

SUPPLEMENTARY INFORMATION: The President established the National Bioethics Advisory Commission (NBAC) by Executive Order 12975 on October 3, 1995. The charter of the Commission was signed on July 26, 1996. The first meeting took place on October 4, 1996. The mission of the NBAC is to advise and make recommendations to the National Science and Technology Council and other entities on bioethical issues arising from the research on human biology and behavior, and in the applications of that research. On February 24, 1997, the President instructed the Commission to undertake a review of the legal and ethical issues associated with the recent report of a technique for cloning sheep. This scientific discovery raises a host of important issues including serious ethical questions, in particular the possible use of this technique to clone human embryos, as well as the promise of benefits in a number of areas.

Tentative Agenda

The Commission will (1) receive reports from its subcommittees, (2) discuss and plan the Commission's 90-day report to the President on issues of cloning, and (3) listen to presentations from the public.

Public Participation

The meeting is open to the public with attendance limited by the availability of space. Members of the public who wish to present oral statements should contact the Acting Deputy Executive Director of the NBAC by telephone, fax machine, or mail as shown below as soon as possible, prior to the meeting. The Chair of the NBAC will reserve time for presentations by persons requesting an opportunity to speak. The order of speakers will be assigned either on a first come, first serve basis or along other considerations. Individuals unable to make oral presentations are encouraged to mail or fax their comments to the NBAC at least two business days prior to the meeting for distribution to the subcommittee members and inclusion in the record. We urge anyone planning to speak to call the NBAC office two or three days before the meeting to obtain information on the final logistical arrangements.

Persons needing special assistance, such as sign language interpretation or other special accommodations, should contact NBAC staff at the address or telephone number listed below as soon as possible.

FOR FURTHER INFORMATION CONTACT: Ms. Henrietta D. Hyatt-Knorr, National Bioethics Advisory Commission, MSC-

7508, 6100 Executive Boulevard, Suite 3C01, Rockville, Maryland 20892-7508, telephone 301-402-4242, fax number 301-480-6900.

Dated: February 25, 1997

Henrietta Hyatt-Knorr,
Acting Deputy Executive Director, National Bioethics Advisory Commission.

[FR Doc. 97-5207 Filed 3-3-97; 8:45 am]

BILLING CODE 4160-17-P

Notice of a Meeting of the National Bioethics Advisory Commission (NBAC), Genetics Subcommittee

ACTION: Correction Notice for Previously Published Notice (Published on February 26, 1997, page 8743, 2nd Column).

The date is corrected to read: Date: Wednesday, March 5, 1997, 7:00 a.m. to 1:00 p.m.

FOR FURTHER INFORMATION CONTACT: Ms. Henrietta Hyatt-Knorr, National Bioethics Advisory Commission, MSC-7508, 6100 Executive Boulevard, Suite 3C01, Rockville, Maryland 20892-7508, telephone 301-402-4242, fax number 301-480-6900.

Dated: February 26, 1997.

Henrietta Hyatt-Knorr,
Acting Deputy Director, National Bioethics Advisory Commission.

[FR Doc. 97-5208 Filed 3-3-97; 8:45 am]

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Administration on Aging

[Program Announcement No. AoA-97-2]

Fiscal Year 1997 Program Announcement; Availability of Funds and Notice Regarding Applications

AGENCY: Administration on Aging, HHS.

ACTION: Announcement of availability of funds and request for applications to develop new statewide legal hotlines for older Americans and, in addition, to provide technical assistance and guidance to statewide senior legal hotline projects.

SUMMARY: The Administration on Aging announces that it will hold a priority area competition for grant awards for three (3) to four (4) model projects that demonstrate effective ways of planning, developing, and sustaining statewide senior legal hotlines, and for a project to provide appropriate technical assistance to statewide senior legal hotline projects.

The deadline date for the submission of applications is May 15, 1997. Prospective applicants should note that

because of the specialized nature of this priority area, they should have a proven track record of experience in providing legal services to the elderly in order to compete successfully for project awards.

Application kits are available by writing to: Department of Health and Human Services, Administration on Aging, Office of Program Development, 330 Independence Avenue, S.W., Room 4274, Washington, DC 20201.

Dated: February 26, 1997.

Robyn I. Stone,

Acting Assistant Secretary for Aging.

[FR Doc. 97-5204 Filed 3-3-97; 8:45 am]

BILLING CODE 4150-40-P

Centers for Disease Control and Prevention

[INFO-97-05]

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 Fourth National Health and Nutrition Examination Survey (NHANES IV)—New—The National Health and Nutrition Examination Survey (NHANES) has been conducted periodically since 1970 by the National Center for Health Statistics, CDC.

NHANES IV is planned for 1998–2004 to include 40,000 sample persons. They will receive an interview and a physical examination. A pretest of 400 people and a dress rehearsal of 555 are needed to test the sampling process, data collection procedures, computer-assisted personal interviews (including translations into Spanish), examination protocols, automated computer systems and quality control procedures. Participation in the pretest and the full survey will be completely voluntary and confidential.

NHANES programs produce descriptive statistics which measure the health and nutrition status of the general population. Through the use of questionnaires, physical examinations, and laboratory tests, NHANES studies the relationship between diet, nutrition and health in a representative sample of

the United States. NHANES monitors the prevalence of chronic conditions and risk factors related to health such as coronary heart disease, arthritis, osteoporosis, pulmonary and infectious diseases, diabetes, high blood pressure, high cholesterol, obesity, smoking, drug and alcohol use, environmental exposures, and diet. NHANES data are used to establish the norms for the general population against which health care providers can compare such patient characteristics as height, weight, and nutrient levels in the blood. Data from future NHANES can be compared to those from previous NHANES to monitor changes in the health of the U.S. population. NHANES IV will also establish a national probability sample of genetic material for future genetic testing for susceptibility to disease.

Users of NHANES data include Congress; the World Health Organization; Federal agencies such as NIH, EPA, and USDA; private groups such as the American Heart Association; schools of public health; private businesses; individual practitioners; and administrators. NHANES data are used to establish, monitor, and evaluate recommended dietary allowances, food fortification policies, programs to limit environmental exposures, immunization guidelines and health education and disease prevention programs. The burden hour estimate in this notice is based on the request for OMB approval for the pretest, dress rehearsal and the first 2.25 years of the full survey. The total cost to respondents for the period covered by this notice and the related request for OMB approval (from 1/98–12/00) is estimated at \$952,995.

Respondents	Number of respondents between 1/98–12/00	Number of responses/respondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
1. Screening interview	34,188	1	.167	5,709
2. Family questionnaire (subset of #1)	5,830	1	.267	1,557
3. Household interview (subset of #1)	11,660	1	.667	7,777
4. Exam (primary) (subset of #3)	8,816	1	5.00 (including travel time)	44,080
5. Replicate exam (10% of #4 above)	882	1	5.00 (including travel time)	4,410
Total	65,533

2. 1998 National Health Interview Survey, Basic Module (0920–0214)—Revision—The annual National Health Interview Survey (NHIS) is a basic source of general statistics on the health of the U.S. population. Due to the integration of health surveys in the Department of Health and Human Services, the NHIS also has become the sampling frame and first stage of data collection for other major surveys, including the Medical Expenditure Panel Survey, the National Survey of Family Growth, and the National Health and Nutrition Examination Survey. By linking to the NHIS, the analysis potential of these surveys increases. The NHIS has long been used by government, university, and private researchers to evaluate both general health and specific issues, such as cancer, AIDS, and childhood

immunizations. Journalists use its data to inform the general public. It will continue to be a leading source of data for the Congressionally-mandated “Health US” and related publications, as well as the single most important source of statistics to track progress toward the National Health Promotion and Disease Prevention Objectives, “Healthy People 2000.”

Because of survey integration and changes in the health and health care of the U.S. population, demands on the NHIS have changed and increased, leading to a major redesign of the annual core questionnaire, or Basic Module, and a redesign of the data collection system from paper questionnaires to computer assisted personal interviews (CAPI). Those redesigned elements were partially implemented in 1996 and fully implemented in 1997. This clearance is

for the second full year of data collection using the Basic Module on CAPI, and for implementation of the first “Topical Module” (or supplement), which is on Health People 2000 Objectives. Ad hoc Topical Modules on various health issues are provided for in the redesigned NHIS. This data collection, planned for January–December 1998, will result in publication of new national estimates of health statistics, release of public use micro data files, and a sampling frame for other integrated surveys. In particular, the topical module will provide end-point estimates for many of the Healthy People 2000 Objectives.

The Basic Module of the new data system is expected to be in the field at least until 2006. The total cost to respondents is estimated at \$714,000 for the whole survey.

Respondents	No. of respondents	No. of responses/respondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Family	42,000	1	0.5	21,000
Sample adult	42,000	1	0.75	31,500
Sample child	18,000	1	0.25	4,500
Total	57,000

3. National Childhood Blood Lead Surveillance System—(0920–0337)—Reinstatement—Lead poisoning is a common and societally devastating environmental disease of young children in the United States. In response to the call for a national surveillance program of lead levels made in the HHS publication, *Strategic Plan for the Elimination of Childhood Lead Poisoning* (February 1991), CDC established the National Childhood Blood Lead Surveillance System. In

FY92, CDC awarded funds to eight states to assist them in developing a complete childhood lead surveillance activity. In FY96, CDC provided funding for childhood blood lead surveillance activity in 31 states and the District of Columbia. Sixteen of these states submitted 1995 (calendar year) data to the national database. Information from this national surveillance system may be used by Federal and state agencies to (1) more accurately estimate the number of children with elevated lead levels; (2)

monitor short-term trends; (3) identify clusters of cases; (4) determine geographic distribution of cases; (5) examine risk factors among children with elevated lead levels; (6) identify risk factors for elevated lead levels among specific population groups; (7) target intervention programs to groups at risk for elevated lead levels; and (8) track national progress in eliminating childhood lead poisoning. The total cost to respondents is \$8,208.

Respondents	No. of respondents	No. of responses/respondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
State Health Departments:				
(a) Annual Report	20	1	10	200
(b) Quarterly Report	32	4	2	256
Total				456

Dated: February 26, 1997.

Wilma G. Johnson,

Acting Associate Director for Policy Planning And Evaluation, Centers for Disease Control and Prevention (CDC).

[FR Doc. 97–5235 Filed 3–3–97; 8:45 am]

BILLING CODE 4163–18–P

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Study of Benefits for Head Start Program Employees.

OMB No.: New Collection.

Description: Head Start legislation requires that the Secretary conduct a study regarding the benefits available to

individuals employed by Head Start Agencies including a description of benefits provided and to make recommendations about increasing the access of the individuals to benefits including access to a retirement pension program. The attached instrument is a survey designed to collect information about present benefits provided to employees.

Respondents: Not-for-profit institutions and households.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Staff Questionnaire	360	1	.5	180
H.S. Program Director Questionnaire	360	1	2	720
Dir. of Non-H.S. Child Care Program	5	1	2	10

Estimated Total Annual Burden Hours: 210.

Additional Information

Copies of the proposed collection may be obtained by writing to The Administration for Children and Families, Office of Information Services, Division of Information Resource Management Services, 370 L'Enfant Promenade, S.W., Washington, D.C. 20447, Attn: ACF Reports Clearance Officer.

OMB Comment

OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the Federal Register. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of

publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, 725 17th Street, N.W., Washington, D.C. 20503, Attn: Ms. Wendy Taylor.

Dated: February 26, 1997.

Bob Sargis,

Acting Reports Clearance Officer.

[FR Doc. 97–5277 Filed 3–3–97; 8:45 am]

BILLING CODE 4184–01–M

[Program Announcement No. OCS–97–02]

Request for Applications Under the Office of Community Services' Fiscal Year 1997 National Youth Sports Program

AGENCY: Office of Community Services, ACF, DHHS.

ACTION: Request for applications under the Office of Community Services' National Youth Sports Program.

SUMMARY: The Office of Community Services (OCS) announces that competing applications will be accepted for new grants pursuant to the Secretary's discretionary authority under Section 682 of the Community Services Block Grant Act of 1981, as