package. Business management technical assistance may be obtained from

Victoria Sepe, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), Mailstop E–13, Room 321, 255 East Paces Ferry Road, NE., Atlanta, GA, 30305, telephone (404) 842–6804, Internet: vxw1@opspgo1.em.cdc.gov.

Programmatic technical assistance may be obtained from Ted A. Pettit, State FACE Project Officer, Chief, Trauma Investigations Section, Surveillance and Field Investigations Branch, Division of Safety Research, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC), Mailstop 180P, 1095 Willowdale Road, Morgantown, WV, 26505–2888, telephone (304) 285–5972, *Internet:* tap3@niosr1.em.cdc.gov or Dr. Nancy Stout, Acting Chief, Surveillance and Field Investigations Branch (at the same address), telephone (304) 285–5916.

Please refer to Announcement Number 713 when requesting information and submitting an application.

Potential applicants may obtain a copy of Healthy People 2000 (Full Report, Stock Number 017–001–00474–0) or Healthy People 2000 (Summary Report, Stock Number 017–001–00473–1) referenced in the INTRODUCTION through the Superintendent of Documents, Government Printing Office, Washington, DC 20402–9325, telephone (202) 512–1800.

Dated: January 9, 1997.

Diane D. Porter,

Acting Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC).

[FR Doc. 97–1030 Filed 1–15–97; 8:45 am]

BILLING CODE 4163–19–P

Food and Drug Administration

[Docket No. 97F–0004]

Ciba Specialty Chemicals Corp.; Filing of Food Additive Petition

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that Ciba Specialty Chemicals Corp. has filed a petition proposing that the food additive regulations be amended to provide for the safe use of 2-(4,6-diphenyl-1,3,5-triazin-2-yl)-5-(hexyloxy)phenol as a light stabilizer/ultraviolet (UV) absorber for polycarbonate resins and polyester elastomers intended for use in contact with food.

DATES: Written comments on the petitioner's environmental assessment by February 18, 1997.

ADDRESSES: Submit written comments to the Dockets Management Branch (HFA–305), Food and Drug Administration, 12420 Parklawn Dr., rm. 1–23, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: Vir D. Anand, Center for Food Safety and Applied Nutrition (HFS–216), Food and Drug Administration, 200 C St. SW., Washington, DC 20204, 202–418–3081.

SUPPLEMENTARY INFORMATION: Under the Federal Food, Drug, and Cosmetic Act (sec. 409(b)(5) (21 U.S.C. 348(b)(5))), notice is given that a food additive petition (FAP 7B4531) has been filed by Ciba Specialty Chemicals Corp., 540 White Plains Rd., Tarrytown, NY 10591–9005. The petition proposes to amend the food additive regulations in § 178.2010 *Antioxidants and/or stabilizers for polymers* (21 CFR 178.2010) to provide for the safe use of 2-(4,6-diphenyl-1,3,5-triazin-2-yl)-5-(hexyloxy)phenol as a light stabilizer/UV absorber for polycarbonate resins complying with 21 CFR 177.1580 and polyester elastomers complying with 21 CFR 177.1590 intended for use in contact with food.

The potential environmental impact of this action is being reviewed. To encourage public participation consistent with regulations promulgated under the National Environmental Policy Act (40 CFR 1501.4(b)), the agency is placing the environmental assessment submitted with the petition that is the subject of this notice on public display at the Dockets Management Branch (address above) for public review and comment. Interested persons may, on or before February 18, 1997, submit to the Dockets Management Branch (address above) written comments. Two copies of any comments are to be submitted, except that individuals may submit one copy. Comments are to be identified with the docket number found in brackets in the heading of this document. Received comments may be seen in the office above between 9 a.m. and 4 p.m., Monday through Friday. FDA will also place on public display any amendments to, or comments on, the petitioner's environmental assessment without further announcement in the Federal Register. If, based on its review, the agency finds that an environmental impact statement is not required and this petition results in a regulation, the notice of availability of the agency's finding of no significant impact and the evidence supporting that finding will be published with the regulation in the Federal Register in accordance with 21 CFR 25.40(c).

Dated: December 26, 1996.

Alan M. Rulis,

Director, Office of Premarket Approval, Center for Food Safety and Applied Nutrition.

[FR Doc. 97–1116 Filed 1–15–97; 8:45 am]

BILLING CODE 4160–01–F

Health Care Financing Administration

[ORD–095–N]

New and Pending Demonstration Project Proposals Submitted Pursuant to Section 1115(a) of the Social Security Act: November 1996

AGENCY: Health Care Financing Administration (HCFA).

ACTION: Notice.

SUMMARY: This notice announces that during the month of November 1996, no proposals, under the authority of section 1115 of the Social Security Act were approved, disapproved, or withdrawn. (This notice can be accessed on the Internet at HTTP://WWW.HCFA.GOV/ORD/ORDHP1.HTML.)

DATES: *Comments.* We will accept written comments on these proposals. We will, if feasible, acknowledge receipt of all comments, but we will not provide written responses to comments. We will, however, neither approve nor disapprove any new proposal for at least 30 days after the date of this notice to allow time to receive and consider comments. Direct comments as indicated below.

ADDRESSES: Mail correspondence to: Susan Anderson, Office of Research and Demonstrations, Health Care Financing Administration, Mail Stop C3–11–07, 7500 Security Boulevard, Baltimore, MD 21244–1850.

FOR FURTHER INFORMATION CONTACT: Susan Anderson, (410) 786–3996.

SUPPLEMENTARY INFORMATION:

I. Background

Under section 1115 of the Social Security Act (the Act), the Department of Health and Human Services (HHS) may consider and approve research and demonstration proposals with a broad range of policy objectives. These demonstrations can lead to improvements in achieving the purposes of the Act. In exercising her discretionary authority, the Secretary has developed a number of policies and

procedures for reviewing proposals. On September 27, 1994, we published a notice in the Federal Register (59 FR 49249) that specified (1) the principles that we ordinarily will consider when approving or disapproving demonstration projects under the authority in section 1115(a) of the Act; (2) the procedures we expect States to use in involving the public in the development of proposed demonstration projects under section 1115; and (3) the procedures we ordinarily will follow in reviewing demonstration proposals. We are committed to a thorough and expeditious review of State requests to conduct such demonstrations.

As part of our procedures, we publish a notice in the Federal Register with a monthly listing of all new submissions, pending proposals, approvals, disapprovals, and withdrawn proposals. Proposals submitted in response to a grant solicitation or other competitive process are reported as received during the month that such grant or bid is awarded, so as to prevent interference with the awards process.

II. Listing of New, Pending, Approved, Disapproved, and Withdrawn Proposals for the Month of November 1996

A. Comprehensive Health Reform Programs

1. New Proposals

No new proposals were received during the month of November.

2. Pending, Approved, Disapproved, and Withdrawn Proposals

We did not approve or disapprove any Comprehensive Health Reform Programs during November nor were any proposals withdrawn during that month. Pending proposals for the month of October found in the Federal Register of December 9, 1996, 61 FR 64914, remain unchanged with the exception of the following one new proposal submitted in October that is now pending.

Demonstration Title/State: State of Washington Medicaid Section 1115(a) Waiver Request—Washington.

Description: Under the ''State of Washington Medicaid Section 1115(a) Waiver Request,'' the State is requesting waivers of the 75/25 and lock-in requirements. The State's intent is for the demonstration to subsume the current 1915(b) Health Options Program. The State is planning innovations with encounter data, Medicaid HEDIS, and quality measures for the disabled population.

Date Received: October 2, 1996.

State Contact: Jane Beyer, Assistant Secretary, Medical Assistance Administration, Department of Social and Health Services, P.O.Box 45500, Olympia, Washington 98504–5500, (360) 586–6513.

Federal Project Officer: Nancy Goetschius, Health Care Financing Administration, Office of Research and Demonstrations, Mail Stop C3–18–26, 7500 Security Boulevard, Baltimore, MD 21244–1850.

B. Other Section 1115 Demonstration Proposals

1. New, Pending, Approved, Disapproved, and Withdrawn Proposals

We did not receive any new proposals or approve or disapprove any Other Section 1115 Demonstration Proposals during the month of November nor were any proposals withdrawn during that month. Pending proposals for the month of October found in the Federal Register of December 9, 1996, 61 FR 64914, remain unchanged.

III. Requests for Copies of a Proposal

Requests for copies of a specific Medicaid proposal should be made to the State contact listed for the specific proposal. If further help or information is needed, inquiries should be directed to HCFA at the address above.

(Catalog of Federal Domestic Assistance Program, No. 93.779; Health Financing Research, Demonstrations, and Experiments).

Dated: December 18, 1996.

Barbara Cooper,

Acting Director, Office of Research and Demonstrations.

[FR Doc. 97–1025 Filed 1–15–97; 8:45 am]

BILLING CODE 4120–01–P

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 35, United States Code, as amended by the Paperwork Reduction Act of 1995, Public Law 104–13), the Health Resources and Services Administration (HRSA) will publish periodic summaries of proposed projects being developed for submission to OMB under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, call the HRSA Reports Clearance Officer on (301) 443–1129.

Comments are invited on: (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Projects

1. Project To Assess Bi/Multilingual Services Offered At Selected Community And Migrant Health Centers—NEW—Recognizing the importance of language-appropriate services to full and effective health care provision, the Office of Minority and Women's Health in the Bureau of Primary Health Care [BPHC], Health Resources and Services Administration [HRSA], proposes to conduct a voluntary survey to assess the composition and provision of bi/multilingual services at 150 Community and Migrant Health Centers [C/MHCs] identified as likely to be serving such populations. This effort was developed so that information could be gathered to assist the field, funding agency staff, and policy makers in better understanding what works, what does not, and barriers and facilitators to effective health service provision for speakers of languages other than English.

The information gathered will provide HRSA with an information base upon which to build in making future program decisions regarding C/MHC resource and staffing needs in order to reduce or eliminate the barriers to health care often faced by non- or limited-English-speaking populations. The end result of the program will be to assist the funding agency to help C/MHCs and by extension, other providers of health care for non- or limited-English speaking populations, to provide appropriate services. An estimate of the hour burden anticipated for the 150 C/MHC Directors to whom the survey will be mailed is shown below.