b. *Relocation Expenses*—The cost of relocating the FDA employee to the John C. Stennis Space Center, Mississippi, as provided by policies and procedures relating to reporting to a duty station.
c. *Travel Expenses*—The FDA employee will be provided transportation and per diem expenses while in temporary duty status for the entire period of the assignment.
d. *Equipment*—FDA will provide a personal computer for use by the employee during the entire period of the agreement.

3. Provide annual review of the individual's performance for the entire period of the assignment.

4. *Administrative Support*—Annually provide partial financial support to EPA/GMP to defray part of the overall costs to them for providing services as stated under this IAG. Amount to be worked out between the two agencies.

B. The Environmental Protection Agency-Gulf of Mexico Program agrees to:

1. Provide technical supervision and assign day-to-day tasks to the FDA representative to the GMP. The technical and day-to-day assignments will be provided by the Director of the Gulf of Mexico Program; and he shall serve as the EPA's point of contact and the liaison officer for this interagency agreement.

2. Provide the following administrative support to the assigned individual:
a. *Space*—Space will be provided at the GMP Headquarters at the John C. Stennis Space Center; and the space will contain appropriate furniture and conveniences.
b. *Telecommunication*—Telephone service including FTS, Long Distance, and Fax will be provided.
c. *Secretarial Support*—Secretarial support will be provided to include: Typing, xeroxing, dictating, filing, printing, duplicating, and office supplies.

3. The Director, GMP, will provide FDA with written comments on the individual's performance for the specified rating period. The information will be used on the General Workforce Performance Appraisal of the FDA liaison.

Period of Agreement:

It is anticipated that this MOU will be for approximately 5 years from the date of signature. Modification of the MOU shall be by mutual consent of the parties. However, if either party desires to terminate this MOU, a written notice to the other party shall be forwarded and received 30 days in advance of the desired termination date.

Approved and Accepted for the Environmental Protection Agency Gulf of Mexico Program

By: Douglas A. Lipka
Title: Acting Director
Date: September 29, 1994

Approved and Accepted for the Food and Drug Administration

By: Fred R. Shank
Title: Director, Center for Food Safety and Applied Nutrition

Dated: September 22, 1994.

[FR Doc. 95–5309 Filed 3–3–95; 8:45 am]
BILLING CODE 4160–01–F

Health Resources and Services Administration

Availability of Funds for the National Health Service Corps Loan Repayment Program and Grants for State Loan Repayment Programs

AGENCY: Health Resources and Services Administration, PHS.

ACTION: Notice.

SUMMARY: The Health Resources and Services Administration (HRSA) announces that approximately $42.4 million will be available in fiscal year (FY) 1995 for: (1) Awards for educational loan repayment under the National Health Service Corps (NHSC) Loan Repayment Program (LRP) (Section 338B of the Public Health Service (PHS) Act) and (2) grants to States to operate loan repayment programs (Section 338I of the PHS Act).

The HRSA, through this notice, invites health professionals to apply for participation in the NHSC LRP and invites States to apply for grants to operate State Loan Repayment Programs (LRPs). The HRSA estimates that approximately 550 NHSC Loan Repayment awards totaling $35.4 million will be made to health professionals providing primary health services. Approximately $7 million in discretionary grants will be available to States to operate LRPs. Approximately $3 million will be available to support 10 competing continuation grants and 3 to 5 new starts. The range for these grants is approximately $20,000 to $1 million. Approximately $4 million is available for 19 noncompeting continuation grants. Awards will be made for a 1-year budget period and for up to a 5-year project period.

The PHS is committed to achieving the health promotion and disease prevention objectives of *Healthy People 2000*, a PHS-led national activity for setting health priority areas. These programs will contribute to the *Healthy People 2000* objectives by improving access to primary health care services through coordinated systems of care for medically underserved populations in both rural and urban areas. Potential applicants may obtain a copy of *Healthy People 2000* (Full Report, Stock No. 017–001–00474–01) or *Healthy People 2000* (Summary Report; Stock No. 017–001–00473–1) through the Superintendent of Documents, Government Printing Office, Washington, DC 20402–9325 (telephone 202–783–3238).

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.

Part A of this notice contains specific information concerning the NHSC LRP, and Part B contains specific information concerning grants for State LRPs.

Part A—NHSC Loan Repayment Program

ADDRESSES: Application materials may be obtained by calling or writing to: National Health Service Corps Loan Repayment Program, 8201 Greensboro Drive, Suite 600, McLean, Virginia 22102, 1–800–221–9393 or (703) 734–6855. Completed applications must be returned to: Loan Repayment Programs Branch, Division of Scholarships and Loan Repayments, Bureau of Primary Health Care, HRSA, 4350 East-West Highway, 10th Floor, Bethesda, Maryland 20814, (301) 594–4400. The 24-hour toll-free phone number is 1–800–435–6464, and the FAX number is 301–594–4981. Applicants for the NHSC LRP will use HRSA Form 873 approved under Office of Management and Budget (OMB) Number 0915–0127.

DATES: To receive consideration for funding, health professionals must submit their applications by August 1, 1995. To assure early processing of the application and approval for site matching, individuals are encouraged to submit applications well ahead of the August 1 deadline.

Applications will be considered to be on time if they are either: (1) Received on or before the deadline date; or (2) postmarked on or before the established deadline date and received in time for orderly processing. Applicants should 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 are not acceptable as proof of timely mailing. Applications received after the announced closing date will not be considered for funding.

FOR FURTHER INFORMATION CONTACT: For further program information and technical assistance, please contact the Loan Repayment Programs Branch at the above address, phone or FAX number.

SUPPLEMENTARY INFORMATION: Section 338B of the PHS Act (42 U.S.C. 254l–1) authorizes the Secretary to establish the NHSC LRP to help in assuring, with respect to the provision of primary health services, an adequate supply of trained primary care health professionals for the NHSC. The NHSC is used by the Secretary to provide primary health services in federally designated health professional shortage areas (HPSAs). Primary health services are services regarding family medicine, general internal medicine, general pediatrics, obstetrics and gynecology, dentistry, or mental health, that are provided by physicians or other health professionals.

Under the NHSC LRP, the Secretary will repay graduate and undergraduate educational loans incurred by primary care health professionals. For the first 2 years of full-time service at an approved site in a designated HPSA, the Secretary will repay up to $25,000 per year of the educational loans of such individual. (There is a minimum 2-year service obligation.) For subsequent years of full-time service, if the NHSC LRP contract is extended, the Secretary will repay up to $35,000 per year. Payments may be made to participants on an advanced quarterly basis (one quarter in advance of service for the entire service obligation), on an advanced annual basis (one year in advance of service for each year of service) or on an advanced biennial basis (2 years in advance of service but only for the first 2 years of a contract). The Secretary shall, in addition to such payments, make payments to the individual in an amount equal to 39 percent of the total amount of loan repayments made for the taxable year involved. In addition to these amounts, NHSC LRP participants will receive a salary from a private nonprofit or public entity or, in some cases, the Federal Government during the term of their service.

The Secretary will identify and make available annually a list of those HPSA sites which will be available for service repayment under the NHSC LRP. The Secretary will select applicants for consideration for participation in the NHSC LRP according to the following criteria:

(1) The extent to which an individual's training in a health profession or specialty is determined by the Secretary to be needed by the NHSC in providing primary health services. From time to time, the Secretary will publish a notice detailing the professions and specialties most needed by the NHSC. Current professional and specialty priorities are outlined in this notice at the end of Part A.

(2) The extent to which an individual is determined by the Secretary to be committed to serve in a HPSA.

(3) The extent of an individual's demonstrated interest in providing primary health services.