

ESTIMATED ANNUAL REPORTING BURDEN

21 CFR Section/Form Number	No. of Respondents	Annual Frequency per Response	Total Annual Responses	Hours per Response	Total Hours	Total Operating & Maintenance Costs
1002.3	10	1	10	12	120	\$2,940
1002.10, 1010.3	540	1.6	850	24	20,400	\$499,800
1002.11	1,000	1.5	1,500	0.5	750	\$18,375
1002.12	150	1	150	5	750	\$18,375
1002.13 Annual	900	1	900	26	23,400	\$573,300
1002.13 Quarterly	250	2.4	600	0.5	300	\$7,350
1002.20	40	1	40	2	80	\$1,960
1002.50(a), 1002.51	10	1.5	15	1	15	\$367.50
Form FDA 2877	600	32	19,200	0.2	3,840	\$94,080
1010.2	1	1	1	5	5	\$122.50
1010.4 and Form FDA 3147	53	2.1	115	0.5	58	\$1,421
1010.4—Other	1	1	1	120	120	\$2,940
1010.5, 1010.13	3	1	3	22	66	\$1,617
Totals	1,760		23,385		49,904	\$1,222,648

There are no capital costs associated with this collection.

ESTIMATED ANNUAL RECORDKEEPING BURDEN

21 CFR Section	No. of Recordkeepers	Annual Frequency per Recordkeeping	Total Annual Records	Hours per Recordkeeper	Total Hours	Total Operating & Maintenance Costs
1002.30, 1002.31(a)	1,150	1,655.5	1,903,825	198.7	228,505	\$5,598,373
1002.40, 1002.41	2,950	49.2	145,140	2.4	7,080	\$173,460
Totals	4,100				235,585	

There are no capital costs associated with this collection.

These burden estimates are based on comments from industry and interviews with industry personnel.

Several requirements are not included in the burden chart because they are exempt under 5 CFR 1320.4. These exempt requirements are: Sections 1002.31(c), 1003.10(a) and (c), 1003.10(b), 1003.11(a)(3), 1003.11(b), 1003.20(a) through (h), 1003.21(a) through (d), 1003.22(a) and (b), 1003.30(a) and (b), 1003.31(a) and (b), 1004.2(a) through (i), 1004.3(a) through (i), 1004.4(a) through (h) and 1005.21(a) through (c). Other requirements are not included because they constitute a disclosure of information originally supplied by the Federal Government to the recipient for the purpose of disclosure to the public (5 CFR 1320.3(c)(2)).

Dated: February 24, 1997.

William K. Hubbard,
Associate Commissioner for Policy
Coordination.

[FR Doc. 97-5211 Filed 3-3-97; 8:45 am]

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Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, 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, 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 Project: Grantee Reporting Requirements for the Rural Health Network Grant Program; New

The Rural Health Network Grant Program is authorized by Section 330A of the Public Health Service Act as amended by the Health Centers Consolidation Act of 1996 (Public Law 104-229). The purpose of the program is to assist in the development of vertically integrated networks of health care providers in rural communities. Grantees will be working to change the delivery system in their service areas and will be using the federal funds to develop network capabilities.

Grantees will be asked to submit semiannual reports which provide information on progress towards goals and objectives of the network, progress toward developing the governance and organizational arrangements for the network, specific network activities, certain financial data related to the grant budget, and health care services provided by the network.

The information will be used to evaluate progress on the grants, to understand barriers to network development in rural areas, to identify grantees in need of technical assistance, and to identify best practices in the development of provider networks in rural communities. The information will

also be used to begin to evaluate the impact of networks on access to care.

To minimize the burden on grantees, the reports will be submitted

electronically. The estimated burden is as follows:

Type of respondent	Number of respondents	Responses per respondent	Burden per response	Total burden (hours)
Grantees	40	.2	20	1,600

Send comments to Patricia Royston, HRSA Reports Clearance Officer, Room 14-36, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: February 26, 1997.
 J. Henry Montes,
 Director, Office of Policy and Information Coordination.
 [FR Doc. 97-5209 Filed 3-3-97; 8:45 am]
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Substance Abuse and Mental Health Services Administration

Fiscal Year (FY) 1997 Funding Opportunities for Knowledge Development and Application Cooperative Agreements

AGENCY: Substance Abuse and Mental Health Services Administration, HHS
ACTION: Notice of funding availability.

SUMMARY: The Substance Abuse and Mental Health Services Administration

(SAMHSA) Center for Substance Abuse Prevention (CSAP) announces the availability of FY 1997 funds for Knowledge Development and Application cooperative agreements for the following activities. These activities are discussed in more detail under Section 4 of this notice. This notice is not a complete description of the activities; potential applicants *must* obtain a copy of the Guidance for Applicants (GFA) before preparing an application.

Activity	Application deadline	Estimated funds available (million)	Estimated number of awards	Project period (years)
State Incentive Program	05/12/97	\$15.0	5	3
Centers for the Application of Prevention Technologies (CAPT)	05/12/97	5.0	5	3
Workplace Managed Care	05/12/97	4.0	10-15	3

Note: SAMHSA published notices of available funding opportunities in FY 1997 in the Federal Register (Vol. 62, No. 16) on Friday, January 24, 1997; (Vol. 62, No. 27) on Monday, February 10, 1997; and (Vol. 62, No. 31) on Friday, February 14, 1997.

The actual amount available for awards and their allocation may vary, depending on unanticipated program requirements and the volume and quality of applications. Awards are usually made for grant periods from one to three years in duration. FY 1997 funds for activities discussed in this announcement were appropriated by the Congress under Public Law No. 104-208. SAMHSA's policies and procedures for peer review and Advisory Council review of grant and cooperative agreement applications were published in the Federal Register (Vol. 58, No. 126) on July 2, 1993.

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 for setting priority areas. The SAMHSA Centers' substance abuse and mental health services activities address issues related to Healthy People 2000 objectives of Mental Health and Mental Disorders; Alcohol and Other Drugs; Clinical Preventive Services; HIV Infection; and Surveillance and Data Systems.

Potential applicants may obtain a copy of Healthy People 2000 (Full Report: Stock No. 017-001-00474-0) or Summary Report: Stock No. 017-001-00473-1) through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325 (Telephone: 202-512-1800).

GENERAL INSTRUCTIONS: Applicants must use application form PHS 5161-1 (Rev. 5/96; OMB No. 0937-0189). The application kit contains the GFA (complete programmatic guidance and instructions for preparing and submitting applications), the PHS 5161-1 which includes Standard Form 424 (Face Page), and other documentation and forms. Application kits may be obtained from the organization specified for each activity covered by this notice (see Section 4).

When requesting an application kit, the applicant must specify the particular activity for which detailed information is desired. This is to ensure receipt of all necessary forms and information, including any specific program review and award criteria.

The PHS 5161-1 application form is also available electronically via SAMHSA's World Wide Web Home Page (address: <http://www.samhsa.gov>). Click on SAMHSA Funding Opportunities for instructions. You can

also click on the address of the forms distribution Web Page for direct access.

The full text of each of the activities (i.e., the GFA) described in Section 4 is available electronically via the following:

SAMHSA's World Wide Web Home Page (address: <http://www.samhsa.gov>) and SAMHSA's Bulletin Board (800-424-2294 or 301-443-0040).

APPLICATION SUBMISSION: Applications must be submitted to: SAMHSA Programs, Division of Research Grants, National Institutes of Health, Suite 1040, 6701 Rockledge Drive MSC-7710, Bethesda, Maryland 20892-7710.*

(* Applicants who wish to use express mail or courier service should change the zip code to 20817)

APPLICATION DEADLINES: The deadlines for receipt of applications are listed in the table above. Please note that the deadlines may differ for the individual activities.

Competing applications must be received by the indicated receipt dates to be accepted for review. An application received after the deadline may be acceptable if it carries a legible proof-of-mailing date assigned by the carrier and that date is not later than one week prior to the deadline date. Private metered postmarks are not acceptable as proof of timely mailing.