designated in this notice shall be closed. The Federal Advisory Committee Act (FACA) (5 U.S.C. app. 2, 10(d)), permits such closed advisory committee meetings in certain circumstances. 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: October 17, 1995.

David A. Kessler,

Commissioner of Food and Drugs.

[FR Doc. 95–26151 Filed 10–19–95; 8:45 am]

BILLING CODE 4160–01–F

Health Resources and Services Administration

Notice of filing of Annual Report of Federal Advisory Committee

Notice is hereby given that pursuant to section 13 of Public Law 92–463, the Annual Report for the following Health Resources and Service Administration's Federal Advisory Committee has been filed with the Library of Congress:

Advisory Committee on Infant Mortality

Copies are available to the public for inspection at the Library of Congress Newspaper and Current Periodical Reading Room, Room 1026, Thomas Jefferson Building, Second Street and Independence Avenue SE., Washington, DC. Copies may be obtained from: Ms. Kerry P. Nesseler, Maternal & Child Health Bureau, Health Resources and Services Administration, Room 18–20, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone (301) 443–2204.

Date: October 17, 1995.

Jackie E. Baum,

Advisory Committee Management Officer, HRSA.

[FR Doc. 95–26052 Filed 10–19–95; 8:45 am]

BILLING CODE 4160–15–P

Proposed Data Collections Available for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Health Resources and Services Administration (HRSA) will publish periodic summaries of proposed projects. To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, call the HRSA Reports Clearance Officer on (301) 443–1129.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Projects:

1. Organ Procurement and Transplantation Network Regulations—42 CFR Part 121 (Final Rule)

(OMB No. 0915–0184)—Extension and Revision—This final rule establishes the policies governing the Organ Procurement and Transplantation Network (OPTN). These rules will regulate the operation of the OPTN in four major areas: membership requirements, patient listing, organ allocation, and record maintenance and recording. The final rule contains three requirements not currently approved under the Paperwork Reduction Act, as indicated in the table below (footnote 2). The burden estimates are as follows:

Title	Number of respondents	Frequency of response	Hours per response	Total burden hours
121.3(a)(6)(ii) (Reporting) Submission of Policies & Procedures	1	4	0.5	2
121.3(a)(6)(ii) [2] (Disclosure) Sending policies & procedures to OPOs	1	16	75	1,200
121.3(d)(1) (Reporting) Application requirements for OPOs, hospitals, & others	2,774	[3] 1	0.5	1,387
121.5(c) [2] (Reporting) Submitting criteria for organ accept.	115	1	0.1	12
121.5(c) [2] (Disclosure) Sending criteria to OPOs	115	1	0.1	12
121.6(b)(4) (Reporting) Reasons for refusal	828	14	0.1	1,200
121.7(e) (Reporting) Transplant to prevent organ wastage	278	4	0.1	111
121.8(b) (Reporting) Application requirements for transplant centers:				
A. Medicare/Medicaid Approved programs & VA Hospitals	308	[3] 1	0.5	154
B. Other programs	350	[3] 1	2.0	700

Title	Number of respondents	Frequency of response	Hours per response	Total burden hours
121.11(b)(2):[1]				
Transplant Candidate Registration	66	536	0.1	3,540
Donor Registration	66	131	0.2	1,730
Potential Recipient Registration	66	469	0.1	3,096
Donor Histocompatability	51	206	0.1	1,051
Transplant Recipient Histocompatability	41	369	0.1	1,881
Transplant Recipient Registration	828	25	0.25	5,191
Transplant Recipient Follow-up	828	138	0.14	16,003

NOTE: Estimated Total Annual Burden: 37,270 hours.
[1] The data collection forms for these activities have been approved by the Office of Management and Budget under the Paperwork Reduction Act (OMB No. 0915–0157).
[2] These requirements will be submitted for OMB approval.
[3] This application burden is expected to occur almost entirely in the first year; the application burden for years 2 and 3 is expected to be about 0.1 of the first-year burden.

The proposed rules also require OPOs and transplant hospitals to maintain records, as follows:

Section	Requirement
121.6(b)(4) ...	Documentation of reason for refusal.
121.6(c)(2) ...	Documentation of suitability tests.
121.11(a)(2) .	Maintain records on organ donors and recipients.

According to staff of OPOs and transplant hospitals, such recordkeeping is integral to the operation of these facilities. Therefore, these recordkeeping requirements impose no additional burden.

Send comments to Patricia Royston, HRSA Reports Clearance Officer, Room 14–36, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: October 16, 1995.

J. Henry Montes,

Associate Administrator for Policy Coordination.

[FR Doc. 95–25970 Filed 10–19–95; 8:45 am]

BILLING CODE 4160–15–P

Funding Notice for Grant Programs Administered by the Division of Associated, Dental and Public Health Professions, Bureau of Health Professions for Fiscal Year 1996

The Health Resources and Services Administration (HRSA) announces that applications will be accepted for four grant programs for fiscal year (FY) 1996 under the authority of title VII of the Public Health Service (PHS) Act, as amended by the Health Professions Education Extension Amendments of 1992, Pub. L. 102–408, dated October 13, 1992. These programs include:

Grants for Residency Training and Advanced Education in the General Practice of Dentistry (section 749, PHS Act)

Public Health Traineeships to Schools of Public Health and Other Public and Nonprofit Private Institutions (section 761, PHS Act)

Grants for the Health Administration Traineeships and Special Projects Program (section 771, PHS Act)

Grants for Interdisciplinary Training for Health Care for Rural Areas (section 778, PHS Act)

This program announcement is subject to reauthorization of this legislative authority and to the appropriation of funds. Applicants are advised that this program announcement is a contingency action being taken to assure that should authority and funds become available for this purpose, they can be awarded in a timely fashion consistent with the needs of the program as well as to provide for even distribution of funds throughout the fiscal year. At this time, given a continuing resolution and the absence of FY 1996 appropriations for title VII programs, the amount of available funding for these specific grant programs cannot be estimated.

The purpose and eligibility for each of these programs are listed below.

Grants for Residency Training and Advanced Education in the General Practice of Dentistry

Purpose

Section 749 of the PHS Act authorizes the Secretary to make grants to any public or nonprofit private school of dentistry or accredited postgraduate dental training institution (e.g., hospitals and medical centers) to plan, develop, and operate an approved residency or an approved advanced educational program in the general practice of dentistry; to provide financial assistance to participants in such a program who are in need of financial assistance and who plan to specialize in the practice of general dentistry; and to fund innovative, nontraditional models for the provision of postdoctoral General Dentistry training.

Eligible Applicants

To be eligible for a Grant for Residency Training and Advanced Education in the General Practice of Dentistry, the applicant shall:

(a) Be a public or nonprofit private school of dentistry or an accredited postgraduate dental training institution (hospital, medical center, or other entity) and be accredited by the appropriate accrediting body, and

(b) Be located in any one of the several States of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the Virgin Islands, Guam, American Samoa, the Republic of Palau, the Republic of the Marshall Islands, and the Federated States of Micronesia.

To receive support, programs must meet the requirements of final regulations at 42 CFR Part 57, subpart L. The period of Federal support should not exceed 3 years.

Additional details concerning the administration of this program, including funding preferences and priorities, have been published in the Federal Register at 60 FR 6138, dated February 1, 1995 and at 59 FR 54614, dated November 1, 1994.

Public Health Traineeships to Schools of Public Health and Other Public and Nonprofit Private Institutions

Purpose

Section 761 of the Public Health Service Act authorizes the Secretary to award Public Health Traineeship grants to accredited schools of Public Health and to other public or nonprofit private institutions accredited to provide graduate or specialized training in public health, for the purpose of providing traineeships to individuals