

Director, Center for Devices and Radiological Health (21 CFR 5.53).

Dated: December 1, 1997.

Joseph A. Levitt,

Deputy Director for Regulations Policy, Center for Devices and Radiological Health.

[FR Doc. 98-153 Filed 1-5-98; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

Appointment of Performance Review Board (PRB) Members

The Health Care Financing Administration (HCFA) announces the names of new and current members of the Performance Review Board as required by 5 U.S.C. 4314(c)(4). HCFA's PRB consists of: Mary May Smith, Chairperson; David S. Cade; Richard S. Foster; Barbara S. Cooper; A. Peter

Bouxein; Linda A. Ruiz; and Charles R. Booth.

For further information, contact the Director, Human Resources Management Group, Office of Internal Customer Support, Teresa A. Smith, 7500 Security Boulevard, Room C2-09-27, Baltimore, Maryland 21244-1850, telephone number 410-786-5489.

Dated: December 17, 1997.

Teresa A. Smith,

Director, Human Resources Management Group.

[FR Doc. 98-211 Filed 1-5-98; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Fiscal Year (FY) 1998 Funding Opportunities

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 Mental Health Services and Center for Substance Abuse Prevention announce the availability of FY 1998 funds for grants and/or 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	03/06/98	\$42.0	12-18	3
HIV/AIDS Education	04/03/98	2.0	7-9	3
Child Mental Health Initiative	04/03/98	8-12	8-12	5

Note: SAMHSA plans to publish additional notices of available funding opportunities for FY 1998 in subsequent issues of the **Federal Register**.

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 1998 funds for activities discussed in this announcement were appropriated by the Congress under Public Law 105-78. 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 and the full text of each of the activities (i.e., the GFA) described in Section 4 are

available electronically via SAMHSA's World Wide Web Home Page (address: <http://www.samhsa.gov>). The GFAs are also available on SAMHSA's Bulletin Board (800-424-2294 or 301-443-0040).

Application Submission: Unless otherwise stated in the GFA, applications must be submitted to: SAMHSA Programs, Center for Scientific Review, 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.

Applications received after the deadline date and those sent to an address other than the address specified above will be returned to the applicant without review.

FOR FURTHER INFORMATION CONTACT:

Requests for activity-specific technical information should be directed to the program contact person identified for each activity covered by this notice (see Section 4).

Requests for information concerning business management issues should be directed to the grants management contact person identified for each activity covered by this notice (see Section 4).

SUPPLEMENTARY INFORMATION: To facilitate the use of this Notice of Funding Availability, information has been organized as outlined in the Table of Contents below. For each activity, the following information is provided:

- Application Deadline.
- Purpose.
- Priorities.
- Eligible Applicants.
- Grants/Cooperative Agreements/Amounts.
- Catalog of Federal Domestic Assistance Number.
- Contacts.
- Application Kits.

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1. Program Background and Objectives

SAMHSA's mission within the Nation's health system is to improve the quality and availability of prevention, early intervention, treatment, and rehabilitation services for substance abuse and mental illnesses, including co-occurring disorders, in order to

improve health and reduce illness, death, disability, and cost to society.

Reinventing government, with its emphases on redefining the role of Federal agencies and on improving customer service, has provided SAMHSA with a welcome opportunity to examine carefully its programs and activities. As a result of that process, SAMHSA moved assertively to create a renewed and strategic emphasis on using its resources to generate knowledge about ways to improve the prevention and treatment of substance abuse and mental illness and to work with State and local governments as well as providers, families, and consumers to effectively use that knowledge in everyday practice.

SAMHSA's FY 1998 Knowledge Development and Application (KD&A) agenda is the outcome of a process whereby providers, services researchers, consumers, National Advisory Council members and other interested persons participated in special meetings or responded to calls for suggestions and reactions. From this input, each SAMHSA Center developed a "menu" of suggested topics.

The topics were discussed jointly and an agency agenda of critical topics was agreed to. The selection of topics depended heavily on policy importance and on the existence of adequate research and practitioner experience on which to base studies. While SAMHSA's FY 1998 KD&A programs will sometimes involve the evaluation of some delivery of services, they are services studies and application activities, not merely evaluation, since they are aimed at answering policy-relevant questions and putting that knowledge to use.

SAMHSA differs from other agencies in focusing on needed information at the services delivery level, and in its question-focus. Dissemination and application are integral, major features of the programs. SAMHSA believes that it is important to get the information into the hands of the public, providers, and systems administrators as effectively as possible. Technical assistance, training, preparation of special materials will be used, in addition to normal communications means.

SAMHSA also continues to fund legislatively-mandated services programs for which funds are appropriated.

2. Special Concerns

SAMHSA's legislatively-mandated services programs do provide funds for mental health and/or substance abuse treatment and prevention services.

However, SAMHSA's KD&A activities do not provide funds for mental health and/or substance abuse treatment and prevention services except sometimes for costs required by the particular activity's study design. Applicants are required to propose true knowledge application or knowledge development and application projects. Applications seeking funding for services projects under a KD&A activity will be considered nonresponsive.

Applications that are incomplete or nonresponsive to the GFA will be returned to the applicant without further consideration.

3. Criteria for Review and Funding

Consistent with the statutory mandate for SAMHSA to support activities that will improve the provision of treatment, prevention and related services, including the development of national mental health and substance abuse goals and model programs, competing applications requesting funding under the specific project activities in Section 4 will be reviewed for technical merit in accordance with established PHS/SAMHSA peer review procedures.

3.1 General Review Criteria

As published in the **Federal Register** on July 2, 1993 (Vol. 58, No. 126), SAMHSA's "Peer Review and Advisory Council Review of Grant and Cooperative Agreement Applications and Contract Proposals," peer review groups will take into account, among other factors as may be specified in the application guidance materials, the following general criteria:

- Potential significance of the proposed project;
- Appropriateness of the applicant's proposed objectives to the goals of the specific program;
- Adequacy and appropriateness of the proposed approach and activities;
- Adequacy of available resources, such as facilities and equipment;
- Qualifications and experience of the applicant organization, the project director, and other key personnel; and
- Reasonableness of the proposed budget.

3.2 Funding Criteria for Scored Applications

Applications will be considered for funding on the basis of their overall technical merit as determined through the peer review group and the appropriate National Advisory Council (if applicable) review process.

Other funding criteria will include:

- Availability of funds.
- Additional funding criteria specific to the programmatic activity may be

included in the application guidance materials.

4. Special FY 1998 Substance Abuse and Mental Health Activities

4.1 Cooperative Agreements

Two major activities for SAMHSA cooperative agreement programs are discussed below. Substantive Federal programmatic involvement is required in cooperative agreement programs. Federal involvement will include planning, guidance, coordination, and participating in programmatic activities (e.g., participation in publication of findings and on steering committees). Periodic meetings, conferences and/or communications with the award recipients may be held to review mutually agreed-upon goals and objectives and to assess progress. Additional details on the degree of Federal programmatic involvement will be included in the application guidance materials.

4.1.1 National Youth Substance Abuse Prevention Initiative—State Incentive Cooperative Agreements for Community-Based Action (State Incentive Program)

- Application Deadline: March 6, 1998
- Purpose: To reverse the trend in drug use by youth, the State Incentive Cooperative Agreements for Community-Based Action calls upon Governors to set a new course of action that will assess needs, identify gaps and channel or redirect resources (consistent with the requirements of the funding source) to implement comprehensive strategies for effective youth substance abuse prevention. This program gives States the opportunity to develop an innovative process for using these special incentive funds in a different way so as to complement and enhance existing prevention efforts. Through this State-led process, individual citizens can be encouraged to play a more forceful role in their community's anti-drug efforts; and additional resources can be mobilized to support promising prevention approaches across systems and settings.

The State Incentive Program will support the States in coordinating and redirecting all prevention resources available within the State and in developing a revitalized, comprehensive prevention strategy that will make optimal use of those resources. With these redirected resources and a viable prevention strategy in place, Governors can more effectively mobilize local citizens—youth, families, communities, schools and workplaces—to work

proactively with State and local prevention organizations.

Therefore, the State Incentive Program has a two-fold purpose:

(1) Governors should coordinate, leverage and/or redirect, as appropriate, and legally permissible, all substance abuse prevention resources (funding streams and programs) within the State that are directed at communities, families, schools and workplaces in order to fill gaps with effective and promising prevention approaches targeted to marijuana and other drug use by youth. Any redirection of Federal funds, however, must be consistent with the terms and conditions of such funding and all other Federal laws.

(2) States should develop a revitalized, comprehensive State-wide strategy aimed at reducing drug use by youth through the implementation of promising community-based prevention efforts derived from sound scientific research findings.

- Priorities: None.
- Eligible Applicants: Eligibility is limited to the Office of the Governor so that a consistent State-wide strategy on substance abuse prevention will be implemented by the Governor and comprehensively evaluated as to effectiveness in the strategies used. Eligibility is limited to the Office of the Governor in those entities that receive the Substance Abuse Prevention and Treatment Block Grant (SAPT), Title XIX, Part B, Subpart II of the Public Health Service Act, 42 U.S.C. 300x-21, *et seq.* (hereinafter referred to as "States"). That grant sets aside 20 percent of the funds for primary prevention activities. This set-aside is a large resource available to the State for prevention activities and, along with the resources available under this announcement and other resources available to the State for substance abuse prevention activities, should be used to assist the Governor in implementing a State-wide strategy.

By restricting eligibility to the Governor's Office, SAMHSA/CSAP believes optimal conditions and incentives needed to establish a successful State Incentive Program are assured. The Governor's leadership and involved commitment to youth substance abuse prevention, coupled with the infrastructure previously developed through the substance abuse Block Grant funds can spur the renewed support of organizations throughout the State and ensure that substance abuse prevention aimed at youth remains a high-priority, comprehensive, and systemically integrated State-wide effort.

For this State Incentive Program, SAMHSA/CSAP strongly supports State use of existing prevention expertise and resources that already reside in the Alcohol and Drug Single State Agency (SSA), which continues to fund prevention strategies through the Substance Abuse Prevention and Treatment Block Grant. Therefore, SAMHSA/CSAP encourages Governors to include a significant role for the SSA in the development, planning and implementation of State efforts under this cooperative agreement. For example, the SSA director or his/her designee could serve as the project director for the cooperative agreement, thereby serving in a key leadership and oversight capacity.

- Cooperative Agreements/Amounts: It is estimated that approximately \$42 million will be available to support approximately 12–18 awards under this cooperative agreement announcement in FY 1998. In determining award amounts, consideration will be given to the State's population, substance abuse prevention needs, and the cost requirements of the proposed plan. Accordingly, it is expected that awards will range from \$2 million to \$3 million. Final award amounts and the actual number of awards made will depend on the number and quality of applications received, and on consideration of the relative cost reasonableness of projects approved for funding.

- Catalog of Federal Domestic Assistance Number: 93.230

- Program Contact: For programmatic or technical assistance, contact: Dave Robbins or Dan Fletcher, DSCSD, Systems Applications Branch, Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services, Administration, Rockwall II Building, 9th Floor, 5600 Fishers Lane, Rockville, MD 20857, (301) 443-0369.

- Grants Management Contact: For business management assistance, contact: Peggy Jones, Division of Grants Management, OPS, Substance Abuse and Mental Health Services, Administration, Rockwall II Building, Room 630, 5600 Fishers Lane, Rockville, Maryland 20857, (301) 443-9666.

- Application Kits: Application kits are available from: National Clearinghouse for Alcohol and Drug Information (NCADI), P.O. Box 2345, Rockville, MD 20847-2345, 1-800-729-6686; 1-800-487-4889 TDD, Via Internet: www.health.org (Go into the Forum Section of the Web site, click on "CSAP FY 98 Grant Opportunities.")

Visually impaired: Disk versions of the application may be requested.

4.1.2 Cooperative Agreements for the Mental Health Care Provider Education in HIV/AIDS Program II (HIV/AIDS Education)

- Application Deadline: April 3, 1998.
- Purpose: The purpose of this cooperative agreement program is twofold: (1) To disseminate to mental health care service providers state-of-the-art knowledge about how to identify and treat the psychological and the neuropsychiatric sequelae of HIV/AIDS; and (2) to develop knowledge on how to be more effective in the dissemination of this knowledge.

The latter includes an assessment, through a multisite evaluation, of both the use and usefulness of this knowledge for providers of HIV/AIDS specific mental health care services (the assessment protocol and measures are being developed under a separate contract).

Applications are being solicited for 6 to 8 established education sites (funds will not be available to develop new HIV/AIDS education projects) to provide education/training (incorporating the required activities outlined in the Guidance for Applicants, GFA) to a minimum of 1,000 individual mental health care service providers per year, per site, for 3 years. At least five (5) provider groups must be included in the training project (e.g., psychiatrists, psychologists, social workers, medical students, primary care residents, psychiatry residents, nurses, counselors, the clergy and other spiritual providers).

Applications are also being sought for a coordinating/technical assistance center to provide overall coordination of the program. The role of the coordinating center will be to (1) provide leadership and guidance to the education sites on the implementation of the multisite evaluation, (2) manage and analyze the common data collected across education sites, and (3) provide technical assistance to the sites in modifying their projects based on the multisite evaluation interim findings.

- Priorities: None.
- Eligible Applicants: Applications to be an education site or the coordinating center may be submitted by organizations such as units of State or local governments and by domestic private nonprofit and for-profit organizations such as community-based organizations, universities, colleges, and hospitals. Applications from Historically Black Colleges and Universities, Hispanic Serving Institutions and Tribal Colleges and Universities are encouraged.

Applicants may apply to be either an education site or a coordinating center,

or both; however, separate applications must be submitted.

- Cooperative Agreements/Amounts: It is estimated that approximately \$1.6 million will be available to support approximately 6 to 8 education site awards under this GFA in FY 1998. The average award is expected to range from \$200,000 to \$300,000 in total costs (direct+indirect). It is also estimated that approximately \$400,000 in total costs (direct+indirect) will be available to support one (1) coordinating center award under this GFA in FY 1998. Actual funding levels will depend upon the availability of appropriated funds.

- Catalog of Federal Domestic Assistance Number: 93.230.
- Program Contact: For programmatic or technical assistance contact: Barbara J. Silver, Ph.D., Director, Mental Health Care Provider Education in HIV/AIDS Program II, Office of the Associate Director for Medical Affairs, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, Parklawn Building, Room 15-81, 5600 Fishers Lane, Rockville, MD 20857, (301) 443-7817.

- Grants Management Contact: For business management assistance, contact: Stephen Hudak, Grants Management Specialist, Substance Abuse and Mental Health Services Administration, Parklawn Building, Room 15C-05, 5600 Fishers Lane, Rockville, Maryland 20857, (301) 443-4456.

- Application Kits: Application kits are available from: National Mental Health Services, Knowledge Exchange Network (KEN), P.O. Box 42490, Washington, DC 20015, Voice: (800) 789-2647, TTY: (301) 443-9006, FAX: (301) 984-8796.

The full text of the GFA is available electronically via the Center for Mental Health Services Knowledge Exchange Network (KEN) (voice line 800-789-2647 or Electronic Bulletin Board 800-790-2647).

4.2 Grants

4.2.1 Comprehensive Community Mental Health Services for Children and their Families (Child Mental Health Initiative)

- Application Deadline: April 3, 1998.
- Purpose: Under Section 561(a) of the Public Health Service Act grants will be awarded to implement, in one or more communities, a broad array of community-based and family-focused services for children with serious emotional disturbance and their families, including individualized case planning and coordination, and to

enable communities to integrate child- and family-serving agencies, including health, mental health, substance abuse treatment, child welfare, education, and juvenile justice into a local comprehensive system of care. The statute further requires that an evaluation of the system(s) of care implemented under the Program be conducted and that it include, among other things, longitudinal studies of the outcomes of services provided by such systems.

The primary goal of the program is to successfully implement systems of care at the grant sites. A second goal after implementing systems of care, is evaluation of the outcomes of services delivered under the system. This will be accomplished through a national multi-site evaluation conducted under a separate contract and grantees will be required to cooperate with the multi-site evaluation contractor. The final goal of the Program is to use the results of both the system development efforts of each service site and the results of the descriptive, process and outcome evaluation to shape future program direction with proven exemplary practices that work best for children and their families.

- Priorities: None.
- Eligible Applicants: Eligible entities include States (as defined in Section 2 of the PHS Act), political subdivisions of States, and Indian tribes or tribal organizations (as defined in Section 4(b) and Section 4(c) of the Indian Self-Determination and Education Assistance Act). Applications from all State level, political subdivisions of States (e.g., counties, cities), tribe or tribal organization child-serving agencies are allowed. In order for an entity to be eligible, a plan must be in place for the development of a system of care for community-based services for children with a serious emotional disturbance approved by the Secretary of the U.S. Department of Health and Human Services per Section 564(b) of the PHS Act. For the purposes of this program, an approved State Mental Health Plan for Children and Adolescents with Serious Emotional Disturbance, submitted under Public Law 102-321, will be accepted as such a plan.

- Grants/Amounts: Approximately \$8-12 million will be available to support 8 to 12 awards under this GFA in FY 1998. Actual funding will depend upon the availability of funds at the time of award. These grants are for a period of 5 years; it is anticipated that approximately \$1 million will be available to each grantee in year one; \$1 million in year two; \$2 million in year

three, \$1.5 million in year four, and \$1.5 million in five. An applicant must arrange and demonstrate the availability of match of non-Federal funds in mandated ratios.

- Catalog of Federal Domestic Assistance Number: 93.104.

- Program Contact: For programmatic or technical assistance, contact: Gary De Carolis, Chief, Child, Adolescent, and Family Branch, Division of Knowledge Development and Systems Change Center for Mental Health Services/SAMHSA, Room 18-49, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857, (301) 443-1333/FAX (301) 443-3693, Internet: gdecarol@samhsa.gov.

For grants management issues, contact:

Stephen Hudak, Grants Management Officer, Office of Program Services/SAMHSA, Room 15C-05, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857, (301) 443-4456/FAX (301) 594-2336, Internet: shudak@samhsa.gov.

- Application kits, contact: National Mental Health Services, Knowledge Exchange Network (KEN), P.O. Box 42490, Washington, D.C. 20015, Voice: (800) 789-2647, TTY: (301) 443-9006, FAX: (301) 984-8796.

- CMHS intends to sponsor two technical assistance workshops for potential applicants: February 10-11, 1998 in Denver, Colorado and February 23-24, 1998 in Washington, D.C. For more information, potential applicants may contact: Ken Currier, Director, Technical Assistance Operations, National Resource Network for Child and Family Mental Health Services, Washington Business Group on Health, 777 North Capitol Street, N.E., Suite 800, Washington, D.C. 20002, (202) 408-9320/FAX (202) 408-9332, Internet: currier@wbgh.com.

5. Public Health System Reporting Requirements

The Public Health System Impact Statement (PHSIS) is intended to keep State and local health officials apprised of proposed health services grant and cooperative agreement applications submitted by community-based nongovernmental organizations within their jurisdictions.

Community-based nongovernmental service providers who are not transmitting their applications through the State must submit a PHSIS to the head(s) of the appropriate State and local health agencies in the area(s) to be affected not later than the pertinent receipt date for applications. This PHSIS consists of the following information:

a. A copy of the face page of the application (Standard form 424).

b. A summary of the project (PHSIS), not to exceed one page, which provides:

(1) A description of the population to be served.

(2) A summary of the services to be provided.

(3) A description of the coordination planned with the appropriate State or local health agencies.

State and local governments and Indian Tribal Authority applicants are not subject to the Public Health System Reporting Requirements.

Application guidance materials will specify if a particular FY 1998 activity described above is/is not subject to the Public Health System Reporting Requirements.

6. PHS Non-use of Tobacco Policy Statement

The PHS strongly encourages all grant and contract 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. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

7. Executive Order 12372

Applications submitted in response to all FY 1998 activities listed above are subject to the intergovernmental review requirements of Executive Order 12372, as implemented through DHHS regulations at 45 CFR Part 100. E.O. 12372 sets up a system for State and local government review of applications for Federal financial assistance. Applicants (other than Federally recognized Indian tribal governments) should contact the State's Single Point of Contact (SPOC) as early as possible to alert them to the prospective application(s) and to receive any necessary instructions on the State's review process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC of each affected State. A current listing of SPOCs is included in the application guidance materials. The SPOC should send any State review process recommendations directly to: Office of Extramural Activities Review, Substance Abuse and Mental Health Services Administration, Parklawn Building, Room 17-89, 5600 Fishers Lane, Rockville, Maryland 20857.

The due date for State review process recommendations is no later than 60 days after the specified deadline date for the receipt of applications. SAMHSA does not guarantee to accommodate or explain SPOC comments that are received after the 60-day cut-off.

Dated: December 30, 1997.

Richard Kopanda,

Executive Officer, SAMHSA.

[FR Doc. 98-192 Filed 1-5-98; 8:45 am]

BILLING CODE 4162-20-P

DEPARTMENT OF THE INTERIOR

Fish and Wildlife Service

Notice of Receipt of Applications for Permit

The following applicants have applied for a permit to conduct certain activities with endangered species. This notice is provided pursuant to Section 10(c) of the Endangered Species Act of 1973, as amended (16 U.S.C. 1531, *et seq.*):

PRT-837246

Applicant: Language Research Center, Georgia State University, Decatur, GA.

The applicant requests a permit to export one female Sumatran orangutan (*Pongo pygmaeus abelii*) to the Japan Monkey Center, Inuyama City, Japan for the purpose of the enhancement of the survival of the species through a breeding loan for captive propagation.

PRT-837412

Applicant: Wildlife Conservation Society, Bronx, NY.

The applicant requests a permit to export a collection of pathology slides to the Guadalajara Zoo, Mexico for the purpose of scientific research. This collection includes samples obtained opportunistically from endangered mammals (*Rhinoceros unicornis*, *Papio sphinx*, *Pudu pudu*, *Nasalis larvatus*, *Bos gaurus*, *Gazella leptoceros*, *Equus grevyi*, *Cervus nippon*), endangered reptiles (*Geochelone radiata*), and endangered birds (*Lophura swinhoii*, *Geronticus eremita*, *Tragopan blythi*, *Macrocephalon maleo*).

Written data or comments should be submitted to the Director, U.S. Fish and Wildlife Service, Office of Management Authority, 4401 North Fairfax Drive, Room 700, Arlington, Virginia 22203 and must be received by the Director within 30 days of the date of this publication.

The public is invited to comment on the following application for permits to conduct certain activities with marine mammals. The application was