

review panel's report that indicates all materials have been reviewed and approved.

D. Patient Care

Applicants should provide assurance that all HIV-infected patients enrolled in their studies will be linked to an appropriate local HIV care system that can address their specific needs such as medical care, counseling, social services and therapy. Details of the HIV care system should be provided, describing how patients will be linked to the system. Funds will not be made available to support the provision of direct care for study participants.

Application Submission and Deadline

The original and five copies of the completed application Form PHS-398 (OMB No. 0925-0001) must be submitted to Clara Jenkins, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 320, Mail Stop E-15, Atlanta, Georgia 30305, on or before August 11, 1995. States and local governments may use Form PHS-5161-1 (OMB No. 0937-0189); however, Form PHS-398 is preferred. If using Form PHS-5161-1, submit an original and two copies to the address stated above.

1. Deadline

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

- (a) Received on or before the stated deadline date; or
- (b) Sent on or before the deadline date and received in time for submission to the independent review group. (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 shall not be accepted as proof of timely mailing.)

2. Late Applications

Applications which do not meet the criteria in 1.(a) or 1.(b) 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 or financial management technical assistance may be obtained from Kevin

G. Moore, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 320, Mail Stop E-15, Atlanta, Georgia 30305, telephone (404) 842-6550. The announcement is available through the CDC homepage on the Internet. The address for the CDC homepage is <http://www.cdc.gov>.

Programmatic technical assistance may be obtained from Jeff Efird, Division of HIV/AIDS, National Center for Infectious Diseases, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE., Mail Stop E-45, Atlanta, Georgia 30333, telephone (404) 639-6130. Eligible applicants are encouraged to call prior to the development and submission of their application. Please refer to Announcement Number 529 when requesting information and 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 from the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325, telephone (202) 512-1800.

Dated: June 30, 1995.

Joseph R. Carter,

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

[FR Doc. 95-16688 Filed 7-6-95; 8:45 am]

BILLING CODE 4163-18-P

National Institutes of Health

National Heart, Lung, and Blood Institute; Notice of Meeting

Pursuant to Pub. L. 92-463, notice is hereby given of the meeting of the following Heart, Lung, and Blood Special Emphasis Panel.

The meeting will be open to the public to provide concept review of proposed contract or grant solicitations.

Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should inform the Contact Person listed below in advance of the meeting.

Name of Panel: NHLBI SEP on Tissue Engineering.

Dates of Meeting: July 25-26, 1995.

Time of Meeting: 1:00 p.m.

Place of Meeting: Holderness School, Plymouth, New Hampshire.

Agenda: The panel will review the current status of research in the designated areas, identify gaps and make recommendations regarding opportunities and priorities for future contract or grant solicitations.

Contact Person: Paul Didisheim, M.D., Rockledge Building II, 6701 Rockledge Drive, Room 9180, Bethesda, Maryland, 20892-7940, (301) 435-0513.

This notice is being published less than fifteen days prior to the meeting due to the urgent need to meet timing limitations imposed by the grant review cycle.

(Catalog of Federal Domestic Assistance Programs Nos. 93.837, Heart and Vascular Diseases Research; 93.838, Lung Diseases Research; and 93.839, Blood Diseases and Resources Research, National Institutes of Health)

Dated: June 30, 1995.

Susan K. Feldman,

Committee Management Officer, NIH.

[FR Doc. 95-16683 Filed 7-6-95; 8:45 am]

BILLING CODE 4140-01-M

Public Health Service

Agency Forms Undergoing Paperwork Reduction Act Review

Each Friday the Public Health Service (PHS) publishes a list of information collection requests under review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the PHS Reports Clearance Office on (202) 690-7100.

The following requests have been submitted for review since the list was last published on June 30.

1. National Nursing Home Expenditure Survey (NNHES) of the National Medical Expenditure Survey (NMES3)—New—The 1996 NMES3 National Nursing Home Expenditure Survey (NNES) will collect data on use of nursing homes and expenditures for nursing home care from facilities and community respondents for policy and research purpose. Data will be collected on use of nursing homes, expenditures, and sources of payment for care, and facility and resident characteristics. Respondents: Individuals or households; Business or other-for-profit; Not-for-profit institutions; Federal Government; State, Local or Tribal Government. Send comments to Allison Eydtt, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, D.C. 20503.

	No. of respondents	No. of responses/respondent	Average burden/response (hrs.)
NNHES facility	1,969	2	3.35
Community respondents	4,797	1	.5

Estimated total annual burden—15,590 hours.

2. Pretest and Main Rounds of the 1996–97 Household Survey (FAMES) of the National Medical Expenditure Survey (NMES3); Medical Provider Survey (Pretest & Main Survey), Health Insurance Provider Survey—New—This household survey will produce national estimates for health care use and expenditures, and health insurance

coverage. Respondents consist of persons living in a nationally representative subsample of households that participated in the 1995 National Health Interview Survey (NHIS). Samples of medical care providers and health insurance providers for survey respondents will also be contacted to obtain detailed information only they

can provide. Respondents: Individuals or households; Business or other for-profit; Not-for-profit institutions; Federal Government; State, Local or Tribal Government. Send comments to Allison Eydt, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, D.C. 20503.

	No. of respondents	No. of responses/respondent	Average burden/response (hrs.)
Household Survey:	90	2.33	1.2
Pretest			
Main survey	15,700	2.67	1.8
Medical Providers Survey:	18,767	1	.57
Pretest	260	1	2.03
Main Survey			
Health Insurance Providers Survey	10,500	1	.67

Estimated total annual burden—100,241 hours.

3. Surveillance and Epidemiology Study Core Questionnaire and Supplemental Modules—0923–0010—Revision—ATSDR is revising and renewing the project which follows populations exposed to specific hazardous substances over a period of time to determine if they are experiencing elevated occurrence of diseases. In addition to demographic information, additional core information is collected on behavioral characteristics and health conditions. The supplemental modules are also included in the request that may be used, depending on the organ system targeted or the type of respondent (renal, liver, occupational, respiratory, etc). Respondents: Individuals or households; Number of Respondents: 2667; Number of Responses Per Respondent: 4.99; Average Burden Per Response: 0.369 hrs; Estimated Total Annual Burden: 4908 hours. Send comments to Allison Eydt, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, D.C. 20503.

alcohol, and licit and illicit drug use. The results will be used by SAMHSA, ONDCP, Federal government agencies, and other organizations and researchers to establish policy, direct program activities, and better allocate resources. Respondents: Individuals or households; Number of Respondents: 53,082; Number of Responses per Respondent: 1; Average Burden per Response: 0.57 hr.; Estimated Total Annual Burden: 30,220 hours. Send comments to Allison Eydt, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, D.C. 20503.

Respondent: 1; Average Burden per Response: 1.5 hrs.; Estimated Total Annual Burden: 4513 hours. Send comments to Allison Eydt, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, D.C. 20503.

4. 1996 National Household Survey on Drug Abuse (NHSDA)—0930–0110—Revision—The NHSDA is a survey of the civilian, noninstitutionalized population of the United States, age 12 and over. The data will be used to determine the prevalence of cigarette,

5. Native American Data Collection and Analysis for the Hanford Environment Dose Reconstruction (HEDR) Project—0923–0335—Reinstatement, no change—The dietary and life-style data to be collected will be used to estimate radiation exposure and to determine whether Native American exposure differed substantially from that of the general population. Exposure estimates will then be used to determine whether a full epidemiologic study of thyroid disease specifically in the Native American population is scientifically justifiable and feasible. Respondents: Individuals or households; State, Local or Tribal Government; Number of Respondents: 3,000; Number of Responses per

6. National Survey of Local Boards of Health—New—The National Association of Local Boards of Health (NALOBH), which was formed in 1992 provides a national voice for the concerns of local boards of health. CDC will use the information collected to identify areas in which technical assistance can be provided to local boards of health to improve their capacity to better serve the communities which they represent and to improve up-to-date information to boards of health. Respondents: State, Local or Tribal Government; Number of Respondents: 2,170; Number of Responses per Respondent: 1; Average Burden per Response: .33 hr.; Estimated Total Annual Burden: 723 hours. Send comments to Allison Eydt, Human Resources and Housing Branch, New Executive Office Building, room 10235, Washington, D.C. 20503.

7. Tuberculosis Statistics and Program Evaluation Activity—Revision—0920–0026—Data is submitted to CDC from TB control programs using the forms contained in this information collection.

This is the request to extend data collection on items such as HIV status, drug susceptibility results, occupation, drug use, initial drug therapy and type of health care provider. This data will enable CDC to study and devise control methods. Respondents: State, Local or Tribal Government; Number of Respondents: 117; Number of Responses per Respondent: 1; Average Burden per Response: 41.03 hrs.; Estimated Total Annual Burden: 4,800 hours. Send comments to James Scanlon, Office of the Assistant Secretary for Health, Room 737-F, Humphrey Building, 200 Independence Ave., S.W., Washington, D.C. 20201.

8. Health Assessment of Persian Gulf War Veterans from Iowa—New—The information obtained from this survey is needed in order to determine the prevalence of adverse health outcomes among Persian Gulf veterans who listed Iowa as their home of record. The study will provide a scientific basis to assist CDC and other governmental agencies in determining the need and direction of future studies. A random sample of Persian Gulf War veterans will be compared with Vietnam era controls. Respondents: Individuals or households; Number of Respondents: 3000; Number of Responses per Respondent: 1.05; Average Burden per Response: 1.23 hr.; Estimated Total Annual Burden: 3883 hours. Send comments to Allison Eydt, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, D.C. 20503.

9. Pilot of Local Community Health Survey—New—This project will pilot test a telephone survey questionnaire for use in collecting comparable health behavior information at the local health department or community level. The pilot will assess the costs of using a list-assisted random digit dialing sample design, evaluate the collection of information for children, and monitor the utility of the data to participating local health departments. Respondents:

Individuals or households; Number of Respondents: 7800; Number of Responses per Respondent: 1; Average Burden per Response: .29 hr.; Estimated Total Annual Burden: 2276 hours. Send comments to Allison Eydt, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, D.C. 20503.

10. Measuring the Impact of Minors' Access Restrictions on Tobacco Use and Behavior by Youth—New—This study will provide new information on the relationships between enforcement of minors' access to tobacco laws, tobacco vendor perceptions and actions, and use of tobacco by youth. Information from vendors, enforcement officials, and other local community leaders will be collected. Measurement of tobacco use by minors will be obtained from the existing Youth Risk Behavior Survey. Respondents: Business or other for-profit; Number of Respondents: 3320; Number of Responses per Respondent: 1; Average Burden per Response: .322 hr.; Estimated Total Annual Burden: 1070 hours. Send comments to Allison Eydt, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, D.C. 20503.

11. Evaluation of CDC/WONDER/PC for Public Health Decision Making—New—CDC is requesting approval for three-related evaluations of Wonder/PC, the system which provides easy access to CDC data sets, public health reports and guidelines, and electronic mail. It was designed to enhance the ability of distally-located public health employees to access important information for use in the public health decision making practice. The proposed evaluation focuses on whether CDC WONDER has improved how public health employees access and incorporate information into their work. Respondents: Individuals or households; Business or other for-profit; State, Local or Tribal Government; Number of Respondents: 1500; Number of Responses per Respondent: 1; Average Burden per Response: .21 hr.;

Estimated Total Annual Burden: 230 hours. Send comments to Allison Eydt, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, D.C. 20503.

12. Inventory of Services and Funding Sources for Programs Designed to Prevent Violence Against Women—New—CDC proposes conducting surveys of federal and state agencies that fund programs in domestic violence prevention, and the State coalitions on domestic violence to determine what types of programs are being conducted at State and local levels and funding sources for such programs. Respondents: Not-for-profit institutions; Federal Government; State, Local or Tribal Government; Number of Respondents: 300; Number of Responses per Respondent: 1; Average Burden per Response: 1.25 hrs.; Estimated Total Annual Burden: 375 hours. Send comments to Allison Eydt, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington D.C. 20503.

13. Wilms' Tumor Study—New—Wilms' Tumor, as a type of renal cancer, is among the priority health conditions identified by the ATSDR to assist in directing its applied research programs examining the relationship between hazardous substances exposures and health impacts. Results of other Wilms' Tumor studies have linked environmental and occupational hazardous substances exposures and these forms of cancer. The proposed study, focusing on cases identified through the National Wilms Tumor Study group, and including a randomly-selected control group, is designed to examine the potential impact of exposure to selected hazardous waste substances on Wilms' Tumor occurrence. Send comments to Allison Eydt, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington D.C. 20503.

	No. of respondents	No. of responses/respondent	Average burden/response (hrs.)
Screener	3637	1	.05
Interview	540	1	.75

Estimated total annual burden—587 hours.

14. Evaluation of the Domestic Violence Prevention Module at the UCLA Medical School of Medicine—New—The School of Medicine mandates routine evaluations of each of its core courses, of which the Domestic

Violence is one. Besides the routine test of knowledge and skills that students receive on a regular basis, CDC proposes to have students and faculty complete process evaluation forms after two of the four sessions to assess their satisfaction

with the course, as well as the implementation of it. Respondents: Individuals or households. Send comments to James Scanlon, Office of the Assistant Secretary for Health, Room 737-F, Humphrey Building, 200

Independence Ave., S.W., Washington, D.C. 20201.

	No. of re-spond-ents	No. of re-sponses/respond-ent	Aver-age bur-den/re-sponse (hrs.)
Students	260	5	.285
Faculty	36	3	0.83
"Standardized" patients	100	1	.33

Estimated total annual burden—412 hours.

Written comments and recommendations concerning the proposed information collections should be sent within 30 days of this notice directly to the individual designated.

Dated: June 30, 1995.

James Scanlon,

Director, Data Policy Staff, Office of the Assistant Secretary for Health and PHS, Reports Clearance Officer.
[FR Doc. 95-16804 Filed 7-6-95; 8:45 am]
BILLING CODE 4160-01-M

National Toxicology Program; Availability of Technical Report on Toxicology and Carcinogenesis Studies of Tricresyl Phosphate

The HHS' National Toxicology Program announces the availability of the NTP Technical Report on the toxicology and carcinogenesis studies of tricresyl phosphate which is an organophosphate plasticizer primarily used as a vinyl plasticizer in the manufacture of vinyl plastics for automotive interiors and as a fire-retardant and anti-wear additive to industrial lubricants such as hydraulic fluids, extreme pressure fluids, cutting oils, machine oils, automotive transmission fluids, and certain cooling lubricants.

Toxicology and carcinogenicity studies were conducted by administering tricresyl phosphate in feed to groups of 95 F344/N rats of each sex at doses 0, 75, 150, or 300 ppm for 2 years. An additional group of 95 F344/N rats of each sex were given a dose of 600 ppm for 22 weeks and then received only control feed. After 3, 9, and 15 months of chemical exposure, up to 15 F344/N rats of each sex per group were evaluated for forelimb and hindlimb grip strength, then necropsied and evaluated for histopathologic lesions. Groups of 95 B6C3F₂ mice of each sex were fed diets at doses 0, 60, 125, or 250 ppm for 2 years. After 3, 9, and 15 months of chemical exposure, up to 15 of each sex per group were evaluated for

forelimb and hindlimb grip strength, then necropsied and evaluated for histopathologic lesions. An additional group of 10 F344/N rats and B6C3F₁ mice of each sex received tricresyl phosphate in corn oil by gavage at doses of 0, 360, 730, 1,450, 2,900, or 5,800 mg/kg body weight for 16 days. Groups of 10 F344/N rats and B6C3F₁ mice of each sex received tricresyl phosphate in corn oil by gavage at doses of 0, 50, 100, 200, 400, or 800 mg/kg body weight for 13 weeks.

Under the conditions of these 2-year feed studies, there was no evidence of carcinogenic activity¹ of tricresyl phosphate in male or female F344/N rats that received 75, 150, or 300 ppm. There was no evidence of carcinogenic activity of tricresyl phosphate in male or female B6C3F₁ mice that received 60, 125, or 250 ppm.

Nonneoplastic lesions associated with exposure to tricresyl phosphate included cytoplasmic vacuolization of the adrenal cortex and ovarian interstitial cell hyperplasia in female rats, increased incidences of clear cell focus, fatty change, and ceroid pigmentation of the liver in male mice, and increased severity of ceroid pigmentation of the adrenal cortex in female mice.

Questions or comments about the Technical Report should be directed to Central Data Management at PO Box 12233, Research Triangle Park, NC 27709 or telephone (919) 541-3419.

Copies of *Toxicology and Carcinogenesis Studies of Tricresyl Phosphate (CAS No. 1330-78-5) (TR-433)* are available without charge from Central Data Management, NIEHS, MD A0-01, PO Box 12233, Research Triangle Park, NC 27709; telephone (919) 541-3419.

¹The NTP uses five categories of evidence of carcinogenic activity observed in each animal study: two categories for positive results ("clear evidence" and "some evidence"), one category for uncertain findings ("equivocal evidence"), one category for no observable effect ("no evidence"), and one category for studies that cannot be evaluated because of major flaws ("inadequate study").

Dated: June 14, 1995.

Kenneth Olden,

Director, National Toxicology Program.
[FR Doc. 95-16676 Filed 7-6-95; 8:45 am]
BILLING CODE 4140-01-P

National Toxicology Program; Availability of Technical Report on Toxicology and Carcinogenesis Studies of 4,4'-Thiobis (6-t-Butyl-m-Cresol)

The HHS' National Toxicology Program announces the availability of the NTP Technical Report on the toxicology and carcinogenesis studies of 4,4'-thiobis (6-t-butyl-m-cresol), which is used in the rubber and plastics industries as an antioxidant for polyolefins, polyethylenes, polypropylenes, natural rubber and latex. It is approved by FDA as a constituent of high-pressure polyethylene packaging for foodstuffs, excluding fats, and as a component of polyolefin film packaging in contact with meat or meat food products.

Toxicology and carcinogenicity studies were conducted by administering 4,4'-thiobis (6-t-butyl-m-cresol) in feed to groups of 115 male and 75 female F344/N rats at doses of 0, 500, 1,000, or 2,500 ppm and to groups of 80 B6C3F₁ mice of each sex at doses of 0, 250, 500, or 1,000 ppm for 2 years.

Under the conditions of these 2-year feed studies, there was no evidence of carcinogenic activity¹ of 4,4'-thiobis (6-t-butyl-m-cresol) in male or female F344/N rats administered 500, 1,000, or 2,500 ppm or in male or female B6C3F₁ mice administered 250, 500, or 1,000 ppm.

Nonneoplastic lesions associated with exposure to TBBC included: Kupffer cell

¹The NTP uses five categories of evidence of carcinogenic activity observed in each animal study: two categories for positive results ("clear evidence" and "some evidence"), one category for uncertain findings ("equivocal evidence"), one category for no observable effect ("no evidence"), and one category for studies that cannot be evaluated because of major flaws ("inadequate study").