Interested parties may inspect and obtain a copy of each agreement at the Washington, DC Office of the Federal Maritime Commission, 800 North Capitol Street, NW., 9th Floor. Interested parties may submit comments on each agreement to the Secretary, Federal Maritime Commission, Washington, DC 20573, within 10 days after the date of the **Federal Register** in which this notice appears. The requirements for comments are found in section 572.603 of title 46 of the Code of Federal Regulations. Interested persons should consult this section before communicating with the Commission regarding a pending agreement.

*Agreement No.:* 217–011472–001
*Title:* KL/HMM Space Charter Agreement in the Far East-U.S. Pacific Northwest Trades
*Parties:* Hyundai Merchant Marine Co., Ltd. Kawasaki Kisen Kaisha, Ltd.
*Synopsis:* The proposed amendment extends the term of the Agreement until December 31, 1995. The parties have requested a shortened review period.

*Agreement No.:* 217–011512
*Title:* Hyundai/MSC Agreement
*Parties:* Hyundai Merchant Marine Co., Ltd. (''Hyundai'') Mediterranean Shipping Co., S.A. (''MSC'')
*Synopsis:* The proposed Agreement authorizes Hyundai to charter space on MSC's vessels in the trade between U.S. Atlantic and Gulf Coast ports and ports in North Europe.

Dated: September 11, 1995.

By Order of the Federal Maritime Commission.

**Joseph C. Polking,**

*Secretary.*

FR Doc. 95–22911 Filed 9–14–95; 8:45 am]

**BILLING CODE 6730–01–M**

## FEDERAL RESERVE SYSTEM

### David Crockett Jones, Jr., et al.; Change in Bank Control Notices; Acquisitions of Shares of Banks or Bank Holding Companies

The notificants listed below have applied under the Change in Bank Control Act (12 U.S.C. 1817(j)) and § 225.41 of the Board's Regulation Y (12 CFR 225.41) to acquire a bank or bank holding company. The factors that are considered in acting on the notices are set forth in paragraph 7 of the Act (12 U.S.C. 1817(j)(7)).

The notices are available for immediate inspection at the Federal Reserve Bank indicated. Once the notices have been accepted for processing, they will also be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing to the Reserve Bank indicated for that notice or to the offices of the Board of Governors. Comments must be received not later than September 29, 1995.

**A. Federal Reserve Bank of Atlanta** (Zane R. Kelley, Vice President) 104 Marietta Street, N.W., Atlanta, Georgia 30303:

*1. David Crockett Jones, Jr.*, Naples, Florida; to retain a total of 11.68 percent of the voting shares of South Florida Banking Corporation, Bonita Springs, Florida, and thereby indirectly acquire First National Bank of Florida, Bonita Springs, Florida.

*2. Myer Feldman*, Potomac, Maryland; to acquire an additional 86.55 percent, for a total of 86.80 percent of the voting shares of Totalbank Corporation of Florida, Miami, Florida, and thereby indirectly acquire Totalbank, Miami, Florida, and Trade National Bank, Miami, Florida.

**B. Federal Reserve Bank of St. Louis** (Randall C. Sumner, Vice President) 411 Locust Street, St. Louis, Missouri 63166:

*1. Martin Alan Grusin (as Trustee of U.A.B. Holding Trust, Memphis, Tennessee)*, Memphis Tennessee; to retain a total of 100 percent of the voting shares of W.B.T. Holding Company, Memphis, Tennessee, and thereby indirectly acquire United American Bank, Memphis, Tennessee.

Board of Governors of the Federal Reserve System, September 11, 1995.

**William W. Wiles,**

*Secretary of the Board.*

[FR Doc. 95–22924 Filed 9–14–95; 8:45 am]

**BILLING CODE 6210–01–F**

### SunTrust Banks, Inc.; Notice of Application to Engage de novo in Permissible Nonbanking Activities

The company listed in this notice has filed an application under § 225.23(a)(1) of the Board's Regulation Y (12 CFR 225.23(a)(1)) for the Board's approval under section 4(c)(8) of the Bank Holding Company Act (12 U.S.C. 1843(c)(8)) and § 225.21(a) of Regulation Y (12 CFR 225.21(a)) to commence or to engage *de novo*, either directly or through a subsidiary, in a nonbanking activity that is listed in § 225.25 of Regulation Y as closely related to banking and permissible for bank holding companies. Unless otherwise noted, such activities will be conducted throughout the United States.

The application is available for immediate inspection at the Federal Reserve Bank indicated. Once the application has been accepted for processing, it will also be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the question whether consummation of the proposal can ''reasonably be expected to produce benefits to the public, such as greater convenience, increased competition, or gains in efficiency, that outweigh possible adverse effects, such as undue concentration of resources, decreased or unfair competition, conflicts of interests, or unsound banking practices.'' Any request for a hearing on this question must be accompanied by a statement of the reasons a written presentation would not suffice in lieu of a hearing, identifying specifically any questions of fact that are in dispute, summarizing the evidence that would be presented at a hearing, and indicating how the party commenting would be aggrieved by approval of the proposal.

Comments regarding the application must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than September 29, 1995.

**A. Federal Reserve Bank of Atlanta** (Zane R. Kelley, Vice President) 104 Marietta Street, N.W., Atlanta, Georgia 30303:

*1. SunTrust Banks, Inc.*, Atlanta, Georgia, and Trust Company of Georgia, Atlanta, Georgia; to acquire and Stephens Diversified Leasing, Inc., Reno, Nevada, and thereby engage in leasing personal or real property or acting as agent, broker, or adviser; and in making, acquiring, or servicing loans or other extensions of credit, pursuant to §§ 225.25(b)(5) and 225.25(b)(1) of the Board's Regulation Y.

Board of Governors of the Federal Reserve System, September 11, 1995.

**William W. Wiles,**

*Secretary of the Board.*

[FR Doc. 95–22923 Filed 9–14–95; 8:45 am]

**BILLING CODE 6210–01–F**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

### Agency for Toxic Substances and Disease Registry

### Policy on the Inclusion of Women and Racial and Ethnic Minorities in Externally Awarded Research

**AGENCY:** Centers for Disease Control and Prevention (CDC) and Agency for Toxic Substances and Disease Registry

(ATSDR), Public Health Service (PHS), Department of Health and Human Services (DHHS).

**ACTION:** Notice.

**SUMMARY:** This notice announces the CDC [1] policy on the inclusion of women and racial and ethnic minorities in externally awarded research. On April 10, 1995, CDC published a notice for comments (60 FR 18130) on the Policy on the Inclusion of Women and Minorities in Externally Awarded Research. During the 60 day public comment period that ended June 9, 1995, CDC received only a few minor comments. Therefore, after some small revisions, the notice is being re-published and will become policy as of October 1, 1995. This policy is intended to ensure that individuals of both sexes and the various racial and ethnic groups will be included in CDC-supported studies involving human subjects, whenever feasible and appropriate. Furthermore, it is CDC policy to identify significant gaps in knowledge about health problems that affect women and racial and ethnic minority populations and to encourage studies which address these problems. (**Note:** This policy is consistent with requirements for CDC intra-agency research.)

**EFFECTIVE DATE:** Applicable for all CDC externally awarded research projects submitted in response to CDC Program Announcements (Requests for Assistance) and solicitations (Requests for Proposals) announced on or after October 1, 1995.

**FOR FURTHER INFORMATION CONTACT:** Dixie E. Snider, Jr., M.D., M.P.H., telephone (404) 639–3701 or Barbara W. Kilbourne, R.N., M.P.H., telephone (404) 639–1242.

**SUPPLEMENTARY INFORMATION:**

## CDC and ATSDR Policy on the Inclusion of Women and Racial and Ethnic Minorities in Externally Awarded Research

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### I. Introduction

The Centers for Disease Control and Prevention (CDC) is committed to protecting the health of all people regardless of their sex, race, ethnicity, national origin, religion, sexual orientation, socioeconomic status, or other characteristics. To the extent that participation in research offers direct benefits to the participants, underrepresentation of certain population subgroups denies them the opportunity to benefit. Moreover, for purposes of generalizing study results, investigators must include the widest possible range of population groups.

A growing body of evidence indicates that the health conditions and needs of women are different from those of men. Some health conditions are unique to women and others are more prevalent in women. For some illnesses, there are marked distinctions, not only in onset and progression of disease, but also in the preventive, treatment and educational approaches necessary to combat them in women. Furthermore, initial entry into the health care system may be different for some subgroups of women, such as low-income and uninsured women. Lesbians may also enter the health care system differently because they may be less likely to access prevention services, like cancer screening, because they may not utilize family planning services. The Public Health Service Task Force on Women's Health Issues published a report in 1987 stating that it is becoming more important to note the environmental, economic, social, and demographic characteristics that influence a woman's health status. The Task Force focused on the direct and indirect effects these factors could have on the status of a woman's health and noted that when a woman is ''outside the normal range of societal expectations,'' that is, she is of a racial, ethnic or cultural minority or if she is physically or mentally disabled, her health status is potentially at greater risk. These basic observations are not always recognized or reflected in study protocols and proposals.

The disparity in health outcomes between majority and some racial and ethnic minority groups is now well documented. Although some minority populations, e.g., some Asian groups, have better overall health status than non-Hispanic whites, many racial and ethnic minority populations have dramatically shorter life expectancy, higher morbidity rates and inadequate access to quality health care. The Secretary for the Department of Health and Human Services' Task Force on Black and Minority Health issued a report in 1985 noting the underrepresentation of racial and ethnic minorities in research. This underrepresentation has resulted in significant gaps in knowledge about the health of racial and ethnic minority populations and their responses to interventions.

### II. Definitions

*A. Human Subjects*

Under this policy, the definition of human subjects in title 45 CFR part 46, the Department of Health and Human Services regulations for the protection of human subjects, applies: ''Human subject means a living individual about whom an investigator conducting research obtains (1) data through intervention or interaction with the individual or (2) identifiable private information.''

*B. Research*

Under this policy, the definition of research in title 45 CFR part 46, the Department of Health and Human Services regulations for the protection of human subjects, applies: ''Research means a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge.'' All proposed research involving human subjects and conducted using CDC funding will be evaluated for compliance with this policy, including those projects that are exempt from Institutional Review Board (IRB) review (as specified in title 45 CFR part 46). However, nothing in this policy is intended to require IRB review of protocols which otherwise would be exempt. This policy applies to all CDC externally awarded research regardless of the mechanism of financial support (e.g., grant, cooperative agreement, contract, purchase order, etc.). This policy does not apply to those projects in which the investigator has no control over the composition of the study population (e.g., cohort studies in which the population has been previously selected, or research to follow-up outbreak investigations.)

[1] References to CDC also apply to the Agency for Toxic Substances and Disease Registry (ATSDR).

*C. Racial and Ethnic Categories*

1. Minority Groups

This policy shall comply with the Office of Management and Budget (OMB) Directive No. 15, and any subsequent revisions to the Directive. OMB Directive No. 15 defines the minimum standard of basic racial and ethnic categories. Despite limitations (as outlined in the Public Health Reports ''Papers from the CDC/ATSDR Workshop on the Use of Race and Ethnicity in Public Health Surveillance''), these categories are useful because they allow comparisons among many national data bases, especially Bureau of the Census and national health data bases. Therefore, the racial and ethnic categories described below should be used as basic minimum guidance, cognizant of their limitations.

*American Indian or Alaskan Native:* A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

*Asian or Pacific Islander:* A person having origins in any of the original peoples of Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

*Black, not of Hispanic Origin:* A person having origins in any of the black racial groups of Africa.

*Hispanic:* A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

2. Majority Group

*White, not of Hispanic Origin:* A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

While investigators should focus primary attention on the above categories, CDC recognizes the diversity of the population. For example, Blacks describe themselves in several different ways, including African-American, Caribbean (Haitian, Jamaican, West Indian, Trinidadian), etc. Native Hawaiians have expressed the desire to be considered a separate racial/ethnic category exclusive of the current Asian/Pacific Islander designation. Therefore, investigators are encouraged to investigate national or geographic origin or other cultural factors (e.g., customs, beliefs, religious practices) in studies of race and ethnicity, and their relationship to health problems. Furthermore, since race, ethnicity, and cultural heritage may serve as markers for other important characteristics or conditions associated with a health problem or outcome, investigators should actively seek to identify these other characteristics or conditions.

## III. Policy

*Research Involving Human Subjects*

Applicant institutions must ensure that women and racial and ethnic minority populations are appropriately represented in their proposals for research.

Women and members of racial and ethnic minority groups should be adequately represented in all CDC-supported studies involving human subjects, unless a clear and compelling rationale and justification establishes to the satisfaction of CDC that inclusion is inappropriate or clearly not feasible. Although this policy does not apply to studies when the investigator cannot control the race, ethnicity, and sex of subjects, women and racial and ethnic minority populations must not be routinely and/or arbitrarily excluded from such investigations.

In addition, women of childbearing potential should also not be routinely and/or arbitrarily excluded from participation even though there are ethical/risk issues to consider for inclusion and exclusion. Information on adverse differences in outcome or risk profiles for pregnant women may be reason for exclusion. Therefore, pregnancy status may need to be determined prior to enrollment for some studies and, if necessary, during an intervention to safeguard the participants' health.

## IV. Guidance for Applicant Institution Investigators and Decision Makers in Complying with this Policy

*A. General*

In determining whether special efforts should be made to set specific enrollment goals for women and members of racial and ethnic minority groups, or whether to design special studies to specifically address health problems in such populations, principal investigators should consider the following points:

- Is the disease or condition under study unique to, or is it relatively rare in men, women or one or more racial and/or ethnic minority populations?
- What are the characteristics of the population to which the protocol results will be applied? Does it include both men and women? Does it include specific racial and ethnic minority populations?
- Are there scientific reasons to anticipate significant differences between men and women and among racial and ethnic minority populations with regard to the hypothesis under investigation?
- Are there study design or recruitment limitations in the protocol that could result, unnecessarily, in underrepresentation of one sex or certain racial and ethnic minority populations?
- Could such underrepresentation cause an adverse impact on the generalizability and application of results?
- Is the underrepresentation correctable?
- Does racial and ethnic characterization of study subjects serve a bona fide purpose or might it serve only to stigmatize a group?

Inclusion of women and/or racial and ethnic minority groups in research can be addressed either by including all appropriate groups in one single study or by conducting multiple studies. In general, protocols and proposals for support of studies involving human subjects should employ a design with sex and/or minority representation appropriate to the scientific objectives. It is not an automatic requirement that the study design provide sufficient statistical power to answer the questions posed for men and women and racial and ethnic groups separately; however, whenever there are scientific reasons to anticipate differences between men and women and/or racial and ethnic groups, with regard to the hypothesis under investigation, investigators should include an evaluation of these sex and minority group differences in the study proposal. If adequate inclusion of one sex and/or minority group is impossible or inappropriate with respect to the purpose of the proposed study, or if in the only study population available, there is a disproportionate representation of one sex or minority/majority group, the rationale for the study population must be well explained and justified. The cost of inclusion of women and/or racial and ethnic minority groups shall not be a permissible consideration for exclusion from a given study unless data regarding women and/or racial and ethnic minority groups have been or will be obtained through other means that provide data of comparable quality. Acceptable reasons for exclusion are as follows:

(1) Inclusion is inappropriate with respect to the health of the subjects;

(2) Inclusion is inappropriate with respect to the purpose of the study;

(3) Substantial scientific evidence indicates there is no significant difference between the effects that the

variables to be studied have on women and/or racial and ethnic minority groups;

(4) Substantial scientific data already exist on the effects that variables have on the excluded population;

(5) Inclusion is inappropriate under other circumstances as determined by CDC.

In each protocol or proposal, the composition and rationale for inclusion of the proposed study population must be described in terms of sex and racial and ethnic group. Sex and racial and ethnic characteristics, conditions, and other relevant issues should be addressed in developing a study design and sample size appropriate for the scientific objectives of the investigation. The proposal should contain a description of proposed outreach programs, if necessary, for recruiting women and racial and ethnic minorities as participants. Investigators must facilitate the informed consent process by promoting open and free communication with the study participants. Investigators must seek to understand cultural and linguistic variables inherent in the population to be enrolled, and procedures must be established to ensure appropriate translation of the consent document whenever necessary.

*B. Studies of Public Health Interventions*

Investigators must consider the following when planning an intervention trial or a clinical trial:

- If the data from prior studies strongly indicate the existence of significant differences of clinical or public health importance in intervention effect between the sexes or among racial and ethnic populations, the primary question(s) to be addressed by the scientific investigation and the design of that study must specifically accommodate the difference(s). For example, if men, women, and racial and ethnic minority groups are thought to respond differently to an intervention, then the study should be designed to answer separate primary questions that apply to men, women, and/or specific racial and ethnic groups with adequate sample size for each.
- If the data from prior studies strongly support no significant differences of clinical or public health importance in intervention effect between subgroups, then sex and race and ethnicity are not required as subject selection criteria; however, the inclusion of sex and racial and ethnic subgroups is still strongly encouraged.
- If the data from prior studies neither support nor negate the existence of significant differences of clinical or public health importance in intervention effect, then the study should include sufficient and appropriate male and female and racial and ethnic minority populations so that valid analysis of the intervention effect in each subgroup can be performed.
- If women of childbearing potential are to be included and if there is reason to suspect that adverse events may occur in pregnant women, pregnancy status should be determined prior to enrollment.

**V. Implementation**

*A. Date of Implementation*

This policy applies for all CDC externally awarded research projects submitted in response to CDC Program Announcements (Requests for Assistance) and solicitations (Requests for Proposals) announced on or after October 1, 1995.

*B. Roles and Responsibilities*

Certain individuals and groups have special roles and responsibilities with regard to the implementation of these guidelines.

1. Applicant Institution Investigators

Applicant institution investigators should assess the theoretical and/or scientific linkages between sex, race and ethnicity and their topic of study. Following this assessment, the applicant institution investigator will address the policy in each protocol, application and proposal, providing the required information on inclusion of women and minorities, and any required justifications for exclusions of any groups.

2. CDC Technical/Peer Review Groups

In conducting technical/peer review of contract, grant, or cooperative agreement applications for scientific and technical merit, CDC Center/Institute/Office (C/I/O) Directors will ensure that CDC technical/peer review groups, to the extent possible, include women and racial and ethnic minorities, and will do the following: *

- Evaluate the proposed plan for the inclusion of both sexes and racial and ethnic minority populations for appropriate representation.
- Evaluate the appropriateness of the proposed justification when representation is limited or absent.
- Determine whether the design of the study is adequate to measure differences when warranted.
- Evaluate the plans for recruitment and outreach for study participants including whether the process of establishing partnerships with community(ies) and recognition of mutual benefits will be documented.
- Include these criteria as part of the technical assessment and assign a score.

3. CDC Center/Institute/Office Directors

CDC C/I/O Directors are responsible for ensuring that CDC externally awarded research involving human subjects meets the requirements of these guidelines. CDC C/I/O Directors will also inform externally awarded investigators concerning this policy and monitor its implementation during the development, review, award, and conduct of research.

4. CDC Institutional Review Boards (IRBs)

CDC IRBs are expected to consider whether CDC investigators have adequately addressed the inclusion of women and racial and ethnic minorities, in research protocols that require CDC IRB approval, as an additional criterion for IRB approval.

*C. External Award Consideration*

CDC project officers shall design their Requests for Contracts and Requests for Assistance in compliance with this policy. CDC C/I/O Directors shall ensure this policy is fully considered and implemented prior to the release of the Request for Contract and Request for Assistance to the CDC Procurement and Grants Office. CDC funding components will not award any grant, cooperative agreement, or contract for external research projects announced on or after October 1, 1995, and thereafter which does not comply with this policy.

*D. Recruitment Outreach by Externally Awarded Investigators*

Externally awarded investigators and their staff(s) are urged to develop appropriate and culturally sensitive outreach programs and activities commensurate with the goals of the research. The purpose should be to establish a relationship between the investigator(s), populations, and community(ies) of interest so that mutual benefit is achieved by all groups participating in the study. Investigators should document the process for establishing a partnership with the community(ies) and the mutual benefits of the study and ensure that any factors (e.g., educational level, nonproficiency in English, low socioeconomic status) are accounted for and handled appropriately. In addition, investigator(s) and staff should ensure that ethical concerns are clearly noted and enforced, such that there is minimal

* C/I/O Directors may waive this requirement if it is clearly inappropriate or clearly not feasible.

possibility of coercion or undue influence in the incentives or rewards offered in recruiting into or retaining participants in scientific studies.

*E. Dissemination of Research Results*

Externally awarded investigators are urged to make special efforts to disseminate relevant research results to the communities who participated in the studies and to the affected populations, especially racial and ethnic minority populations that may have cultural, language, and socioeconomic barriers to the easy receipt of such information.

**VI. Evaluation**

*CDC Inclusion Review Committee Responsibility and Members*

A CDC Inclusion Review Committee (IRC) with representatives from the CDC Office of the Associate Director for Science, the CDC Office of the Associate Director for Minority Health, and the CDC Office of the Associate Director for Women's Health will review any questions, issues, or comments pertaining to this policy and recommend necessary changes or modifications to the Director, CDC. This committee will meet regularly to review compliance with this policy and evaluate the impact of this policy on research activities at CDC. The CDC IRC may periodically conduct random audits of research protocols to assess compliance with this policy.

Dated: September 8, 1995.

**Claire V. Broome,**

*Deputy Director, Centers for Disease Control and Prevention (CDC) and Deputy Administrator, Agency for Toxic Substances and Disease Registry (ATSDR).*

[FR Doc. 95–22950 Filed 9–14–95; 8:45 am]

BILLING CODE 4163–18–P

## National Institutes of Health

### National Center for Research Resources; Notice of Meetings

Pursuant to Pub. L. 92–363, notice is hereby given of the meetings of the National Center for Research Resources (NCRR) for October 1995. These meetings will be open to the public as indicated below, to discuss program planning; program accomplishments; and special reports or other issues relating to committee business. Attendance by the public will be limited to space available.

These meetings will be closed to the public as indicated below in accordance with provisions set forth in secs. 552b(c)(4) and 552b(c)(6), Title 5, U.S.C. and sec. 10(d) of Pub. L. 92–463, for the review, discussion and evaluation of individual grant applications. These applications and the discussions could reveal confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Ms. Maureen Mylander, Public Affairs Officer, NCRR, National Institutes of Health, 1 Rockledge Center, Room 5146, 6705 Rockledge Drive, MSC 7965, Bethesda, Maryland 20892–7965, (301) 435–0888, will provide summaries of meetings and rosters of committee members. Other information pertaining to the meetings can be obtained from the Executive Secretary or the Scientific Review Administrator indicated. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should contact the Scientific Review Administrator listed below, in advance of the meeting.

*Name of Committee:* Comparative Medicine Review Committee.

*Scientific Review Administrator:* Dr. Raymond O'Neill, National Institutes of Health, 1 Rockledge Center, Room 6110, 6705 Rockledge Drive, MSC 7965, Bethesda, MD 20892–7965, Telephone: (301) 435–0814.

*Date of Meeting:* October 22–24, 1995.

*Place of Meeting:* Latham Hotel, 3000 M Street, N.W., Washington, DC 20007.

*Closed:* October 22, 6:30 p.m.–until recess.

*Open:* October 23, 8:30 a.m.–10:00 a.m.

*Closed:* October 23, 10:00 a.m.–until adjournment.

*Name of Committee:* General Clinical Research Centers Committee.

*Scientific Review Administrator:* Dr. Bela J. Gulyas, National Institutes of Health, 1 Rockledge Center, Room 6116, 6705 Rockledge Drive, MSC 7965, Bethesda, MD 20892–7965, Telephone: (301) 435–0806.

*Date of Meeting:* October 18–19, 1995.

*Place of Meeting:* Holiday Inn, Chevy Chase, 5520 Wisconsin Avenue, Chevy Chase, MD 20815.

*Open:* October 18, 8:00 a.m.–9:30 a.m.

*Closed:* October 18, 9:30 a.m.–until adjournment.

(Calalog of Federal Domestic Assistance Program No. 93.306, Laboratory Animal, and 93.333 Clinical Research, National Institutes of Health, HHS)

Dated: September 11, 1995.

**Susan K. Feldman,**

*Committee Management Officer, NIH.*

[FR Doc. 95–22986 Filed 9–14–95; 8:45 am]

BILLING CODE 4140–01–M

### National Institute of Environmental Health Sciences; Notice of Meeting of Board of Scientific Counselors

Pursuant to Pub. L. 92–463, notice is hereby given of the meeting of the Board of Scientific Counselors, NIEHS, October 30–31, 1995, in Building 101, South Campus, Main Conference Facility, NIEHS, Research Triangle Park, North Carolina.

This meeting will be open to the public from approximately 8:45 a.m. to 4 p.m. on October 30, for the purpose of presenting an overview of the organization and conduct of research in the Laboratory of Molecular Biophysics. Attendance by the public will be limited to space available.

In accordance with the provisions set forth in sec. 552b(c)(6) of Title 5 U.S. Code and sec. 10(d) of Pub. L. 92–463, the meeting will be closed to the public on October 30 from approximately 4 p.m. to recess and on October 31 from 9 a.m. to adjournment, for the evaluation of the programs of the Laboratory of Molecular Biophysics, including consideration of personnel qualifications and performance, the competence of individual investigators, and similar items, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

The Executive Secretary, Dr. Carl Barrett, Scientific Director, Division of Intramural Research, NIEHS, Research Triangle Park, N.C. 27709, telephone (919) 541–3205, will furnish rosters of committee members and program information.

Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should contact the Executive Secretary in advance of the meeting.

Dated: September 8, 1995.

**Susan K. Feldman,**

*Committee Management Officer, NIH.*

[FR Doc. 95–22987 Filed 9–14–95; 8:45 am]

BILLING CODE 4140–01–M

### National Institute of General Medical Sciences; Notice of Closed Meetings

Pursuant to Section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meetings:

*Purpose:* To review grant applications.

*Committee Name:* Genetic Basis of Disease Review Committee.

*Date:* November 6–7.

*Time:* 8:30 a.m.–5 p.m.