Those portions of a meeting designated as closed, however, shall be closed for the shortest possible time, consistent with the intent of the cited statutes.

The FACA, as amended, provides that a portion of a meeting may be closed where the matter for discussion involves a trade secret; commercial or financial information that is privileged or confidential; information of a personal nature, disclosure of which would be a clearly unwarranted invasion of personal privacy; investigatory files compiled for law enforcement purposes; information the premature disclosure of which would be likely to significantly frustrate implementation of a proposed agency action; and information in certain other instances not generally relevant to FDA matters.

Examples of portions of FDA advisory committee meetings that ordinarily may be closed, where necessary and in accordance with FACA criteria, include the review, discussion, and evaluation of drafts of regulations or guidelines or similar preexisting internal agency documents, but only if their premature disclosure is likely to significantly frustrate implementation of proposed agency action; review of trade secrets and confidential commercial or financial information submitted to the agency; consideration of matters involving investigatory files compiled for law enforcement purposes; and review of matters, such as personnel records or individual patient records, where disclosure would constitute a clearly unwarranted invasion of personal privacy.

Examples of portions of FDA advisory committee meetings that ordinarily shall not be closed include the review, discussion, and evaluation of general preclinical and clinical test protocols and procedures for a class of drugs or devices; consideration of labeling requirements for a class of marketed drugs or devices; review of data and information on specific investigational or marketed drugs and devices that have previously been made public; presentation of any other data or information that is not exempt from public disclosure pursuant to the FACA, as amended; and, deliberation to formulate advice and recommendations to the agency on matters that do not independently justify closing.

This notice is issued under section 10(a)(1) and (2) of the Federal Advisory Committee Act (5 U.S.C. app. 2), and FDA's regulations (21 CFR part 14) on advisory committees.

Dated: August 10, 1995.

Linda A. Suydam,

Interim Deputy Commissioner for Operations.

[FR Doc. 95–20460 Filed 8–17–95; 8:45 am]

BILLING CODE 4160–01–F

Health Resources and Services Administration

Availability of Funds for Grants to Provide Health Care for Individuals With Hansen's Disease

AGENCY: Health Resources and Services Administration.

ACTION: Notice of available funds.

SUMMARY: The Health Resources and Services Administration (HRSA) announces that it anticipates approximately $2.0 million will be available in fiscal year (FY) 1996, based on the President's budget, for awards under section 320 of the Public Health Service (PHS) Act to provide outpatient medical care and treatment for individuals with Hansen's Disease.

This program announcement is subject to the appropriation of funds. Applicants are advised that this application announcement is a contingency action being taken to assure that should funds become available for this purpose, they can be awarded in a timely fashion consistent with the needs of the program.

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a PHS-led national activity for setting priority areas. The Hansen's Disease Program is related to the priority areas for health promotion and disease prevention services. 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, D.C. 20402–9323 (Telephone (202) 783–3238).

PHS strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. In addition, Public Law 103–227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

DUE DATE: Applications are due by October 16, 1995. Applications will be considered as having met the deadline if they are: (1) Received on or before the established deadline date; or (2) postmarked on or before the deadline date and received in time for orderly processing. Applicants must obtain a legibly dated receipt from a commercial carrier or the U.S. Postal Service in lieu of a postmark. Private metered postmarks are not acceptable as proof of timely mailing. Late applications will be returned to the sender.

ADDRESSES: Application kits (Form PHS 5161–1 with revised face sheet DHHS form 424, as approved by the OMB under control number 0937–0189) may be obtained from, and completed applications sent to: Bureau of Primary Health Care, c/o Houston Associates, Inc., 1010 Wayne Avenue, Suite 1200, Silver Spring, Maryland 20910. The telephone number is (800) 523–2192. The Fax number is (800) 523–2193.

FOR FURTHER INFORMATION CONTACT: Information or technical assistance regarding business management issues should be directed to Pam Hilton, Office of Grants Management, Bureau of Primary Health Care, 4350 East-West Highway, Bethesda, Maryland 20814. The telephone number is (301) 594–4255. The Fax number is (301) 594–4073. Her internet address is: philton@hrsa.ssw.dhhs.gov.

Technical and/or programmatic information should be directed to Irma E. Guerra, Ambulatory Care Program, Gillis W. Long Hansen's Disease Center, 5445 Point Clair Road, Carville, Louisiana 70721. The telephone number is (800) 642–2477.

SUPPLEMENTARY INFORMATION: Hansen's Disease (HD) affects the skin, peripheral nerves, anterior part of the eyes, and the nasal area. Patients are in the age range of 20–77, have a male to female ratio of 2:1, and consist primarily of Hispanic and Asian populations. The Division of National Hansen's Disease Programs (DNHDP) provides outpatient HD medical care and services to patients in the United States (U.S.) and Puerto Rico through the Ambulatory Care Program at the Gillis W. Long Hansen's Disease Center in Carville, Louisiana. Currently and historically, services have been offered in California, Florida, Illinois, Massachusetts, New York, Puerto Rico, Texas, and the State of Washington.

Patients are admitted to the Gillis W. Long Hansen's Disease Center only as authorized by medical staff at the Center.

Grants will range from $25,000 to $400,000 depending on the number of HD patients to be served by each entity. No more than 10 grants to entities serving 100 or more HD patients at $100,000 to $400,000 and no more than 4 grants to entities serving 50–100 HD

patients at $25,000 to $100,000 will be awarded. Budget periods will be for 12 months, and project periods may be for up to 5 years.

Eligible Applicants: Any public or private nonprofit entity is eligible to apply to provide HD services.

Project Objectives: The purpose of this program is to support HD outreach and outpatient health care services delivery in areas with HD patient concentrations and to enable this patient population to access these services.

The central goal of this program is to prevent disability through early diagnosis and treatment of HD. Grantees must be able to provide or arrange for the provision of the following services:

1. Outpatient HD Medical Care
   a. Diagnostic tests;
   b. Laboratory monitoring of HD chemotherapy and disease status;
   c. Nursing assessment through HD monitors (visual assessment of eyes, hands, and feet) at each patient visit;
   d. Hand and foot screens;
   e. HD contact exams for any person who has lived in the same household with a new patient in the 3 year period prior to the diagnosis and beginning of treatment of the index case;
   f. Ancillary services such as ophthalmology, ENT, occupational therapy, neurology, orthopedics, orthotics, physical therapy, and podiatry; and
   g. HD medications.
2. Culturally appropriate and competent patient and contact education.
3. Outreach and follow-up of patients through culturally competent networks of public health agencies.

Criteria for Evaluating Applications: Applications will be reviewed based on the following evaluation criteria, which for items a through e include assuring the provision of culturally competent systems of care:

a. Extent to which the applicant displays an understanding of the problems and methods of treatment associated with the care of HD patients;

b. Adequacy of the applicant's plan for providing services to HD patients;

c. Extent to which the applicant develops arrangements to serve HD patients outside its current catchment area.

d. Adequacy of the applicant's outreach plans including referral arrangements with public health agencies for follow-up of patients and contacts and training programs for health care professionals.

e. Appropriateness of the qualifications and experience of the proposed project staff;

f. Adequacy of the proposed budget and budget justification;

g. Evidence of administrative procedures for fiscal control and fund accounting procedures.

Other Information

Grant funds may not be used for the purchase, construction, or renovation of real property.

Other Award Information: This program is subject to the provisions of Executive Order 12372 concerning intergovernmental review of Federal programs as implemented by 45 CFR part 100. Executive Order 12372 allows States the option of setting up a system to review applications from within their States under certain Federal programs. The application kit, to be made available under this notice, will contain a listing of States which have chosen to set up a review system and will provide a single point of contact (SPOC) in the States for that review. Applicants (other than federally recognized Indian tribal governments) should contact their State SPOCs as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC of each affected State. The due date for State process recommendations is 60 days after the appropriate application deadline date. The BPHC does not guarantee that it will accommodate or explain its response to State process recommendations received after the due date.

Public Health System Impact Statement

This program is subject to the Public Health System Reporting Requirements. Reporting requirements have been approved by the Office of Management and Budget (#0937–0195). Under these requirements, the community-based nongovernmental applicant must prepare and submit a Public Health System Impact Statement (PHSIS). The PHSIS is intended to provide information to State and local health officials to keep them apprised of proposed health services grant applications submitted by community-based nongovernmental organizations within their jurisdictions.

Community-based nongovernmental applicants are required to submit the following information to the head of the appropriate State and local health agencies in the area(s) to be impacted no later than the Federal application receipt due date:

a. A copy of the face page of the application (SF 424).

b. A summary of the project not to exceed one page, which provides:

(1) A description of the population to be served.

(2) A summary of the services to be provided.

The OMB Catalogue of Federal Domestic Assistance number for this program is 93.215.

Dated: August 14, 1995.

Ciro V. Sumaya,

Administrator.

[FR Doc. 95–20508 Filed 8–17–95; 8:45 am]

BILLING CODE 4160–15–P

Public Health Service

National Institutes of Health; Proposed Revision and Extension of the International Research Fellowship Application NIH Form 1541–1

Proposed Data Collection

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Fogarty International Center (FIC) of the National Institutes of Health (NIH) is publishing this notice to solicit public comment on the proposed revision and extension of the International Research Fellowship (IRF) application NIH Form 1541–1. Forms designed for the IRF Program have been in use since 1958. The Fogarty International Center (FIC) of the NIH is the sole organization within the PHS that uses the NIH Form 1541–1. This form was reviewed by OMB and cleared through November 30, 1995 (0925–0010). To request more information on the proposed revision, or to obtain a copy of the revised application, call the NIH Project Clearance Office on (301) 496–4716.

Comments are invited on: (a) Whether the proposed collection is necessary, including whether the information has practical use; (b) ways to enhance the clarity, quality, and use of the information to be collected; (c) the accuracy of the agency's estimate of burden of the proposed collection; (d) ways to minimize the collection burden of the respondents, which includes using automated collection techniques or other forms of information technology. Send comments to Dr. Kenneth Bridbord, Director, Division of International Training and Research, Fogarty International Center, NIH, Building 31, Room B2C32, Bethesda, MD 20892. All comments must be received by October 17, 1995.

Proposed Application Revision

The application forms are used by individuals from selected foreign