

adults plus children, children, cash assistance to AFDC recipients, emergency assistance payments, statistics on unemployment among AFDC parents, and caseload statistics. Selected program information is also collected on the number of eligible families which receive emergency assistance, payments and temporary housing.

This report is basic to the administration and monitoring of the AFDC and Adult programs. The information is widely utilized by Congressional committees, State welfare departments, staff offices within DHHS and legislative and welfare reform task forces.

Annual Number of Respondents: 54.

Annual Frequency: 12.

Average Burden Hours Per Response:

2.

Total Burden Hours: 1,296.

Dated: September 4, 1992.

Naomi B. Marr,

Director, Office of Information Systems Management.

[FR Doc. 92-22848 Filed 9-21-92; 8:45 am]

BILLING CODE 4130-01-M

Alcohol, Drug Abuse, and Mental Health Administration

National Advisory Council for the Center for Substance Abuse Treatment; Request for Nominees

OFFICE: Office for Treatment Improvement, ADAMHA, DHHS.

ACTION: Request for nominees for the National Advisory Council for the Center for Substance Abuse Treatment.

SUMMARY: The Center for Substance Abuse Treatment (CSAT) is requesting nominations for nine representatives of the health disciplines and three public members to serve on its National Advisory Council.

DATES: Names of recommended nominees should be received on or before October 15, 1992.

ADDRESSES: All nominations for membership should be submitted to: Ms. Susanne Rohrer, Executive Secretary, CSAT National Advisory Council, Office of Policy Coordination, Center for Substance Abuse Treatment, Rockwall II, 10th Floor, 5600 Fishers Lane, Rockville, Maryland 20857.

FOR FURTHER INFORMATION CONTACT: Ms. Susanne Rohrer, Executive Secretary, CSAT National Advisory Council, at (301) 443-5050.

SUPPLEMENTARY INFORMATION: The "ADAMHA Reorganization Act of 1992" (Pub. L. 102-321), which was signed by

the President on July 10 and takes effect on October 1, creates the new Center for Substance Abuse Treatment as one of the three components of the Substance Abuse and Mental Health Services Administration (SAMHSA). The CSAT will include substance abuse services programs currently administered by the Office for Treatment Improvement and new programs established by Public Law 102-321. Section 505 of the Public Health Service Act (42 U.S.C. 290aa-3a), as amended by Public Law 102-321 and redesignated Section 502, authorizes the Secretary of Health and Human Services (HHS) to appoint a National Advisory Council for CSAT.

The Council will advise the Secretary, HHS; the Assistant Secretary for Health; the Administrator, SAMHSA; and the Director, CSAT, on the best means to provide national leadership that will ensure use of state of the art knowledge in the treatment of addictive disorders; and to improve access and reduce barriers to high quality, effective programs and services. Nine members appointed by the Secretary shall be selected from among the leading representatives of the health disciplines (including public health and behavioral and social sciences) relevant to the activities of the Center. Three members appointed by the Secretary shall be selected from the general public and shall include leaders in fields of public policy, public relations, law, health policy economics, or management.

HHS policy also provides that committee membership be fairly balanced in terms of points of view represented and the committee's function, and composed of as broad a representation as possible of geographic areas, sex, race, national origin, age, and handicapping conditions.

Candidates may be self-nominated or recommended by others. A curriculum vitae must be enclosed for each nominee. The nomination process is continuous, and members serve for overlapping 4-year terms. However, initial terms will be staggered to prevent all appointments from expiring at the same time. Nominations not received by October 15 may be held and considered for future vacancies based on the balance of types of expertise needed and an individual's qualifications.

Joseph R. Leane,

Associate Administrator for Management, Alcohol, Drug Abuse, and Mental Health Administration.

[FR Doc. 92-22837 Filed 9-21-92; 8:45 am]

BILLING CODE 9160-20-M

Centers for Disease Control

[Announcement Number 274]

Cooperative Agreement for Hemophilia Chapter Support and Peer Support Activities; Availability of Funds for Fiscal Year 1992

Introduction

The Centers for Disease Control (CDC), the Nation's prevention agency, announces the availability of fiscal year (FY) 1992 funds for a cooperative agreement program with the National Hemophilia Foundation for Chapter support, other community-based support, and HIV prevention activities within the hemophilia community. CDC is interested in enhancing the national hemophilia HIV infection prevention program by supporting community-based HIV/AIDS risk reduction, counseling, outreach activities, and self-help support groups at the local, regional and national levels.

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, and PHS-led national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority area of human immunodeficiency virus (HIV) infection. (For ordering a copy of Healthy People 2000, see the section Where to Obtain Additional Information.)

Authority: This program is authorized under sections 301(a) and 317 of the Public Health Service Act, as amended [42 U.S.C. 241(a) and 247(b)].

Eligible Applicants

Assistance will be provided only to the National Hemophilia Foundation. No other applications will be solicited. The National Hemophilia Foundation (NHF) is the most appropriate organization to conduct the work under this cooperative agreement because:

1. The NHF is the only national-based organization for hemophilia with the majority of its board members, executive committee members, and directors at large being people with hemophilia or related family members. It is committed to the national goal of hemophilia and HIV/AIDS risk reduction programs, and has a unique role in supporting this national agenda through strong and effective lay-based programs.

2. The NHF has provided key leadership in all of the programs related to the national hemophilia HIV prevention agenda that are consumer-based, and has a commitment and

strong programs for HIV prevention through consumer-based, peer-led activities. Its most recent initiative is related to the development of the Men's Advocacy Network of NHF (MANN). This initiative grew from consumer interest to a strong national-based advocacy group that is a key component of CDC's national hemophilia HIV risk reduction strategies.

3. The NHF is dedicated to the treatment and the cure of hemophilia, related bleeding disorders and complications of those disorders or their treatment, including HIV infection, as well as to improving the quality of life for all those affected through the promotion and support of research, education and other services.

4. The NHF is the only national hemophilia organization that has an established network and ability to provide technical assistance to lay-level hemophilia groups such as local chapters and foundations, as well as national hemophilia consumer networking organizations. The congressional mandate for these funds is intended to support these peer-led consumer programs.

Therefore, the NHF is uniquely qualified to support hemophilia community-based activities as it is the only national hemophilia organization.

Availability of Funds

Approximately \$900,000 is available in FY 1992 to fund this award. It is expected that the award will begin on or about September 30, 1992, for a 12-month budget period within a project period of up to 5 years. Funding estimates may vary and are subject to change.

Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.

Purpose

The purpose of this award is to assist the NHF in its efforts to provide HIV risk reduction, counseling and outreach activities. This is best accomplished by a national program that is designed to strengthen and utilize local, regional, and national consumer-organized activities.

It is the intent of this funding to support consumer-based, peer-led HIV risk reduction activities. The NHF has begun this work through the establishment in 1988 of ten Chapter Outreach Demonstration Projects (COPD) to develop innovative, culturally sensitive approaches for locating and serving minority persons with hemophilia; in 1989, NHF established the Hemophilia and AIDS/HIV Network for

the Dissemination of Information (HANDI) to serve the hemophilia community with information on hemophilia and AIDS/HIV; in 1990, NHF organized and coordinated the Women's Outreach Network of NHF (WONN) to provide a national forum to develop women leaders to provide peer-based risk reduction education and support; and in 1991, NHF organized and began coordinating the Men's Advocacy Network of NHF (MANN) to provide a national forum for men with hemophilia to develop a peer-based HIV prevention and advocacy network.

The above activities have formed a basis on which to expand peer-based local and regional hemophilia HIV risk reduction activities. The CDC is looking to the NHF to develop a mechanism to build upon these national HIV risk reduction and support programs at a local level. The NHF could facilitate this expansion by providing technical and financial assistance to local chapters for the development and implementation of local peer-led services coordinated by NHF, including new programs for adolescents. For these local initiatives, it is anticipated that local chapters would be given technical assistance from the NHF and the NHF designated regional or national representatives of the MANN and WONN programs.

Program Requirements

In conducting activities to achieve the purpose of this program, the recipient shall be responsible for the activities under A., below, and the CDC shall be responsible for conducting activities under B., below:

A. Recipient Activities

1. Expand current peer-based HIV risk reduction and support activities by developing and coordinating a system to support these initiatives at the local lay-level community.

2. Design a fair and sound process to evaluate proposals to award funding to local hemophilia chapters in order to provide the services described in this solicitation. This grant review process will be conducted by NHF with input from the consumer community.

3. Coordinate outreach activities by peer organizations and provide technical assistance to the community to assist the chapters in their need with grant writing.

4. Provide ongoing technical assistance to these local chapters in planning new local risk reduction activities including information programs, support groups, and local networking activities so that they are consistent with overall national goals of

risk reduction in the hemophilia community.

5. Plan and conduct site visits to evaluate the effectiveness of the local staff support in developing outreach, information system support groups, and networking activities; and, use the results of these findings to make recommendations about the strengths and weaknesses of the approach to the local and chapter groups.

B. CDC Activities

1. Provide consultation and technical assistance to NHF in planning and evaluation activities.

2. Provide input to the review of local grant applications.

3. Provide current scientific and public health information regarding risk reduction in the hemophilia community.

4. Collaborate in the presentation and dissemination of information resulting from these activities.

Evaluation Criteria

The application will be reviewed and evaluated according to the following criteria:

1. The applicant must have a working relationship with a majority of the current local hemophilia organizations, and the ability to provide technical assistance to the local chapters. (15 points)

2. Project personnel are well qualified by training and/or experience to manage coordinate, and evaluate a national program involving multiple local peer organizations. (15 points)

3. The applicant organization has adequate facilities and manpower. (15 points)

4. The proposed activities support and expand current peer-led risk reduction activities. (15 points)

5. The proposed activities will support the goals of the National Hemophilia Prevention Program as described in the Goal report (a copy is included in the application kit). (15 points)

6. The proposed criteria for establishing and conducting a grants management program including reviewing grant applications from local hemophilia chapters. (15 points)

7. The quality of the applicant's overall evaluation plan for the program as a whole. (10 points)

8. The estimated cost to the Government of the project is reasonable and consistent with the intended use of the cooperative agreement funds. (not scored)

Executive Order 12372 Review

The application is not subject to review as governed by Executive Order

12372, entitled "Intergovernmental Review of Federal Programs," (45 CFR part 100).

Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance number is 93.118, Acquired Immunodeficiency Syndrome (AIDS) activity.

Other Requirements

Human Subjects

If the proposed project involves research on human subjects, the applicant must comply with the Department of Health and Human Services regulations (45 CFR part 46) regarding the protection of human subjects. Assurance must be provided to demonstrate that the project will be subject to initial and continuing review by an appropriate institutional review committee. The applicant will be responsible for providing assurance in accordance with the appropriate guidelines and form provided in the application kit.

HIV/AIDS Requirements

The recipient must comply with the document entitled "Content of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Education Sessions." (June 15, 1992), a copy of which is included in the application kit. In complying with the requirements for a program review panel, recipients are encouraged to use an existing program review panel such as the one created by the state health department's HIV/AIDS prevention program. If the recipient forms its own program review panel, at least one member must be an employee (or a designated representative) of a government health department consistent with the Content guidelines. The names of the review panel members must be listed on the Assurance of Compliance Form CDC 0.113, which is also included in the application kit. The recipient must submit the program review panel's report that indicates all materials have been reviewed and approved, this includes conference agendas.

Application Submission and Deadline

The National Hemophilia Foundation must submit an original and two copies of the application PHS Form 516T-1 to Edward L. Dixon, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control, 255 East Paces Ferry Road, NE., room 300, Mailstop E-14, Atlanta, Georgia 30305.

Where to Obtain Additional Information

If you are interested in obtaining additional information regarding this program, please refer to Announcement Number 274 and contact Locke Thompson, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control, 255 East Paces Ferry Road, NE., room 300, Mailstop E-14, Atlanta, Georgia 30305, (404) 842-6508 for business management technical assistance. Programmatic technical assistance may be obtained from Judy Hannan, Division of HIV/AIDS, National Center for Infectious Diseases, Centers for Disease Control, Atlanta, Georgia 30333, (404) 639-2017.

A copy of Healthy People 2000 (Full Report, Stock No. 017-001-00474-0) or Healthy People 2000 (Summary Report, Stock No. 017-001-00473-1) referenced in the Introduction may be obtained through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325, (Telephone: 202-783-3238).

Dated: September 18, 1992.

Robert L. Foster,

Acting Associate Director for Management and Operations, Centers for Disease Control.
[FR Doc. 92-22891 Filed 9-21-92; 8:45 am]

BILLING CODE 4160-18-M

Food and Drug Administration

[Docket No. 92F-0327]

Arakawa Chemical Industries, Ltd.; Filing of Food Additive Petition

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that Arakawa Chemical Industries, Ltd., has filed a petition proposing that the food additive regulations be amended to provide for the safe use of an aromatic petroleum hydrocarbon resin, hydrogenated, as a component of polypropylene intended for food-contact use.

FOR FURTHER INFORMATION CONTACT: Julius Smith, Center for Food Safety and Applied Nutrition (HFF-335), Food and Drug Administration, 200 C St. SW., Washington, DC 20204, 202-254-9500.

SUPPLEMENTARY INFORMATION: Under the Federal Food, Drug, and Cosmetic Act (sec. 409(b)(5) (21 U.S.C. 348(b)(5))), notice is given that a petition (FAP 2B4338) has been filed by Arakawa Chemical Industries, Ltd., c/o 1001 G St. NW., suite 500 West, Washington, DC 20001. The petition proposes to amend

the food additive regulations to provide for the safe use of an aromatic petroleum hydrocarbon resin, hydrogenated, as a component of polypropylene intended for food-contact use.

The potential environmental impact of this action is being reviewed. If the agency finds that an environmental impact statement is not required and this petition results in a regulation, the notice of availability of the agency's finding of no significant impact and the evidence supporting that finding will be published with the regulation in the Federal Register in accordance with 21 CFR 25.40(c).

Dated: September 10, 1992.

Douglas L. Archer,

Acting Director, Center for Food Safety and Applied Nutrition.

[FR Doc. 92-22949 Filed 9-21-92; 8:45 am]

BILLING CODE 4160-01-F

[Docket No. 92F-0315]

Fina Oil and Chemical Co.; Filing of Food Additive Petition

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that Fina Oil and Chemical Co. has filed a petition proposing that the food additive regulations be amended to provide for the safe use of rubber-modified polystyrene and to permit the use of octadecyl 3,5-di-*tert*-butyl-4-hydroxyhydrocinnamate as a stabilizer in the rubber-modified polystyrene intended for use in contact with food.

FOR FURTHER INFORMATION CONTACT: Vir D. Anand, Center for Food Safety and Applied Nutrition (HFF-335), Food and Drug Administration, 200 C St. SW., Washington, DC 20204, 202-254-9500.
SUPPLEMENTARY INFORMATION: Under the Federal Food, Drug, and Cosmetic Act (sec. 409(b)(5) (21 U.S.C. 348(b)(5))), notice is given that a petition (FAP 2B4337) has been filed by Fina Oil and Chemical Co., c/o 1100 G St. NW., Washington, DC 20001. The petition proposes that the food additive regulations be amended in § 177.1640 *Polystyrene and rubber-modified polystyrene* (21 CFR 177.1640) to provide for the safe use of rubber-modified polystyrene resin containing not less than 71 weight percent of polymer units derived from styrene monomer and in § 178.2010 *Antioxidants and/or stabilizers for polymers* (21 CFR 178.2010) to permit the use of octadecyl

3,5-di-*tert*-butyl-4-hydroxyhydrocinnamate as a stabilizer in the rubber-modified polystyrene intended for use in contact with food.

The potential environmental impact of this action is being reviewed. If the agency finds that an environmental impact statement is not required and this petition results in a regulation, the notice of availability of the agency's finding of no significant impact and the evidence supporting that finding will be published with the regulation in the **Federal Register** in accordance with 21 CFR 25.40(c).

Dated: September 10, 1992.

Douglas L. Archer,
Acting Director, Center for Food Safety and Applied Nutrition.

[FR Doc. 92-22953 Filed 9-21-92; 8:45 am]

BILLING CODE 4160-01-F

[Docket No. 92F-0339]

Rio Linda Chemical Co.; Filing of Food Additive Petition

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that Rio Linda Chemical Co. has filed a petition proposing that the food additive regulations be amended to provide for the safe use of an aqueous solution of chlorine dioxide and related oxychloro species, generated by acidification of an aqueous solution of sodium chlorite with sodium gluconate, citric acid, phosphoric acid, and sodium alkylphenoxybenzenedisulfonate, as a sanitizing solution to be used on food-contact surfaces, food-processing equipment, and utensils.

FOR FURTHER INFORMATION CONTACT: Marvin D. Mack, Center for Food Safety and Applied Nutrition (HFF-335), Food and Drug Administration, 200 C St. SW., Washington, DC 20204, 202-254-9511.

SUPPLEMENTARY INFORMATION: Under the Federal Food, Drug, and Cosmetic Act (sec. 409(b)(5) (21 U.S.C. 348(b)(5))), notice is given that a petition (FAP 2B4334) has been filed by Rio Linda Chemical Co., c/o 1414 Fenwick Lane, Silver Spring, MD 20910. The petition proposes to amend the food additive regulations in § 178.1010 *Sanitizing solutions* (21 CFR 178.1010) to provide for the safe use of an aqueous solution of chlorine dioxide and related oxychloro species, generated by acidification of an aqueous solution of sodium chlorite with sodium gluconate, citric acid, phosphoric acid, and sodium

alkylphenoxybenzenedisulfonate, as a sanitizing solution to be used on food-contact surfaces, food-processing equipment, and utensils.

The potential environmental impact of this action is being reviewed. If the agency finds that an environmental impact statement is not required and this petition results in a regulation, the notice of availability of the agency's finding of no significant impact and the evidence supporting that finding will be published with the regulation in the **Federal Register** in accordance with 21 CFR 25.40(c).

Dated: September 11, 1992.

Douglas L. Archer,
Acting Director, Center for Food Safety and Applied Nutrition.

[FR Doc. 92-22952 Filed 9-21-92; 8:45 am]

BILLING CODE 4160-01-F

National Institutes of Health

National Cancer Institute; Cancellation of Meeting

Notice is hereby given that the meeting of the AIDS Subcommittee, National Cancer Advisory Board, National Cancer Institute, National Institutes of Health, scheduled for September 21, 1992 and published in the **Federal Register** (53 FR 41759) on September 11, 1992 is hereby canceled due to scheduling conflicts.

For further information, please contact Dr. Judith Karp, Executive Secretary, AIDS Subcommittee, National Cancer Institute, Building 31, 9000 Rockville Pike, room 11A23, Bethesda, Maryland 20892 (301) 496-3505.

Dated: September 16, 1992.

Susan K. Feldman,
Committee Management Officer, NIH.
[FR Doc. 92-22838 Filed 9-16-92; 3:09 pm]
BILLING CODE 4140-01-M

National Center for Research Resources; Meeting of the General Clinical Research Centers Committee

Pursuant to Public Law 92-463, notice is hereby given of the meeting of the General Clinical Research Centers (GCRC) Committee, National Center for Research Resources (NCRR), National Institutes of Health.

The meeting will be open to the public as indicated below during which time there will be comments by the Director, NCRR; and an update on the GCRC Program by Dr. Judith L. Vaitukaitis, Acting Director, GCRC Program, NCRR. Attendance by the public will be limited to space available.

In accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), title 5, U.S. Code and section 10(d) of Public Law 92-463, the meeting will be closed to the public as indicated below for the review, discussion, and evaluation of individual grant applications. These applicants and the discussions could reveal confidential trade secrets or commercial property, such as patentable material, and personal information concerning individuals associated with the applications, disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Ms. Maureen Mylander, Information Officer, NCRR, National Institutes of Health, Westwood Building, room 10A15, Bethesda, Maryland 20892, (301) 496-5545, will provide a summary of the meeting, and a roster of the Committee members upon request. Other information pertaining to the meeting can be obtained from the Scientific Review Administrator.

Name of Committee: General Clinical Research Centers Committee.

Scientific Review Administrator: Dr. Bela J. Gulyas, National Center for Research Resources, National Institutes of Health, Westwood Building, room 10A16, 5333 Westbard Avenue, Bethesda, Maryland 20892, Telephone: (301) 402-0627.

Dates of Meeting: October 20-21, 1992.

Place of Meeting: Holiday Inn, Bethesda, 8120 Wisconsin Avenue, Bethesda, Maryland 20814.

Open: October 20, 8 a.m.-9:30 a.m.

Agenda: Report and review of administrative details.

Closed: October 20, 9:30 a.m.-until recess, October 21, 8 a.m.-adjournment.

Closure reason: To review grant applications.

(Catalog of Federal Domestic Assistance Program No. 93.333, Clinical Research, National Institutes of Health)

Dated: September 16, 1992.

Susan K. Feldman,
Committee Management Officer, NIH.
[FR Doc. 92-22833 Filed 9-21-92 8:45 am]
BILLING CODE 4140-01-M

National Center for Research Resources; Meeting of the Comparative Medicine Review Committee

Pursuant to Public Law 92-463, notice is hereby given of a meeting of the Comparative Medicine Review Committee, National Center for Research Resources, National Institutes of Health.

The meeting will be open to the public as listed below for brief staff