

with analysis in the Matter of Port Washington Real Estate Board, Inc., for the purpose of soliciting public comment. Interested parties were given sixty (60) days in which to submit comments, suggestions or objections regarding the proposed form of the order.

A comment was filed and considered by the Commission. The Commission has ordered the issuance of the complaint in the form contemplated by the agreement, made its jurisdictional findings and entered an order to cease and desist, as set forth in the proposed consent agreement, in disposition of this proceeding.

(Sec. 6, 38 Stat. 721; 15 U.S.C. 46. Interprets or applies sec. 5, 38 Stat. 719, as amended; 15 U.S.C. 45)

Donald S. Clark,

Secretary.

[FR Doc. 96-9277 Filed 4-12-96; 8:45 am]

BILLING CODE 6750-01-M

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Submission for OMB Review; Comment Request**

*Title:* Title IV-B Five Year Plan, Annual Progress and Services Report and CFS-101.

OMB No: 0980-0047.

*Description:* Under title IV-B, subparts 1 and 2, States and Indian Tribes are to submit a five year plan, an annual progress and services report, and an annual budget request and estimated expenditure report, (CFS-101). The plan is used by States and Indian Tribes to develop and implement services and describe coordination efforts with other federal, state and local programs. The Annual Progress and Services Report is used to provide updates and will be submitted annually with the Annual Progress and Services Report to apply for appropriated funds for the next fiscal year.

*Respondents:* State governments.

*Annual Burden Estimates:*

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
APSR .....	114	1	120	13,680
CFS-101 .....	114	1	5	570
CFSP .....	25	1	500	12,500

Estimated Total Annual Burden Hours: 26,750.

Additional Information: Copies of the proposed collection may be obtained by writing to The Administration for Children and Families, Office of Information Services, Division of Information Resource Management Services, 370 L'Enfant Promenade, S.W., Washington, D.C. 20447, Attn: ACF Reports Clearance Officer.

OMB Comment: OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the Federal Register. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, 725 17th Street, N.W., Washington, D.C. 20503, Attn: Ms. Wendy Taylor.

Dated: March 28, 1996.

Roberta Katson,

Director, Office of Information Resource Management Services.

[FR Doc. 96-9239 Filed 4-12-96; 8:45 am]

BILLING CODE 4184-01-M

**Health Resources and Services Administration**

**Availability of Funds for Community and Migrant Health Center Activities, for the Provision of Technical and Other Non-Financial Assistance to Community and Migrant Health Centers, and for Cooperative Agreements To Support Community and Migrant Health Centers**

**AGENCY:** Health Resources and Services Administration, HHS.

**ACTION:** Notice of Availability of Funds.

**SUMMARY:** The Health Resources and Services Administration (HRSA) announces that applications will be accepted for fiscal year (FY) 1996 Community and Migrant Health Center (C/MHC) activities. The activities supported include: the operation of C/MHCs (including enhanced perinatal services), capital improvements, cooperative agreements to support C/MHCs and other community-based providers of primary care, and awards for the provision of technical and other non-financial assistance to C/MHCs and other community-based providers of primary care. It is anticipated that grants will be awarded under sections 329 and 330 of the Public Health Service (PHS) Act, 42 U.S.C. 254b and 254c, respectively. Technical assistance is awarded under sections 329(g)(1),

330(f)(1), and 333(d) of the PHS Act, 42 U.S.C., 254b(g)(1), 254c(f)(1) and 254f(d), respectively.

This program announcement is subject to the final action on the appropriation of funds. At this time, given the continuing resolutions and the absence of a final FY 1996 appropriation, the specific amount available for these grant programs is not known.

The PHS is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a PHS led national activity for setting priority areas. The health center program directly addresses the Healthy People 2000 objectives by improving access to preventive and primary care services for underserved populations, especially minority and other disadvantaged populations. 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. 017-001-00473-01) through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325 (Telephone 202-783-3238).

The PHS strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. In addition, Public Law 103-227, the Pro-Children Act of

1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

**APPLICATION DEADLINES:** Applications shall be considered to have met the deadline if they are: (1) Received on or before the deadline; or (2) sent on or before the established deadline date and received in time for orderly processing. (Applicants should request 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.) Late applications not accepted for processing will be returned to the applicant. Deadlines are as follows:

**SECTIONS 329 AND 330 FUNDS:** Competing continuation applications for section 329 and/or Section 330 funds to provide essential services are due 120 days prior to the expiration of the current project period award unless otherwise specified. Noncompeting continuation applications are due 120 days prior to the expiration of the current budget period. For a list of service areas with expiring project periods, see Federal Register notice published on May 25, 1995, 60 FR 27736 *et seq.*

**TECHNICAL AND OTHER NON-FINANCIAL ASSISTANCE GRANTS AND COOPERATIVE AGREEMENTS:** Proposals for national grants of technical and other non-financial assistance under sections 329(g)(1), 330(f)(1) and 333(d) and proposals for national cooperative agreements under sections 329(g)(1), 330(f)(1) and 333(d) must be received no later than June 1, 1996.

**CAPITAL:** All C/MHCs will be notified directly of the deadlines for capital improvement project applications, as well as the evaluation criteria for awarding grants.

**ADDRESSES:** Application kits (PHS form 5161-1 with revised face sheets DHHS Form 424, as approved by the Office of Management and Budget (OMB) under control numbers 0937-0189) and guidance will be sent to current sections 329/330 grantees for continuation funding. New applicants for sections 329/330 funding should send application requests to the PHS Regional Grants Management Officers (RGMOs), whose addresses are provided in the appendix to this document. Application kits and guidance for competitive activity for capital improvements, cooperative agreements to support C/MHCs and other community-based providers of primary care, and awards for the provision of technical and other non-financial

assistance to C/MHCs and other community-based providers of primary care may be obtained from: Bureau of Primary Health Care, Health Resources and Services Administration, c/o Houston Associates, Inc., 1010 Wayne Avenue, Suite 1200, Silver Spring, Maryland 20910. The telephone number is (800) 523-2192. The fax number is (800) 523-2193. Completed applications for capital improvements, cooperative agreements to support C/MHCs and other community-based providers of primary care, and awards for the provision of technical and other non-financial assistance to C/MHCs and other community-based providers of primary care must be sent to: Bureau of Primary Health Care, HRSA, c/o Houston Associates, Inc., at the above address.

**FOR FURTHER INFORMATION CONTACT:** The RGMOs are available to provide assistance on business management issues. For general program information about the availability of funds, contact Richard C. Bohrer, (301) 594-4300.

**SUPPLEMENTARY INFORMATION:**

**A. General Primary Care Services Delivery**

**Number of Awards:** A total of approximately 640 C/MHC grants will be made available, of which approximately 270 will be for competing continuation grants and approximately 370 will be for noncompeting continuation grants. Awards will be for a one year budget period. Project periods will be for up to five years.

**Eligible Applicants:** It is the intent of HRSA to continue to support health services in the service areas of currently funded C/MHCs, given the need inherent in their designation as medically underserved. Within their project periods, only current grantees may apply for sections 329 and 330 awards to continue to provide health services in medically underserved areas. However, any nonprofit private and public entities may apply to serve the geographic areas where project periods are expiring. For a list of service areas with expiring project periods, see the Federal Register notice published on May 25, 1995, 60 FR 27736 *et seq.*

**Review Criteria:** When determining whether Federal support will be made available for continuing awards, the Department will review C/MHCs for compliance with standard criteria stipulated in the program regulations (42 CFR Part 51c for CHC and Part 56 for MHC activities) and effectiveness in use of previously awarded sections 330 and 329 funds. This year's reviews will

continue to emphasize need and community impact, health services, management and finance, and governance. Specifically, applications will be evaluated based on: (1) the extent of demonstrated need for services based on geographic, demographic, and economic factors, resources in the area, and health status; (2) the capability of the applicant to provide primary health services (including enhanced perinatal services) as appropriate to meet the needs of the community, as evidenced by such attributes as an adequate medical provider staff (e.g., number, specialty mix, and qualifications), critical linkages to other relevant entities (e.g., State or local health departments, State Medicaid agencies, health professions training programs), and coordination with other levels of care; (3) the extent to which the applicant assures the delivery of effective and efficient health services through appropriate leadership, management structures and financial systems; (4) the extent to which the applicant demonstrates the appropriateness of governing board composition, committee structure, and performance to assure that the board functions fully and effectively in its fiduciary role; and (5) the extent to which the applicant demonstrates the coordination and integration of services supported by this grant with other Federally funded, State and local health services delivery projects and programs serving the same population(s).

**B. National Cooperative Agreements**

**Number of Awards:** Approximately 5 cooperative agreements with national organizations to provide assistance in the development and coordination of primary health care services in needy areas may be awarded. Awards for national cooperative agreements will be for a one year budget period. Project periods will be for up to five years.

**Eligible Applicants:** An applicant must be a national organization that represents State, local or community-based health constituencies, and that satisfies the Secretary that it is able to meet program requirements.

**Review Criteria:** All national organizations seeking cooperative agreements will be evaluated according to their ability to address activities in one or more of the following areas: (1) enhanced access to primary care for medically underserved and uninsured populations; (2) improved management and enhanced financing for primary care services in medically underserved areas and for medically underserved populations; (3) recruitment and retention of health providers in

medically underserved areas and for medically underserved populations; (4) health care services for special populations, including migrant and seasonal farmworkers; (5) integration/collaboration of C/MHCs and other community-based providers of primary care with public and other external organizations; (6) clinical strategies for primary care clinicians serving medically underserved populations.

**Federal Responsibilities Under Cooperative Agreements:** Federal responsibilities under the cooperative agreements, in addition to the usual monitoring and technical assistance provided under grants, will include the following: (1) coordination of national cooperative agreement activities with other federally funded primary care activities, (including State and Regional Primary Care Associations and State Cooperative Agreements) and (2) final approval of workplans for activities under the national cooperative agreement with attention to planning, task design and setting target task completion dates.

#### C. Technical and Other Non-Financial Assistance

**Number of Awards:** Approximately 5 awards to national organizations to support the provision of technical and other non-financial assistance to C/MHCs and other community-based providers of primary care to the underserved may be made. Awards will be for a one year budget period. Project periods will be for up to five years.

**Eligible Applicants:** Eligible applicants are private nonprofit entities, including (but not limited to) national associations. For the purpose of carrying out the Section 329 and Section 330 legislative authorities, national technical and other non-financial assistance is required to increase the skill levels of C/MHCs around program expectations and national trends in areas affecting C/MHCs and other community-based providers of primary care. Programs focus on enhancing skills of senior-level staff such as Executive and Medical Directors and Board members. National technical and other non-financial assistance also addresses the need for guidance materials and technical publications for use at State, regional and provider levels. Such assistance is especially critical for assisting centers in fulfilling emerging roles and responsibilities, e.g., managed care, integrated service network development. National assistance permits information and expectations to be communicated directly to Executive and Medical Directors of C/MHCs and other community-based providers of

primary care, as well as to State/Regional Primary Care Associations and State Cooperative Agreements where the primary responsibility is vested for application and implementation assistance.

**Review Criteria:** All applicants for national awards will be evaluated according to their ability to address activities in one or more of the following areas: (1) provision of training and technical assistance in management, governance and financing to C/MHCs and other community-based providers of primary care in medically underserved areas and for medically underserved populations; (2) assistance to C/MHCs and other community-based providers of primary care for the recruitment and retention of primary care providers; (3) coordination and/or development of strategies to increase access to primary care services for medically underserved, uninsured and special populations, including migrant and seasonal farmworkers; (4) support for the integration/collaboration of C/MHCs and other community-based providers of primary care with public and other external organizations; and/or (5) development of clinical strategies for primary care clinicians serving medically underserved populations.

**Other Award Information:** All general primary care services delivery grants to be awarded under this notice are subject to the provisions of Executive Order 12372, as implemented by 45 CFR Part 100, which allows States the option of setting up a system for reviewing applications from within their States for assistance under certain Federal programs. The application kits will contain a listing of States which have chosen to set up such a review system and will provide a point of contact in the States for that review. Applicants (other than Federally recognized Indian Tribal governments) should contact their State Single Points of Contact (SPOCs) 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 of each affected State. State process recommendations should be submitted to the appropriate Regional Office (see Appendix). The due date for State process recommendations is 60 days after the appropriate application deadline date. The Bureau of Primary Health Care does not guarantee that it will accommodate or explain its response to State process recommendations received after this date.

**Public Health System Reporting Requirement:** Section 329 and Section 330 general primary care services delivery grants are subject to the Public Health System Reporting Requirement, PHS Circular 92.01. Reporting requirements have been approved by the OMB under control numbers 0937-0195. Under this requirement, the community-based nongovernmental applicant must prepare and submit a Public Health System Impact Statement (PHSIS). The PHSIS is intended to provide information to State and local health officials to keep them apprised of proposed health services grant applications submitted by community-based nongovernmental organizations within their jurisdictions. Applicants may submit the Project Summary section of the application as the PHSIS.

Community-based nongovernmental applicants are required to submit a copy of the face page of the application (SF 424) to the head of the appropriate State and local health agencies in the area(s) to be impacted no later than the Federal application receipt due date. In the OMB Catalog of Federal Domestic Assistance, the Community Health Center program is listed as Number 93.224 and the Migrant Health Center program is listed as Number 93.246.

Dated: April 10, 1996.

Ciro V. Sumaya,  
*Administrator.*

#### Appendix—Regional Grants Management Officers

Region I: Grants Management Officer, PHS Regional Office I, John F. Kennedy Federal Building, Boston, MA 02203, (617) 565-1482

Region II: Grants Management Officer, PHS Regional Office II, Room 3300, 26 Federal Plaza, New York, NY 10278, (212) 264-4496

Region III: Grants Management Officer, PHS Regional Office III, P.O. Box 13716, Philadelphia, PA 19101, (215) 596-6653

Region IV: Grants Management Officer, PHS Regional Office IV, Room 1106, 101 Marietta Tower, Atlanta, GA 30323, (404) 331-2597

Region V: Grants Management Officer, PHS Regional Office V, 105 West Adams Street, 17th Floor, Chicago, IL 60603, (312) 353-8700

Region VI: Grants Management Officer, PHS Regional Office VI, 1200 Main Tower, Dallas, TX 75202, (214) 767-3885

Region VII: Grants Management Officer, PHS Regional Office VII, Room 501, 601 East 12th Street, Kansas City, MO 64016, (816) 426-5841

Region VIII: Grants Management Officer, PHS Regional Office VIII, 1961 Stout Street, Denver, CO 80294, (303) 844-4461

Region IX: Grants Management Officer, PHS  
Regional Office IX, 50 United Nations  
Plaza, San Francisco, CA 94102, (415)  
556-2595

Region X: Grants Management Officer, PHS  
Regional Office X, Mail Stop RX 20, 2201  
Sixth Avenue, Seattle, WA 98121, (206)  
553-7997

[FR Doc. 96-9295 Filed 4-12-96; 8:45 am]

BILLING CODE 4160-15-U

## National Institutes of Health

### Division of Research Grants; Notice of Closed Meetings

Pursuant to Section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following Division of Research Grants Special Emphasis Panel (SEP) meetings.

*Purpose/Agenda:* To review individual grant applications.

*Name of SEP:* Biological and Physiological Sciences.

*Date:* April 11-12, 1996.

*Time:* 8:30 a.m.

*Place:* Ramada Inn, Bethesda, MD.

*Contact Person:* Dr. Calbert Laing, Scientific Review Administrator, 6701 Rockledge Drive, Room 4204, Bethesda, Maryland 20892, (301) 435-1221.

*Name of SEP:* Biological and Physiological Sciences.

*Date:* April 16, 1996.

*Time:* 2:30 p.m.

*Place:* NIH, Rockledge 2, Room 4150, Telephone Conference.

*Contact Person:* Dr. Marcia Litwack, Scientific Review Administrator, 6701 Rockledge Drive, Room 4150, Bethesda, Maryland 20892, (301) 435-1719.

*Name of SEP:* Biological and Physiological Sciences.

*Date:* April 17, 1996.

*Time:* 2:30 p.m.

*Place:* NIH, Rockledge 2, Room 4150, Telephone Conference.

*Contact Person:* Dr. Marcia Litwack, Scientific Review Administrator, 6701 Rockledge Drive, Room 4150, Bethesda, Maryland 20892, (301) 435-1719.

This notice is being published less than 15 days prior to above meetings due to the urgent need to meet timing limitations imposed by the grant review and funding cycle.

*Name of SEP:* Behavioral and Neurosciences.

*Date:* April 29, 1996.

*Time:* 8:30 a.m.

*Place:* State Plaza Hotel, Washington, DC.

*Contact Person:* Dr. Leonard Jakubczak, Scientific Review Administrator, 6701 Rockledge Drive, Room 5172, Bethesda, Maryland 20892, (301) 435-1247.

*Name of SEP:* Chemistry and Related Sciences.

*Date:* May 6, 1996.

*Time:* 9:00 a.m.

*Place:* Ramada Inn, Bethesda, MD.

*Contact Person:* Dr. Asher Hyatt, Scientific Review Administrator, 6701 Rockledge Drive, Room 4160, Bethesda, Maryland 20892, (301) 435-1724.

*Name of SEP:* Biological and Physiological Sciences.

*Date:* June 14, 1996.

*Time:* 8:30 a.m.

*Place:* Residence Inn, Bethesda, MD.

*Contact Person:* Dr. Sandy Warren, Scientific Review Administrator, 6701 Rockledge Drive, Room 5134, Bethesda, Maryland 20892, (301) 435-1019.

*Name of SEP:* Microbiological and Immunological Sciences.

*Date:* June 28, 1996.

*Time:* 8:30 a.m.

*Place:* Holiday Inn, Chevy Chase, MD.

*Contact Person:* Dr. Gilbert Meier, Scientific Review Administrator, 6701 Rockledge Drive, Room 4200, Bethesda, Maryland 20892, (301) 435-1219.

The meetings will be closed in accordance with the provisions set forth in secs. 552b(c)(4) and 552b(c)(6), Title 5, U.S.C. Applications and/or proposals and the discussions could reveal confidential trade secrets or commercial property such as patentable material and personal information concerning individuals associated with the applications and/or proposals, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

(Catalog of Federal Domestic Assistance Program Nos. 93.306, 93.333, 93.337, 93.393-93.396, 93.837-93.844, 93.846-93.878, 93.892, 93.893, National Institutes of Health, HHS)

Dated: April 8, 1996.

Susan K. Feldman,

*Committee Management Officer, NIH.*

[FR Doc. 96-9196 Filed 4-12-96; 8:45 am]

BILLING CODE 4140-01-M

## DEPARTMENT OF THE INTERIOR

### Bureau of Land Management

[MT-910-1820-00]

#### Call for Nominations on Resource Advisory Councils; Montana, North Dakota and South Dakota

**AGENCY:** Bureau of Land Management, Interior.

**ACTION:** Notice.

**SUMMARY:** The purpose of this notice is to solicit public nominations for each of four Bureau of Land Management (BLM) Resource Advisory Councils currently assisting BLM in Montana, North Dakota, and South Dakota. The four councils of Butte, Lewistown, Miles City, and the Dakotas established and authorized in 1995 by the Secretary of the Interior, provide advice and

recommendations to BLM on management of the public lands. Public nominations will be received and considered for 45 days beginning with the publication date of this notice.

The Federal Land Policy and Management Act (FLPMA) directs the Secretary of the Interior to involve the public in planning and issues related to management of lands administered by BLM. Section 309 of FLPMA directs the Secretary to select 10-15 member citizen-based advisory councils that are established and authorized consistent with the requirements of the Federal Advisory Committee Act (FACA). As required by the FACA, Resource Advisory Council membership must be balanced and representative of the various interests concerned with the management of the public lands. These include three categories:

Category One: Holders of federal grazing permits, representatives of energy and mining development, timber industry, transportation or rights-of-way, off-road vehicle use and developed recreation.

Category Two: Representatives of environmental and resource conservation organizations, dispersed recreation, archeological and historic interests, and wild horse and burro groups.

Category Three: Representatives of state and local government, Native American tribes, academicians involved in natural sciences, employees of state agencies responsible for the management of natural resources, land, or water, and the public at large.

The Butte Council has one opening in Category One, two openings in Category Two, and two openings in Category Three (one of these two openings must be filled by an elected official). The Lewistown Council has two openings in Category One, one opening in Category Two, and two openings in Category Three. The Miles City Council has two openings in Category One, one opening in Category Two, and two in Category Three (one of these two openings must be filled by an elected official). The Dakotas Council has one opening in Category One for someone from North Dakota, two openings in Category Two (one from North Dakota and one from South Dakota), and one opening in Category Three for someone from South Dakota.

Individuals may nominate themselves or others. Nominees must be residents of the state or states in which the council has jurisdiction. Nominees will be evaluated based on their education, training, and experience of the issues and knowledge of the geographical area of the Council. Nominees should have