

of psychological and behavioral factors in these disorders, treatment strategies have tended to focus on medical interventions such as drugs and surgery. The purpose of this conference is to examine the benefits of more consistently integrating behavioral and relaxation approaches with biomedical interventions in clinical settings using chronic pain and insomnia as examples.

More consistent and effective integration of behavioral and relaxation approaches requires the development of precise definitions of the most frequently used techniques, which include hypnosis, meditation, biofeedback, and cognitive therapy. It is also necessary to examine how these interventions have been previously used with somatic therapies in the treatment of chronic pain and insomnia and to evaluate the efficacy of such integration to date. The conference will review the relative merits of specific behavioral and relaxation interventions as well as identify biophysical and psychological factors that might predict the outcome of applying these techniques. Finally, the conference will examine the mechanisms by which behavioral and relaxation approaches could lead to greater clinical efficacy.

The conference will bring together experts in behavioral medicine, pain medicine, insomnia, psychology, neurology, and behavioral and neurosciences as well as representatives from the public.

After 1½ days of presentations and audience discussion, an independent, non-Federal panel will weigh the scientific evidence and write a draft statement that it will present to the audience on the third day. The statement will address the following key questions:

- What behavioral and relaxation approaches are used for conditions such as chronic pain and insomnia?
- How successful are these approaches?
- How do these approaches work?
- Are there barriers to the appropriate integration of these approaches into health care?
- What are the significant issues for future research and applications?

The primary sponsors for this conference are the NIH Office of Alternative Medicine and the NIH Office of Medical Applications of Research. The conference is cosponsored by the National Cancer Institute; National Institute on Aging; National Institute of Arthritis and Musculoskeletal and Skin Diseases; National Institute of Dental Research; National Heart, Lung, and Blood Institute; National Institute of Mental

Health; National Institute of Neurological Disorders and Stroke; and National Institute of Nursing Research.

Advance information on the conference program and conference registration materials may be obtained from: Laura Hazan, Technical Resources International, Inc., 3202 Tower Oaks Blvd., suite 200, Rockville, Maryland 20852, (301) 770-3153.

The technology assessment statement will be submitted for publication in professional journals and other publications. In addition, the statement will be available beginning October 18, 1995, from the NIH Consensus Program Information Service, P.O. Box 2577, Kensington, Maryland 20891, phone 1-800-NIH-OMAR (1-800-644-6627).

Dated: August 28, 1995.

Ruth L. Kirschstein,

Deputy Director, NIH.

[FR Doc. 95-22202 Filed 9-6-95; 8:45 am]

BILLING CODE 4140-01-M

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

Part H, Chapter HN (National Institutes of Health) of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services (40 FR 22859, May 27, 1975, as amended most recently at 60 FR 36299, July 14, 1995) is amended to reflect the reorganization and revision of function statements of the National Cancer Institute (NCI) (HNC) as follows: (1) Establish the Division of Basic Sciences (HNC7); Division of Clinical Sciences (HNC8); Division of Cancer Epidemiology and Genetics (HNC9); Division of Cancer Treatment, Diagnosis, and Centers (HNCB); Division of Cancer Biology (HNCC); and Office of Intramural Management (HNC17). (2) Abolish the Division of Cancer Biology, Diagnosis and Centers (HNC2); Division of Cancer Etiology (HNC3); and Division of Cancer Treatment (HNC6). (3) Retitle the Office of Administrative Management (HNC13) as the Office of Extramural Management. (4) Revise the functional statements for the Division of Cancer Prevention and Control (HNC4) and the Division of Extramural Activities (HNC5).

Section HN-B, Organization and Functions is amended as follows: (1) Under the heading *National Cancer Institute (HNC)*, insert the following:

Office of Extramural Management (HNC13)

(1) Plans, directs, and coordinates the administrative management activities of the Office of the Director and the extramural programs, with Institute wide responsibility for budget and grant and contract policy. Areas of management responsibility include grants management; contracts management; finance and budget; personnel; management analysis; financial data and statistics; office automation, automatic data processing, and management information systems; and other areas related to the general administration of the Institute; (2) advises the Institute Director and senior staff on the administrative management of the Institute and its programs; (3) develops and promulgates policies, guidelines, and procedures on matters relating to the administrative management of the Office of the Director and the extramural programs; and (4) formulates and executes action plans in response to administrative problems or initiatives, directives, regulations, legislation or anything else that might require administrative action or have administrative implications.

Office of Intramural Management (HNC17)

(1) Plans, directs, and coordinates the administrative management activities of the Office of Intramural Management and the intramural programs, with Institute wide responsibility for personnel and information resource management policy. Areas of management responsibility include contracts management; finance and budget; personnel; management analysis; financial data and statistics; office automation, automatic data processing, and management information systems; and other areas related to the general administration of the Institute; (2) advises the Institute Director and senior staff on the administrative management of the Institute and its programs (3) develops and promulgates policies, guidelines, and procedures on matters relating to the administrative management of the Intramural Program; and (4) formulates and executes action plans in response to administrative problems or initiatives, directives, regulations, legislation or other matters necessitating administrative action or having administrative implications.

Division of Basic Sciences (HNC7)

(1) Plans, directs, coordinates and evaluates the Institute's intramural programs in basic science relating to

cellular, molecular, genetic, biochemical and immunological mechanisms relevant to the understanding, diagnosis and treatment of cancer; (2) establishes program priorities, allocates resources, integrates the projects of the various laboratories, evaluates program effectiveness and represents the division in management and scientific decision-making meetings within the Institute; (3) identifies the need for and establishes new intramural research activities; (4) supports training and research opportunities in the basic sciences for young investigators; (5) supports translation of research findings by integrating and coordinating the divisional research activities with other NCI divisions, with the institutes, centers, and divisions within the National Institutes of Health as well as with the private sector and the academic research community.

Division of Clinical Sciences (HNC8)

(1) Plans, directs, coordinates and evaluates patient care activities of the NCI; (2) conducts pioneering clinical research on cancer which translates fundamental research to the bedside in a bi-directional manner; (3) establishes program priorities, allocates clinical resources, integrates the projects of the various branches, evaluates program effectiveness and participants in pertinent management and scientific decision-making meetings within the Institute; (4) addresses clinical research issues requiring urgent attention that cannot readily be pursued through the extramural community; (5) through intramural studies and contracts, administers research in the diagnosis, treatment, and prevention of cancer; (6) develops novel models for carrying out translational research in an efficient and cost-effective manner; (7) develops state-of-the-art educational programs for the education and mentorship of clinical scientists and investigators; and (8) advises the Director of the National Cancer Institute, and supports the activities of the National Cancer Advisory Board and other scientific advisory committees.

Division of Cancer Epidemiology and Genetics (HNC9)

(1) Plans, directs, manages, and evaluates a program of epidemiologic, demographic, biostatistical, and population-based genetic research, as well as provides resources to support such research; (2) uses intramural, contract, interagency, cooperative agreement, and grant mechanisms to administer and manage research in epidemiology, genetics, biometry, and collaborative interdisciplinary

approaches to clarify the distribution, causes, and natural history of cancer, as well as the means for its prevention; (3) establishes program priorities, allocates available resources, integrates the activities of various branches, evaluates program effectiveness, and participates in pertinent management and scientific decision-making meetings within the Institute; and (4) advises the Institute Director and supports the activities of the Board of Scientific Counselors, the National Cancer Advisory Board, and other advisory committees.

Division of Cancer Treatment, Diagnosis, and Centers (HNCB)

(1) Plans, directs and coordinates a program of extramural preclinical and clinical cancer treatment research as well as research conducted in cooperation with other Federal agencies with the objective of curing or controlling cancer in man by utilizing treatment modalities singly or in combination; (2) administers targeted research and development programs in areas of drug development, diagnosis, biological response modifiers and radiotherapy development; (3) serves as the national focal point for information and data on experimental and clinical studies related to cancer treatment and for the distribution of such information to appropriate scientists and physicians; and (4) plans, directs and coordinates an extramural program of basic and applied research conducted at cancer centers and through the organ systems program.

Division of Cancer Biology (HNCC)

(1) Plans, directs, coordinates and evaluates a contract and grant-supported program of extramural basic and applied research on cancer cell biology and cancer immunology including the biological and health effects of exposures to ionizing and non-ionizing radiation and the role of chemical or physical agents, acting separately or together, or in combination with biological agents in the inhibition or promotion of cancer; (2) plans, manages and monitors the research and research support activities of the contractor(s) at the government-owned contractor operated (GOCO) facilities at the Frederick Cancer Research and Development Center; (3) plans and administers an extramural program which supports and fosters cancer research training, cancer clinical education, and cancer research career development in order to assure the continuing existence of a national cadre of highly qualified individuals to work in the fields of cancer research, treatment and control; (4) administers a program of support for the construction,

alteration, renovation, and equipping of extramural research facilities that house or will house cancer research and/or treatment activities; (5) establishes program priorities, allocates resources, integrates the projects of the various branches, evaluates program effectiveness and participates in pertinent management and scientific decision-making meetings within the Institute; and, (6) advises the Institute Director, and other Institute staff on extramural research in cancer biology and associated areas of science of interest to the Institute and supports the activities of the Board of Scientific Counselors, the National Cancer Advisory Board, and other advisory committees.

Division of Cancer Prevention and Control (HNC4)

(1) Plans and directs the extramural program of cancer prevention and control research for the Institute; (2) coordinates a number of geographically-based cancer surveillance systems and applies statistical, analytic, and other quantitative methods to monitor, evaluate, and report on cancer trends and the impact of cancer; (3) develops and supports research training and career development in cancer prevention and control; and (4) coordinates program activities with other Divisions, Institutes, or federal and state agencies, and establishes liaison with professional and voluntary health agencies, cancer centers, labor organizations, cancer organizations and trade associations.

Division of Extramural Activities (HNC5)

(1) Administers and directs the Institute's grant and contract review activities; (2) provides initial technical and scientific merit review of grants and contracts for the Institute; (3) represents the Institute on overall NIH extramural and collaborative program policy committees, coordinates such policy for the review and administration of grants and contracts; (4) coordinates the Institute's review of research grant and training programs with the National Cancer Advisory Board and the President's Cancer Panel; (5) coordinates the implementation of committee management policies within the Institute and provides the Institute's staff support for the National Cancer Advisory Board and the President's Cancer Panel; (6) monitors and coordinates the operation of the NCI Board of Scientific Counselors and its subcommittees to assure uniformity and quality of scientific review of, and advice concerning, the NCI intramural

research program; (7) monitors and coordinates the operations of the NCI Board of Scientific Advisors to assure uniformity and quality of review of, and advice concerning, the NCI extramural program; (8) coordinates program planning and evaluation in the extramural area; (9) provides scientific reports and analyses to the Institute's grant and contract programs; and (10) administers programs to broaden participation by minorities in cancer-related research and training activities and to enhance the effectiveness of programs in cancer treatment and control in reaching the minority community and other historically underserved segments of the general population.

Dated: August 28, 1995.

Harold Varmus,

Director, NIH.

[FR Doc. 95-22203 Filed 9-6-95; 8:45 am]

BILLING CODE 4140-01-M

Substance Abuse and Mental Health Services Administration

Center for Substance Abuse Treatment; Notice of Meeting

Pursuant to Public Law 92-463, notice is hereby given of a teleconference meeting of the Center for Substance Abuse Treatment (CSAT) National Advisory Council in September, 1995.

A portion of the meeting will be open and include a roll call, general announcements and a discussion of review procedures.

The meeting will also include the review, discussion, and evaluation of grant applications and contract proposals. Therefore, a portion of the meeting will be closed to the public as determined by the Administrator, SAMHSA, in accordance with Title 5 U.S.C. 522b(c) (3), (4) and (6) and 5 U.S.C. app. 2 10(d).

A summary of the meeting and a roster of Council members may be obtained from: Ms. Deloris Winstead, Committee Management Specialist, CSAT National Advisory Council, Rockwall II Building, room 8A141, 5600 Fishers Lane, Rockville, Maryland 20857. Telephone: (301) 443-8923.

Substantive program information may be obtained from the contact whose name and telephone number is listed below.

Committee Name: Center for Substance Abuse Treatment National Advisory Council.

Meeting Date: September 27, 1995.

Place: Center for Substance Abuse Treatment Rockwall II Building, 6th Floor

Conference Room, 5600 Fishers Lane, Rockville, Maryland 20857.

Open: September 27, 1995 12:00 p.m. to 12:30 p.m.

Closed: September 27, 1995 12:30 p.m. to 1:30 p.m.

Contact: Majorie Cashion, Rockwall II Building, room 8A139, Telephone: (301) 443-8923 and FAX: (301) 480-3144.

Dated: September 30, 1995.

Jeri Lipov,

Committee Management Officer, Substance Abuse and Mental Health Service Administration.

[FR Doc. 95-22221 Filed 9-6-95; 8:45 am]

BILLING CODE 4162-20-M

DEPARTMENT OF THE INTERIOR

Fish and Wildlife Service

Availability of an Environmental Assessment and Receipt of an Application for an Incidental Take Permit for a Project Called Coquina Palms Townhomes Project, Located in the Central Beaches Area of Brevard County, Florida

AGENCY: Fish and Wildlife Service, Interior.

ACTION: Notice.

SUMMARY: Joseph A. Hill (Applicant), is seeking an incidental take permit from the Fish and Wildlife Service pursuant to section 10(a)(1)(B) of the Endangered Species Act of 1973, as amended. The permit would authorize the take of two families of the threatened Florida scrub jay, *Aphelocoma coerulescens coerulescens* in Brevard County, Florida, for a period of 10 years. The proposed taking is incidental to construction of a 71-unit townhome project, including the necessary infrastructure, on approximately 12 acres (Project). Within the Project, 1.7 acres are occupied by Florida scrub jays and will be permanently altered. The Project is called Coquina Palms Townhomes, and it is located on Wallace Avenue at the water tower site, within Section 30, Township 27 South, Range 38 East, in the central beaches area of Brevard County, Florida.

The Service also announces the availability of an environmental assessment and habitat conservation plan for the incidental take application. Copies of the EA or HCP may be obtained by making a request to the Regional Office address below. Requests must be submitted in writing to be adequately processed. This notice is provided pursuant to section 10(c) of the Act and National Environmental Policy Act Regulations (40 CFR 1506.6).

DATES: Written comments on the permit application, EA and HCP should be received on or before October 10, 1995.

ADDRESSES: Persons wishing to review the application, HCP, and EA may obtain a copy by writing the Service's Southeast Regional Office, Atlanta, Georgia. Documents will also be available for public inspection by appointment during normal business hours at the Regional Office, or the Jacksonville, Florida, Field Office. Written data or comments concerning the application, EA, or HCP should be submitted to the Regional Office. Please reference permit under PRT-806150 in such comments.

Regional Permit Coordinator, U.S. Fish and Wildlife Service, 1875 Century Boulevard, Suite 200, Atlanta, Georgia 30345, (telephone 404/679-7110, fax 404/679-7081).

Field Supervisor, U.S. Fish and Wildlife Service, 6620 Southpoint Drive, South, Suite 310, Jacksonville, Florida 32216-0912, (telephone 904/232-2580, fax 904/232-2404).

FOR FURTHER INFORMATION CONTACT:

Dawn Zattau at the Jacksonville, Florida, Field Office, or Rick G. Gooch at the Atlanta, Georgia, Regional Office.

SUPPLEMENTARY INFORMATION:

Aphelocoma coerulescens coerulescens is geographically isolated from other subspecies of scrub jays found in Mexico and the Western United States. The Florida scrub jay is found almost exclusively in peninsular Florida and is restricted to scrub habitat. The total estimated population is between 7,000 and 11,000 individuals. Due to habitat loss and degradation throughout the State of Florida, it has been estimated that the Florida scrub jay population has been reduced by at least half in the last 100 years. Surveys have indicated that two families of Florida scrub jays inhabit the Project site. Construction of the Project's infrastructure and subsequent construction of the individual homesites will likely result in death of, or injury to, *Aphelocoma coerulescens coerulescens* incidental to the carrying out of these otherwise lawful activities. Habitat alteration associated with property development will reduce the availability of feeding, shelter, and nesting habitat.

The EA considers the environmental consequences of three alternatives. The no action alternative may result in loss of habitat for *Aphelocoma coerulescens coerulescens* and exposure of the Applicant under section 9 of the Act. The second alternative is the proposed Project that is designed with a different mitigation strategy. A third alternative, the proposed action alternative is