List''). FDA developed the ''Fish List'' jointly with the National Marine Fisheries Service, U.S. Department of Commerce, to provide a source of names that would facilitate uniform species identification and labeling within the industry and would reduce confusion among consumers. The ''Seafood List'' revises and expands the list of names to include invertebrate seafood species (mollusks and crustaceans). FDA announced the availability of, and solicited comments on, the ''Seafood List'' in the Federal Register of September 14, 1994 (59 FR 47144). The ''Seafood List'' represents an extensive, although not complete, listing of seafood commonly sold in the United States.

FDA also is announcing the availability of CPG Sec. 540.750 ''Common or Usual Names for Seafood in Interstate Commerce,'' which announces FDA's intent to use the ''Seafood List'' as guidance for the selection of suitable common or usual names of a wide range of seafood products. FDA considers the ''Seafood List'' to represent the type of statement of agency policy that normally appears in the Compliance Policy Guides Manual.

Therefore, CPG's Sec. 540.100, Sec. 540.300, and Sec. 540.350 are obsolete and are hereby revoked. In their place, FDA is issuing CPG Sec. 540.750 to reflect how the agency intends to use the ''Seafood List.''

Interested persons may, at any time, submit written comments on CPG Sec. 540.750 or any of its CPG's to the Dockets Management Branch (address above). Comments should be identified with the docket number found in brackets in the heading of this document. The agency accepts comments but is not compelled to respond to each comment. All comments will be included in the docket and will be available for public review.

Although CPG Sec. 540.750 does not create or confer any rights for, or on, any person and does not operate to bind FDA or the public, it does represent the agency's current thinking on the most appropriate common or usual names for seafood. FDA is making it available to ensure that both the public and agency employees are fully aware of that thinking.

Dated: August 12, 1996.

Ronald G. Chesemore,

Associate Commissioner for Regulatory Affairs.

[FR Doc. 96–21048 Filed 8–16–96; 8:45 am]

BILLING CODE 4160–01–F

Health Resources and Services Administration

Program Announcement and Review Criteria for a Cooperative Agreement To Support Innovative Projects Relating to Public Health Education and Services

The Health Resources and Services Administration (HRSA) announces that applications will be accepted for a Cooperative Agreement for fiscal year 1996 with a professional association located in the Washington, D.C. area with an established relationship with the accredited schools of public health. Such an association should be recognized as a National representative of schools of public health; have proprietary information concerning student enrollment, graduates, faculty and curricula in schools of public health; and have access to the leadership in schools of public health. The purpose of the Cooperative Agreement is to support a program of innovative projects which would demonstrate the sharing of expertise between public health faculty and public health practitioners in States and communities, to both improve public health and health care services at the State and community level and provide meaningful feedback to schools of public health concerning the efficacy of their curricula in educating and training the public health workforce. This Cooperative Agreement is solicited under the authority of Title III, section 301, of the Public Health Service Act, as amended. Section 301 authorizes the award of grants, contracts, and cooperative agreements to public and non-profit entities for several purposes, including the demonstration of innovative models.

Up to $750,000 may be available to fund one Cooperative Agreement in fiscal year 1996 and up to $1,000,000 for each of the succeeding four years. The Cooperative Agreement will be awarded for a project period of up to five years, funded each fiscal year depending on performance and the availability of appropriate funds.

Background

As part of its overall mission, HRSA is responsible for providing national leadership to assure that high quality health care and services are provided to the most vulnerable populations in the Nation and to improve the basic and continuing education of public health professionals to assess, develop and assure that a high level of health care services are available to these populations. In carrying out this responsibility for the education of public health professionals, HRSA works collaboratively with educational institutions—especially schools of public health—and with professional organizations to develop and implement improved basic and continuing education curricula to assure competent public health practice and leadership in the United States.

At the present time there are 27 accredited schools of public health in the United States. These schools represent the primary educational system that trains personnel needed to operate the Nation's local, State and Federal public health agencies. They address issues of disease prevention and health promotion, emphasize teaching and research focused on epidemiology; biostatistics; occupational and environmental health; health services administration, including health policy development, health services delivery, etc.; and the behavioral sciences, including health education, nutrition, maternal and child health, health promotion, etc.

It has been recognized that the quality of public health personnel plays a critical role in the promotion of health, prevention and control of disease, and the management of health resources. The schools of public health's principal purpose is to promote and improve the education and training of professional public health personnel.

An area of major concern to HRSA is the lack of individuals trained and prepared to manage and/or provide services in community settings. It is these settings where a majority of HRSA funding and attention is directed, because it is at the community-level that our most vulnerable populations need care. The disconnect between public health training and community settings where these individuals are needed continues to be a significant problem in public health and for the efficient delivery of HRSA-sponsored care and services.

A second major concern is the proliferation of managed care programs and their impact on HRSA-sponsored organizations. There is a clear gap between the thrust of managed care (both its services orientation and funding policies) and the traditional provision of care and services by HRSA grantees. This gap is exacerbated by the lack of trained individuals who understand managed care and are capable of using this understanding in the HRSA grantee community.

HRSA also is concerned over the low number of faculty, students and practitioners from minority backgrounds in academic and practice settings. The

Schools of Public Health can play a crucial role in alleviating these shortcomings, especially in training minority and disadvantaged public health workers. HRSA is proposing to develop a range of activities utilizing the strengths of the schools of public health to alleviate the identified as well as emerging concerns. This cooperative agreement could serve as an incentive to the academic public health community to become more involved in public health practice issues and increase the number of minority professionals working in public health settings, and introduce cultural diversity training into the curriculum in schools of public health.

Purpose

There are three purposes for this cooperative agreement: (1) To provide assistance in curricula development and related initiatives that will help deal with the need for better educated and culturally sensitive entry-level and mid-level public health practitioners in public health practice settings; (2) to strengthen and institutionalize practice oriented linkages between the Schools of Public Health and the public health practice community so that individuals are better trained to meet the needs of HRSA-sponsored grantees in community settings; and (3) to develop curricula and other training mechanisms to help deal with the shortfall in individuals with an understanding of managed care who can apply this understanding to the HRSA grantee community.

The Washington, D.C. area is specified as the location of the Cooperative Agreement recipient because of the Federal interests requiring substantive involvement of Federal officials in developing the training and technical assistance program, proximity to Federal expertise, and scarce Federal resources for travel. The project would be expected to initiate such activities as:

1. Establish a Steering Committee for the development and pilot testing of activities to provide technical assistance to public health practice sites. For example, utilizing the combined technical expertise of HRSA and schools of public health to evaluate health promotion and disease prevention programs at community health centers and maternal and child health clinics within health departments.

2. Analysis of pedagogical methods to accomplish educational objectives for adult learners. For example, what curricula and distribution mechanisms could be developed to provide distance learning for nurses in county health departments or migrant health centers.

3. Improvement of outcome measures for HRSA public health programs, e.g: outcomes measures for the delivery of health services, patient health status, and patient satisfaction.

4. Establishment of linkages with public health practice organizations, e.g.: working with managed care organizations and local health departments to provide quality school health services, or coordinating a health improvement project involving foundation funding, local health departments and community-based providers.

5. Development of curricula by working with health care delivery projects funded by HRSA, e.g.: HIV/AIDS, organ transplantation, health care for the homeless, migrant health care, maternal and child health, to create an academic public health practice linkage to promote disease prevention and health promotion concepts.

6. Improvement of public health research on community populations to highlight both public health education and the efficient delivery of health services. For example, develop demonstration projects which include a population-based analysis of community preventive health care needs and the development of demonstration programs to address identified needs.

7. Development of an internship program for students in schools of public health to learn about the federal public health system. For example, developing an internship and mentoring program for masters of public health and masters of health sciences students during their academic preparation.

Federal Involvement

The Cooperative Agreement mechanism is being used for this project to allow for substantive Federal programmatic involvement in the development of the details of the Cooperative Agreement.

Substantive Federal programmatic involvement will occur through Federal membership on the Steering Committee representing the Health Resources and Services Administration, including the Bureau of Health Professions, Bureau of Health Resources Development, Bureau of Primary Health Care, Maternal and Child Health Bureau, and the Office of Public Health Practice. The involvement primarily would be in the following areas:

- Participation in the identification of emerging health management practice issues for technical assistance purposes;
- Identification of HRSA programmatic issues for special attention through the Cooperative Agreement;
- Identification of appropriate consultation for the proposed projects;
- Assistance in defining the objective, method, evaluation and use of project results and translation into the knowledge, skills, and attributes for educational objectives;
- Assistance in ensuring appropriate linkages with public health practice and health care delivery sites;
- Assistance in creating linkages to appropriate professional associations in the Washington, D.C. area;
- Participation in the review and selection of contracts and agreements developed in implementing the project; (and)
- Participation in monitoring the implementation, conduct and results of projects implemented under the Cooperative Agreement.

Eligibility for Funding

Entities eligible for funding under this Cooperative Agreement must:

1. be a recognized professional association representing schools of public health, and

2. be located in the Washington, D.C. metropolitan area.

National Health Objectives for the Year 2000

The Public Health Service (PHS) urges applicants to submit work plans that address specific objectives of *Healthy People 2000.* Potential applicants may obtain a copy of *Healthy People 2000* (Full Report; Stock No. 017–001–00474–0) or *Healthy People 2000* (Summary Report; Stock No. 017–001–00473–1) through the Superintendent of Documents, Government Printing Office, Washington, D.C. 20402–9325 (Telephone (202) 783–3238).

Education and Service Linkage

As part of its long-range planning, HRSA will be targeting its efforts to strengthening linkages between U.S. Public Health Service education programs which provide comprehensive primary care services to the underserved.

Smoke-Free Workplace

The Public Health Service strongly encourages all grant recipients to provide a smoke-free workplace; to promote the non-use of all tobacco products; and to promote Public Law 103–227, the Pro-Children Act of 1994, which prohibits smoking in certain facilities that receive Federal funds in which education, library, day care,

health care, and early childhood development services are provided to children.

Review Criteria

Applications received will be reviewed by an *ad hoc* review panel using the following criteria:

- The degree to which the proposal contains clearly stated, realistic, cross-cutting, achievable, and measurable objectives;
- The extent to which the proposal includes an integrated methodology compatible with the scope of project objectives, including collaborative relationships with relevant institutions and professional associations;
- The administrative and management capability of the applicant to carry out the Cooperative Agreement; and
- The extent to which budget justifications are complete, appropriate, and cost-effective.

Application Requests

Eligible entities interested in receiving materials regarding this program should notify HRSA. Materials will be sent only to those entities making a request. Requests for proposal instructions and other questions should be directed to: Mr. John R. Westcott, Grants Management Officer, Bureau of Health Professions, HRSA, 5600 Fishers Lane, Room 8C–26, Rockville, Maryland 20857, Telephone: (301) 443–6880.

Completed applications must be returned to the Grants Management Officer at the above address.

Questions concerning programmatic aspects of the Cooperative Agreement must be directed to:

Ronald B. Merrill, M.H.A., Chief, Public Health Branch, Division of Associated, Dental and Public Health Professions, Bureau of Health Professions, HRSA, 5600 Fishers Lane, Room 8C–09, Rockville, Maryland 20857, Telephone: (301) 443–6896

Alexander F. Ross, Sc.D., Office of Public Health Practice/HRSA, Parklawn Building, Room 14–15, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone: (301) 443–4034

Paperwork Reduction Act

The standard application form PHS 6025–1, HRSA Competing Training Grant Application, have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act. The OMB clearance number is 0915–0060.

The deadline date for receipt of application is September 3, 1996. Applications will be considered to be ''on time'' if they are either:

1. *Received on or before* the established deadline date, or

2. *Sent on or before* the established deadline date and received in time for orderly processing. (Applicants should request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.)

Late applications not accepted for processing will be returned to the applicant. In addition, applications which exceed the page limitation and/or do not follow format instructions will not be accepted for processing and will be returned to the applicant.

This program is not subject to the provisions of Executive Order 12372, Intergovernmental Review of Federal Programs (as implemented through 45 CFR part 100). This program is also not subject to the Public Health System Reporting Requirements.

Dated: August 13, 1996.

Ciro V. Sumaya,

Administrator.

[FR Doc. 96–21057 Filed 8–16–96; 8:45 am]

BILLING CODE 4160–15–M

Substance Abuse and Mental Health Services Administration

Notice of Meetings

Pursuant to Public Law 92–463, notice is hereby given of the following teleconference meetings of the SAMHSA Special Emphasis Panel II in August 1996.

A summary of the meetings may be obtained from: Ms. Dee Herman, Committee Management Liaison, SAMHSA Office of Extramural Activities Review, 5600 Fishers Lane, Room 17–89, Rockville, Maryland 20857. Telephone: (301) 443–4783.

Substantive program information may be obtained from the individual named as Contact for each meeting listed below.

The meetings will include the review, discussion and evaluation of individual grant applications. These discussions could reveal personal information concerning individuals associated with the applications. Accordingly, these meetings are concerned with matters exempt from mandatory disclosure in Title 5 U.S.C. 552b(c)(6) and 5 U.S.C. App. 2, Section 10(d).

Committee Name: SAMHSA Special Emphasis Panel II.

Meeting Dates: August 20, 1996.

Place: Room 17–74—Telephone Conference, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20852.

Closed: August 20, 1996—12:00 Noon–2:00 p.m.

Panel: FEMA—Regular Services Grant—Alaska.

Contact: Stanley Kusnetz, Room 17–89, Parklawn Building, Rockville, Maryland 20852 Telephone: (301) 443–9918 and FAX: (301) 443–3437.

Committee Name: SAMHSA Special Emphasis Panel II.

Meeting Date: August 20, 1996.

Place: Room 17–74—Telephone Conference, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20852.

Closed: August 20, 1996—2:30 p.m.–5:00 p.m.

Panel: FEMA—Regular Services Counseling Program for Victims of May 28, 1996 Tornado.

Contact: Katie Baas, Room 17–89, Parklawn Building, Telephone: (301) 443–2592 and FAX: (301) 443–3437.

This notice is being published less than 15 days prior to the meetings due to the urgent need to meet timing limitations imposed by the review and funding cycle.

Dated: July 30, 1996.

Jeri Lipov,

Committee Management Officer, SAMHSA.

[FR Doc. 96–21051 Filed 8–16–96; 8:45 am]

BILLING CODE 4162–20–P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[ID–014–06–1430–01; IDI–31387]

Plan Amendment To Allow for an Indemnity School Land Selection To Transfer Public Lands in Valley County, ID to the State of Idaho

AGENCY: Bureau of Land Management, Interior.

ACTION: Notice of availability/notice of realty action.

SUMMARY: Notice is hereby given that the BLM has completed a proposal to amend the Cascade RMP to classify and to allow for transfer certain public lands to the State of Idaho via Indemnity School Selection in Valley County.

DATES: Any party that participated in the plan amendment and is adversely affected by the amendment may protest this action only as it affects issues submitted for the record during the planning process. The protest shall be in writing and filed with the Director (760), Bureau of Land Management, 1800 ''C'' Street, NW., Washington, DC 20240, within 30 days of publication of this notice. For a period of 45 days from the publication of this notice, interested