

particular, proposed methodology for the conduct of a listener study; and—Other business.

The Subgroups' meetings are continuing ones, and may be resumed after each session at such times and places as may be decided by the participants. All meetings of the Radio Advisory Committee and its Subgroups are open to the public. All interested persons are invited to participate.

For further information, please call Wallace Johnson, Chairman of the Technical Subgroup, at (703) 824-5660, or Louis Stephens, Chairman of the Allocations Subgroup, at (202) 254-3394.

Federal Communications Commission.

William J. Tricarico,

Secretary.

[FR Doc. 87-28489 Filed 12-10-87; 8:45 am]

BILLING CODE 6712-01-M

[MM Docket No. 87-533]

Applications for Consolidated Hearing; Darryl Madlock and Mountlake Productions, Ltd.

1. The Commission has before it the following mutually exclusive applications for a new TV station:

Applicant, City/State	File No.	MM Docket No.
A. Darryl Madlock, Ely, Nevada.	BPCT-861223KK.....	87-533
B. Frederick Grimm d/b/a Mountlake Productions, Ltd., Ely, Nevada.	BPCT-8703313K.....	

2. Pursuant to section 309(e) of the Communications Act of 1934, as amended, the above applications have been designated for hearing in a consolidated proceeding upon the issues whose headings are set forth below. The text of each of these issues has been standardized and is set forth in its entirety under the corresponding headings at 51 FR 19347, May 29, 1986. The letter shown before each applicant's name, above, is used below to signify whether the issue in question applies to that particular applicant.

Issue Heading, Applicant(s)

1. Environmental Impact, A, B
2. Comparative, A, B
3. Ultimate, A, B

3. If there is any non-standardized issue(s) in this proceeding, the full text of the issue and the applicant(s) to which it applies are set forth in an Appendix to this Notice. A copy of the complete HDO in this proceeding is available for inspection and copying

during normal business hours in the FCC Dockets Branch (Room 230), 1919 M Street, NW., Washington, DC. The complete text may also be purchased from the Commission's duplicating contractor, International Transcription Services, Inc., 2100 M Street, NW, Washington, DC 20037 (Telephone No. (202) 857-3800).

Roy J. Stewart,

Chief, Video Services Division, Mass Media Bureau.

[FR Doc. 87-28490 Filed 12-10-87; 8:45 am]

BILLING CODE 6712-01-M

[MM Docket No. 87-531; FCC 87-366]

Order to Show Cause, Hearing Designation Order, and Notice of Apparent Liability, Seraphim Corp.

AGENCY: Federal Communications Commission.

ACTION: Order to show cause, hearing designation order, and notice of apparent liability.

SUMMARY: The action taken orders Seraphim Corporation, licensee of Station KGMC(TV), Oklahoma City, OK, to show cause why its license for the subject station should not be revoked pursuant to section 312(a) of the Communications Act of 1934, as amended, for apparent violations of section 310(d) of the Communications Act, § 73.3613 of the Commission's Rules, misrepresentations to the Commission, and for lack of character qualifications to remain a Commission licensee. Additionally, pursuant to section 309(e) of the Communications Act, an application for a transfer of control with respect to the subject station from Beverly Hills Hotel Corporation to Seema Boesky was designated for hearing. Finally, a Notice of Apparent Liability was issued to determine whether, in lieu of license revocation, a monetary forfeiture should be imposed against the licensee with reference to the subject conduct.

ADDRESS: Federal Communications Commission, Washington, DC 20554.

FOR FURTHER INFORMATION CONTACT: Gary P. Schonman, Mass Media Bureau, (202) 632-3922.

Federal Communications Commission.

William J. Tricarico,

Secretary.

[FR Doc. 87-28487 Filed 12-10-87; 8:45 am]

BILLING CODE 6712-01-M

FEDERAL MARITIME COMMISSION

Agreement(s) Filed

The Federal Maritime Commission hereby gives notice of the filing of the following agreement(s) pursuant to section 5 of the Shipping Act of 1984.

Interested parties may inspect and obtain a copy of each agreement at the Washington, DC Office of the Federal Maritime Commission, 1100 L Street, NW., Room 10325. Interested parties may submit comments on each agreement to the Secretary, Federal Maritime Commission, Washington, DC 20573, within 10 days after the date of the *Federal Register* in which this notice appears. The requirements for comments are found in § 572.603 of Title 46 of the Code of Federal Regulations. Interested persons should consult this section before communicating with the Commission regarding a pending agreement.

Agreement No.: 202-010776-023.

Title: Asia North America Eastbound Rate Agreement.

Parties:

American President Lines, Ltd.
Barber Blue Sea
Japan Line, Ltd.
Kawasaki Kisen Kaisha, Ltd.
A.P. Moller-Maersk Lines
Mitsui O.S.K. Lines, Ltd.
Neptune Orient Lines, Ltd.
Nippon Yusen Kaisha, Ltd.
Orient Overseas Container Line, Inc.
Sea-Land Service, Inc.
Showa Line, Ltd.
Yamashita-Shinnihon Steamship Co., Ltd.
Zim Israel Navigation Co., Ltd.

Synopsis: The proposed amendment would prohibit secret ballots at any meeting for tariff rates or rules or rates and/or terms for service contracts.

By Order of the Federal Maritime Commission.

Joseph C. Polking

Secretary.

Dated: December 8, 1987.

[FR Doc. 87-28521 Filed 12-10-87; 8:45 am]

BILLING CODE 6730-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Agency Forms Submitted to the Office of Management and Budget for Clearance

Each Friday the Department of Health and Human Services (HHS) publishes a list of information collection packages it

has submitted to the Office of Management and Budget (OMB) for clearance in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). The following are those packages submitted to OMB since the last list was published on November 27, 1987.

Social Security Administration

Call Reports Clearance Officer on 301-965-4149 for copies of package)

1. SSA/Disability Determination Services (DDS) Cost-Effectiveness Measurement System Data Reporting Form—0960-0384—The information collected by use of form SSA-1461 is needed to assure effective and uniform administration of the disability insurance program, to assist in making payment decisions and to measure the operating costs of State agencies. The affected public is comprised of Disability Determination Services Agencies in the various states. Respondents: State or local governments. Number of Respondents: 52; Frequency of Response: Quarterly; Estimated Annual Burden: 1,040 hours.

2. Health Insurance Information Request—0960-0323—This form is used by States to collect health insurance information from Supplemental Security Income recipients who are entitled to Medicaid in order to determine third party liability for health insurance expenses. The respondents are individuals or households. Respondents: Individuals or households. Number of Respondents: 65,400; Frequency of Response: Occasionally; Estimated Annual Burden 5,450 hours.

OMB Desk Officer: Elana Norden

Public Health Services

(Call Reports Clearance Officer on 202-245-2100 for copies of package)

Food and Drug Administration

1. Cholesterol, Fat and Fatty Acid Labeling—0910-0224—Establishes the requirements for voluntarily placing information concerning cholesterol, fat and fatty acids content of foods on the label for labeling of a food.

Respondents: Businesses or other for-profit, Small businesses or organizations. Number of Respondents: 1; Frequency of Response: Other; Estimated Annual Burden: 1 hour.

2. Current Good Manufacturing Practices for Finished Pharmaceuticals—21 CFR211—0910-0139—Records are kept by drug manufacturers in order to assure FDA that they are manufacturing finished pharmaceuticals in accordance with Current Good Manufacturing Practices. Respondents: Businesses or other for-

profit, Small businesses or organizations. Number of Respondents: 4,700; Frequency of Response: Recordkeeping; Estimated Annual Burden: 307,713 hours.

3. Product Application for the Manufacturer of Whole Blood and Blood Components—0910-0077—All manufacturers of biological products must apply for review and approval to the Office of Biologics before marketing a product in interstate commerce. Respondents: Businesses or other for-profit, Non-profit institutions, Small businesses or organizations. Number of Respondents: 84; Frequency of Response: Occasionally; Estimated Annual Burden: 214 hours.

Centers for Disease Control

1. Reproductive Study of Women Who Work Video Display Terminals (VDT)—0920-0188—This study concerns the potential reproductive health effects of working with video display terminals (VDT). The study population consists of a cohort of married women who use VDT's full-time at work and a group who do not and are employed at three communications companies in eight southern states. The objective of the study is to determine whether VDT's are related to an increase risk of adverse reproductive outcomes. Respondents: Individuals or households. Number of Respondents: 1,000; Frequency of Response: One-time; Estimated Annual Burden: 500 hours.

Alcohol, Drug Abuse and Mental Health Administration

1. Inventory of Mental Health Organizations and General Hospital Mental Health Services—0930-0119—The Inventory of Mental Health Organizations and General Hospital Mental Health Services will provide information to update longitudinal data bases for the United States and each State, to support ongoing research, and to provide a universe of organizations for organization-based sample patient surveys. The data are used to study trends in utilization, staffing, and financial characteristics of mental health organizations and to support intramural and extramural research. Respondents: State or local governments, Businesses or other for-profit, Federal agencies or employees, Non-profit institutions, Small businesses or organizations. Number of Respondents: 8,175; Frequency of Response: 1; Estimated Annual Burden: 5,029 hours.

OMB Desk Officer: Shanna Koss.

As mentioned above, copies of the information collection clearance packages can be obtained by calling the

Reports Clearance Officer, on one of the following numbers:

SSA: 301-965-4149,

PHS: 202-245-2100.

Written comments and recommendations for the proposed information collections should be sent directly to the appropriate OMB Desk Officer designated above at the following address:

OMB Reports Management Branch, New Executive Office Building, Room 3208, Washington, DC 20503.

ATTN: (name of OMB Desk Officer).

Date: December 7, 1987.

James F. Trickett,

Deputy Assistant Secretary, Administrative and Management Services.

[FR Doc. 87-28468 Filed 12-10-87; 8:45 am]

BILLING CODE 4150-04-M

Statement of Organization, Functions, and Delegations of Authority; Public Health Service

Part H of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (42 FR 61317, December 2, 1977, as amended most recently at 48 FR 17652, April 25, 1983) is amended to reflect a reorganization in the Public Health Service (PHS). The Mission, Organization, and Order of Succession of the PHS are revised to reflect the current scope of public health activities. The Indian Health Service is deleted as a component of Health Resources and Services Administration and is established as a separate agency within PHS. Other organization changes within PHS are made to reflect these changes.

Chapter HB, Health Resources and Services Administration (47 FR 38409-24, August 31, 1982, as amended most recently at 52 FR 30959, August 18, 1987) is amended to delete all titles and statements relating to the Indian Health Service (HBN). A new Chapter HG, Indian Health Service is established to reflect the mission, organization and functions of the Indian Health Service.

Public Health Service

Under Chapter H, Section H-00. *Public Health Service—Mission*, delete the statement in its entirety and insert the following:

Section H-00. Public Health Service—Mission. The mission of the Public Health Service is to promote the protection and advancement of the Nation's physical and mental health by: Conducting medical and biomedical research; sponsoring and administering comprehensive programs for the

development of health resources; preventing and controlling disease and alcohol and drug abuse; providing resources and expertise to the States and other public and private institutions, and to Tribes, Councils and organizations concerned with the health of American Indians and Alaska Natives, in the planning, direction and delivery of physical and mental health care services; enforcing laws to assure the safety and efficacy of drugs and protection against impure and unsafe foods, cosmetics, medical devices and radiation-producing projects; and coordinating with States, local and other Federal agencies to protect the public from exposure to toxic substances; coordinating with the States to set and implement national health policy and pursue effective intergovernmental relations; generating and upholding cooperative international health-related agreements, policies and programs and cooperating with Commissions and organizations to promote international health activities.

Under Section H-10. Public Health Service—Organization. Delete the section in its entirety and insert the following:

The Public Health Service is under the leadership and direction of the Assistant Secretary for Health (ASH), who is directly responsible to the Secretary of Health and Human Services. The Public Health Service (PHS) consists of the:

- Office of the Assistant Secretary for Health (HA)
- Agency for Toxic Substances and Disease Registry (HT)
- Alcohol, Drug Abuse, and Mental Health Administration (HM)
- Centers for Disease Control (HC)
- Food and Drug Administration (HF)
- Health Resources and Services Administration (HB)
- Indian Health Service (HG)
- National Institutes of Health (HN)

Section H-30. Public Health Service—Order of Succession. Delete the section in its entirety and insert the following:

During the absence or disability of the Assistant Secretary for Health, or in the event of a vacancy in this position, the Deputy Assistant Secretary for Health shall act as the Assistant Secretary for Health. In the event of the absence or disability of both the Assistant Secretary for Health and the Deputy Assistant Secretary for Health, a Public Health Service official designated by the Assistant Secretary for Health shall act as Assistant Secretary for Health. Should both the positions of Assistant Secretary for Health and the Deputy Assistant Secretary for Health be vacant, an official designated by the

Secretary of Health and Human Services shall serve as acting head of the Public Health Service.

Health Resources and Services Administration

Under Chapter HB, Section HB-00, Mission, and Section HB-10.

Organization and Functions. delete in their entirety titles and statements relating to the *Indian Health Service (HBN).*

Under HB-20, Order of Succession, amend the succession by deleting item (8) Director, Indian Health Service.

Indian Health Service

After Chapter HF, (Food and Drug Administration), add Chapter HG, (Indian Health Service) as follows:

Section HG-00. Mission. The Indian Health Service (IHS) provides a comprehensive health services delivery system for American Indians and Alaska Natives with opportunity for maximum tribal involvement in developing and managing programs to meet their health needs. The goal of IHS is to raise the health level of the Indian and Alaska Native people to the highest possible level.

To carry out its mission and to attain its goal, IHS: (1) Assists Indian Tribes in developing their health programs through activities including health management training, technical assistance and human resource development; (2) facilitates and assists Indian Tribes in coordinating health planning, in obtaining and utilizing health resources available through Federal, State and local programs, in operating comprehensive health programs, and in health program evaluation; (3) provides comprehensive health care services, including hospital and ambulatory medical care, preventive and rehabilitative services, and development of community sanitation facilities; and (4) serves as the principal Federal advocate for Indians in the health field to assure comprehensive health services for American Indians and Alaska Natives.

Section HG-10. Organization and Functions. The Indian Health Service is under the direction of a Director who reports to the Assistant Secretary for Health. The agency consists of the following major components with functions indicated:

Office of the Director (HGA). Provides overall direction and leadership for IHS by: (1) Establishing goals, objectives, policies and priorities in pursuit of the IHS mission; (2) providing leadership to ensure the delivery of high quality, comprehensive health services; (3) coordinating IHS activities and

resources internally and externally with those of other governmental and non-governmental programs, promoting optimum utilization of all available health resources; (4) developing and demonstrating alternative methods and techniques of health services management and delivery with a view to provide Indian Tribes and other Indian community groups with optional ways of participating in the Indian health program; (5) developing individual and tribal capacities to participate in Indian health programs through means and modalities which they deem appropriate to their needs and circumstances; (6) affording Indian people an opportunity to enter a career in the IHS by applying Indian preference; (7) keeping the public fully informed on the activities of the IHS; and (8) encouraging full application of the principles of EEO.

Office of Administration and Management (HGA2). (1) Provides advice and support to the Director in management and policy formulation and execution; (2) provides IHS-wide administrative leadership, direction, and coordination of all phases of management; (3) directs IHS activities in the areas of administration and management policy including: Internal control reviews, records management, debt management, third party reimbursement, delegations of authority, manpower management, procurements, personal property accountability and management, and administrative services; (4) directs the personnel management and personnel administrative activities; (5) directs the contract and grants management activities; (6) directs the resources management activities including the allocation and fiscal control of resources; (7) directs budget formulation activities and execution; (8) manages the fiscal management activities; and (9) coordinates the training and development of IHS employees in administration.

Office of Planning, Evaluation and Legislation (HGA3). (1) Advises the Director, IHS, on policy formulation; (2) conducts and manages program planning, operations research, program evaluation, health services research, legislative affairs, program statistics; (3) develops the long-range program and financial plan for the IHS in collaboration with appropriate agency staff; (4) coordinates with the Office of the Assistant Secretary for Health, the Department, and Indian Tribes and organizations on matters that involve planning, evaluation, research and legislation; (5) develops and implements

long-range goals, objectives, and priorities for all activities related to resource requirements and allocation methodologies and models; (6) directs activities within the IHS which compare costs of the Agency's programs with their benefits, including the preparation and implementation of comprehensive program evaluation plans; (7) directs and coordinates the legislative activities of IHS, including the analysis of existing and proposed legislation and regulations and the development of legislative proposals; (8) develops and manages analytical statistical reporting systems and data bases for measuring health status and appraising program activities; (9) analyses and publishes statistical data on demographics and morbidity of the American Indian and Alaska Native population; (10) administers the Privacy Act and OMB Information collection approval; (11) conducts policy analysis and develops policy options; and (12) maintains liaison with the Office of the General Counsel for the development and monitoring of IHS regulations and Federal Register notices.

Office of Tribal Activities (HGA4). (1) Advises the Director, IHS, on policy formulation regarding tribal activities, including Indian Self-Determination, and their effect on tribal health programs and community development; (2) assures that Indian tribes and tribal organizations are informed regarding pertinent health policy and program management issues; (3) ensures consultation with tribes and tribal organizations in developing policy; (4) supports tribes and tribal organizations in managing community health programs; (5) develops policies for tribal activities, including Indian Self-Determination, and oversees administrative compliance with those policies; (6) develops policy and coordinates implementation of special Indian legislation and authorities; (7) provides procedural guidance and processes to promote Indian Self-Determination; (8) maintains relevant information on Indian tribes, communities, programs, and IHS tribal policies; and (9) coordinates IHS support of tribal activities with other public and private programs.

Office of Health Programs (HGA5). (1) Advises the Director, IHS, on policy formulation on the operations and management of health programs; (2) provides Service-wide leadership in health programs in relation to IHS goals, objectives, policies, and priorities; (3) provides consultation and technical assistance to all operating and management levels of the IHS and Indian tribes in the design and

implementation of health management and health delivery systems; (4) provides guidance and support to all field activities related to the day-to-day delivery of health care; (5) develops and implements contract health and Medicare and Medicaid functions into the comprehensive health program through setting medical priorities, quality care oversight, operational planning and health program evaluations; (6) directs and coordinates clinical support and scholarship programs; (7) provides leadership and direction for quality assurance activities; and (8) represents IHS health programs to agencies outside IHS, including international health agencies.

Office of Environmental Health and Engineering (HGA6). (1) Advises the Director, IHS, on policy formulation and administers the overall IHS environmental health, community injury control, real property management, biomedical engineering, emergency preparedness, safety, sanitation facilities engineering and health care facilities engineering programs; (2) develops objectives, priorities, standards and methodologies for the conduct and evaluation of Environmental Health and Facilities Engineering program activities; (3) provides consultation and technical assistance to Headquarters IHS Area Offices, tribal governments and Alaska Native corporations on matters pertaining to OEHE; and (4) coordinates and monitors IHS requirements for shared and cooperative program activities with other Federal and non-Federal agencies and organizations.

Office of Health Program Research and Development (HGA7). (1) Develops and demonstrates methods and techniques for the improved operations and management of the health care delivery systems; (2) provides technical assistance and consultation on the development and implementation of management and service delivery systems throughout the various organizational levels of the IHS and Tribal health programs; (3) conducts and coordinates health research and development activities within the Service directed toward improving the health of Indian people; (4) provides direct or indirect health services for the Indian people in the IHS Service Units under the jurisdiction of the Office; and (5) serves as a resource for directing or assisting in various special projects conducted by the IHS.

Office of Information Resources Management (HGA8). (1) Advises the Director, IHS, on policy formulation regarding information technology and

services; (2) develops, coordinates, directs, and evaluates IHS-wide plans and budgets for the management of information technology and services related to automated data processing, office automation, and telecommunications; (3) provides technical guidance, management direction and support for the IHS-wide production of management and clinical workload information systems; (4) develops and recommends policies and procedures relating to information resource management and support services; (5) directs the provision of systems analysis and design, data processing operations, user assistance and information systems training to all elements of the IHS; (6) reviews and recommends approval or disapproval of the acquisition, use, modification or discontinuance of any data processing, office automation or telecommunications service or resource IHS-wide; (7) maintains state-of-the-art expertise in information science and technology to promote the efficient and effective conduct of the IHS mission; (8) develops and coordinates the implementation of IHS-wide information security programs; and (9) maintains liaison with officials of the PHS, DHHS, and GSA for information resources management matters.

IHS Area Offices (HGF): Aberdeen Area Office (HGFB); Alaska Native Area Office (HGFC); Albuquerque Area Office (HGFD); Bemidji Area Office (HGFE); Billings Area Office (HGFF); California Area Office (HGFG); Nashville Area Office (HGFI); Navajo Area Office (HGFI); Oklahoma City Area Office (HGFK); Phoenix Area Office (HGFL); and Portland Area Office (HGFM).

The mission of IHS is accomplished in the field through line elements called Area Offices. Within these can be Service Units, Special Programs, Hospitals, Medical Centers, Health Centers, Health Stations, and other elements. Each Area Office is headed by a Director who reports to the Director, IHS. For the population served by their respective health delivery systems, each Area Office is responsible for: (1) Participating in and establishing goals and objectives for health programs in interpreting and determining policies and priorities within the framework of IHS policy; (2) delivering and assuring the delivery of high quality comprehensive health services; (3) providing coordination or ensuring the coordination of IHS activities and resources internally and externally with those of other governmental and nongovernmental programs and

promoting optimum utilization of all available health resources; (4) participating in the development and demonstration of alternative means and techniques of health services management and delivery to provide Indian tribes and other Indian community groups with optimal ways of participating in Indian health programs, and (5) ensuring the development of individual and tribal capacities to participate in the operation of IHS commensurate with the means and modalities which Indian tribal groups deem appropriate to their needs and circumstances.

Section HG-20. Order of Succession. During the absence or disability of the Director, IHS, or in the event of a vacancy in that office, the first official listed below who is available shall act as Director, except that during a planned period of absence, the IHS Director may specify a different order of succession. The order of succession will be:

(1) Deputy Director for Field Operations; (2) Deputy Director for Headquarters Operations; (3) Associate Director, Office of Health Programs; and (4) Associate Director, Office of Administration and Management.

Section HG-30. Delegations of Authority. All delegations and redelegations of authority made to HRSA and IHS officials which were in effect immediately prior to this reorganization, and which are consistent with the reorganization, shall continue in effect pending further redelegation.

Funding: Necessary salary and related costs will be transferred by way of an SF-1151, Non-expenditure Transfer Authorization, from the Health Resources and Services Administration Appropriation to the Indian Health Service Appropriation and the Public Health Service Management Appropriation in Fiscal Year 1988.

This reorganization is effective January 4, 1988.

Date: December 3, 1987.

Otis R. Bowen,

Secretary.

[FR Doc. 87-28470 Filed 12-10-87; 8:45 am]

BILLING CODE 4160-17-M

Food and Drug Administration

[Docket No. 87D-0356]

Compressed Medical Gases—Conformance With Current Good Manufacturing Practice Regulations in the Manufacture, Processing, Packing, or Holding; Availability of Compliance Policy Guide

AGENCY: Food and Drug Administration.
ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the availability of Compliance Policy Guide 7132a.16 (the Guide) entitled "Compressed Medical Gases—Direct Reference Authority for Sending Regulatory Letters for Specific CGMP Deviations." The Guide provides authority for FDA district offices to issue regulatory letters to firms to seek corrections when certain deviations from compliance with current good manufacturing practice (CGMP) regulations are encountered in the filling of cylinders with compressed medical gases.

ADDRESS: Requests for single copies of FDA Compliance Policy Guide 7132a.16 may be submitted to the Dockets Management Branch (HFA-305), Food and Drug Administration, Rm. 4-62, 5600 Fishers Lane, Rockville, MD 20857. (Send two self-addressed adhesive labels to assist the Branch in processing your requests.)

FOR FURTHER INFORMATION CONTACT: John Christeson, Center for Drug Evaluation and Research (HFN-323), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301-295-8098.

SUPPLEMENTARY INFORMATION: FDA has prepared Compliance Policy Guide 7132a.16 "Compressed Medical Gases—Direct Reference Authority for Sending Regulatory Letters for Specific CGMP Deviations." The Guide provides direct authority to FDA district offices for issuing regulatory letters to firms to seek corrections when certain deviations from CGMP regulations are encountered during the inspection of firms that are filling cylinders with compressed medical gases (21 CFR Parts 210 and 211).

Compliance Policy Guide 7132a.16 is

available for public examination in the Dockets Management Branch (address above) between 9 a.m. and 4 p.m., Monday through Friday. Requests for single copies of Compliance Policy Guide 7132a.16 should refer to the docket number found in brackets in the heading of this document and should be submitted to the Dockets Management Branch.

This notice is issued under 21 CFR 10.85.

Dated: December 2, 1987.

John M. Taylor,

Associate Commissioner for Regulatory Affairs.

[FR Doc. 87-28421 Filed 12-10-87; 8:45 am]

BILLING CODE 4160-01-M

Office of Human Development Services

Federal Allotments to States for Social Services Expenditures Pursuant to the Title XX—Social Services Block Grant Act; Promulgation for Fiscal Year 1989

AGENCY: Office of Human Development Services; HHS.

ACTION: Notification of allocation of Title XX—Social Services Block Grant Allotments for Fiscal Year 1989.

SUMMARY: This issuance sets forth the individual allotments to States for Fiscal Year 1989 pursuant to Title XX of the Social Security Act, as amended (Act). The allotments to the States published herein are based upon the authorization set forth in section 2003 of the Act and are contingent upon Congressional appropriations actions for the fiscal year. If Congress enacts and the President approves an amount different from the authorization, the allotments will be adjusted proportionately.

FOR FURTHER INFORMATION CONTACT: HDS Regional Administrators.

SUPPLEMENTARY INFORMATION: Section 2003 of the Act authorizes \$2.7 billion for Fiscal Year 1989 and provides that it be allocated as follows:

(1) Puerto Rico, Guam, the Virgin Islands, and the Northern Mariana Islands each receives an amount which bears the same ratio to \$2.7 billion as its allocation for Fiscal Year bore to \$2.9 billion.