

communications relating to the proposed rule change between the Commission and any person, other than those that may be withheld from the public in accordance with the provisions of 5 U.S.C. § 552, will be available for inspection and copying at the Commission's Public Reference Section, 450 Fifth Street, NW., Washington, DC 20549. Copies of such filing also will be available for inspection and copying at the principal office of the Phlx. All submissions should refer to File No. SR-Phlx-95-38 and should be submitted by December 5, 1995.

For the Commission, by the Division of Market Regulation, pursuant to delegated authority.²³

Margaret H. McFarland,
Deputy Secretary.

[FR Doc. 95-27992 Filed 11-13-95; 8:45 am]

BILLING CODE 8010-01-M

DEPARTMENT OF STATE

[Public Notice No. 2281]

Shipping Coordinating Committee; Subcommittee on Ship Design and Equipment and Associated Bodies; Notice of Meeting

The Shipping Coordinating Committee will conduct an open meeting at 1:30 PM on Monday, December 04, 1995, in Room 2415, at U.S. Coast Guard Headquarters, 2100 Second Street, S.W., Washington, DC 20593. The purpose of the meeting is to prepare for the Thirty-ninth session of the Subcommittee on Ship Design and Equipment of the International Maritime Organization (IMO) which is scheduled for January 22-26, 1996, at IMO Headquarters in London, England.

Among other things, items of particular interest are: safety of passenger submersible craft; safety standards for combined pusher tug-barges; safe ocean towing guidelines; guidelines for the design & operation of passenger ships to the needs of elderly and disabled persons; ro-ro ferry & bulk carrier safety matters; ship structures matters; emergency sources of electrical power; role of the human element in maritime casualties; redundancy of machinery installations; review of existing ships' safety standards; and matters relating to lifesaving.

IMO works to develop international agreements, guidelines, and standards for the marine industry. In most cases, these form the basis for class society rules and national standards/

regulations. The U.S. Safety of Life at Sea (SOLAS) Working Group supports the U.S. Representative to the IMO Subcommittee in developing the U.S. position on those issues raised at the IMO Subcommittee meetings. Because of the impact on domestic regulations through development of these international agreements, the U.S. SOLAS Working Group serves as an excellent forum for the U.S. maritime industry to express their ideas. All members of the maritime industry are encouraged to send representatives to participate in the development of U.S. positions on those issues affecting your maritime industry and remain abreast of all activities ongoing within the IMO.

Members of the public may attend this meeting up to the seating capacity of the room. Interested persons may seek information by writing: CDR Jim Stamm, U.S. Coast Guard Headquarters, Commandant (G-MMS), 2100 Second Street, S.W., Washington, DC 20593-0001 or by calling: (202) 267-2206.

Dated: November 2, 1995.

Charles A. Mast,

Chairman, Shipping Coordinating Committee.

[FR Doc. 95-27974 Filed 11-13-95; 8:45 am]

BILLING CODE 4710-07-M

DEPARTMENT OF TRANSPORTATION

Maritime Administration

Voluntary Intermodal Sealift Agreement (VISA); Meeting

AGENCY: Maritime Administration, DOT.

ACTION: Notice of Meeting of Joint Planning Advisory Group.

The Maritime Administration and the United States Transportation Command, Co-Chairs of the Joint Planning Advisory Group (Group), announce the initial meeting of the Group to discuss administrative and operational issues under the Voluntary Intermodal Sealift Agreement, see 60 FR 54144, Oct. 19, 1995. The meeting will be in Room P1-1303, Department of Transportation, 400 Seventh Street, S.W., Washington, D.C. 20590, on November 15, 1995 from 9:30 a.m. to 2:00 p.m. If required, a closed meeting may be convened immediately following the public session for consideration of classified information.

CONTACT PERSON FOR ADDITIONAL INFORMATION: James E. Caponiti, Director, Office of Sealift Support (202) 366-2323.

By Order of the Maritime Administrator.

Dated: November 8, 1995.

Joel C. Richard,

Secretary.

[FR Doc. 95-28103 Filed 11-13-95; 8:45 am]

BILLING CODE 4910-81-P

National Highway Traffic Safety Administration

Discretionary Cooperative Agreement Program to Support the Development of an Index to Quantify the Functional Outcome of Pediatric Motor Vehicle Injuries

AGENCY: National Highway Traffic Safety Administration (NHTSA), DOT.

ACTION: Announcement of Discretionary Cooperative Agreement Program to Support the Development of an Index to Quantify the Functional Outcome of Pediatric Motor Vehicle Injuries.

SUMMARY: The National Highway Traffic Safety Administration (NHTSA) announces a discretionary cooperative agreement program to support research in the development of a derivative of the Functional Capacity Index that will be applicable to pediatric motor vehicle injuries, and solicits applications for projects under this program.

DATES: Applications must be received on or before January 17, 1996.

ADDRESSES: Applications must be submitted to the National Highway Traffic Safety Administration, Office of Contracts and Procurement (NAD-30), Attn: Amy Poling, 400 7th Street S.W., Room 5301, Washington DC 20590. All applications submitted must include a reference to NHTSA Cooperative Agreement Program No. DTNH22-94-H-06001.

FOR FURTHER INFORMATION CONTACT: Questions relating to this cooperative agreement program should be directed to Stephen Luchter, Senior Policy Advisor, Office of Plans and Policy (NPP-32), National Highway Traffic Safety Administration, 400 7th St. S.W., Room 5208, Washington, DC 20590; (202) 366-2576. General administrative questions may be directed to Amy Poling, Office of Contracts and Procurement, at (202) 366-9552.

SUPPLEMENTARY INFORMATION:

Background

NHTSA's mission is to reduce injuries and fatalities on the nation's highways. In order to have an objective way to determine where to place its limited resources, the agency has developed an expertise in quantitative measures of the consequences of motor vehicle crashes. These efforts have been largely devoted

²³ 17 CFR 200.30-3(a)(12) (1994).

to determining the economics costs resulting from the crash, including the costs of any resulting injuries or fatalities.

Until recently the agency's focus has been on mitigating the effects of the most serious injuries, those that result in fatality. As fatality rates decreased, and knowledge of the magnitude of the long term consequences of non-fatal injuries increased, more attention began to be given to the non-fatal injury portion of the agency's mission. It soon became apparent that although a thorough understanding of the costs of injury was important, costs alone did not provide a complete picture of injury consequences. A decision was made to develop a measure of injury consequences in terms of time, and the product of that effort is the Functional Capacity Index.¹

The Functional Capacity Index consists of a set of alphabetical indicators representing the level of functioning for each of ten functional attributes, plus a numerical value that represents the relative value of the combination on a scale from 0.0 to 1.0. A value of 0.0 represents no loss of function, and a value of 1.0 represents a complete loss of function. The attributes are: eating, excreting, sexual function, arm/hand, bending/lifting, ambulation, sight, hearing, speech, and cognitive functions. Rigorous definitions were developed for each of these attributes at both full functioning and at appropriate levels of reduced functioning. Using the methods of Multi-Attribute Utility Theory, the value judgments of a diverse population were determined for each level of functioning. Since these value judgment followed a normal distribution, the mean value was taken as representative. An algorithm was developed to combine the value judgments into a "whole-body" numerical value using a multiplicative model. An expert panel provided their judgment of the level of functioning one year post-injury for a previously healthy adult for each of the injuries listed in the AIS 90 dictionary.²

These efforts have resulted in a useable index, which has been applied successfully to the agency's injury data base.³ When applied to a population, the parameter of interest becomes the Life-years Lost of Injury (LLI), which is the sum over the injured population of the product of the Functional Capacity Index (FCI) and the injured person's life expectancy. This parameter provides a measure of the effect on the entire society of a particular injury. The average Life-years Lost to Injury (LLI/incidence) is a measure of the relative severity of the injury to the average

member of the population with that injury.

At present, applications of the Index must be done with due care, taking into account the known limitations:

- Index values are based on the consensus judgment of an expert panel, not on clinical data. (A clinical validation project is currently underway to remove this limitation).

- The Index is not applicable to the pediatric or geriatric populations, due to the different effects of injury on these populations as compared to healthy adults.

- The Index is limited to single injuries. (The assumption is made in applications that the injury with the highest value of FCI can be used in a similar way as the highest AIS value injury is used as an indication of injury severity. The current effort at clinical validation is expected to yield data that will allow testing of hypotheses on how to use the Index for multiple injuries).

- The Index is applicable for a fixed time post injury. (A one year post-injury timeframe was chosen because it is known that the effects of many, though not all, injuries have stabilized at one year after the injury. Future efforts will consider this issue).

This research effort focuses on removing the pediatric injury limitation in the application of the Functional Capacity Index. The possible use of the PEDI⁴ and WeeFim⁵ scales was considered for this project, but rejected as they have a number of limitations; these indices do not relate to specific injuries, but rather are applicable in a clinical setting for all injuries. Also, although these indices include the concept of age appropriate responses, these responses are not defined as an implicit part of the index.

Objective

The Functional Capacity Index consists of objective definitions of functional attributes at full functioning and at various levels of reduced functioning for the injury descriptions in the 1990 Abbreviated Injury Scale. The Index consists of two parts. The first part is a set of ten alphabetical designations which indicate the anticipated functional level for each attribute one year post injury. The second part consists of a numerical "whole body" designation derived using the value judgments of a representative population. The current Index is applicable to previously healthy adults. The objective of this effort is to develop a derivative of the Functional Capacity Index that is applicable to previously healthy children, particularly those injured in motor vehicle crashes.

The following issues have been identified and applicants should include a discussion of their approach to resolving them in their application.

Developmental Level—The agency's hypothesis is that there are certain injuries where age is an important factor in estimating functional capacity one year post injury and others where it is not.⁶ Assuming this is correct, the work described here will identify the injuries that fit into these two categories. For example, healthy six-month-olds usually can't walk (but can crawl), can't speak intelligibly (but can usually communicate via sound), nor can they balance a checkbook. Thus injuries that affect mobility or vocal communication for six-month-olds are not likely to be properly scaled by the current Index. At age two most healthy children can perform the first two of these functions, but not the third. Thus, any Index must take into account these differences. Questions the applicant should address include the following:

- The current FCI levels were developed for ages 18 to 34, but they are believed to be applicable to a somewhat younger population. Is this limit 16, 12, 10? Are there different age limits for different injuries?

- How should the functional attributes be defined for the pediatric population for those injuries where the current Index is not applicable? Should they relate to what a child could do now (for example, crawling by a six-month-old), or to what the child could do when s/he becomes an adult (for example, being able to walk 150 feet and climb 12 steps)?

- In order to minimize complexity when applying the index there must be a simple, straightforward approach to accommodating the age variations. Is it necessary to have multiple indices, based on age categories, or can there be an adjustment factor to the current Index such as, if under 3, use the values in column B instead of the "standard" values in column A?

- The relationships between chronological age and developmental age are not single valued functions for the entire population. How does one treat this issue in applying the Index?

Physiological Factors—The consequences of a particular injury may be considerably different in young children than in adults. For example, bones that are still soft may heal with less residual loss of functional capacity than adult bones. On the other hand, injuries to central nervous system components that have not fully developed may arrest the development of the child and have a greater effect on long term functional capacity. How

should these concerns be incorporated into the Index?

Value Judgment—The theoretical basis for the Index numerical values is that they reflect the value judgments of the exposed population. Not only does one not expect pre-schoolers to understand the issues, it is unlikely that they would be able to communicate their thoughts using the approach taken in the initial development of the Index. However, it is conceivable that 8 or 10 year olds would be able to comprehend these effects and be able to communicate them adequately. The question then is whose judgments are applicable—parents, pediatricians, educators, etc., and when should one consider the child's judgment? If this method is not applicable at all, what other approaches are appropriate to arrive at a quantitative whole body value?

Compatibility with the Existing Functional Capacity Index—The product of this research must be compatible with the Functional Capacity Index. Although there are a number of ways to approach the pediatric injury problem, there must be a seamless relationship between the results of this research and the Index applicable to the adult population.

Index Validation—The product of this research effort will be clinically validated estimates of functional capacity one year post injury for a representative set of pediatric injuries experienced in motor vehicle crashes. What validation methods does the applicant propose so that the results will be broadly representative of the national experience?

NHTSA Involvement

NHTSA, Office of Plans and Policy, will be involved in all activities undertaken as part of the cooperative agreement program and will:

1. Provide, on an as-available basis, one professional staff person, to be designated as the Contracting Officer's Technical Representative (COTR), to serve as a co-investigator participating in the technical planning and management of the cooperative agreement project and coordinate activities between the organization and NHTSA.
2. Make available information and technical assistance from government sources, within available resources and as determined appropriate by the COTR.
3. Provide liaison with other government agencies and organizations, as appropriate.
4. Stimulate the exchange of ideas.
5. Due to the complex nature of this research, a multidisciplinary

intergovernmental group of representatives interested in pediatric injuries will guide the substantive work under this agreement.

The NHTSA Contracting Officer's Technical representative will chair this group. It is anticipated that this group will include representatives from the National Institute of Child Health and Human Development, the National Center for Rehabilitation Medicine and the Bureau of Maternal and Child Health.

Period of Support

The research effort described in this announcement will be supported through the award of a single cooperative agreement. It is anticipated that the project performance period will be up to 27 months, including submission of the final report. The total anticipated funding level is \$200,000.00, with \$100,000.00 to be provided in the first incremental period. The application for Federal Assistance should address what is proposed and can be accomplished within the time and funding constraints.

Eligibility Requirements

In order to be eligible to participate in this cooperative agreement program, an applicant must be an educational institution or research organization. For-profit research organizations may apply; however, no fee or profit will be allowed.

Application Procedure

Applicants must submit one original and two copies of their application package to: NHTSA, Office of Contracts and Procurement (NAD-30), Attn: Amy Poling, 400 7th Street SW., Room 5301, Washington, DC 20590. Applications must include a reference to NHTSA Cooperative Agreement Program No. DTNH22-96-H-06001. Only complete application packages received on or before January 17, 1996 shall be considered. Submission of three additional copies will expedite processing, but is not required.

1. The application package must be submitted with a Standard Form 424 (rev. 4-88, including 424A and 424B), Application for Federal Assistance, with the required information filled in and certified assurances signed. While the Form 424A deals with budget information and Section B identifies budget categories, the available space does not permit a level of detail which is sufficient to provide for a meaningful evaluation of the proposed total costs. A supplemental sheet shall be provided which presents a detailed breakdown of the proposed costs. The budget shall

identify any cost-sharing contribution proposed by the applicant, as well as any additional financial commitments made by other sources. In preparing their cost proposals, applicants shall assume that the award will be made by February 21, 1996, and should prepare their applications accordingly.

2. Applications shall include a project narrative statement which addresses the following:

(a) Identifies the objectives, goals, and anticipated outcomes of the proposed research effort and the approach or methods that will be used to achieve these ends, and discusses the specific issues previously mentioned in this Notice, i.e., developmental level, physiological factors, value judgment, compatibility with the existing Functional Capacity Index, and index validation;

(b) Identifies the proposed plan for conducting the activities of the research effort, including a schedule of milestones and their target dates, and for assessing the project accomplishments. It shall also include a plan for the effective dissemination of the research results;

(c) Identifies the types and sources of data that will be used in this research effort, including approaches to insure compatibility of data and the arrangements made or agreements entered into to insure access to needed data. Prior to submitting any such data to NHTSA, the recipient will be required to purge any information from which the personal identity of individuals may be determined;

(d) Identifies the proposed program director and other key personnel identified for participation in the proposed research effort, including description of their qualifications and their respective organizational responsibilities; and

(e) Describes the applicant's previous experience or on-going research program that is related to this proposed research effort.

Review Process and Criteria

Initially, all applications will be reviewed to confirm that the applicant is an eligible recipient and to assure that the application contains all of the information required by the Application Contents section of this notice.

Each complete application from an eligible recipient will then be evaluated by a Technical Evaluation Committee. The Technical Evaluation Committee will be augmented by non-voting specialty experts from the National Institute of Child Health and Human Development, the National Center for Rehabilitation Medicine and the Bureau

of Maternal and Child Health. The applications will be evaluated using the following criteria:

1. The technical merit of the proposed research effort, including the feasibility of the approach, planned methodology and anticipated results.

2. The adequacy of the organizational plan for accomplishing the proposed research effort, including the qualifications and experience of the research team, the various disciplines represented, and the relative level of effort proposed for professional, technical and support staff.

3. The adequacy of the plans for disseminating the research results to effectively contribute to the base of knowledge through the scientific literature, popular press, etc.

Terms and Conditions of the Award

1. Prior to award, the recipient must comply with the certification requirements of 49 CFR Part 20, Department of Transportation New Restrictions on Lobbying, and 49 CFR Part 29, Department of Transportation Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants).

2. During the effective period of the cooperative agreement awarded as a result of this notice, the agreement shall be subject to the general administrative requirements of 49 CFR Part 19, Department of Transportation Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations; the cost principles of OMB Circular A-21, or A-122, or FAR 31.2, as applicable to the recipient, and the NHTSA General Provisions for Assistance Agreements.

3. If human subjects are to be used in any portions of this research, applications must include certification

that the applicable provisions of 49 CFR Part 11 and NHTSA Order 700-1 will be followed.

4. Reporting Requirements and Deliverables: The recipient shall submit a quarterly performance report in letter format within 15 days after each quarter; a draft final report and draft technical summary within 24 months after award; a camera ready reproducible final report and technical summary, and any data bases and computer programs developed as part of this cooperative agreement, within 27 months of award. An original and two copies of each report shall be submitted to the COTR.

Issued on: November 7, 1995.
Donald C. Bischoff,
Associate Administrator for Plans and Policy.

References

1. MacKenzie E J et al., Development of the Functional Capacity Index (FCI), DOT HS 808 160 July 1994

2. Association for the Advancement of Automotive Medicine, The Abbreviated Injury Scale, 1990 Revision, Des Plaines IL

3. Luchter S. An Estimate of the Long Term Consequences of Motor Vehicle Injuries, Proceedings of the Enhanced Safety Vehicle Conference, May 1994

4. Haley S M et al., Pediatric Evaluation of Disability Inventory, New England Medical Center, 1989

5. Granger C V, Hamilton B B, Kayton R. Functional Independence Measure for Children (WeeFIM), Research Foundation, State University of New York, 1987

6. This hypothesis is an extension of the approach to pediatric injury severity in the Abbreviated Injury Scale. Except for brain hematomas, blood loss in severe lacerations, or internal bleeding due to abdominal or thoracic injuries, the AIS '90 scale does not differentiate between pediatric and other populations. See The Abbreviated Injury Scale 1990 Revision p4 for a discussion of pediatric injury severity.

[FR Doc. 95-28100 Filed 11-13-95; 8:45 am]

BILLING CODE 4910-59-M

Research and Special Programs Administration

Office of Hazardous Materials Safety; Notice of Applications for Exemptions

AGENCY: Research and Special Programs Administration, DOT.

ACTION: List of Applicants for Exemptions.

SUMMARY: In accordance with the procedures governing the application for, and the processing of, exemptions from the Department of Transportation's Hazardous Materials Regulations (49 CFR Part 107, Subpart B), notice is hereby given that the Office of Hazardous Materials Safety has received the applications described herein. Each mode of transportation for which a particular exemption is requested is indicated by a number in the "Nature of Application" portion of the table below as follows: 1—Motor Vehicle, 2—Rail freight, 3—Cargo vessel, 4—Cargo aircraft only, 5—Passenger-carrying aircraft.

DATES: Comments must be received on or before December 14, 1995.

ADDRESS COMMENTS TO: Dockets Unit, Research and Special Programs Administration, U.S. Department of Transportation, Washington, DC 20590.

Comments should refer to the application number and be submitted in triplicate. If confirmation of receipt of comments is desired, include a self-addressed stamped postcard showing the exemption application number.

FOR FURTHER INFORMATION CONTACT:

Copies of the applications are available for inspection in the Dockets Unit, Room 8426, Nassif Building, 400 7th Street, SW., Washington, DC.

NEW EXEMPTIONS

Application No.	Applicant	Regulation(s) affected	Nature of exemption thereof
11570-N	KYB Corp., Lombard, IL	49 CFR 172.200, 172.300, 173.306(f)(2)(iii), 173.306(f)(3)(i), 174.24, 177.817.	To authorize the manufacture, mark and sale of certain shock absorbers, struts, and shock absorber cartridges, for transportation in commerce as accumulators to be shipped without required labels, markings or shipping papers. (Modes 1, 2, 3, 4, 5.)
11572-N	North American Biologicals, Inc., Miami, FL.	49 CFR 173.196	To authorize the transportation of infectious substances in specially designed packaging. (Mode 1.)
11573-N	Colorite Polymers Co., Burlington, NJ.	49 CFR 174.67(i) & (j)	To authorize tank cars containing vinyl chloride, Division 2.1, to remain connected during unloading without the physical presence of an unloader. (Mode 2.)
11575-N	Chem-Nuclear Systems, Inc., Columbia, SC.	49 CFR 172.201(a)(1), 172.203(d).	To authorize the transportation of low-level radioactive material with shipping papers which deviate from the requirements of 49 CFR. (Modes 1, 2, 3, 4, 5.)
11576-N	Tempo Products Co., Cleveland, OH.	49 CFR 178.509(7)	To authorize the manufacture, mark and sale of non-DOT specification containers of polyethylene resin for use in transporting fuel in amounts that exceed the capacity rate. (Mode 1.)