

collections would be submitted to the FCC by incumbent local exchange carriers for use in determining: (a) whether the incumbent LECs should receive the regulatory relief proposed in the NPRM; (b) whether the incumbent LECs have complied with any prescriptive approach the FCC may adopt; or (c) some combination of (a) or (b).

Public reporting burden for the collections of information is as noted above. Send comments regarding the burden estimate or any other aspect of the collections of information, including suggestions for reducing the burden to the Records Management Branch, Washington, D.C. 20554.

Federal Communications Commission.

William F. Caton,

Acting Secretary.

[FR Doc. 97-11147 Filed 4-29-97; 8:45 am]

BILLING CODE 6712-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Announcement 737]

National Institute for Occupational Safety and Health; National Center for the Prevention of Childhood Agricultural Injury; Availability of Funds for Fiscal Year 1997

Introduction

The Centers for Disease Control and Prevention (CDC), the nation's prevention agency, announces the availability of funds for fiscal year (FY) 1997 for a cooperative agreement program to support a national center to serve as a leader to facilitate activities and efforts toward childhood agricultural injury prevention.

CDC 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 Occupational Safety and Health. (For ordering a copy of Healthy People 2000, see the section Where to Obtain Additional Information.)

Authority

This program is authorized under the Public Health Service Act, as amended, Section 301(a) (42 USC 241(a)); the Occupational Safety and Health Act of 1970, Sections 20(a) and 22 (29 USC 669(a) and 671.) The applicable program regulation is 42 CFR Part 52.

Smoke-Free Workplace

CDC strongly encourages all grant 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

Applications may be submitted by public and private, nonprofit and for-profit organizations and governments and their agencies. Thus, universities, colleges, research institutions, hospitals, other public and private organizations, State and local governments or their bona fide agents, federally recognized Indian tribal governments, Indian tribes or Indian tribal organizations, and small, minority- and/or woman-owned businesses are eligible to apply.

Note: Public Law 104-65, dated December 19, 1995, prohibits an organization described in section 501(c)(4) of the IRS Code of 1986, that engages in lobbying activities to influence the Federal Government, from receiving Federal funds.

Availability of Funds

Approximately \$600,000 is available in FY 1997 to fund one award to support a national center for the prevention of childhood agricultural injury.

The amount of funding available may vary and is subject to change. This award is expected to begin on or about August 1, 1997. The award will be made for a 12-month budget period within a project period not to exceed 5 years. Continuation awards within the project period will be made on the basis of satisfactory progress and availability of funds.

Use of Funds

Restrictions on Lobbying

Applicants should be aware of restrictions on the use of HHS funds for lobbying of Federal or State legislative bodies. Under the provisions of 31 USC 1352 (which has been in effect since December 23, 1989), recipients (and their sub-tier contractors) are prohibited from using appropriated Federal funds (other than profits from a Federal contract) for lobbying Congress or any Federal agency in connection with the award of a particular contract, grant, cooperative agreement, or loan. This includes grants/cooperative agreements that, in whole or in part, involve conferences for which Federal funds cannot be used directly or indirectly to

encourage participants to lobby or to instruct participants on how to lobby.

In addition, the FY 1997 HHS Appropriations Act, which became effective October 1, 1996, expressly prohibits the use of 1997 appropriated funds for indirect or "grass roots" lobbying efforts that are designed to support or defeat legislation pending before State legislatures. This new law, Section 503 of Public Law 104-208, provides as follows:

Sec. 503(a) No part of any appropriation contained in this Act shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress, * * * except in presentation to the Congress or any State legislative body itself.

(b) No part of any appropriation contained in this Act shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State legislature.

Department of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 1997, as enacted by the Omnibus Consolidated Appropriations Act, 1997, Division A, Title I, Section 101(e), Public Law 104-208 (September 30, 1996).

Background

Agriculture has been consistently ranked among the most hazardous industries in the United States. It is one of the few occupational settings where children may actively participate in work typically performed by adults, or be present at the work site while their parents are working. In 1991, there were 923,000 children under the age of 15 years and 346,000 children 15-19 years of age residing on United States farms and ranches. Another 800,000 children lived in households of hired farm workers and may work on farms with their parents. In addition, many children, whose parents are not farmers or farm workers, will visit and work on farms.

It is estimated that 100,000 children each year will suffer a preventable injury associated with production agriculture. This figure includes children who are residents, visitors to a farm, and who work on a farm. For the years 1992-1995, the Bureau of Labor Statistics identified work-related injury deaths of children less than 18 years of age in agriculture as being 8 times greater than their representation in the workforce (40 percent of the work-

related deaths of children during this period occurred in agriculture compared to only 5 percent of working children less than 18 years of age who worked in agriculture in 1990). These figures do not include deaths of children who were not working at the time of injury, but were killed by agricultural work hazards in their living environment. A recent study indicates 104 fatalities per year were attributable to childhood injuries which occur on farms. An emergency department-based nonfatal occupational injury study indicated injuries incurred by children attributable to the agricultural industry comprised about 7 percent of the total occupational injuries reported. Fractures and dislocations were more than 3 times greater for the agricultural industry, which could indicate that agricultural injuries for children are more severe than for other industries.

In April 1996, the National Committee for Childhood Agricultural Injury Prevention (NCCAIP) published a National Action Plan to maximize the safety and health of all children and adolescents who may be exposed to agricultural hazards. The National Action Plan includes 13 objectives and 43 recommended action steps that call for funding of research and safety programs by the Federal government, foundations, agribusiness, and other public and private sector groups and nonprofit community-based organizations. The National Action Plan specifically calls for developing linkages among researchers, public sector agencies, and private sector foundations, corporations, associations, nonprofit community-based organizations and other groups who can enact change; conducting efforts to ensure the public is aware of childhood agricultural safety and health issues; using consensus-building processes which involve interdisciplinary experts and stakeholders to arrive at guidelines and recommended standards for research and practices; and using state-of-the-art information and materials which are essential for achieving the objectives set forth in the plan. Congress allocated FY 1997 funds to the National Institute for Occupational Safety and Health (NIOSH) to facilitate implementation of the National Action Plan.

Purpose

The purpose of this cooperative agreement is:

A. To establish a national center which would serve as a leader to facilitate childhood agricultural injury prevention efforts and activities.

B. To provide or enhance efforts to prevent injuries and illnesses occurring to children who visit, live or work on farms, or are associated with other agricultural activities that pose a risk to children.

C. To establish linkages and partnerships with the agricultural community to facilitate the implementation of the National Action Plan.

D. Identify and facilitate the use of state-of-the-art information and programs to prevent childhood agricultural injuries.

The goal of the national center will be to influence the knowledge, attitudes, and practices of individuals and groups to protect children and adolescents from agricultural injuries and illnesses.

Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for activities under A. (Recipient Activities), and CDC/NIOSH will be responsible for the activities listed under B. (CDC/NIOSH Activities).

A. Recipient Activities

1. Establish a national center for research findings, programs, and information which have been shown to be effective in preventing childhood agricultural injuries.

2. Establish and maintain contacts with organizations, groups and individuals which supply childhood agricultural injury prevention information and data.

3. Facilitate awareness and utilization of the center through appropriate activities, including but not limited to involving minority-serving groups, organizations, etc.

4. Coordinate and collaborate with established and ongoing health communication efforts, such as the National Safety Council's "Farm Safety and Health Week," "Farm Safety 4 Just Kids," etc.

5. Organize and manage multi-perspective work groups which use consensus-building processes to arrive at recommended standards/guidelines for agricultural youth work and the protection of bystander children; and standards for data collection and program evaluation.

6. Collaborate and facilitate the involvement of the private sector into childhood agricultural injury prevention activities.

7. Collaborate with researchers and public and private sector agencies, organizations, and other groups who can enact change through prevention efforts and activities.

B. CDC/NIOSH Activities

1. Provide technical assistance with program development, implementation, maintenance, priority setting, evaluation efforts, and information and dissemination activities.

2. Facilitate linkages with researchers and public and private sector agencies and organizations to plan, implement, and evaluate childhood agricultural injury prevention efforts.

3. Collaborate with the recipient in joint safety and health communication and dissemination efforts of prevention information.

Technical Reporting Requirements

An original and two copies of semi-annual progress reports are required. Timelines for the semi-annual reports will be established at the time of award. Final financial status and performance reports are required no later than 90 days after the end of the project period. All reports are submitted to the Grants Management Branch, Procurement and Grants Office, CDC.

Semi-annual progress report should include:

A. A brief program description.

B. A listing of program goals and objectives accompanied by a comparison of the actual accomplishments related to the goals and objectives established for the period.

C. If established goals and objectives to be accomplished were delayed, describe both the reason for the deviation and anticipated corrective action or deletion of the activity from the project.

D. Other pertinent information, including the status of completeness, timeliness and quality of data.

Application Content

The entire application, including appendices, should not exceed 60 pages and the Proposal Narrative section contained therein should not exceed 25 pages. Pages should be clearly numbered and a complete index to the application and any appendices included. The original and each copy of the application must be submitted unstapled and unbound. All materials must be typewritten, double-spaced, with un-reduced type (font size 12 point or greater) on 8½" by 11" paper, with at least 1" margins, headers, and footers, and printed on one side only. Do not include any spiral or bound materials or pamphlets.

The applicant should provide a detailed description of first-year activities and briefly describe future-year objective and activities.

A. Title Page

The heading should include the title of grant program, project title, organization, name and address, project director, and telephone number.

B. Abstract

A one page, singled-spaced, typed abstract must be submitted with the application. The heading should include the title of grant program, project title, organization, the project director's name, address and telephone number. This abstract should include a detailed work plan identifying specific activities to be developed, specific activities to be completed, and a time-line for completion of these activities.

C. Proposal Narrative

The narrative of each application must:

1. Briefly state the applicant's understanding of the need or problem to be addressed, the purpose, and goals over the five year period of the cooperative agreement.

2. Describe in detail the objectives and the methods to be used to achieve the objectives of the project. The objectives should be specific, time-phased, measurable, and achievable during each budget period. The objectives should directly relate to the program goals. Identify the steps to be taken in planning and implementing the objectives and the responsibilities of the applicant for carrying out the steps.

3. Provide the name, qualifications, and proposed time allocation of the Project Director who will be responsible for administering the project. Describe staff, experience, facilities, equipment available for performance of this project, and other resources that define the applicant's capacity or potential to accomplish the requirements stated above. List the names (if known), qualifications, and time allocations of the existing professional staff to be assigned to (or recruited for) this project, the support staff available for performance of this project, and the available facilities including space.

4. Document the applicant's expertise and extent of involvement in the area of childhood agricultural injury prevention.

5. Provide letters of support or other documentation demonstrating collaboration of the applicant's ability to work with diverse groups, establish linkages, and facilitate awareness information.

6. Human Subjects: State whether or not humans are subjects in this proposal. (See *Human Subjects* in the Evaluation Criteria and Other Requirements sections.)

7. Inclusion of women, ethnic, and racial groups:

Describe how the CDC policy requirements will be met regarding the inclusion of women, ethnic, and racial groups in the proposed research.

D. Budget

Provide a detailed budget which indicates anticipated costs for personnel, equipment, travel, communications, supplies, postage, and the sources of funds to meet these needs. The applicant should be precise about the program purpose of each budget item. For contracts described within the application budget, applicants should name the contractor, if known; describe the services to be performed; and provide an itemized breakdown and justification for the estimated costs of the contract; the kinds of organizations or parties to be selected; the period of performance; and the method of selection. Place the budget narrative pages showing, in detail, how funds in each object class will be spent, directly behind form 424A. Do not put these pages in the body of the application. CDC may not approve or fund all proposed activities.

Evaluation Criteria

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

A. Background and Need (10%)

Understanding of the problem and need for activities in the proposal.

B. Experience (25%)

The extent to which the applicant's prior work and experience in childhood agricultural injury issues is documented, including length of time committed to childhood agricultural injury prevention; linkages developed; collaboration with other individuals or groups; strength of leadership.

C. Goals, Objectives and Methods (15%)

1. The extent to which the proposed goals and objectives are clearly stated, time-phased, and measurable. The extent to which the methods are sufficiently detailed to allow assessment of whether the objectives can be achieved for the budget period. The extent to which a qualified plan is proposed that will help achieve the goals stated in the proposal.

2. The degree to which the applicant has met the CDC policy requirements regarding the inclusion of women, ethnic, and racial groups in the proposed project. This includes: (a) The proposed plan for the inclusion of both sexes and racial and ethnic minority

populations for appropriate representation; (b) The proposed justification when representation is limited or absent; (c) A statement as to whether the design of the study is adequate to measure differences when warranted; and (d) A statement as to whether the plan for recruitment and outreach for study participants include the process of establishing partnerships with community(ies) and recognition of mutual benefits.

D. Facilities and Resources (15%)

The adequacy of the applicant's facilities, equipment, and other resources available for performance of this project.

E. Project Management and Staffing Plan (15%)

The extent to which the management staff and their working partners are clearly described, appropriately assigned, and have pertinent skills and experiences. The extent to which the applicant proposes to involve appropriate personnel who have the needed qualifications to implement the proposed plan. The extent to which the applicant has the capacity to design, implement, and evaluate the proposed intervention program.

F. Evaluation (15%)

The extent to which goals and objectives encompass both process and outcome evaluation for the activities listed. The extent to which an evaluation plan describes the method and design for evaluating the program's effectiveness. Evaluation should include progress in meeting the objectives and conducting activities during the project and budget periods, and the impact of the activities implemented on childhood injury.

G. Collaboration (5%)

The extent to which all partners are clearly described and their qualifications and intentions to participate explicitly stated. The extent to which the applicant provides proof of support (e.g., letters of support and/or memoranda of understanding) for proposed activities. Evidence or a statement should be provided that these funds do not duplicate already funded components of ongoing projects.

H. Human Subjects (Not scored)

Whether or not exempt from the Department of Health and Human Services (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, (2) protections appear adequate, but there are comments regarding the protocol, (3) protections appear inadequate and the Objective Review Group 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.

I. Budget Justification (Not scored)

The budget will be evaluated to the extent that it is reasonable, clearly justified, and consistent with the intended use of funds.

Executive Order 12372 Review

Applications are not subject to the review requirements of Executive Order 12372.

Public Health System Reporting Requirements

The applicant is not subject to review under the Public Health System Reporting Requirements.

Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance number is 93.262.

Other Requirements

Human Subjects

If the proposed project involves research on human subjects, the applicant must comply with the DHHS Regulations, 45 CFR Part 46, regarding the protection of human subjects. Assurance must be provided to demonstrate 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.

In addition to other applicable committees, Indian Health Service (IHS) institutional review committees also must 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.

Women, Racial and Ethnic Minorities

It is the policy of the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) to ensure that individuals of both sexes and the various racial and ethnic groups will be

included in CDC/ATSDR-supported research projects involving human subjects, whenever feasible and appropriate. Racial and ethnic groups are those defined in OMB Directive No. 15 and include American Indian, Alaskan Native, Asian, Pacific Islander, Black and Hispanic. Applicants shall ensure that women, racial and ethnic minority populations are appropriately represented in applications for research involving human subjects. Where clear and compelling rationale exist that inclusion is inappropriate or not feasible, this situation must be explained as part of the application. This policy does not apply to research studies when the investigator cannot control the race, ethnicity and/or sex of subjects. Further guidance to this policy is contained in the **Federal Register**, Vol. 60, No. 179, pages 47947-47951, and dated Friday, September 15, 1995.

Application Submission and Deadlines

A. Preapplication Letter of Intent

Although not a prerequisite of application, a non-binding letter of intent-to-apply is requested from potential applicants. The letter should be submitted to Victoria F. Sepe, Grants Management Specialist, Grants Management Branch, CDC at the address listed in this section. It should be postmarked no later than *June 1, 1997*. The letter should identify program announcement number 737, and name of the principal investigator. The letter of intent does not influence review or funding decisions, but it will enable CDC to plan the review more efficiently and will ensure that each applicant receives timely and relevant information prior to application submission.

B. Application

The original and two copies of the application PHS Form 5161-1 (Revised 7/92, OMB Number 0937-0189) must be submitted to Victoria Sepe, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE, Room 321, Atlanta, GA 30305, on or before *June 30, 1997*.

1. *Deadline:* Applications will be considered as meeting the deadline if they are either:

- (a) Received on or before the deadline date, or
- (b) Sent on or before the deadline date and received in time for submission to the objective review group. (The applicants must request a legibly dated U.S. Postal Service postmark or obtain a receipt from a commercial carrier or

the U.S. Postal Service. Private metered postmarks will not be acceptable as proof of timely mailing.)

2. *Late Applicants:* Applications that do not meet the criteria in 1.(a) or 1.(b) above are considered late applications. Late applications will not be considered in the current competition and will be returned to the applicants.

Where To Obtain Additional Information

To receive additional written information call 1-888 GRANTS4. You will be asked to leave your name, address, and telephone number and will need to refer to Announcement 737. You will receive a complete program description, information on application procedures, and application forms. CDC will not send application kits by facsimile or express mail. *Please refer to Announcement Number 737 when requesting information and submitting an application.*

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from Victoria Sepe, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), Mailstop E-13, Room 321, 255 East Paces Ferry Road, NE., Atlanta, GA 30305, telephone (404) 842-6804, Internet: vxw1@cdc.gov.

Programmatic technical assistance may be obtained from David L. Hard, Ph.D., Division of Safety Research, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC), 1095 Willowdale Road, Morgantown, WV 26505, telephone (304) 285-6068, or Internet address: dlh6@cdc.gov.

This and other CDC announcements are available through the CDC homepage on the Internet. The address for the CDC homepage is: <http://www.cdc.gov>.

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) through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325, telephone (202) 512-1800.

Useful References

The following documents may also provide useful information: National Committee for Childhood Agricultural Injury Prevention. Children and Agriculture: Opportunities for Safety and Health. Marshfield, WI: Marshfield Clinic, 1996. For access to the document, the WEB address to that

section is: "http://www.marshmed.org/nfmc/actionplan/title.htm".

Dated: April 24, 1997.

Diane D. Porter,

Acting Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC).

[FR Doc. 97-11195 Filed 4-29-97; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects

Title: 45 CFR Parts 1301, 1303, 1304, 1305, 1306, and 1308. Head Start

Program Performance Standards' Recordkeeping Requirements.

OMB No.: New Request.

Description: The Head Start Program Performance Standards provide a standard and definition of quality services and provide a regulatory structure for the monitoring and enforcement of quality standards for Head Start grantees and delegate agencies. The Head Start Bureau published these standards as a Notice of Proposed Rule Making (NPRM) on April 22, 1996.

Following consideration of the public comments addressing the NPRM and after publication of the Final Rule, the Bureau plans to issue a Program Instruction to Head Start grantees and delegate agencies. The Program Instruction will outline the record-keeping requirements expected of the 2,112 Head Start grantees and delegate

agencies which serve 751,000 children and their families as they implement the Program Performance Standards in their local programs. Please refer to the full text of the proposed program instruction below.

The records that must be maintained by grantees and delegate agencies include: (1) Child and family records such as emergency contact information; (2) child records such as attendance records; (3) family records such as family conference documentation; and (4) program records such as staff personnel files. These records must be kept in order to administer quality programs in an organized manner, provide evidence of compliance with Head Start Program Performance Standards, and meet State and local law requirements.

Respondents: Head Start grantees and delegate agencies.

ANNUAL BURDEN ESTIMATES

Records	Number of recordkeepers hours	Average burden hours per response	Total burden hours
Child & Family Records	2,112	110	232,038
Child Records	2,112	667	1,408,075
Family Records	2,112	436	920,295
Program Records	2,112	171	361,094
Estimated Total Annual Burden Hours: 2,921,502			

In compliance with the requirements of Section 3506(c) (2) (A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the information collection aspects of the record-keeping requirements for the Head Start Program Performance Standards. Copies of the proposed Program Instruction will be mailed to all grantees and delegate agencies at the time of publication of this Notice. Anyone else can obtain copies and forward comments on the Program Instruction by writing to the Administration for Children and Families, Office of Information Services, Division of Information Resource Management Services, 370 L'Enfant Promenade, S.W., Washington, D.C. 20447, Attn: ACF Reports Clearance Officer. All requests should be identified by title of this information collection.

In addition, requests for copies may be made and comments forwarded to the Reports Clearance Officer over the Internet by sending message to lguerrero@acf.dhhs.gov. Internet messages must be submitted as an ASCII file without special characters or encryption.

The Department specifically requests comments 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) 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 or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Dated: April 24, 1997.

Bob Sargis,

Acting Reports Clearance Officer.

[FR Doc. 97-11115 Filed 4-29-97; 8:45 am]

BILLING CODE 4110-60-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 97C-0171]

Toyo-Morton, Ltd.; Filing of Food Additive Petition

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that Toyo-Morton, Ltd., has filed a petition proposing that the food additive regulations be amended to provide for the safe use of polyester-epoxy-urethane adhesive for use as a nonfood contact layer of laminated articles intended for use in contact with food.

DATES: Written comments on the petitioner's environmental assessment by May 30, 1997.

ADDRESSES: Submit written comments to the Dockets Management Branch (HFA-305), Food and Drug Administration, 12420 Parklawn Dr., rm. 1-23, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: Daniel N. Harrison, Center for Food