

Board of Governors of the Federal Reserve System, February 1, 1996.

William W. Wiles,

*Secretary of the Board.*

[FR Doc. 96-2562 Filed 2-6-96; 8:45 am]

BILLING CODE 6210-01-F

### **National Bancshares Corporation of Texas; Formation of, Acquisition by, or Merger of Bank Holding Companies**

The company listed in this notice has applied for the Board's approval under section 3 of the Bank Holding Company Act (12 U.S.C. 1842) and § 225.14 of the Board's Regulation Y (12 CFR 225.14) to become a bank holding company or to acquire a bank or bank holding company. The factors that are considered in acting on the applications are set forth in section 3(c) of the Act (12 U.S.C. 1842(c)).

The application is available for immediate inspection at the Federal Reserve Bank indicated. Once the application has been accepted for processing, it will also be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing to the Reserve Bank indicated for that application or to the offices of the Board of Governors. Any comment on an application that requests a hearing must include a statement of why a written presentation would not suffice in lieu of a hearing, identifying specifically any questions of fact that are in dispute and summarizing the evidence that would be presented at a hearing.

Comments regarding this application must be received not later than March 1, 1996.

A. Federal Reserve Bank of Dallas (Genie D. Short, Vice President) 2200 North Pearl Street, Dallas, Texas 75201-2272:

*1. National Bancshares Corporation of Texas, Laredo, Texas; to acquire 20 percent of the voting shares of Corpus Christi Bancshares, Corpus Christi, Texas, and thereby indirectly acquire Citizen State Bank, Corpus Christi, Texas.*

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## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **Centers for Disease Control and Prevention**

[Announcement 613]

#### **State and Community-based Childhood Lead Poisoning Prevention Program and Surveillance of Blood Lead Levels in Children Notice of Availability of Funds for Fiscal Year 1996**

##### **Introduction**

The Centers for Disease Control and Prevention (CDC) announces the availability of funds in fiscal year (FY) 1996 for new and competing continuation State and community-based childhood lead poisoning prevention programs, and to build Statewide capacity to conduct surveillance of blood lead levels in children.

State and community-based programs must (1) assure that children in communities with demonstrated high-risk for lead poisoning are screened, (2) identify those children with elevated blood lead levels, (3) identify possible sources of lead exposure, (4) monitor medical and environmental management of lead poisoned children, (5) provide information on childhood lead poisoning and its prevention and management to the public, health professionals, and policy- and decision-makers, (6) encourage and support community-based programs directed to the goal of eliminating childhood lead poisoning, and (7) build capacity for conducting surveillance of elevated blood lead (PbB) levels in children.

Surveillance grants are to develop and implement complete surveillance systems for blood lead levels in children to ensure appropriate targeting of interventions and track progress in the elimination of childhood lead poisoning.

Applicants may apply for either a prevention program grant or a surveillance grant, but not both. Applicants from State health agencies applying for prevention program grant funds must address surveillance issues in their application.

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 area of Environmental Health. (To order a copy of Healthy People 2000, see Where to Obtain Additional Information section.)

##### **Authority**

This program is authorized under sections 301(a) (42 U.S.C. 241(a)), 317A, and 317B (42 U.S.C. 247b-1, 247b-3) of the Public Health Service Act, as amended. Program regulations are set forth in Title 42, Code of Federal Regulations, Part 51b.

##### **Smoke-Free Workplace**

The Public Health Service strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products, 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.

##### **Environmental Justice Initiative**

Activities conducted under this announcement should be consistent with the Federal Executive Order No. 12898 entitled, "Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations." Grantees, to the greatest extent practicable and permitted by law, shall make achieving environmental justice part of its program's mission by identifying and addressing, as appropriate, disproportionately high and adverse human health and environmental effects of lead on minority populations and low-income populations.

##### **Eligible Applicants**

Eligible applicants for State childhood lead prevention programs and surveillance programs are State health departments or other State health agencies or departments deemed most appropriate by the State to direct and coordinate the State's childhood lead poisoning prevention program, and agencies or units of local government that serve jurisdictional populations greater than 500,000. This eligibility includes health departments or other official organizational authority (agency or instrumentality) of the District of Columbia, the Commonwealth of Puerto Rico, and any territory or possession of the United States. Also eligible are federally recognized Indian tribal governments.

Applicants for prevention program grants from eligible units of local jurisdiction must elect either to apply directly to CDC as a grantee, or to apply as part of a statewide grant application. Local jurisdictions cannot submit applications simultaneously through both mechanisms.

*For Surveillance Funds Only*

Eligible applicants are State health departments or other State health agencies or departments deemed most appropriate by the State to direct and coordinate the State's childhood lead poisoning prevention and surveillance program. Eligible applicants must have regulations for reporting of PbB levels by both public and private laboratories or provide assurances that such regulations will be in place within six months of awarding the grant. This program is intended to initiate and build capacity for surveillance of childhood PbB levels. Therefore, any applicant that already has in place a PbB level surveillance activity must demonstrate how these grant funds will be used to enhance, expand or improve the current activity, in order to remain eligible for funding. CDC funds should be added to blood-lead surveillance funding from other sources, if such funding exists. Funds for these programs may not be used in place of any existing funding for surveillance of PbB levels.

If a State agency applying for grant funds is other than the official State health department, written concurrence by the State health department must be provided.

Applicants that currently have CDC funded Childhood Lead Poisoning Prevention Grants may submit supplements for the surveillance component. These supplements must meet all the above eligibility requirements and will be evaluated as a part of the surveillance objective review.

*Special Consideration*

In order to help empower distressed communities—those that are designated as “Empowerment Zones” or “Enterprise Communities” (EZ/EC) under the Community Empowerment Initiative [Pub. L. 103-66–August 10, 1993], or those that meet the characteristics of those areas—special consideration will be given to qualified applicants for comprehensive program activities in communities that:

1. Are characterized by a high incidence of children with elevated blood lead levels;
2. Have high rates of poverty and other indicators of socio-economic distress, such as high levels of unemployment, and significant incidence of violence, gang activity, and crime; and
3. Provide evidence that their target community has prepared and submitted an EZ/EC application to HHS for a “comprehensive community-based strategic plan for achieving both human

and economic development in an integrated manner.”

Applicants that meet both the program criteria and the EZ/EC criteria outlined above, will be awarded points in the objective review of their application.

*Availability of Funds**State and Community-Based Prevention Program Grant Funds*

Approximately \$8,000,000 will be available in FY 1996 to fund a selected number of new and competing continuation childhood lead poisoning prevention programs. The CDC anticipates that program awards for the first budget year will range from \$250,000 to \$2,000,000.

*Surveillance Grant Funds*

Approximately \$300,000 will be available in FY 1996 to fund up to four new grants to support the development of PbB surveillance activities. Surveillance awards are expected to range from \$60,000 to \$75,000, with the average award being approximately \$70,000.

The new awards are expected to begin on or about July 1, 1996. New awards are made for 12-month budget periods within project periods not to exceed 3 years. Estimates outlined above are subject to change based on the actual availability of funds and the scope and quality of applications received. Continuation awards within the project period will be made on the basis of satisfactory progress and availability of funds.

These grants are intended to develop, expand, or improve prevention programs in communities with demonstrated high-risk populations, and/or develop statewide capacity for conducting surveillance of elevated blood-lead levels. Grant awards cannot supplant existing funding for childhood lead poisoning prevention programs or surveillance activities. Grant funds should be used to increase the level of expenditures from State, local, and other funding sources.

Awards will be made with the expectation that program activities will continue when grant funds are terminated.

*Note:*

- Grant funds may not be expended for medical care and treatment or for environmental remediation of lead sources. However, the applicant must provide an acceptable plan to ensure that these program activities are appropriately carried out.
- Not more than 10 percent (exclusive of Direct Assistance) of any grant may be obligated for administrative costs. This 10

percent limitation is in lieu of, and replaces, the indirect cost rate.

*Purpose**Prevention Grant Program*

State and community health agencies are the principal delivery points for childhood lead screening and related medical and environmental management activities; however, limited resources have made it difficult for agencies to develop and maintain programs for the elimination of this totally preventable disease. The purpose of this grant program is to provide impetus for the development and operation of State and community-based childhood lead poisoning prevention programs in high-risk areas, and build capacity for conducting surveillance of elevated blood-lead levels in children. Grant-supported programs are expected to serve as catalysts and models for the development of non-grant-supported programs and activities in other States and communities. Further, grant-supported programs should create community awareness of the problem (e.g., among community and business leaders, medical community, parents, educators, and property owners). It is expected that State health agencies will play a lead role in the development of community-based childhood lead poisoning prevention programs, including ensuring coordination and integration with maternal and child health programs; State Medicaid Early Periodic Screening Diagnosis, and Treatment (EPSDT) programs; community and migrant health centers; and community-based organizations providing health and social services in or near public housing units, as authorized under Section 340A of the PHS Act.

The prevention grant program will provide financial assistance and support to State and local government agencies to:

1. Establish, expand, or improve services to assure that children in communities with demonstrated high risk for lead poisoning are screened. Screening should focus on (1) making certain children, not currently served by existing health care services, are screened, (2) integrating screening efforts with maternal and child health programs; State Medicaid programs, such as the EPSDT programs; community and migrant health centers; and community-based organizations providing health and social services in or near public housing units, as authorized under Section 340A of the PHS Act, and (3) guaranteeing that high-

risk children seen by private providers are screened.

2. Intensify case management efforts to ensure that children with lead poisoning receive appropriate and timely follow-up services.

3. Establish, expand, or improve environmental investigations to rapidly identify and reduce sources of lead exposure throughout a community.

4. Plan and develop activities for the primary prevention of childhood lead poisoning in demonstrated high-risk communities that are conducted in collaboration with other government and community-based organizations.

5. Develop and implement efficient information management/data systems compatible with CDC guidelines for monitoring and evaluation.

6. Improve the actions of other appropriate agencies and organizations to facilitate the rapid remediation of identified lead hazards in high-risk communities.

7. Enhance knowledge and skills of program staff through training and other methods.

8. Based upon program findings, provide information on childhood lead poisoning to the public, policy-makers, the academic community, and other interested parties.

9. Develop state-based systems for surveillance of blood lead levels among children, and use surveillance data to assess prevention activities and target resources.

#### *Surveillance Grant Funds*

The surveillance component of this announcement is intended to assist State health departments or other appropriate agencies to implement a complete surveillance activity for PbB levels in children. Development of surveillance systems at the local, State and national levels is essential for targeting interventions to high-risk populations and for tracking progress in eliminating childhood lead poisoning.

The childhood blood-lead surveillance program has the following five goals:

1. Increase the number of State health departments with surveillance systems for elevated PbB levels;

2. Build the capacity of State- or territorial-based PbB level surveillance systems;

3. Use data from these systems to conduct national surveillance of elevated PbB levels;

4. Disseminate data on the occurrence of elevated PbB levels to government agencies, researchers, employers, and medical care providers; and

5. Direct intervention efforts to reduce environmental lead exposure.

#### Program Requirements

##### *Prevention Grant Program*

The following are requirements for Childhood Lead Poisoning Prevention Projects:

1. A full-time director/coordinator with authority and responsibility to carry out the requirements of the program.

2. Ability to provide qualified staff, other resources, and knowledge to implement the provisions of the program. Applicants requesting grant supported positions must provide assurances that such positions will be approved by the applicant's personnel system.

3. A data management component that supports the development, implementation, and maintenance of an automated case management system that provides timely and useful analysis and reporting of program data.

4. A plan to monitor and evaluate all major program activities and services.

5. Demonstrated experience or access to professionals knowledgeable in conducting and evaluating public health programs.

6. Ability to translate program findings to State and local public health officials, policy and decision-makers, and to others seeking to strengthen program efforts.

7. Provides information that describes why certain communities were selected for program activities, including information on housing conditions, income, other socioeconomic factors, and previous surveys or activities for childhood lead poisoning prevention.

8. A comprehensive public and professional information and education outreach plan directed specifically to high-risk populations, health professionals and paraprofessionals and the public. The plan may also address education and outreach activities directed to policy and decision-makers, parents, educators, property owners, community and business leaders, housing authorities and housing and rehabilitation workers, and special interest groups. The plan should be based on a needs assessment which: (a) Determines the feasibility of a health education program; (b) utilizes assessment data interpretations to determine priorities for health education programming; and (c) identifies the appropriate target population for the program.

9. Establishment and maintenance of a system to monitor the notification and follow-up of children who are confirmed with elevated blood lead levels and who are referred to local Public Housing Authorities (PHAs).

10. Effective, well-defined working relationships within public health agencies and with other agencies and organizations at national, State, and community levels (e.g., housing authorities, environmental agencies, maternal and child health programs, State Medicaid EPSDT programs; or, community and migrant health centers; community-based organizations providing health and social services in or near public housing units, as authorized under Section 340A of the PHS Act, State epidemiology programs, State and local housing rehabilitation offices, schools of public health and medical schools, and environmental interest groups) to appropriately address the needs and requirements of programs (e.g., data management systems to facilitate the follow-up and tabulation of children reported with elevated blood lead levels, training to ensure the safety of abatement workers) in the implementation of proposed activities. This includes the establishment of networks with other State and local agencies with expertise in childhood lead poisoning prevention programming.

11. Activities, services, and educational materials provided by the program must be culturally sensitive (i.e., programs and services provided in a style and format respectful of cultural norms, values, and traditions which are endorsed by community leaders and accepted by the target population), developmentally appropriate (i.e., information and services provided at a level of comprehension which is consistent with learning skills of individuals to be served), linguistically specific (i.e., information is presented in dialect and terminology consistent with the target population's native language and style of communication), and educationally appropriate.

12. Assurances that income earned by the childhood lead poisoning prevention program is returned to the lead program for use by the program.

13. For awards to State agencies, there must be a demonstrated commitment to provide technical, analytical, and program evaluation assistance to local agencies interested in developing or strengthening childhood lead poisoning prevention programs.

14. Special Requirement regarding Medicaid provider-status of applicants: Pursuant to section 317A of the Public Health Service Act (42 U.S.C. 247b-1) as amended by Sec. 303 of the "Preventive Health Amendments of 1992" (Pub. L. 102-531), applicants AND current grantees must meet the following requirements: For Childhood Lead Poisoning Prevention Program services

which are Medicaid-reimbursable in the applicant's State:

- Applicants who directly provide these services must be enrolled with their State Medicaid agency as Medicaid providers.
- Providers who enter into agreements with the applicant to provide such services must be enrolled with their State Medicaid agency as providers.

An exception to this requirement will be made for providers whose services are provided free of charge and who accept no reimbursement from any third-party payer. Such providers who accept voluntary donations may still be exempted from this requirement.

15. For State Prevention Programs, a Surveillance component defined as a process which: (1) Systematically collects information over time about children with elevated PbB levels using laboratory reports as the data source; (2) provides for the follow-up of cases, including field investigations when necessary; (3) provides timely and useful analysis and reporting of the accumulated data including an estimate of the rate of elevated PbB levels among all children receiving blood tests; and (4) reports data to CDC in the appropriate format.

To achieve these goals, programs must be able to: (1) Provide qualified staff, other resources, and knowledge to implement the provisions of this program. Applicants requesting grant supported positions must provide assurances that such positions will be approved by the applicant's personnel system; (2) revise, refine, and implement, in collaboration with CDC, the methodology for surveillance as proposed in the respective program application; (3) have demonstrated experience or access to professionals knowledgeable in conducting and evaluating public health programs; and (4) have the ability to translate data to State and local public health officials, policy and decision-makers, and to others seeking to strengthen program efforts.

#### *For Surveillance Grants*

The following are requirements for surveillance only grant projects:

1. A full-time director/coordinator with authority and responsibility to carry out the requirements of surveillance program activities.
2. Ability to provide qualified staff, other resources, and knowledge to implement the provisions of this program. Applicants requesting grant supported positions must provide assurances that such positions will be

approved by the applicant's personnel system.

3. Effective, well-defined working relationships with childhood lead poisoning prevention programs within the applicant's State.

4. Revise, refine, and implement, in collaboration with CDC, the methodology for surveillance as proposed in the respective program application.

5. Collaborate with CDC in any interim and/or final evaluation of the surveillance activity.

6. Monitor and evaluate all major program activities and services.

7. Demonstrated experience or access to professionals knowledgeable in conducting and evaluating public health programs.

8. Ability to translate data to State and local public health officials, policy and decision-makers, and to others seeking to strengthen program efforts.

#### *Evaluation Criteria*

The review of applications will be conducted by an objective review committee who will review the quality of the application based on the strength and completeness of the plan submitted. The budget justification will be used to assess how well the technical plan is likely to be carried out using available resources. The maximum ratings score of an application is 100 points.

#### *A. The Factors To Be Considered in the Evaluation of Prevention Program Grant Funds Are*

##### *1. Evidence of the Childhood Lead Poisoning Problem (35 points).*

The applicant's ability to identify populations and communities at high risk, as defined by data from previous screening efforts, environmental data, and/or demographic data. (Population-based data or estimates should be compared to NHANES III data.) Current screening prevalence and case rates should also be discussed.

##### *2. Technical Approach (30 points).*

The quality of the technical approach in carrying out the proposed activities including:

(a) Goals and Objectives: The extent to which the applicant has included clearly identified goals which are specific, measurable, and relevant to the purpose of this proposal (10 points).

(b) Approach: The extent to which the applicant provides a detailed description of the proposed activities which are likely to achieve each objective for the budget period (10 points).

(c) Timeline: The extent to which the applicant provides a reasonable schedule for implementation of the activities (5 points).

(d) Evaluation: The extent to which evaluation plans address the achievement of each objective (5 points).

##### *3. Applicant Capability (10 points).*

Capability of the applicant to initiate and carry out proposed program activities successfully within the time frames set forth in the application. Proposed staff skills must match the proposed program of work described. Elements to consider include:

(a) Demonstrated knowledge and experience of the proposed project director or manager and staff in planning and managing large and complex interdisciplinary programs involving public health, environmental management, and housing rehabilitation. The percentage of time the project manager will devote to this project is a significant factor, and must be indicated (5 points).

(b) Written assurances that proposed positions can and will be filled as described in the application (3 points).

(c) Evidence of institutional capacity, demonstrated by the experience and continuing capability of the jurisdiction, to initiate and implement similar environmental and housing projects. The applicant should describe these related efforts and the current capacity of its agency (2 points).

##### *4. Collaboration (20 points).*

(a) Extent to which the applicant demonstrates that proposed activities are being conducted in conjunction with, or through, organizations with known and established ties in the target communities. Evidence of support and participation from appropriate community-based or neighborhood-based organizations in the form of memoranda of understanding or other agreements of collaboration. (10 points)

(b) Extent to which the applicant documents established collaboration with appropriate governmental agencies responding to childhood lead poisoning prevention issues such as environmental health, housing, medical management, etc., through specific commitments for consultation, employment, or other activities, as evidenced by the names and proposed roles of these participants and letters of commitment. Absence of letters describing specific participation will result in a reduced rating under this factor. (10 points)

##### *5. Special Consideration for EZ/EC (5 points).*

Special consideration will be given to applicants that target program activities in communities that:

(a) Are characterized by a high incidence of children with elevated blood lead levels;

(b) Have high rates of poverty and other indicators of socio-economic distress, such as those with high levels of unemployment, and significant incidence of violence, gang activity, and crime; and

(c) Are preparing or implementing a comprehensive community-based strategic plan for achieving both human and economic development in an integrated manner.

6. *Budget Justification and Adequacy of Facilities (Not Scored)* The budget will be evaluated for the extent to which it is reasonable, clearly justified, and consistent with the intended use of grant funds. The adequacy of existing and proposed facilities to support program activities also will be evaluated.

*B. The Factors To Be Considered in the Evaluation of Applications for Surveillance Program Grant Funds Only Are*

1. *Surveillance Activity: (35 points).*

The clarity, feasibility, and scientific soundness of the surveillance approach. Also, the extent to which a proposed schedule for accomplishing each activity and methods for evaluating each activity are clearly defined and appropriate. The following points will be specifically evaluated:

- a. How laboratories report PbB levels.
- b. How data will be collected and managed.
- c. How will quality data and completeness of reporting will be assured.
- d. How and when data will be analyzed.
- e. How summary data will be reported and disseminated.
- f. Protocols for follow-up of individuals with elevated PbB levels.
- g. Provisions to obtain denominator data.

2. *Progress Toward Complete Blood-Lead Surveillance (30 points).*

The extent to which the proposed activities are likely to result in substantial progress towards establishing a complete State-based PbB surveillance activity (as defined in the "Purpose" section).

3. *Project Sustainability (20 points).*

The extent to which the proposed activities are likely to result in the long-term maintenance of a complete State-based PbB surveillance system. In particular, specific activities that will be undertaken by the State during the project period to ensure that the surveillance program continues after completion of the project period.

4. *Personnel (10 points).*

The extent to which the qualifications and time commitments of project

personnel are clearly documented and appropriate for implementing the proposal.

5. *Use of Existing Resources (5 points).*

The extent to which the proposal would make effective use of existing resources and expertise within the applicant agency or through collaboration with other agencies.

6. *Budget (Not Scored).*

The extent to which the budget is reasonable, clearly justified, and consistent with the intended use of funds.

*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 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. Indian tribes are strongly encouraged to request tribal government review of the proposed application. If the SPOCs or tribal governments have any State process or tribal process recommendations on applications submitted to CDC, they should send them to Lisa G. Tamaroff, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Atlanta, GA 30305, no later than 60 days after the application due date. The Program Announcement Number and Program Title should be referenced on the document. The granting agency does not guarantee to "accommodate or explain" State process recommendations it receives after that date.

*Public Health System Reporting Requirement*

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 93.197.

*Other Requirements*

*Paperwork Reduction Act*

Data collection initiated under this grant has been approved by the Office of Management and Budget under number 0920-0282, "Childhood Lead Prevention Grant Reporting," Expiration date October 1996.

*Application Submission and Deadline*

The original and two copies of the PHS 5161-1 (OMB Number 0937-0189) must be submitted to Lisa G. Tamaroff, 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 on or before April 12, 1996.

*1. Deadline*

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

A. Received on or before the deadline date, or

B. Sent on or before the deadline date and received in time for submission for the review process. 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 acceptable 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.

A one-page, single-spaced, typed abstract must be submitted with the application. The heading should include the title of the grant program, project title, organization, name and address, project director and telephone number.

*Where to Obtain Additional Information*

A complete program description, information on application procedures and an application package may be obtained from Lisa G. Tamaroff, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E-13, Atlanta, GA 30305, telephone (404) 842-6796.

The announcement is also available through the CDC homepage on the Internet. The address for the CDC homepage is [http://www.cdc.gov]. CDC

will not send application kits by facsimile or express mail.

Please refer to Announcement Number 613 when requesting information and submitting an application.

Technical assistance on prevention activities may be obtained from David L. Forney, Chief, Program Services Section, Lead Poisoning Prevention Branch, Division of Environmental Hazards and Health Effects, National Center for Environmental Health, Centers for Disease Control and Prevention (CDC), 4770 Buford Highway NE., Mailstop F-42, Atlanta, GA 30341-3724, telephone (770) 488-7330.

Technical assistance on surveillance activities may be obtained from Carol Pertowski, M.D., Medical Epidemiologist, Surveillance and Programs Branch, Division of Environmental Hazards and Health Effects, National Center for Environmental Health, Centers for Disease Control and Prevention (CDC), 4770 Buford Highway, NE., Mailstop F-42, Atlanta, GA 30341-3724, telephone (770) 488-7330.

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) through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325, telephone (202) 512-1800.

Dated: January 31, 1996.

Joseph R. Carter

*Acting Associate Director for Management and Operations,*

*Centers for Disease Control and Prevention (CDC).*

[FR Doc. 96-2587 Filed 2-6-96; 8:45 am]

BILLING CODE 4163-18-P

### **Citizens Advisory Committee on Public Health Service Activities and Research at Department of Energy (DOE) Sites: Savannah River Site Health Effects Subcommittee; Meeting**

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Agency for Toxic Substances and Disease Registry (ATSDR) and the Centers for Disease Control and Prevention (CDC) announce the following meeting.

*Name:* Citizens Advisory Committee on Public Health Service Activities and Research at DOE Sites: Savannah River Site Health Effects Subcommittee (SRS).

*Times and Dates:* 9 a.m.-5 p.m., February 29, 1996; 9 a.m.-12 noon, March 1, 1996.

*Place:* Holiday Inn—Savannah—Midtown, 7100 Abercorn Street, Savannah, Georgia 31406, telephone 912/352-7100, FAX 912/355-6408.

*Status:* Open to the public, limited only by the space available. The meeting room accommodates approximately 60 people.

*Background:* Under a Memorandum of Understanding (MOU) signed in December 1990 with DOE, the Department of Health and Human Services (HHS) has been given the responsibility and resources for conducting analytic epidemiologic investigations of residents of communities in the vicinity of DOE facilities, workers at DOE facilities, and other persons potentially exposed to radiation or to potential hazards from non-nuclear energy production use. HHS delegated program responsibility to CDC.

In addition, an MOU was signed in October 1990 and renewed in November 1992 between ATSDR and DOE. The MOU delineates the responsibilities and procedures for ATSDR's public health activities at DOE sites required under sections 104, 105, 107, and 120 of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA or "Superfund"). These activities include health consultations and public health assessments at DOE sites listed on, or proposed for, the Superfund National Priorities List and at sites that are the subject of petitions from the public; and other health-related activities such as epidemiologic studies, health surveillance, exposure and disease registries, health education, substance-specific applied research, emergency response, and preparation of toxicological profiles.

*Purpose:* This subcommittee is charged with providing advice and recommendations to the Director, CDC and the Administrator, ATSDR, regarding community, American Indian Tribes, and labor concerns pertaining to CDC's and ATSDR's public health activities and research at respective DOE sites. Activities shall focus on providing a forum for community, American Indian Tribal, and labor interaction and serve as a vehicle for community concern to be expressed as advice and recommendations to CDC and ATSDR.

*Matters To Be Discussed:* This subcommittee will listen to presentations from the Radiological Assessments Corporation, Medical University of South Carolina Cancer Registry, as well as updates on the Savannah River Site Phase II Dose Reconstruction Project findings and implications. Additional agenda items will include: the National Center for Environmental Health (NCEH) activities, the National Institute for Occupational Safety and Health and ATSDR presentations on the progress of current studies, and issues regarding the Committee selection process.

Agenda items are subject to change as priorities dictate.

*Contact Persons for More Information:* Paul G. Renard or Nadine Dickerson, Radiation Studies Branch, Division of Environmental Hazards and Health Effects, NCEH, CDC, 4770 Buford Highway, NE, (F-35), Atlanta, Georgia 30341-3724, telephone 770/488-7040, FAX 770/488-7044.

Dated: January 31, 1996.

Carolyn J. Russell,

*Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.*

[FR Doc. 96-2591 Filed 2-6-96; 8:45 am]

BILLING CODE 4163-18-M

### **Food and Drug Administration**

[Docket No. 96N-0020]

#### **Animal Drug Export; RALGRO® (Zeranol)**

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Food and Drug Administration (FDA) is announcing that Mallinckrodt Veterinary, Inc., has filed an application requesting approval for export of the animal drug RALGRO® (zeranol) implant for cattle to Canada.

**ADDRESSES:** Relevant information on this application may be directed to the Dockets Management Branch (HFA-305), Food and Drug Administration, 12420 Parklawn Dr., rm. 1-23, Rockville, MD 20857, and to the contact person identified below. Any future inquiries concerning the export of food animal drugs under the Drug Export Amendments Act of 1986 should also be directed to the contact person.

**FOR FURTHER INFORMATION CONTACT:** Thomas J. McKay, Center for Veterinary Medicine (HFV-102), Food and Drug Administration, 7500 Standish Pl., Rockville, MD 20855, 301-827-0213.

**SUPPLEMENTARY INFORMATION:** The drug export provisions in section 802 of the Federal Food, Drug, and Cosmetic Act (the act) (21 U.S.C. 382) provide that FDA may approve applications for the export of drugs that are not currently approved in the United States. Section 802(b)(3)(B) of the act sets forth the requirements that must be met in an application for approval. Section 802(b)(3)(C) of the act requires that the agency review the application within 30 days of its filing to determine whether the requirements of section 802(b)(3)(B) have been satisfied. Section 802(b)(3)(A) of the act requires that the agency publish a notice in the Federal Register within 10 days of the filing of an application for export to facilitate public participation in its review of the application. To meet this requirement, the agency is providing notice that Mallinckrodt Veterinary, Inc., 421 East Hawley St., Mundelein, IL 60060, has filed application number 0082 requesting approval for export of the animal drug RALGRO® (zeranol)