

Dated: February 14, 1997.
 Jennifer J. Johnson,
Deputy Secretary of the Board.
 [FR Doc. 97-4229 Filed 2-14-97; 3:45 pm]
 BILLING CODE 6210-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Delegations of Authority; Public Law 80-566, 62 Stat. 281, 40 U.S.C. 486(d) and 40 U.S.C. 318a and 318b

Notice is hereby given that pursuant to the authority granted to me by the Acting Administrator of General Services, signed on December 9, 1996, I hereby delegate to you the following authority.

1. *Delegation:* In accordance with section 205 (d) and (e) of the Federal Property and Administrative Service Act of 1949, as amended, the Administrator of General Services hereby delegates and authorizes successive redelegation of the authority identified herein.

2. *Authorities Delegated:* Authorities relating to the protection of Federal property vested in the Administrator of General Services by the Act of June 1, 1948, Public Law 80-566, 62 Stat. 281, 40 U.S.C. 486 (d), 40 USC 318a and 318b and the Federal Property and Administrative Services Act of 1949, as amended, 63 Stat. 377 are hereby delegated to the Director, National Institutes of Health (NIH) for the protection of the property and persons at NIH, National Cancer Institute's (NCI) facilities in Frederick Cancer Research and Development Center ("NCI parcel") located in Frederick, MD.

3. *Responsibilities and Limitations:*
 A. The NIH Director or designated officials shall take steps to issue regulations and to authorize successive redelegations of authority to protect persons and property identified in this delegation. This may be accomplished through the establishment of rules and regulations governing conduct on the affected property and execution of agreements with other Federal, State, or Local authorities.

B. This delegated authority is limited to the properties identified in paragraph 2.

4. *Disputes:* Except as otherwise provided in this delegation, any dispute concerning a matter of act arising under this delegation which is not disposed of by mutual agreement shall be decided by the Administrator of General Services. The decision of the

Administrator on such matters shall be final.

5. *Termination and Modifications:* Any of all authority delegated may be terminated by the Administrator of General Services or the Attorney General upon 120 days notice, if it is determined that such action is in the best interest of the Government.

6. *Evaluation:* Effectiveness of the delegation of protection activities will be evaluated on a continuing basis. This evaluation may include random on-site inspections and by meeting with HHS officials. HHS will be given at least 30 days to submit comments for incorporation in the final evaluation report. HHS is encouraged to conduct periodic assessments of its protection program and provide an information copy to the General Services Administration.

7. *Termination:* Any or all authority delegated may be terminated by the Administrator of General Services or the Secretary of HHS upon 120 days notice if determined that such action is in the best interest of the Government.

8. *Term of Delegations:* The delegation is effective immediately.

Dated: January 28, 1997.
 Donna E. Shalala,
Secretary of the Department of Health and Human Services.
 [FR Doc. 97-4037 Filed 2-18-97; 8:45 am]
 BILLING CODE 4140-01-M

Office of the Secretary

Delegation of Authority; Patents and Inventions

Notice is hereby given that I have delegated to Heads of the Public Health Service Operating Divisions all authorities to administer and make decisions regarding the invention and patent program of their respective Operating Divisions and the authority to make determinations of rights in inventions and patents in which the Department has an interest, except as specified below.

Restrictions

1. The Secretary retains authority to submit reports to Congress.

2. This delegation excludes those authorities under the Stevenson-Wydler Technology Innovation Act of 1980, as amended by the Federal Technology Transfer Act of 1986 and the National Technology Transfer and Advancement Act of 1995, which are governed by a separate delegation.

Redelegation

All authorities other than the authority under 35 U.S.C. 203 (March-in Rights) may be redelegated.

Prior Delegations

The prior delegations of authority, to the PHS Agency Heads (retitled Heads of Operating Divisions), derived from authority given to the Assistant Secretary for Health (ASH) in 45 CFR Part 6. Those regulations were recently rescinded because they were obsolete (61 FR 54743 (October 22, 1996)). In addition, the delegation of authority from the ASH to the then-PHS Agency Heads dated July 15, 1988, which was amended by a memorandum dated July 24, 1991 from the ASH to the Director, National Institutes of Health is hereby superseded. Prior redelegations by the PHS Agency Heads under that authority shall remain in effect unless modified by PHS Operating Division Heads.

Ratification

All actions taken by the Heads of PHS Operating Divisions or their subordinates from October 22, 1996 to the effective date of this delegation that would have been authorized under 45 CFR 6.2 and delegations thereunder are hereby ratified.

Effective Date

Effective upon signature.
 Dated: January 31, 1997.
 Donna E. Shalala,
Secretary of the Department of Health and Human Services.
 [FR Doc. 97-4038 Filed 2-18-97; 8:45 am]
 BILLING CODE 4150-04-M

Centers for Disease Control and Prevention

[INFO-97-04]

Proposed Data Collections Submitted 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 Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 639-7090.

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 for other forms of information technology. Send comments to Wilma Johnson, CDC Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Projects

1. **The Tri-State Mining District: Lead Exposure and Immunotoxic Effects Study—New—**The proposed study

evaluates associations between immune system dysfunction/damage and exposure to lead among children in the Tri-State Mining District. This district encompasses several contaminated areas including three Superfund sites: The Oronogo-Duenweg Mining Belt site in Jasper County, Missouri; the Cherokee County Site in Kansas; and the Tar Creek, Ottawa County Site in Oklahoma.

The proposed study consists of two repeated in-person interviews and biological testing for blood lead and immune function among participants of the ongoing lead screening programs in the Tri-State Mining district. Approximately 50 children identified as having blood lead <10 micrograms per decilitre and 50 children with blood lead levels <5 micrograms per decilitre will constitute the study and

comparison groups respectively. Blood specimens will be obtained to measure lead, complete blood count, EP, ZPP, antibody titers, and the CDC/ATSDR recommended immune panel. A second blood drawn a month later will examine intra-personal immune tests stability and will help evaluate the relationship between immune results and recent illness. Parents will be interviewed using a children's health questionnaire that solicits information on demographics, the medical history of each child and the occurrences of recent illness. Statistical analyses will compare health outcome measures (symptoms, illness, change in immune parameters) to blood lead levels. Other than their time, there will be no cost to the respondents. The length of clearance requested is 3 years.

Respondents	Number of respondents	Number of responses/respondent	Average burden/response (in hrs)	Total burden (in hrs.)
Child Health Questionnaire	100	2	0.5	100
Total	100

Dated: February 12, 1997.
 Wilma G. Johnson,
Acting Associate Director for Policy Planning and Evaluation, Centers for Disease Control and Prevention (CDC).
 [FR Doc. 97-4006 Filed 2-18-97; 8:45 am]
BILLING CODE 4163-18-P

[30DAY-30]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Office on (404) 639-7090. Send written comments to CDC, Desk Officer; Human Resources and Housing Branch, New Executive Office Building, Room 10235; Washington, DC 20503. Written comments should be received within 30 days of this notice.

The following requests have been submitted for review since the last publication date on February 11, 1997.

Proposed Project

The Second Longitudinal Study of Aging (LSOA II)—(0920-0219)—New—The Second Longitudinal Study of Aging is a second generation, longitudinal survey of a nationally representative sample of civilian, non-institutionalized persons 70 years of age and older. Participation is voluntary, and individually identified data are confidential. It will replicate portions of the first Longitudinal Study of Aging (LSOA), particularly the causes and consequences of changes in functional status. LSOA II is also designed to monitor the impact of changes in Medicare, Medicaid, and managed care on the health status of the elderly and their patterns of health care utilization. Both LSOAs are joint projects of the National Center for Health Statistics (NCHS) and the National Institute on Aging (NIA).

The Supplement on Aging (SOA), part of the 1984 National Health Interview Survey (NHIS), established a baseline on 7,527 persons who were then aged 70 and older. The first LSOA reinterviewed them in 1986, 1988 and 1990. Data from the SOA and LSOA have been widely used for research and policy analysis relevant to the older population.

Approximately 10,000 persons aged 70 and over were interviewed for the 1994 National Health Interview Survey's second Supplement on Aging (SOA II) between October of 1994 and March of 1996. LSOA II will reinterview the SOA II sample three times: In 1997, 1999, and 2001. As in the first LSOA, these reinterviews will be conducted using computer assisted telephone interviewing (CATI). Beyond that, LSOA II will use methodological and conceptual developments of the past decade.

LSOA II will contain modules on scientifically important and policy-relevant domains, including: (1) Assistance with activities of daily living, (2) chronic conditions and impairments, (3) family structure, relationships, and living arrangements, (4) health opinions and behaviors, (5) use of health, personal care and social services, (6) use of assistive devices and technologies, (7) health insurance, (8) housing and long-term care, (9) social activity, (10) employment history, (11) transportation, and (12) cognition. This new data will result in publication of new national health statistics on the elderly and the release of public use micro data files. The total annual burden is 8,099.