

d. On final approach at 170 KIAS, lower gear and landing flaps and reduce speed to 165 KIAS. This will result in a stick force of approximately 12 lbs. pull. Maintain 165 KIAS on final approach. The approach at 165 kts. and 39° flaps will result in an attitude with the nose lower than normal. All other check list procedures are unchanged.

e. At approximately 100 ft. above ground level slowly reduce the power to idle. The airplane should be flown onto the runway with a slight flare to assure that the nose wheel will not touch first. Plan to touch down at approximately 150 KIAS. Apply maximum reverse thrust and brake as necessary. Stick force during flare and touchdown will increase to about 30 lbs. Care should be taken not to flare high, thereby using more runway than necessary.

f. Due to the higher touchdown speed, the landing distances will be increased. The required runway length has not been determined, but landings have been made in less than 7,000 feet of runway by using maximum reverse thrust and light braking.

B. Limitations—Page 1-9, Under Stall Warning/Stall Barrier System add:

INTENTIONAL STALLS ARE PROHIBITED

C. To prevent the stall barrier stick pusher from remaining energized after actuation, due to portions of the hydraulic filters becoming lodged in the stall barrier valves, accomplish the following: Replace the stall barrier hydraulic in-line filters and inspect and leak check the stall barrier valves and cylinder if the replaced filters are determined to be not intact upon removal, according to Grumman American Service Change 199, or in an equivalent manner approved by the Chief, Engineering and Manufacturing Branch, Southern Region, Atlanta, Georgia.

This amendment becomes effective July 18, 1975.

This amendment is made under the authority of Sections 313(a), 601, and 603, of the Federal Aviation Act of 1958 (49 U.S.C. 1354(a), 1421, and 1423) and of Section 6(c) of the Department of Transportation Act (49 U.S.C. 1655(c)).

Issued in East Point, Georgia on July 8, 1975.

P. M. SWATEK,
Director, Southern Region.

[FR Doc. 75-18351 Filed 7-15-75; 8:45 am]

[Docket No. 13995; Amdt. 39-2265]

PART 39—AIRWORTHINESS DIRECTIVES

Dowty Rotol Type (c) R212/4-30-4/22 Propellers

A proposal to amend Part 39 of the Federal Aviation Regulations to include an airworthiness directive requiring inspections of Dowty Rotol Type (c) R212/4-30-4/22 propellers for cracks and their replacement if necessary was published in the FEDERAL REGISTER (39 FR 33233).

Interested persons have been afforded an opportunity to participate in the making of the amendment. No objections were received.

This amendment is made under the authority of sections 313(a), 601, and 603 of the Federal Aviation Act of 1958 (49 U.S.C. 1354(a), 1421, and 1423) and of section 6(c) of the Department of Transportation Act (49 U.S.C. 1655(c)).

In consideration of the foregoing, and pursuant to the authority delegated to

me by the Administrator (14 CFR § 11.89), § 39.13 of Part 39 of the Federal Aviation Regulations is amended by adding the following new airworthiness directive:

DOWTY ROTOL. Applies to Dowty Rotol Type (c) R212/4-30-4/22 propellers incorporating hub and driving center assemblies. P/N's 601022294, 601022211, 601022105, and RA 64883, that have not been modified in accordance with Dowty Rotol Modification Nos. (c) VP2388 (SB 61-604) or (c) VP2779 (SB 61-767). These propellers are installed on, but not necessarily limited to, Hawker Siddeley Model H.S. 748 Series 2A airplanes.

Compliance is required as indicated. To detect cracking of the propeller hub front wall/snout radius areas between the eyebolt guides, accomplish the following:

(a) Inspect the propeller hubs in accordance with Paragraph 2.A. of Dowty Rotol Service Bulletin No. 61-828, dated September 10, 1973, or an FAA-approved equivalent as follows:

(1) For those operators required to perform propeller overhauls, inspect at the next propeller overhaul and at each propeller overhaul thereafter.

(2) For all other operators, inspect within the next 4000 hours' time in service after the effective date of this AD, and thereafter inspect at intervals not to exceed 4000 hours' time in service since last inspection.

(b) Inspect those propeller hubs that have accumulated more than 10,000 hours' time in service on the effective date of this AD in accordance with Paragraph 2.B. of Dowty Rotol Service Bulletin No. 61-828, dated September 10, 1973, or an FAA-approved equivalent, unless already accomplished, as follows:

(1) For those propeller hubs that have never been inspected or that have accumulated more than 1400 hours' time in service since last inspected in accordance with Paragraph 2.A. or 2.B. of Dowty Rotol Service Bulletin No. 61-828, dated September 10, 1973, inspect within the next 600 hours' time in service.

(2) For those propeller hubs that have accumulated not more than 1400 hours' time in service since last inspected in accordance with Paragraph 2.A. or 2.B. of Dowty Rotol Service Bulletin No. 61-828, dated September 10, 1973, inspect prior to the accumulation of 2000 hours' time in service since last inspected.

(c) If a cracked hub is found during an inspection required by this AD, accomplish the following:

(1) Before further flight, replace the cracked hub with a serviceable part of the same part number or a part number approved for installation on the propeller.

(2) Inspect all the operator's propeller hubs covered by this AD in accordance with Paragraph 2.B. of Dowty Rotol Service Bulletin No. 61-828, dated September 10, 1973 or an FAA-approved equivalent as follows:

(i) For those propeller hubs that have accumulated more than 1400 hours' time in service since last inspected in accordance with paragraph (a) or (b) of this AD or that have never been inspected and have accumulated over 1400 hours' time in service, inspect within the next 600 hours' time in at intervals not to exceed 2,000 hours' time service; and, thereafter, continue to inspect in service since last inspection.

(ii) For those propeller hubs that have accumulated not more than 1400 hours' time in service since new or since last inspected in accordance with paragraph (a) or (b) of this AD, inspect prior to the accumulation of 2000 hours' time in service since last inspected or since new, as applicable, and

thereafter, continue to inspect at intervals not to exceed 2000 hours' time in service since last inspection.

(d) The inspections required by paragraphs (a), (b), and (c) of this AD may be discontinued upon the incorporation of Dowty Rotol Modification Nos. (c) VP 2388(SB61-604) or (c) VP2779(SB61-767) or FAA-approved equivalent modifications.

(e) Upon request of an operator, an FAA maintenance inspector subject to prior approval of the Chief, Aircraft Certification Staff, Europe, Africa, and Middle East Region, may adjust the repetitive inspection intervals specified in this AD to permit compliance at an established inspection period of the operator, if the request contains substantiating data to justify the adjustment.

This amendment becomes effective August 15, 1975.

Issued in Washington, D.C. on July 9, 1975.

J. A. FERRARESE,
Acting Director,
Flight Standards Service.

[FR Doc. 75-18352 Filed 7-15-75; 8:45 am]

Title 16—Commercial Practices

CHAPTER II—CONSUMER PRODUCT SAFETY COMMISSION

PART 1031—EMPLOYEE MEMBERSHIP AND PARTICIPATION IN VOLUNTARY STANDARDS ORGANIZATIONS

Promulgation of Policy; Correction

In FR Doc. 75-16103 appearing at page 26023 in the issue of June 20, 1975, the first sentence of paragraph 14 in the third column on page 26024 is corrected to read "A comment suggests that a CPSC employee who participates in the development of a voluntary standard should be prohibited from later participating in an official CPSC capacity in the evaluation of the standard."

Dated: July 9, 1975.

SADYE E. DUNN,
Secretary, Consumer Product
Safety Commission.

[FR Doc. 75-18399 Filed 7-15-75; 8:45 am]

Title 20—Employees' Benefits

CHAPTER III—SOCIAL SECURITY ADMINISTRATION, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

[Reg. No. 5, further amended]

PART 405—FEDERAL HEALTH INSURANCE FOR THE AGED AND DISABLED

Periodic Interim Payments to Title XVIII Providers

On January 16, 1974, there was published in the FEDERAL REGISTER (39 FR 2011) a Notice of Proposed Rule Making with a proposed amendment to Subpart D of Regulations No. 5 (20 CFR Part 405), regarding Periodic Interim Payments (PIP) to title XVIII providers. Interested parties were given 30 days within which to submit written comments or suggestions on the proposed amendment. Comments and suggestions received in regard to this Notice of Proposed Rule Making, responses thereto, and changes in the proposed regulation are summarized below.

1. Many commented on the requirement that Periodic Interim Payments be made for no less than a 2-week period of services, with a payment interval of 2 weeks between the end of the period of services to which the payment applies and the date of payment, such interval creating an average lag of 3 weeks between delivery of and payment for services. These arguments stated that such a payment schedule would severely hinder the cash flow of providers and their ability to meet working capital needs since a major share of providers' costs are associated with personnel payrolls and payments to vendors that are typically paid on at least a weekly or bi-weekly basis, and if such a proposal is retained in the final regulations, many providers will be forced to borrow additional working capital from lending institutions, thereby incurring interest costs that will increase their overall cost of furnishing health care, a significant portion of which will be borne by Medicare. However, careful consideration of the introduction of an average 3-week payment lag into the PIP method demonstrated that such a lag compares favorably with the average lag in payment experienced by providers reimbursed under regular interim payment procedures. Therefore, suggestions to abandon the proposed amendment introducing a 3-week payment lag into the PIP method were not adopted. In addition, intermediaries will be instructed to conform the reimbursement schedules of those providers receiving payment under already existing forms of the PIP mechanism to the revised payment schedule requirements and place all these providers in payment status under the revised schedule no later than September 15, 1975. The time period for intermediaries to adjust and implement the revised schedule is necessary to effect uniformity with respect to the interval of payment as soon as is administratively feasible.

2. Others who commented recommended that the practice of completing bills in abbreviated form be retained because the detailed billing requirement would increase the provider's administrative costs and, in turn, Medicare's costs. During the period prior to September 1973, the program did allow skeleton billings under PIP, with the hospital's regular bill attached for reference. In practice, it was found the procedure created extensive claims verification problems for intermediaries. A disproportionately high percentage of the claims had to be returned to providers for additional information because of discrepancies between the statements on the skeleton bill and the charge items on the provider's regular bill form. This resulted in delays in cost settlements, multiple handling of claims, and unnecessarily added communication between providers and intermediaries. For these reasons, all providers converting to the PIP method after September 1973 have been required to use detailed billing, although providers which had been under PIP prior to that time have continued to use the abbreviated billing procedures.

Because the abbreviated billing procedure has created the administrative difficulties described above, the latter group of providers, those on PIP prior to September 1, 1973, also will be required to convert from the abbreviated billing procedures they currently use to the detailed billing practices followed by all other providers under PIP.

3. The proposed amendment permitted a provider to convert to PIP if the provider agreed to the intermediary's recovery of the provider's outstanding current financing payment by offset against the provider's periodic interim payments at a rate that would have effectuated full recovery by May 29, 1974. Since the date of May 29, 1974, has passed, this has been deleted from the final regulation. The proposed amendment also permitted a provider to elect to be reimbursed under the PIP method if, in addition to meeting other criteria, the provider had repaid or agreed to repay its outstanding current financing payment in full before the effective date of its requested conversion from a regular interim payment method to the PIP method. This provision has been retained. However, to clarify in the regulation the requirement clearly set forth in the Preamble to the proposed regulation, the final regulation states that a provider requesting to convert to PIP must repay, rather than merely agree to repay, its outstanding current financing payment in full before the effective date of its requested conversion from a regular interim method to the PIP method.

4. Various editorial changes have also been made in the interest of clarity.

The amendment is adopted as proposed except for the changes mentioned above, and is set forth below.

(Secs. 1102, 1814(b), 1815, 1833(a), 1871 of the Social Security Act, 49 Stat. 647, as amended, 79 Stat. 296, 297, as amended, 79 Stat. 302, as amended, 79 Stat. 331; 42 U.S.C. 1302, 1395f(b), 1395g, 1395l(a), 1395hh)

Effective date: August 15, 1975.

(Catalog of Federal Domestic Assistance Program No. 13.800, Health Insurance for the Aged and Disabled—Hospital Insurance, and 13.801, Health Insurance for the Aged and Disabled—Supplementary Medical Insurance.)

Dated: May 12, 1975.

J. B. CARDWELL,
Commissioner of Social Security.

Approved: July 11, 1975.

CASPAR W. WEINBERGER,
Secretary of Health, Education,
and Welfare.

Regulations No. 5 of the Social Security Administration, as amended (20 CFR Part 405), are further amended as set forth below:

Section 405.454 is amended by adding a new paragraph (j) to read as follows:

§ 405.454 Payments to providers.

(j) *Periodic interim payment method of reimbursement.* In addition to the regular methods of interim payment on individual provider billings for covered

services, the periodic interim payment (PIP) method is available for Part A hospital and skilled nursing facility inpatient services and for both Part A and Part B home health agency services.

(1) Any participating provider that establishes to the satisfaction of the intermediary that it meets the following requirements may elect to be reimbursed under the PIP method, beginning with the first month after its request that the intermediary finds administratively feasible:

(i) The provider's estimated total Medicare reimbursement for inpatient services is at least \$25,000 a year computed under the PIP formula or, in the case of a home health agency, either (A) its estimated total Medicare reimbursement for Part A and Part B services is at least \$25,000 a year computed under the PIP formula or (B) its estimated Medicare reimbursement computed under the PIP formula is at least 50 percent of estimated total allowable costs,

(ii) The provider has filed at least one completed Medicare cost report accepted by the intermediary as providing an accurate basis for computation of program payment (except in the case of a provider requesting reimbursement under the PIP method upon first entering the program),

(iii) The provider has the continuing capability of maintaining in its records the cost, charge, and statistical data needed to accurately complete a Medicare cost report on a timely basis, and

(iv) The provider has repaid or agrees to repay any outstanding current financing payment in full, such payment to be made before the effective date of its requested conversion from a regular interim payment method to the PIP method.

(2) No conversion to the PIP method may be made with respect to any provider until after that provider has repaid in full its outstanding current financing payment.

(3) The intermediary's approval of a provider's request for reimbursement under the PIP method will be conditioned upon the intermediary's best judgment as to whether payment can be made to the provider under the PIP method without undue risk of its resulting in an overpayment because of greatly varying or substantially declining Medicare utilization, inadequate billing practices, or other circumstances. The intermediary may terminate PIP reimbursement to a provider at any time it determines that the provider no longer meets the qualifying requirements or that the provider's experience under the PIP method shows that proper payment cannot be made under this method.

(4) Payment will be made biweekly under the PIP method unless the provider requests a longer fixed interval (not to exceed 1 month) between payments. The payment amount will be computed by the intermediary to approximate, on the average, the cost of covered inpatient or home health services rendered by the provider during the period for which the payment is to be made, and each pay-

ment will be made 2 weeks after the end of such period of services. Upon request, the intermediary will, if feasible, compute the provider's payments to recognize significant seasonal variation in Medicare utilization of services on a quarterly basis starting with the beginning of the provider's reporting year.

(5) A provider's periodic interim payment amount may be appropriately adjusted at any time if the provider presents or the intermediary otherwise obtains evidence relating to the provider's costs or Medicare utilization that warrants such adjustment. In addition, the intermediary will recompute the payment immediately upon completion of the desk review of a provider's cost report and also at regular intervals not less often than quarterly. The intermediary may make a retroactive lump sum interim payment to a provider, based upon an increase in its periodic interim payment amount, in order to bring past interim payments for the provider's current cost reporting period into line with the adjusted payment amount. The objective of intermediary monitoring of provider costs and utilization is to assure payments approximating, as closely as possible, the reimbursement to be determined at settlement for the cost reporting period. A significant factor in evaluating the amount of the payment in terms of the realization of the projected Medicare utilization of services is the timely submittal to the intermediary of completed admission and billing forms. All providers must complete billings in detail under this method as under regular interim payment procedures.

[FR Doc.75-18444 Filed 7-15-75;8:45 am]

Title 21—Food and Drugs

CHAPTER I—FOOD AND DRUG ADMINISTRATION, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

[Docket No. 75N-0105]

PART 2—ADMINISTRATIVE PRACTICES AND PROCEDURES

Public Hearing Before a Public Advisory Committee; Standing Advisory Committees

Elsewhere in this issue of the FEDERAL REGISTER, the Commissioner of Food and Drugs is announcing the establishment of the Dermatology Advisory Committee by the Secretary of Health, Education, and Welfare.

Therefore, pursuant to provisions of the Federal Food, Drug, and Cosmetic Act (sec. 701(a), 52 Stat. 1055 (21 U.S.C. 371)), and under authority delegated to the Commissioner (21 CFR 2.120), § 2.340 is amended by adding a new paragraph (c) (20) to reflect the addition of the Dermatology Advisory Committee. As amended, § 2.340(c) (20) reads as follows:

§ 2.340 List of standing advisory committees.

(c) * * *

(20) Dermatology Advisory Committee. (i) Date established: June 20, 1975.

(ii) Function: Reviews and evaluates available data concerning safety and effectiveness of marketed and investigational prescription drugs for use in the practice of dermatology.

Effective date. This regulation shall become effective on July 28, 1975.

(Sec. 701(a), 52 Stat. 1055 (21 U.S.C. 371))

Dated: July 10, 1975.

SAM D. FINE,
Associate Commissioner
for Compliance.

[FR Doc.75-18389 Filed 7-15-75;8:45 am]

[Docket No. 75C-0037]

PART 8—COLOR ADDITIVES

Termination of Provisional Listing of Powdered Silk

The Commissioner of Food and Drugs is terminating the postponement of the closing date of the provisional listing for the use of powdered silk as a color additive in cosmetics, effective October 14, 1975. The order is providing 90 days to allow for an orderly change in any cosmetic formulations that utilize powdered silk as a color additive.

Provisional listing for powdered silk had been continued so that the evaluation of a color additive petition (CAP 8C0073) for the use of powdered silk in cosmetics could be completed. However, the petitioner, H. R. Laboratories, Inc., a subsidiary of Helena Rubenstein, Inc., Northern Blvd., Greenvale, L.I., N.Y. 10017, has requested withdrawal of the petition without prejudice to a future filing. In order to continue provisional listing of the substance, it is necessary for some interested person to submit a color additive petition or progress reports of ongoing scientific studies in support of the continuation. The Commissioner is unaware of any other interest in the listing of powdered silk as a color additive. Accordingly, he concludes that the closing date for the provisional listing of powdered silk for use in cosmetics should not be postponed any longer.

Therefore, pursuant to transitional provisions of the Color Additive Amendments of 1960 to the Federal Food, Drug, and Cosmetic Act (sec. 203(a) (2), (d) (2), Title II, Pub. L. 86-618; 74 Stat. 404 (21 U.S.C. 376, note)), and under authority delegated to the Commissioner (21 CFR 2.120), Part 8 is amended in Subpart—Provisional Regulations by deleting "Silk, powdered" from the list of color additives in the table in § 8.501 (g).

Notice and public procedure are not necessary prerequisites to the promulgation of this order because section 203(d) (2) of Pub. L. 86-618 so provides.

Effective date. This order shall become effective October 14, 1975. Any use of powdered hydrolyzed silk in cosmetics as a color additive after that date will result in the cosmetic being considered adulterated under section 601 of the act and subject to regulatory action.

(Sec. 203(a) (2), (d) (2), Title II, Pub. L. 86-618; 74 Stat. 404 (21 U.S.C. 376, note).)

Dated: July 10, 1975.

SAM D. FINE,
Associate Commissioner
for Compliance.

[FR Doc.75-18387 Filed 7-15-75;8:45 am]

Title 23—Highways

CHAPTER I—FEDERAL HIGHWAY ADMINISTRATION, DEPARTMENT OF TRANSPORTATION

PART 160—STATE FISCAL PROCEDURES AND REPORTS

Transfer of Highway Safety Funds

Chapter I of Title 23, Code of Federal Regulations, is amended by adding a new Subpart B—Transfer of Highway Safety Funds—to Part 160—State Fiscal Procedures and Reports—as set forth below. The new Subpart B codifies policies and procedures pertaining to the transfer of funds among highway safety programs under 23 U.S.C. 104(g), as amended by section 227 of the Highway Safety Act of 1973.

This amendment to Title 23, Code of Federal Regulations, was prepared under the authority of 23 U.S.C. §§ 104(g) and 315, and the delegation of authority by the Secretary of Transportation at 49 CFR 1.48.

Subpart B—Transfer of Highway Safety Funds

Sec.
160.201 Purpose.
160.202 Limitation on Transfer of Funds.
160.203 Requirements and Conditions.
160.204 Submission of Request.

AUTHORITY: 23 U.S.C. §§ 104, 315; 49 CFR 1.48.

§ 160.201 Purpose.

The purpose of this subpart is to prescribe the procedure for transfer of funds among highway safety programs under 23 U.S.C. 104(g), as amended by section 227 of the Highway Safety Act of 1973.

§ 160.202 Limitation on Transfer of Funds.

Not more than 30 percent of the amount apportioned to each State for a fiscal year under sections 144 (Special Bridge Replacement Program); 152 (Projects for High-Hazard Locations); and 153 (Program for the Elimination of Roadside Obstacles) of Title 23, United States Code, or Section 203(d) (Rail-Highway Crossings) of the Highway Safety Act of 1973, may be transferred from the apportionment under one section to the apportionment under any other of such sections in accordance with the requirements and conditions of § 160.203 of this subpart.

§ 160.203 Requirements and Conditions.

(a) For the purposes of 23 U.S.C. 104 (g), the terms "apportioned" and "apportionment" include the terms "allocate" and "allocation." Funds allocated under 23 U.S.C. 144 may be transferred to apportionments under 23 U.S.C. 152

and 153, and section 203(d) of the Highway Safety Act of 1973. Funds apportioned under sections 152, 153 and 203(d) may be transferred to the allocation under section 144.

(b) Funds transferred to any apportionment are to be expended under the provisions of law governing expenditure of the apportionment to which the transfer is made.

(c) Funds under project agreement are not eligible for such transfers.

(d) Requests to transfer from the Rail-Highway Crossing apportionment must specify the amount of the requested transfer to be made from the half of the apportionment reserved for installation of protective devices pursuant to section 203(b) of the Highway Safety Act of 1973, and the amount to be transferred from the remaining half of the apportionment. Not to exceed 50 percent of the amount transferred from the Rail-Highway Crossing apportionment may be transferred from the half of the apportionment reserved for installation of protective devices, unless the State provides satisfactory assurances to the Secretary that all of the rail-highway crossings in the State on the Federal-aid system have been adequately provided with signs or protective devices.

(e) All transfers to the Rail-Highway Crossing apportionment will be made to the half of the apportionment that is not reserved for installation of protective devices.

(f) The transfer may be requested by the State highway department and may be approved by the Federal Highway Administrator if he finds such transfer to be in the public interest.

(g) Transfers may be approved by the Administrator only if he has received satisfactory assurances from the State highway department that the purposes of the program from which such funds are to be transferred have been met.

§ 160.204 Submission of Request.

The request for transfer of funds should be addressed to the FHWA Division Engineer and forwarded through the regional office to the Office of Fiscal Services, Program Analysis Division, in the Washington Headquarters for approval, accompanied by the recommendations of the FHWA Division Engineer and Regional Federal Highway Administrator. The appropriate program office(s) in the Washington Headquarters will review the proposed transfer and will concur or not concur in the action proposed.

Effective date: This subpart becomes effective on the date of issuance.

Issued on July 10, 1975.

NORBERT T. TIEMANN,
Federal Highway Administrator.

[FR Doc.75-18434 Filed 7-15-75;8:45 am]

Title 41—Public Contracts and Property Management

CHAPTER 101—FEDERAL PROPERTY MANAGEMENT REGULATIONS

[FPMR Amdt. E-164]

PART 101-25—GENERAL

Use of Government Personal Property/Nonpersonal Services

This regulation provides agencies with guidance for restricting the use of Government personal property and nonpersonal services. Although this principle has been implied in other sections of the FPMR concerning certain commodities; e.g., consumable or low cost items, a positive statement concerning restrictions on such property and services has not been made.

The table of contents for Part 101-25 is amended by adding the following entry:

Sec.
101-25.100 Use of Government personal property and nonpersonal services.)

Section 101-25.100 is added as follows:

§ 101-25.100 Use of Government personal property and nonpersonal services.

Except in emergencies, Government personal property and nonpersonal services shall be used only for those purposes for which they were obtained or contracted for or other officially designated purposes. Emergency conditions are those threatening loss of life and property. As used in this section "nonpersonal services" means those contractual services, other than personal and professional services (as defined in 40 U.S.C. 472). This includes property and services on interagency loan as well as property leased by agencies. Agency heads shall ensure that the provisions of this § 101-25.100 are enforced to restrict the use of Government property/services to officially designated activities.

(Sec. 205(c), 63 Stat. 390; 40 U.S.C. 486(c))

Effective date. July 16, 1975.

Dated: July 2, 1975.

DWIGHT A. INK,
Acting Administrator of
General Services.

[FR Doc.75-18414 Filed 7-15-75;8:45 am]

Title 24—Housing and Urban Development

CHAPTER X—FEDERAL INSURANCE ADMINISTRATION, DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

SUBCHAPTER B—NATIONAL FLOOD INSURANCE PROGRAM

[Docket No. FI-623]

PART 1914—AREAS ELIGIBLE FOR THE SALE OF INSURANCE

Status of Participating Communities

The purpose of this notice is to list those communities wherein the sale of

flood insurance is authorized under the National Flood Insurance Program (42 U.S.C. 4001-4128).

Insurance policies can be obtained from any licensed property insurance agent or broker serving the eligible community, or from the National Flood Insurers Association servicing company for the state (addresses are published at 39 FR 26186-93). A list of servicing companies is also available from the Federal Insurance Administration (FIA), HUD, 451 Seventh Street, SW, Washington, D.C. 20410.

The Flood Disaster Protection Act of 1973 requires the purchase of flood insurance as a condition of receiving any form of Federal or Federally related financial assistance for acquisition or construction purposes in a flood plain area having special hazards within any community identified by the Secretary of Housing and Urban Development.

The requirement applies to all identified special flood hazard areas within the United States, and no such financial assistance can legally be provided for acquisition or construction in these areas unless the community has entered the program. Accordingly, for communities listed under this Part no such restriction exists, although insurance, if required, must be purchased.

The Federal Insurance Administrator finds that delayed effective dates would be contrary to the public interest. The Administrator also finds that notice and public procedure under 5 U.S.C. 553(b) are impracticable and unnecessary.

Section 1914.4 of Part 1914 of Subchapter B of Chapter X of Title 24 of the Code of Federal Regulations is amended by adding in alphabetical sequence new entries to the table. In each entry, a complete chronology of effective dates appears for each listed community. The date that appears in the fourth column of the table is provided in order to designate the effective date of the authorization of the sale of flood insurance in the area under the emergency or the regular flood insurance program. These dates serve notice only for the purposes of granting relief, and not for the application of sanctions, within the meaning of 5 U.S.C. § 551. The entry reads as follows: