their rights to the petition to Ancore Corp., FDA published in the Federal Register of December 21, 2004, a document that amended 21 CFR 179.21 to provide for the use of sources of monoenergetic neutrons to inspect cargo containers that may contain food. Under this regulation, monoenergetic neutron sources producing neutrons at energies not less than 1 million electron volts (MeV) but no greater than 14 MeV may be used for inspection of cargo containers that may contain food, providing that the neutron source bears a label stating the minimum and maximum energy of radiation emitted by the source. The regulation also requires that the label or accompanying labeling bear adequate directions for safe use and a statement that no food shall be exposed to this radiation source so as to receive a dose in excess of 0.01 gray. FDA has determined that this information is needed to assure safe use of the source of radiation.

FDA estimates the total annual burden for this collection of information as follows:

### Table 1.—Estimated Annual Reporting Burden

<table>
<thead>
<tr>
<th>21 CFR Section</th>
<th>No. of Respondents</th>
<th>Annual Frequency per Response</th>
<th>Total Annual Responses</th>
<th>Hours per Response</th>
<th>Total Operating &amp; Maintenance Costs</th>
<th>Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>179.21(a)(5), (b)(1)(iv), and (b)(2)(v)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>$100</td>
<td>1</td>
</tr>
</tbody>
</table>

1 There are no capital costs associated with this collection of information.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Current List of Laboratories Which Meet Minimum Standards To engage in Urine Drug Testing for Federal Agencies

AGENCY: Substance Abuse and Mental Health Services Administration, HHS.

ACTION: Notice.

SUMMARY: The Department of Health and Human Services (HHS) notifies Federal agencies of the laboratories currently certified to meet the standards of Subpart C of the Mandatory Guidelines for Federal Workplace Drug Testing Programs (Mandatory Guidelines). The Mandatory Guidelines were first published in the Federal Register on April 11, 1988 (53 FR 11970), and subsequently revised in the Federal Register on June 9, 1994 (59 FR 29908), on September 30, 1997 (62 FR 51118), and on April 13, 2004 (69 FR 19644).

A notice listing all currently certified laboratories is published in the Federal Register during the first week of each month. If any laboratory’s certification is suspended or revoked, the laboratory will be omitted from subsequent lists until such time as it is restored to full certification under the Mandatory Guidelines.

If any laboratory has withdrawn from the HHS National Laboratory Certification Program (NLCP) during the past month, it will be listed at the end, and will be omitted from the monthly listing thereafter.

This notice is also available on the Internet at http://workplace.samhsa.gov and http://www.drugfreeworkplace.gov.

FOR FURTHER INFORMATION CONTACT: Mrs. Giselle Hersh or Dr. Walter Vogl, Division of Workplace Programs, SAMHSA/CSAP, Room 2–1035, 1 Choke Cherry Road, Rockville, Maryland 20857; 240–276–2600 (voice), 240–276–2610 (fax).

SUPPLEMENTARY INFORMATION: The Mandatory Guidelines were developed in accordance with Executive Order 12564 and section 503 of Public Law 100–71, Subpart C of the Mandatory Guidelines, “Certification of Laboratories Engaged in Urine Drug Testing for Federal Agencies,” sets strict standards that laboratories must meet in order to conduct drug and specimen validity tests on urine specimens for Federal agencies. To become certified, an applicant laboratory must undergo three rounds of performance testing plus an on-site inspection. To maintain that certification, a laboratory must participate in a quarterly performance testing program plus undergo periodic, on-site inspections.

Laboratories which claim to be in the applicant stage of certification are not to be considered as meeting the minimum requirements described in the HHS Mandatory Guidelines. A laboratory must have its letter of certification from HHS/SAMHSA (formerly: HHS/NIDA) which attests that it has met minimum standards.

In accordance with Subpart C of the Mandatory Guidelines dated April 13, 2004 (69 FR 19644), the following laboratories meet the minimum standards to conduct drug and specimen validity tests on urine specimens:

- ACL Laboratories, 8901 W. Lincoln Ave., West Allis, WI 53227, 414–328–7840/800–877–7016 (Formerly: Bayshore Clinical Laboratory);
- ACM Medical Laboratory, Inc., 160 Elm Grove Park, Rochester, NY 14624, 585–429–2264;
- Baptist Medical Center-Toxicology Laboratory, 9601 I–630, Exit 7, Little Rock, AR 72205–7299, 501–202–2783 (Formerly: Forensic Toxicology Laboratory Baptist Medical Center);
- Diagnostic Services Inc., dba DSI, 12700 Westlinks Dr., Fort Myers, FL 33913, 239–561–8200/800–735–5416;
- Doctors Laboratory, Inc., 2906 Julia Drive, Valdosta, GA 31602, 229–671–2281;
- DrugProof, Division of Dynacare/ Laboratory of Pathology, LLC, 1229 Madison St., Suite 500, Nordstrom Medical Tower, Seattle, WA 98104, 206–386–2661/800–898–0180 (Formerly: Laboratory of Pathology of...
Seattle, Inc., DrugProof, Division of Laboratory of Pathology of Seattle, Inc.);
DrugScan, Inc., P.O. Box 2969, 1119 Mears Rd., Warminster, PA 18974, 215–674–9310;
El Sholy Laboratories, Inc., 5 Industrial Park Dr., Oxford, MS 38655, 662–236–2609;
Express Analytical Labs, 3405 7th Ave., Suite 106, Marion, IA 52302, 319–377–0500;
General Medical Laboratories, 36 South Brooks St., Madison, WI 53715, 608–267–4225;
(Formerly: Laboratory Specialists, Inc.);
(Formerly: Center for Laboratory Services, a Division of LabOne, Inc.);
LabOne, Inc., d/b/a a Northwest Toxicology, 1141 E. 3900 S., Salt Lake City, UT 84124, 801–293–2300/800–322–3361
(Formerly: NWT Drug Testing, Northwest Toxicology, Inc.; Northwest Drug Testing, a division of NWT Inc.);
Laboratory Corporation of America Holdings, 7377 Cotton Center Boulevard, Suite 177, Phoenix, AZ 85040, 602–438–8507/800–279–0027;
Sparrow Health System, Toxicology Testing Center, St. Lawrence Campus, 1210 W. Saginaw, Lansing, MI 48915, 517–364–7400 (Formerly: St. Lawrence Hospital & Healthcare System); St. Anthony Hospital Toxicology Laboratory, 1000 N. Lee St., Oklahoma City, OK 73101, 405–272–7052;
Toxicology & Drug Monitoring Laboratory, University of Missouri Hospital & Clinics, 301 Business Loop West, Suite 208, Columbia, MO 65203, 573–882–1273;
Toxicology Testing Service, Inc., 2490 NW, 79th Ave., Miami, FL 33166, 305–593–2260;
U.S. Army Forensic Toxicology Drug Testing Laboratory, 2490 Wilson St., Fort George G. Meade, MD 20755–5235, 301–677–7085;
* The Standards Council of Canada (SCC) voted to end its Laboratory Accreditation Program for Substance Abuse (LAPSA) effective May 12, 1998. Laboratories certified through that program were accredited to conduct forensic urine drug testing as required by U.S. Department of Transportation (DOT) regulations. As of that date, the certification of those accredited Canadian laboratories will continue under DOT authority. The responsibility for conducting quarterly performance testing plus periodic on-site inspections of those LAPSA-accredited laboratories was transferred to the U.S. HHS, with the HHS’ NLCP contractor continuing to have an active role in the performance testing and laboratory inspection processes. Other Canadian laboratories wishing to be considered for the NLCP may apply directly to the NLCP contractor just as U.S. laboratories do.
Upon finding a Canadian laboratory to be qualified, HHS will recommend that DOT certify the laboratory (Federal Register, July 16, 1996) as meeting the minimum standards of the Mandatory

MAXXAM Analytics Inc.*, 6740 Campobello Road, Mississauga, ON, Canada L5N 2L8, 905–817–5700
(Formerly: NOVAMANN (Ontario) Inc.);
MetroLab-Legacy Laboratory Services, 1225 NE 2nd Ave., Portland, OR 97232, 503–413–5295/800–950–5295;
Minneapolis Veterans Affairs Medical Center, Forensic Toxicology Laboratory, 1 Veterans Dr., Minneapolis, MN 55417, 612–725–2088;
National Toxicology Laboratories, Inc., 1100 California Ave., Bakersfield, CA 93304, 661–322–4250/800–350–3515;
One Source Toxicology Laboratory, Inc., 1213 Genoa-Red Bluff, Pasadena, TX 77504, 888–747–3774 (Formerly: University of Texas Medical Branch, Clinical Chemistry Division; UTMB Pathology-Toxicology Laboratory);
Oregon Medical Laboratories, P.O. Box 972, 722 East 11th Ave., Eugene, OR 97440–0972, 541–879–2134;
Pacific Toxicology Laboratories, 9348 DeSoto Ave., Chatsworth, CA 91311, 800–328–6942 (Formerly: Centinela Hospital Airport Toxicology Laboratory);
Pathology Associates Medical Laboratories, 110 West Cliff Dr., Spokane, WA 99204, 509–755–8991/800–541–7897X7;
Physicians Reference Laboratory, 7800 West 110th St., Overland Park, KS 66210, 913–339–0372/800–821–3627;
Quest Diagnostics Incorporated, 4770 Regent Blvd., Irvine, TX 75063, 800–824–6152 (Moved from the Dallas location on 03/31/01; Formerly: SmithKline Beecham Clinical Laboratories; SmithKline Beecham Bio-Science Laboratories);
Quest Diagnostics Incorporated, 400 Egypt Rd., Norristown, PA 19403, 610–631–4600/877–642–2216 (Formerly: SmithKline Beecham Clinical Laboratories; SmithKline Bio-Science Laboratories);
(Formerly: SmithKline Beecham Clinical Laboratories; International Toxicology Laboratories);
Quest Diagnostics Incorporated, 7600 Tyronne Ave., Van Nuys, CA 91405, 818–899–2520/800–877–2520 (Formerly: SmithKline Beecham Clinical Laboratories);
Scientific Testing Laboratories, Inc., 450 Southlake Blvd., Richmond, VA 23236, 804–378–9130;
S.E.D. Medical Laboratories, 5601 Office Blvd., Albuquerque, NM 87109, 505–727–6300/800–999–5227;
South Bend Medical Foundation, Inc., 530 N. Lafayette Blvd., South Bend, IN 46601, 574–234–4176 x276;
Southwest Laboratories, 4645 E. Cotton Center Boulevard, Suite 177, Oklahoma City, OK 73101, 405–272–7052;
Toxicology & Drug Monitoring Laboratory, University of Missouri Hospital & Clinics, 301 Business Loop 70 West, Suite 208, Columbia, MO 65203, 573–882–1273;
Toxicology Testing Service, Inc., 5426 NW, 79th Ave., Miami, FL 33166, 305–593–2260;
U.S. Army Forensic Toxicology Drug Testing Laboratory, 2490 Wilson St., Fort George G. Meade, MD 20755–5235, 301–677–7085;

* The Standards Council of Canada (SCC) voted to end its Laboratory Accreditation Program for Substance Abuse (LAPSA) effective May 12, 1998. Laboratories certified through that program were accredited to conduct forensic urine drug testing as required by U.S. Department of Transportation (DOT) regulations. As of that date, the certification of those accredited Canadian laboratories will continue under DOT authority. The responsibility for conducting quarterly performance testing plus periodic on-site inspections of those LAPSA-accredited laboratories was transferred to the U.S. HHS, with the HHS’ NLCP contractor continuing to have an active role in the performance testing and laboratory inspection processes. Other Canadian laboratories wishing to be considered for the NLCP may apply directly to the NLCP contractor just as U.S. laboratories do.
Upon finding a Canadian laboratory to be qualified, HHS will recommend that DOT certify the laboratory (Federal Register, July 16, 1996) as meeting the minimum standards of the Mandatory
Guidelines published in the Federal Register on April 13, 2004 (69 FR 19644). After receiving DOT certification, the laboratory will be included in the monthly list of HHS certified laboratories and participate in the NLCP certification maintenance program.

Pat Bransford,
Acting Executive Officer, SAMHSA
[FR Doc. 05–3 Filed 1–3–05; 8:45 am]
BILLING CODE 4160–20–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Notice of SAMHSA’s Ceasing Publication of Notices of Funding Availability (NOFAs) and Requests for Applications (RFAs) in the Federal Register

SUMMARY: Consistent with the Department of Health and Human Services management objectives, the Substance Abuse and Mental Health Services Administration (SAMHSA) announces a change in its practice of publishing notices of grant funding availability in the Federal Register. Rather than continue publishing NOFAs and RFAs in the Federal Register, SAMHSA will instead post notices of funding availability only on http://www.Grants.gov. Only single source or limited competition announcements will continue to be published in the Federal Register. This change will be effective January 3, 2005.

Applicants should be aware that all the necessary information to apply for grant funds will continue to be available at SAMHSA’s two national clearinghouses: The National Clearinghouse for Alcohol and Drug Information (NCADI)—1–800–729–6686—for substance abuse prevention or treatment grants; and the National Mental Health Information Center—1–800–789–CMHS (2647)—for mental health grants.

FOR FURTHER INFORMATION CONTACT:
Cathy J. Friedman, M.A., SAMHSA, 1 Choke Cherry Road, Room 8–1097, Rockville, MD 20857; phone (240) 276–2316; E-mail: cathy.friedman@samhsa.hhs.gov.

Daryl Kade,
Director, Office of Policy, Planning and Budget, Substance Abuse and Mental Health Services Administration.
[FR Doc. 05–34 Filed 1–3–05; 8:45 am]
BILLING CODE 4162–20–P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

Agency Information Collection Activities: Proposed Collection; Comment Request


ACTION: Notice and request for comments.

SUMMARY: The Federal Emergency Management Agency, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed new information collections. In accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. 3506(c)(2)(A)), this notice seeks comments concerning the need to collect program information from stakeholders of the National Fire Programs (NFP), a part of the United States Fire Administration (USFA).

SUPPLEMENTARY INFORMATION: As an entity of the U.S. Department of Homeland Security/Federal Emergency Management Agency (FEMA), the mission of the USFA is to reduce life and economic losses due to fire and related hazards. The NFP, within the USFA, oversees the development of campaigns, products, services, curriculum and doctrine for leadership development training and educational courses. These programs are designed to increase the capacity and interoperability of the fire and emergency services on prevention, mitigation, and response to local emergencies and preparedness for consequences of day-to-day and larger scale disasters.

Collection of Information

Title: National Fire Programs (NFP) Stakeholders Interview.

Type of Information Collection: New collection.

OMB Number: 1660–NEW14.

Form Numbers: None.

Abstract: Consistent with performance-based management practices, the NFP is developing a comprehensive Strategic Business and Implementation Plan. This information collection will capture stakeholders’ perspective critical to the NFP’s ability to plan effectively and deliver demand-driven products and services. Data findings will be used to: (1) Support the development of the Strategic Business and Implementation Plan, and (2) set customer service standards.

Affected Public: State, local and Tribal governments, and Not-for-Profit Institutions.

Estimated Total Annual Burden Hours: 50 hours.

ANNUAL BURDEN HOURS

<table>
<thead>
<tr>
<th>Project/activity (survey form(s), focus group, etc.)</th>
<th>Number of respondents</th>
<th>Frequency of responses</th>
<th>Burden hours per respondent</th>
<th>Annual responses</th>
<th>Total annual burden hours</th>
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<td>Stakeholders’ Interviews ........................................</td>
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<td>1</td>
<td>50</td>
<td>50</td>
</tr>
</tbody>
</table>

Estimated Cost: $23 per response/interview.

Comments: Written comments are solicited to (a) Evaluate whether the proposed data collection is necessary for the proper performance of the agency, including whether the information shall have practical utility; (b) evaluate the accuracy of the agency’s estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (c) enhance the quality, utility, and clarity of the information to be collected; and (d) minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated,