

including centralized data processing, office automation, and telecommunications; (3) develops and recommends policies and procedures relating to information resources management and support services; (4) plans, manages, administers and coordinates BHRD microcomputer systems, including all required linkages to networks inside and outside BHRD, including mainframe systems; (5) manages and coordinates state-of-the-art information science technology and provides technical advice, consultation, and assistance in information resources management and the use of ADP resources; (6) develops and coordinates the implementation of information resources management with other HRSA Bureaus; (8) analyzes the Bureau's need for information systems and performs planning, feasibility, utility, practicality, cost/benefit, and impact studies preceding any new or major inter- or intra-Agency systems development or acquisition; (9) manages ADP clearance, purchase, installation, and maintenance of all BHRD hardware and software packages; (10) provides a full range of automated data processing activities to assist in the production of meaningful and timely information for Bureau management and its decision-making processes; (11) provides technical assistance and consultation on computer systems design, development, and operation to components within the Bureau and regional offices; (12) evaluates state-of-the-art hardware and software systems to test their applicability and cost effectiveness for use by BHRD program staff; (13) designs, develops, and carries out special studies and/or evaluations of Bureau programs requiring advanced computer applications, programming skills, and microcomputer-mainframe interaction; (14) performs liaison with HRSA IRM staff with respect to information systems policy and security issues, and other ADP concerns with HRSA, PHS or Department implications; (15) manages property and equipment management activities; and (16) oversees and directs telecommunications activities and services.

Delegations of Authority

All delegations and re-delegations of authorities to officers and employees of the Bureau of Health Resources Development which were in effect immediately prior to the effective date of this reorganization will be continued in effect in them or their successors, pending further re-delegation, provided

they are consistent with this reorganization.

This reorganization is will be effective upon date of signature.

Dated: April 22, 1996.

Ciro V. Sumaya,

Administrator, Health Resources and Services Administration.

[FR Doc. 96-10839 Filed 5-2-96; 8:45 am]

BILLING CODE 4160-15-M

Centers for Disease Control and Prevention

Hanford Thyroid Morbidity Study Advisory Committee: Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces the following meeting.

Name: Hanford Thyroid Morbidity Study Advisory Committee.

Times and Dates: 9 a.m.-5 p.m., May 20, 1996. 7 p.m.-9 p.m., May 20, 1996.

Place: Wyndham Garden Hotel, 18118 Pacific Highway South, Seattle, Washington 98188.

Status: Open to the public, limited only by the space available.

Purpose: This committee is charged with providing advice and guidance to the Director, CDC, regarding the scientific merit and direction of the Hanford Thyroid Morbidity Study.

The Committee will review development of the study protocol and recommend changes of scientific merit to CDC, advise on the conduct of the pilot study using the approved protocol, and assist in determining the feasibility of a full-scale epidemiologic study. If the full-scale epidemiologic study is carried out, the Committee will advise CDC on the design and conduct of the study and analysis of the results.

Matters To Be Discussed: The Committee will discuss the progress and updates of the status of various components of the Hanford Thyroid Disease Study being conducted by the Fred Hutchinson Cancer Research Center. Agenda items include: National Center for Environmental Health (NCEH) activities on the progress of current studies, an update on the Native American component, and public involvement activities. On May 20, at 7 p.m., the meeting will continue in order to allow more time for public input and comment.

Agenda items are subject to change as priorities dictate.

Contact Person for More Information: Nadine Dickerson, Program Analyst, Radiation Studies Branch, Division of Environmental Hazards and Health Effects, NCEH, CDC, 4770 Buford Highway, NE, (F-35), Atlanta, Georgia 30341-3724, telephone 770/488-7040.

Dated: April 29, 1996.

Carolyn J. Russell,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 96-11028 Filed 5-2-96; 8:45 am]

BILLING CODE 4163-18-M

National Institutes of Health

NCI Cancer Information Service Community Services Database Survey and Verification; Proposed Collection; Comment Request

SUMMARY: 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 National Cancer Institute, the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

PROPOSED COLLECTION: *Title:* NCI Cancer Information Service Community Services Database Survey and Verification. *Type of Information Collection Request:* New. *Form Number:* not applicable. *Need and Use of Information Collection:* The CIS provides the general public, cancer patients, families, health professionals, and others with the latest information on cancer. Essential to fulfilling its role as a referral source for cancer patients and their families is the identification, acquisition, and dissemination of information about hospitals, breast and cervical cancer screening clinics, and cancer pain management programs. This effort involves sending a survey tool or a verification instrument annually to 17,135 respondents. *Frequency of Response:* Annual. *Affected Public:* Business or other for-profit, not-for-profit institutions, Federal government, state, local or tribal government. *Type of Respondents:* Administrators of hospitals, clinics, and cancer screening centers. The annual reporting burden is as follows: *Estimated Number of Respondents:* 17,135; *Estimated Number of Responses per Respondent:* 1; *Average Burden Hours Per Response:* .167; and *Estimated Total Annual Burden Hours Requested:* 2,862. The annualized cost to respondents is estimated at: \$34,339. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.