required that foreign origin be disclosed if unmarked goods contained a significant amount of foreign content.

i. Do consumers generally believe that unlabeled products are domestic? Does consumer perception of the origin of unlabeled products vary by type of product?

ii. Is a failure to disclose foreign origin for unmarked goods that contain a significant amount of foreign content material to consumers? Does the materiality vary by type of product?

Commenters are urged to limit their additional comments to clarifying or rebuttal information, to the supplemental questions, or to specific new proposals, and not merely to resubmitting views or information previously submitted or expressed during the workshop. Comments proposing or addressing a particular standard should address how it protects consumers against deception [1] and why adopting a particular standard is in the public interest. All written comments submitted will be available for public inspection in accordance with the Freedom of Information Act, 5 U.S.C. 552, and Commission regulations, on normal business days between the hours of 8:30 a.m. to 5:00 p.m. at the Public Reference Room 130, Federal Trade Commission, 6th and Pennsylvania Ave., N.W., Washington, D.C. 20580.

In addition, the Commission will make this notice and, to the extent technically possible, all comments received in response to this notice available to the public through the Commission's Home Page on the Internet. Interested parties can access the Commission's Home Page on the World Wide Web at the following address: http://www.ftc.gov.

Authority: 15 U.S.C. 41 *et seq.*

By direction of the Commission, Commissioner Starek dissenting.[2]

[1] A deceptive act or practice is one that is likely to mislead consumers acting reasonably under the circumstances. *See Cliffdale Associates, Inc.,* 103 F.T.C. 110 (1984), reprinting as an appendix letter dated Oct. 14, 1983, from the Commission to the Honorable John D. Dingell, Chairman, Committee on Energy and Commerce, U.S. House of Representatives (''Deception Statement''). The Commission considers a claim deceptive if even a ''significant minority'' of consumers are misled. ''An interpretation may be reasonable even though it is not shared by a majority of consumers in the relevant class, or by particularly sophisticated consumers. A material practice that misleads a significant minority of reasonable consumers is deceptive.'' *Kraft, Inc.,* 114 F.T.C. 40, 122 (1991), *aff'd* 970 F.2d 311 (7th Cir. 1992), *cert. denied,* 507 U.S. 909 (1993).

[2] Commissioner Starek dissented for reasons previously stated. See 60 FR 53930 (1995).

Donald S. Clark,
*Secretary.*

[FR Doc. 96–10364 Filed 4–25–96; 8:45 am]

BILLING CODE 6750–01–P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Agency for Toxic Substances and Disease Registry

**[Announcement 607]**

### Program to Build Capacity to Conduct Site-Specific Activities

Introduction

The Agency for Toxic Substances and Disease Registry (ATSDR) announces the availability of fiscal year (FY) 1996 funds for a cooperative agreement program for State health agencies to conduct site-specific health activities to determine the public health impact of human exposure to hazardous substances at hazardous waste sites or releases. Specifically, funds will be used to build capacity to conduct ''Core'' site-specific activities including public health assessments, health consultations, exposure investigations, community involvement, and preventive health education; and ''Optional'' follow-up health investigations/studies. ATSDR considers a site as consisting of the actual boundaries of a release or facility along with the resident community and area impacted by the subject release or facility.

ATSDR is committed to achieving the health promotion and disease prevention objectives of ''Healthy People 2000,'' a national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority area of Environmental Health. (For ordering a copy of ''Healthy People 2000,'' see the section Where To Obtain Additional Information.)

Authority

This program is authorized under Sections 104(i) (1)(E), (4), (6), (7), (9), (14) and (15) of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) of 1980, as amended by the Superfund Amendments and Reauthorization Act (SARA) of 1986 [42 U.S.C. 9604(i)(1) (E), (4), (6), (7), (9), (14) and (15)], and Section 3019 (b) and (c) of the Resource Conservation and Recovery Act (RCRA), as amended (Hazardous and Solid Waste Amendments of 1984) [42 U.S.C. 6939a (b) and (c)].

Smoke-Free Workplace

ATSDR strongly encourages all grant and cooperative agreement recipients to provide a smoke-free workplace and promote the non-use of all tobacco products, and Public Law 103–227, the Pro Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, and early childhood development services are provided to children.

Eligible Applicants

Participation is limited to official public health agencies of States or their bona fide agents or instrumentalities. This includes the District of Columbia, American Samoa, the Commonwealth of Puerto Rico, the Virgin Islands, the Federated States of Micronesia, Guam, the Northern Mariana Islands, the Republic of the Marshall Islands, the Republic of Palau, and federally recognized Indian tribal governments. This program is comprised of Core activities and Optional activities. All applicants must compete for Core Activities (Public Health Assessments/Consultations, Exposure Investigations, and Community Involvement and Preventive Health Education). Site-Specific Health Investigations/Studies are considered Optional Activities to the Core Activities award.

Availability of Funds

The government's obligation under this grant project is contingent upon the availability of appropriated funds from which payment for grant purposes can be made. No legal liability on the part of the government for any obligation may arise until funds are made available to the grantee through the formal award of a cooperative agreement.

It is expected that approximately $11,500,000 will be available in FY 1996 to fund an estimated 22 awards. The average new award is expected to be $300,000, ranging from $100,000 to $500,000. It is expected that the awards will begin on or about September 29, 1996, and will be made for a 12-month budget period within a 5-year project period. Funding estimates may vary and are subject to change.

Approximately $10,000,000 of the $11,500,000 will be available to fund an estimated 22 Core Activities awards (range $100,000 to $500,000). Personnel funded under Core Activities should include, at a minimum, 1–2 full time employee (FTE) health assessors and 1–2 FTE health educators/community involvement specialists. Funds in the amount of $1,000,000 will be available for Optional Activities via the initial

award for epidemiologist or health scientist personnel. It is anticipated that $500,000 of supplemental funds may be made available for conducting site-specific human health studies after review of site-specific data, submission of study protocol with supplemental budget for proposed study, technical, objective, and peer review and approval of study protocols. In years subsequent to FY 1996, it is anticipated that funds in the amount of $2,000,000 will be available for site-specific studies.

The Core Activities Award establishes the funding for this cooperative agreement. Only applicants funded for a Core Activities Award are eligible to receive awards for Optional Activities. Applicants who apply and are awarded for Core Activities only will not be eligible to add Optional Activities during the project period.

This program is open to all eligible applicants, whether or not current participants in ATSDR grant or cooperative agreement programs. Grantees currently funded under ATSDR's Program Announcements 227, 415, 325 and 443, can apply and, if successful, the current award would replace the previous award (competitive renewal) for a total project period of up to 5 years. If a current grantee applies under this competitive renewal announcement and is unsuccessful or chooses not to apply under this announcement, it will not jeopardize the current award; ATSDR will honor the current awards through the expiration of the project period, subject to satisfactory progress and the availability of funds.

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

## Purpose

The purpose of the program funded under this cooperative agreement is to work toward the ultimate goal of reducing exposures to hazardous substances and mitigating potential adverse health effects from such exposures. The specific purpose of the Core Activities is to assist public health agencies to build capacity, in coordination and cooperation with ATSDR, to conduct health related activities under CERCLA and RCRA. This includes conducting health consultations, public health assessments, and exposure investigations. Core Activities will also assist recipients to conduct community involvement activities, and to develop, disseminate, and evaluate site- specific preventive health education materials and other programs related to exposure to hazardous substances in the environment.

Optional activities will assist public health agencies in conducting site-specific health activities recommended by the Technical Project Team to assess the public health impact of human exposure to hazardous substances in communities located near hazardous waste sites or releases.

## Program Requirements

ATSDR will assist or work jointly with the recipient in conducting the activities of this cooperative agreement program. The application should be presented in a manner that demonstrates the applicant's ability to address the health issues in a collaborative manner with ATSDR.

Note: Recipient activities may not be conducted with funds from this cooperative agreement program at any Federal site where the State is a party to litigation at the site.

Recipient and ATSDR activities are listed below:

## A. Recipient Core Activities

All activities will be conducted via an annually negotiated work plan, mutually agreed upon at the time of the annual budget discussions between ATSDR and recipient, that complies with requirements of applicable sections of CERCLA, as amended.

### *1. Public Health Assessments*

Conduct Public Health Assessments, including petitions, on National Priority Lists (NPL), Comprehensive Environmental Response, Compensation, and Liability Information System (CERCLIS), or other sites or facilities within the recipient's territorial boundary in accordance with the methodology provided in the ATSDR Public Health Assessment Guidance Manual, ATSDR's Review and Handling Procedures for Public Health Assessments, and other applicable guidance. The following activities are also considered integral in the public health assessment process:

a. Prepare addenda to update public health assessments.

b. Prepare Site Review and Updates (SRU) to evaluate current conditions and determine the need for further actions.

### *2. Health Consultations*

Prepare a written or verbal response to a specific question or specific request for information about health risks posed by a specific site (including Site Accelerated Cleanup Model (SACM)), chemical release, or hazardous material. Health consultations may also be written as a follow-up to Public Health Assessments or SRUs. Consultations may include the evaluation of environmental data, community concerns, health outcome data, and demographic characterizations, and the conduct of community outreach and interaction activities and site workplans.

### *3. Exposure Investigations*

Exposure Investigations may be conducted as part of a health assessment or health consultation response. Exposure Investigation involves a collection of data on less than 10 households.

### *4. Community Involvement*

Site-specific community involvement is designed to develop partnerships with communities living near hazardous waste sites in the development, implementation, and evaluation of site-specific activities, which may include needs assessment, site evaluation activities, participation in community meetings, and availability to the community to gather and address health concerns. The recipient will:

a. Develop a site-specific community involvement plan which, at a minimum, should include: (1) A needs assessment strategy, (2) an implementation strategy, and (3) an evaluation strategy.

b. Implement the community involvement plan and, where warranted based on the needs assessment, establish Community Assistance Panels.

### *5. Health Education*

Site-specific health education encompasses a program of education activities implemented in communities to enable them to prevent or mitigate the health impact of exposure to hazardous substances present at waste sites and releases. Prevention of exposure is the focus of community health education. Prevention of health effects from exposure is the focus of health professions education. Based on the community needs assessment, a coordinated health education program to address the needs identified for each target audience should be developed. The recipient will:

a. Develop materials that are appropriate for the target audience considering such issues as literacy level, cultural values, and languages spoken.

b. Recipient should give priority to those sites where specific actions can be taken to reduce or prevent exposures or where a significant public health concern exists.

c. Materials and programs targeted to a community's health care providers should be designed to improve the knowledge and skill of health care professionals concerning the potential

exposure to hazardous substances at the selected sites. Examples include programs and materials designed to enhance the ability of health care providers to communicate risk, counsel and advise community members including their patients, recognize and evaluate potential exposures, obtain appropriate consultation from environmental health experts when needed or diagnose and treat conditions that may arise from exposure to hazardous substances.

d. Implement the planned actions such as distributing materials, and conducting projects such as Grand Rounds, short courses, seminars, poster display sessions, and public availability sessions.

*6. Site-Specific Evaluation*

As part of the workplan for Core Activities (Public Health Assessments/ Health Consultations, Site-specific Involvement and Health Education), develop a site- specific evaluation plan prior to conducting activities. The plan should contain a component for each activity undertaken at the site. Conduct evaluation of activities and projects and site-specific programs to determine if community's needs have been met as well as intended purpose of the activities. Both process and impact/ outcome measures should be included in the evaluation plan.

*7. Program Evaluation*

An evaluation of effectiveness of overall capacity building effort in addressing public health issues in communities living near hazardous waste sites will be conducted jointly by all participants. This evaluation will focus on outcome and impact measurements using a standard evaluation instrument. Both process and impact/outcome measures will be included in the evaluation.

B. Recipient Optional Activities

1. For all health assessments and/or health consultations prior to October 1, 1995, for which a health follow-up activity was recommended, the recipient will reassess community, environmental, and human data and provide in writing a disposition of their assessment.

2. For those studies recommended previously, the recipient will develop a protocol and conduct the recommended study. This protocol will undergo scientific peer review as required by ATSDR and may require clearance by the Office of Management and Budget (OMB) before data collection can begin.

3. The recipient is required to provide proof by citing a State code or regulation or other State pronouncement under authority of law, that medical information obtained pursuant to the agreement will be protected from disclosure when the consent of the individual to release identifying information is not obtained.

*4. Evaluation*

As part of the workplan for Optional Activities (Public Health Studies/ Investigations), develop a site-specific evaluation plan, including a standard evaluation instrument prior to the conduct of site-specific activities. The plan should contain a component for each activity undertaken at the site. Conduct evaluation of activities, projects, and site-specific programs to determine if community's needs as well as intended purpose of the activities have been met. Both process and impact/outcome measures should be included in the evaluation plan.

C. Other Activities

1. Participate in Technical Project team (TPT) review and comply with established review and handling procedures for incorporating the results of recommendations into site evaluation activities.

2. Provide abstraction overview to ATSDR on each site for which site evaluation activities have been conducted for inclusion in the HAZDAT.

3. Review and prepare written comments on EPA's draft Remedial Investigation/Feasibility Study (RI/FS), RI/FS workplans, and Records of Decision, and site-specific documents of the State's environmental department.

*4. Workshops*

a. Participate in local, State, and Federal health and environmental workshops and community meetings to discuss and respond to questions concerning a particular site's impact on public health.

b. Participate in ATSDR-scheduled training classes or workshops to increase knowledge and skills in environmental public health.

5. Respond to ATSDR's requests concerning congressional inquiries/ testimonies, program evaluation, or other information in carrying out the purpose of the project.

D. ATSDR Core Activities

All activities will be conducted via an annually negotiated work plan, mutually agreed upon at the time of the annual budget discussions between ATSDR and recipient, that complies with requirements of applicable sections of CERCLA, as amended.

As requested by the recipient, ATSDR is available to provide the following:

*1. Public Health Assessments*

Collaborate with and assist recipient in conducting Public Health Assessment activities on CERCLIS or other sites or facilities within the recipient's territorial boundary, which includes:

a. Collaborate and assist in preparing addenda to update public health assessments.

b. Collaborate and assist in preparing Site Review and Updates (SRU) to evaluate current conditions and determine the need for further actions.

*2. Health Consultations*

Collaborate and assist recipient in preparing a written or verbal response to a specific question or specific request for information about health risks posed by a specific site (including SACM), chemical release, or hazardous material.

*3. Exposure Investigations*

Collaborate and assist in conducting Exposure Investigations.

*4. Community Involvement*

a. Assist in developing effective methods to conduct needs assessments in communities living near hazardous waste sites and in defining goals and objectives.

b. Assist in development, implementation, and evaluation of the community involvement plan.

*5. Site-specific Health Education*

a. Collaborate in developing and reviewing all educational materials to ensure scientific accuracy. Provide existing materials as requested. Collaborate in developing projects for specific target audiences.

c. Collaborate with the State in the implementation of programs and the distribution of materials.

*6. Evaluation*

ATSDR will lead the evaluation of each recipient's total program. This evaluation will focus on outcome and impact measurements using a standard evaluation instrument. In addition, ATSDR will conduct an evaluation of effectiveness of overall capacity building effort in addressing public health issues in communities living near hazardous waste sites. Both process and impact/outcome measures will be included in the evaluation.

E. ATSDR Optional Activities

As requested by the recipient, ATSDR is available to provide the following:

1. Provide assistance in both the planning and implementation phases of

the field work called for under the study protocol.

2. Provide consultation and assist in monitoring the data and specimen collection.

3. Participate in the study analysis.

4. Collaborate in interpreting the study findings.

5. ATSDR will conduct technical and peer review.

6. *Evaluation*—ATSDR will evaluate each recipient's total program. This evaluation will focus on outcome and impact measurements using a standard evaluation instrument. In addition, ATSDR will conduct an evaluation of effectiveness of overall capacity building effort in addressing public health issues in communities living near hazardous waste sites. Both process and impact/outcome measures will be included in the evaluation.

F. Other ATSDR Activities

1. Initiate and conduct review by Technical Project Team.

2. Assist with abstraction overview for the database on each site for which site evaluation activities have been conducted.

3. Assist with recipient's review and preparation of written comments on EPA's draft Remedial Investigation/Feasibility Study (RI/FS), RI/FS workplans, and Records of Decision, and site-specific documents of the State's environmental department.

*4. Workshops*

a. Assist recipient with participation in local, State, and Federal health and environmental workshops and community meetings to discuss and respond to questions concerning a particular site's impact on public health.

b. Initiate and conduct ATSDR-scheduled training classes or workshops to increase recipients knowledge and skills in environmental public health.

5. Assist recipient with ATSDR's requests concerning congressional inquiries/testimonies, program evaluation, or other information in carrying out the purpose of the project.

Evaluation Criteria

The proposed program, whether made up of Core Activities or Core Activities and Optional Activities, will account for a total of 70% of the score from the evaluation criteria. Applications will be reviewed and evaluated according to the following criteria:

*A. Applications for Core Activities Only*

1. Proposed Program—70%

Applicant's ability to address the following:

a. Ability to respond to specific public health issues that occur as a result of actual or potential human exposure to a hazardous substance including methods to evaluate and analyze toxicological, community, and environmental health data; and to conduct and analyze data from exposure investigations.

b. Description of involvement with communities in response to concern about a particular site's impact on public health. Ability to develop and provide preventive health education in a timely fashion in response to public health issues including appropriateness and thoroughness of the methods used to evaluate preventive health education; and the extent to which evaluation plan includes measures of program outcome (i.e., effect of participant's knowledge, attitudes, skills, behaviors, exposure to hazardous substances).

2. Program Personnel—15%

The extent to which the proposal has described or provided biographical data on the:

a. Manner in which an integrated ''core'' team will be developed to address components of this program. A consistent core team is vital to this effort. ATSDR recommends that the team consist of, at minimum, 1–2 FTE health assessors and 1–2 FTE health educators/community involvement specialists for core activities, and 1 FTE epidemiologist or health scientist for Optional Activities.

b. Appropriate qualifications, experience, leadership ability, and percentage of time project director (or principle investigator) will commit to the project.

c. Appropriate qualifications, experience, and description of how staff will be utilized in relation to the activities to be performed to accomplish the work and their percentage of time to be spent on the project; CVs should be provided.

d. Ability of recipient to adhere to ''Third Party Agreements'' under ''Other Requirements'' of this announcement if contractors are proposed.

3. Capability—15%

Description of the applicant's capability to carry out the proposed project and suitability of facilities and equipment available or to be purchased for the project.

4. Program Budget—(not scored)

The extent to which the budget relates directly to project activities, is clearly justified, and is consistent with intended use of funds. The budget should include funds for one health assessor, one health educator, and one epidemiologist or health scientist to attend the annual training meeting in Atlanta (five days).

5. Human subjects—(not scored)

Whether or not exempt from the DHHS regulations, are procedures adequate for the protection of human subjects?

Recommendations on the adequacy of protections include: (1) Protections appear adequate and there are no comments to make or concerns to raise, or (2) protections appear adequate, but there are comments regarding the protocol, or (3) protections appear inadequate and the Objective Review Group (ORG) has concerns related to human subjects; or (4) disapproval of the application is recommended because the research risks are sufficiently serious and protection against the risks are inadequate as to make the entire application unacceptable.

6. Continuation Awards

Continuation awards within the project period will be made on the basis of the following criteria:

a. Satisfactory progress has been made in meeting project objectives;

b. Objectives for the new budget period are realistic, specific, and measurable;

c. Proposed changes in described methods of operation, need for financial support, and/or evaluation procedures will lead to achievement of project objectives; and

d. The budget request is clearly justified and consistent with the intended use of cooperative agreement funds.

*B. Applications for Core Plus Optional Activities*

1. Proposed Program—70%

Applicant's ability to address the following:

a. Ability to respond to specific public health issues that occur as a result of actual or potential human exposure to a hazardous substance including methods to evaluate and analyze toxicological, community, and environmental health data; and to conduct and analyze data from exposure investigations.

b. Description of involvement with communities in response to concern about a particular site's impact on public health. Ability to develop and provide preventive health education in a timely fashion in response to public health issues including appropriateness and thoroughness of the methods used to evaluate preventive health education; and the extent to which evaluation plan

includes measures of program outcome (i.e., effect of participant's knowledge, attitudes, skills, behaviors, exposure to hazardous substances).

c. An understanding of and capability to conduct human health studies. The application for Core and Optional activities should include a protocol for a human health study from those previously recommended by ATSDR for sites in the recipient's State for which a study has not commenced. Site-specific protocol will be reviewed based on the following: (a) the approach, feasibility, adequacy, and rationale of the proposed study design; (b) the technical merit of the proposed study, including the methods and procedures (including quality assurance and quality control procedures) for the proposed study; (c) the proposed timeline, including clearly established objectives for which progress toward attainment can and will be measured; and (d) the proposed method to disseminate the results of the study to State and local public health officials, community residents, and other concerned individuals and organizations.

2. Program Personnel—15%

The extent to which the proposal has described or provided biographical data on the:

a. Manner in which an integrated ''core'' team will be developed to address components of this program. A consistent core team is vital to this effort. ATSDR recommends that the team consist of, at minimum, 1–2 FTE health assessors and 1–2 FTE health educators/community involvement specialists for core activities, and 1 FTE epidemiologist or health scientist for Optional Activities.

b. Appropriate qualifications, experience, leadership ability, and percentage of time project director (or principle investigator) will commit to the project.

c. Appropriate qualifications, experience, and description of how staff will be utilized in relation to the activities to be performed to accomplish the work and their percentage of time to be spent on the project; CVs should be provided.

d. Ability of recipient to adhere to ''Third Party Agreements'' under ''Other Requirements'' of this announcement if contractors are proposed.

3. Capability—15%

Description of the applicant's capability to carry out the proposed project and suitability of facilities and equipment available or to be purchased for the project.

4. Program Budget—(not scored)

The extent to which the budget relates directly to project activities, is clearly justified, and is consistent with intended use of funds. The budget should include funds for one health assessor, one health educator, and one epidemiologist or health scientist to attend the annual training meeting in Atlanta (five days).

5. Human subjects—(not scored)

Whether or not exempt from the DHHS regulations, are procedures adequate for the protection of human subjects?

Recommendations on the adequacy of protections include: (1) Protections appear adequate and there are no comments to make or concerns to raise, or (2) protections appear adequate, but there are comments regarding the protocol, or (3) protections appear inadequate and the ORG has concerns related to human subjects; or (4) disapproval of the application is recommended because the research risks are sufficiently serious and protection against the risks are inadequate as to make the entire application unacceptable.

6. Continuation Awards

Continuation awards within the project period will be made on the basis of the following criteria:

a. Satisfactory progress has been made in meeting project objectives;

b. Objectives for the new budget period are realistic, specific, and measurable;

c. Proposed changes in described methods of operation, need for financial support, and/or evaluation procedures will lead to achievement of project objectives; and

d. The budget request is clearly justified and consistent with the intended use of cooperative agreement funds.

Funding Priorities

Applicants must demonstrate the ability to address the activities described in the Program Requirements section of this announcement. Priority will be given for the following:

1. Number of proposed and/or listed National Priorities List (NPL) sites (Federal and non-Federal) based on most current listing by EPA.

2. Number of Comprehensive Environmental Response, Compensation, and Liability Information System (CERCLIS) sites (Federal and non- Federal) based on most current listing by EPA.

3. Those applicants who apply for both Core Activities and Optional Activities in order to develop an integrated program.

4. Geographic distribution across the entire United States.

Interested persons are invited to comment on the proposed funding priority. All comments received on or before May 28, 1996 will be considered before the final funding priority is established. If the funding priority should change as a result of any comments received, a revised Announcement will be published in the Federal Register prior to the final receipt of applications.

Written comments should be addressed to Ron S. Van Duyne, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E–13, Atlanta, GA 30305.

Executive Order 12372 Review

Applications are subject to the Intergovernmental Review of Federal Programs as governed by Executive Order (E.O.) 12372. E.O. 12372 sets up a system for State and local government review of proposed Federal assistance applications. Applicants should contact their State Single Point of Contact (SPOC) as early as possible to alert them to the prospective applications and to receive any necessary instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC for each affected State. A current list of SPOCs is included in the application kit. If SPOCs have any State process recommendations on applications submitted to CDC, they should forward them to Ron S. Van Duyne, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Atlanta, GA 30305, no later than 60 days after the application deadline date. The granting agency does not guarantee to ''accommodate or explain'' State process recommendations it receives after that date.

Indian tribes are strongly encouraged to request tribal government review of the proposed application. If tribal governments have any tribal process recommendations on applications submitted to ATSDR, they should forward them to Ron S. Van Duyne, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E–13, Atlanta, GA 30305. This

should be done no later than 60 days after the application deadline date. The granting agency does not guarantee to ''accommodate or explain'' for tribal process recommendations it receives after that date.

Public Health System Reporting Requirements

This program is not subject to the Public Health System Reporting Requirements.

Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance numbers are 93.200, 93.202, 93.203.

Other Requirements

*A. Paperwork Reduction Act*

Projects that involve the collection of information from 10 or more individuals and funded by cooperative agreement will be subject to review by the Office of Management and Budget (OMB) under the Paperwork Reduction Act. ATSDR has developed standard multi-use interview forms that may be made available for use by States conducting investigations and/or studies under this cooperative agreement.

*B. Protection of Human Subjects*

If the proposed project involves research on human subjects, the applicant must comply with Department of Health and Human Services Regulations (45 CFR Part 46) regarding the protection of human subjects. Assurances must be provided to demonstrate that the project will be subject to initial and continuing review by appropriate institutional review committees. In addition to other applicable committees, Indian Health Service (IHS) institutional review committees must also review the project if any component of IHS will be involved or will support the research. If any American Indian community is involved, its tribal government must also approve that portion of the project applicable to it. The applicant will be responsible for providing assurance in accordance with the appropriate guidelines and form provided in the application kit.

*C. Cost Recovery*

CERCLA, as amended by SARA, provides for the recovery of costs incurred for response actions at each Superfund site from potentially responsible parties. The recipient would agree to maintain an accounting system that will keep an accurate, complete, and current accounting of all financial transactions on a site-specific basis, i.e., individual time, travel, and associated cost including indirect cost, as appropriate for the site. The recipient would also maintain documentation that describes the site-specific response actions taken with respect to the site, e.g., contracts, work assignments, progress reports, and other documents that describe the work performed at a site. The recipient will retain the documents and records to support these financial transactions and documentation of work performed, for possible use in a cost recovery case, for a minimum of ten years after submission of a final financial status report, unless there is litigation, claim, negotiation, audit or other action involving the specific site, then the records will be maintained until resolution of all issues on the specific site.

*D. Third Party Agreements*

Project activities which are approved for contracting pursuant to the prior approval provisions shall be formalized in a written agreement that clearly establishes the relationship between the recipient and the third party. The written agreement shall, at a minimum:

1. State or incorporate by reference all applicable requirements imposed on the contractors under the terms of the grant and/or cooperative agreement, including requirements concerning technical review (ATSDR selected reviewers), ownership of data, and the arrangement for copyright when publications, data, or other copyrightable works are developed under or in the course of work under a PHS grant-supported project or activity.

2. State that any copyrighted or copyrightable works shall be subject to a royalty-free, nonexclusive, and irrevocable license to the government to reproduce, publish, or otherwise use them, and to authorize others to do so for Federal government purposes.

3. State that whenever any work subject to this copyright policy may be developed in the course of a grant by a contractor under a grant, the written agreement (contract) must require the contractor to comply with these requirements and can in no way diminish the government's right in that work.

4. State the activities to be performed, the time schedule for those activities, the policies and procedures to be followed in carrying out the agreement, and the maximum amount of money for which the grantee may become liable to the third party under the agreement.

5. State non-conflict of interest concerning activities conducted for ATSDR and site-remediation activities for other parties.

The written agreement required shall not relieve the recipient of any part of its responsibility or accountability to PHS under the cooperative agreement. The agreement shall, therefore, retain sufficient rights and control to the recipient to enable it to fulfill this responsibility and accountability.

*E. Disclosure*

Recipient is required to provide proof by way of citation to State code or regulation or other State pronouncement given the authority of law, that medical information obtained pursuant to the agreement, pertaining to an individual, and therefore considered confidential, will be protected from disclosure when the consent of the individual to release identifying information is not obtained.

Application Submission and Deadline

The original and two copies of application PHS Form 5161–1 (OMB Number 0937–0189) should be submitted to Ron S. Van Duyne, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E13, Atlanta, GA 30305, on or before June 14, 1996. (By formal agreement, the CDC Procurement and Grants Office will act for and on behalf of ATSDR on this matter.)

A. *Deadline:* Applications shall be considered as meeting the deadline if they are either:

1. Received on or before the deadline date, or

2. Sent on or before the deadline date and received in time for submission to the objective review group. (Applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.)

B. *Late Applications:* Applications which do not meet the criteria in A. 1. or 2. above are considered late applications. Late applications will not be considered in the current competition and will be returned to the applicant.

Where To Obtain Additional Information

To receive additional information call (404) 332–4561. You will be asked to leave your name, address and phone number and will need to refer to Announcement 607. You will receive a complete program description, information on application procedures

and application forms. The announcement is also available through the CDC home page on the Internet. The address for the CDC home page is http://www.cdc.gov.

If you have questions after reviewing the contents of all the documents, business management assistance may be obtained from Maggie Slay, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E–13, Atlanta, GA 30305, telephone (404) 842- 6630, or INTERNET address, mcs9@ops.pgo1.em.cdc.gov.

Programmatic technical assistance may be obtained from Sharon Campolucci, Deputy Director, Division of Health Studies, Agency for Toxic Substances and Disease Registry, 1600 Clifton Road, NE., Mailstop E–31, Atlanta, GA 30333, telephone (404) 639–6200, or INTERNET address, ssc1@atsdhs2.em.cdc.gov.

Please Refer to Announcement Number 607 When Requesting Information and Submitting an Application

Potential applicants may obtain 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 through the Superintendent of Documents, Government Printing Office, Washington, DC 20402–9325, telephone (202) 512–1800.

Dated: April 22, 1996.

Claire V. Broome,

*Deputy Administrator, Agency for Toxic Substances and Disease Registry.*

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## Centers for Disease Control and Prevention

**[INFO–96–14]**

## Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 639–7090.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques for other forms of information technology. Send comments to Wilma Johnson, CDC Reports Clearance Officer, 1600 Clifton Road, MS–D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Projects

1. Studies of Adverse Reproductive Outcomes in Female Occupational Groups—(0920–0367)—Revised—An estimated 50,000 to 60,000 chemicals are in common use throughout society today and hundreds of new chemicals are introduced each year. Yet the list of environmental chemicals and agents that have been investigated to determine whether they have adverse effects on reproductive health is still limited. With the growing number of women in the work force, it is becoming increasingly important to evaluate the potential female reproductive health effects of occupational and physical agents.

In this program, NIOSH is planning to undertake a series of five studies to focus on potential reproductive effects of chemical and physical agents in the workplace. In the studies planned under this program, the reproductive health of a group of female workers exposed to the agent of interest, will be compared to the reproductive health of a group of working women with no occupational exposure to known or suspected reproductive toxicants.

For all studies, data from company personnel records containing demographic, and work history information will be used to estimate workplace exposures. Each woman will be asked to complete a telephone questionnaire on reproductive history and other factors (such as cigarette smoking) that may influence reproductive function. Each questionnaire will take approximately 60 minutes to complete. Medical records will be requested to confirm adverse reproductive outcomes reported by the participants. The risk of adverse reproductive outcomes between the two groups of women will then be compared.

The first study to be conducted under this program will be a study of reproductive disorders among female flight attendants. Approximately 66,000 flight attendants are currently employed by U.S. commercial airlines and are potentially exposed to ionizing radiation and disruption of circadian rhythms, two exposures that may adversely affect reproductive function. The other studies to be conducted under this program have not yet been determined. The total cost to respondents is estimated at 102,000.00

| Respondents | No. of respondents | No. of responses/respondent | Avg. burden/response (in hrs.) | Total burden (in hrs.) |
|---|---|---|---|---|
| Workers | 6,200 | 1 | 1 | 6,200 |
| Medical providers | 1,200 | 1 | 0.5 | 600 |
| Total | | | | 6,800 |

2. Coal Mine Dust Personal Sampling Systems—(0920–148)—Extension—This project, mandated under the Federal Mine Safety and Health Act of 1977 (Pub. L. 91–173, as amended by Pub. L. 95–164), involves conducting evaluations and tests on coal mine dust personnel sampling units (CMDPSUs) and issuing certifications for those CMDPSUs which meet or exceed all applicable requirements listed in 30 CFR Part 74. It also requires conducting audits of new ''off-the-shelf'' CMDPSUs certified under these regulations to determine compliance, evaluating those CMDPSUs sent to NIOSH as field problems, and responding to technical assistance requests. The total cost to respondents is estimated at $11,000.