

the Board's Regulation Y; First USA Federal Savings Bank, Wilmington, Delaware, and thereby engage in operating a federally chartered savings association, pursuant to § 225.25(b)(9) of the Board's Regulation Y; First USA Merchant Services, Inc., Dallas, Texas, and thereby engage in processing credit and debit card transactions for merchants directly and indirectly through financial institutions and independent sales organizations, pursuant to §§ 225.25(b)(1) and (b)(7) of the Board's Regulation Y; First USA Technology, Inc., Dallas, Texas, and thereby engage in serving as licensor for software provided to merchants in connection with First USA Merchant Services, Inc., and credit and debit card transaction processing activities, pursuant to §§ 225.25(b)(1) and (b)(7) of the Board's Regulation Y; Paymentech New Hampshire, Inc., Salem, New Hampshire, and thereby engage in specialized credit and debit card transaction processing services to direct response merchants and also providing specialized PC-based software used by direct response merchants in connection with the entry of customer card data and card transaction processing, pursuant to §§ 225.25(b)(1) and (b)(7) of the Board's Regulation Y; Gensar Technologies, Inc., Tampa, Florida, and thereby engage in providing certain credit and debit card transaction processing services and equipment for merchants directly and indirectly through financial institutions and independent sales organizations and acting as the licensor of PC-based software designed solely for the processing of financial data, pursuant to §§ 225.25(b)(1) and (b)(7) of the Board's Regulation Y; Merchant Link, Inc., Bethesda, Maryland, and thereby engage in providing specialized help-desk services in connection with the operation of bank card modules of certain integrated hotel, restaurant, and retail financial management systems to support the processing of credit and debit card transactions, pursuant to § 225.25(b)(7) of the Board's Regulation Y; and First Virtual Holdings Incorporated, San Diego, California, and thereby engage in providing secure off-line verification of the identity of the purchaser and seller in a credit card transaction over the Internet, processing such card transactions, operating a shared website for sellers of information products, and other activities relating to the billing, on-line payments, and sale of merchandise over the Internet, pursuant to §§ 225.25(b)(1) and (b)(7) of the Board's Regulation Y.

2. *PNC Bank Corp.*, Pittsburgh, Pennsylvania; to acquire V.F. Partners,

L.P., and thereby engage *de novo* through a subsidiary, PNC GPI, Inc., that will acquire certain assets of V.F. Partners, L.P., and act as a general partner of certain limited partnerships now existing or to be established in the future that are exempt from registration as investment companies under the Investment Company Act of 1940 (15 U.S.C. §§ 80a). See *Meridian Bancorp, Inc.*, 80 Fed. Res. Bull. 736 (1994); *Bessemer Group, Inc.*, 82 Fed. Res. Bull. 569 (1996); *Dresdner Bank AG*, 82 Fed. Res. Bull. 850 (1996); *NationsBank Corporation*, 83 Fed. Res. Bull. 148 (1997); *Stichting Priorteit ABN-AMRO/ChiCorp*, 83 Fed. Res. Bull. 138 (1997).

Board of Governors of the Federal Reserve System, March 7, 1997.

Jennifer J. Johnson,

Deputy Secretary of the Board.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Office of Minority Health; Amendment to the Notice of a Cooperative Agreement With Central State University

This notice withdraws in its entirety and supersedes the Notice of a Cooperative Agreement With Central State University as published on Friday, February 7, 1997, in Federal Register, Vol. 62, No. 26, pages 5833-5835.

The Office of Minority Health (OMH) announces that it will enter into a cooperative agreement with Central State University, representing the Minority Male (Min-Male) Consortium, to support a Family and Community Violence Prevention Program.

The purpose of the Family and Community Violence Prevention Program is to positively impact the increasing incidence of violence and abusive behavior in low income, at-risk communities through the mobilization of community partners to address these issues. In order to have an effect on this trend, interventions conducted through partnerships must be directed to the individual, the family and the community as a whole, and must be designed to impact the academic and personal development of those who are at risk.

This cooperative agreement is intended to demonstrate the merit of programs that involve partnerships between community institutions and Family Life Centers to spearhead a

community effort to improve the quality of life for all community residents.

Authority

This cooperative agreement is authorized under section 1707(d)(1) of the Public Health Service Act, 42 U.S.C. 300u-6(d)(1).

Availability of Funds

Approximately \$4,800,000 (indirect and direct costs) is available in FY 1997 to fund this cooperative agreement. The project is expected to begin on September 30, 1997, for a 12 month budget period within a project period not to exceed 3 years. Continuation awards within the project period will be made on the basis of satisfactory performance and availability of funds. Up to 19 institutions will be selected to receive awards of approximately \$200,000 per year to support family and community violence prevention programs. Special consideration will be given to those institutions which currently have Family Life Centers supported by the OMH/Central State University cooperative agreement. These institutions are collectively known as the Minority Male (Min-Male) Consortium.

Background

Assistance will be provided only to Central State University of Wilberforce, Ohio in its management capacity on behalf of the Minority Male (Min-Male) Consortium and the Advisory Board. No other applications are solicited. Central State University is uniquely qualified to administer this cooperative agreement because it has:

1. Developed an infrastructure to manage a multi-faceted demonstration program coordinated among widely dispersed institutions of higher education addressing the issues of family and community violence;
2. In place a management staff with the background and experience to guide, develop and evaluate a multimillion dollar demonstration program;
3. Established a relationship with a network of institutions of higher education actively involved in programs to prevent family and community violence;
4. Demonstrated an ability to bring together individual schools to function as a cohesive unit in addressing common issues and goals;
5. Experience in carrying out a program designed to reduce the incidence of violence and crime; and
6. Demonstrated through past activities its ability to pull together experts in the field of violence

prevention to serve in an advisory capacity to a multi-year project.

Violent and abusive behavior exacts a large toll on the physical and mental health of Americans. According to the *Healthy People 2000 Midcourse Review and 1995 Revisions*, the United States ranks first among industrialized nations in violent death rates, with homicide and suicide claiming more than 50,000 lives each year. An additional 2.2 million people are injured by violent assaults annually. According to this report, morbidity and mortality due to violence show some disturbing trends. Youth are increasingly involved as both perpetrators and victims of violence. In 1992, the homicide rate for young black men exceeded that of young white men by as much as 8 times. Women are frequent targets of both physical and sexual assault, often perpetrated by spouses, ex-spouses, intimate partners, or others known to them. Women with family incomes under \$9,999 had the highest rates of violence attributable to an intimate while those with family incomes over \$30,000 had the lowest rates.

Blacks are disproportionately represented among both violent crime offenders and victims. While blacks constituted 12 percent of the U.S. population in 1993, in that same year they represented 58 percent of persons arrested for murder, 41 percent arrested for rape, 62 percent arrested for robbery, and 40 percent arrested for aggravated assault (*Bureau of Justice Statistics, 1994*). Arrest data also indicate that violent crime, especially murder, involve intraracial victim-offender relationship patterns. In 1993, 94 percent of black murder victims were killed by black offenders and 84 percent of white murder victims were killed by white offenders (*Department of Justice, 1993*).

According to the National Center on Child Abuse and Neglect, an estimated 2.9 million children were reported as alleged victims of maltreatment in 1994. Of the investigation dispositions, 1.0 million were determined to have been victims of either substantiated or indicated maltreatment. Of these, 53 percent suffered from neglect, 26 percent were physically abused, 14 percent were sexually abused, 3 percent suffered from medical neglect, 5 percent from emotional maltreatment, 15 percent from other types of maltreatment, and 4 percent unknown. About 27 percent were 3 years old or younger, 20 percent were age 4 to 6, 17 percent were 7 to 9, 15 percent were between 10 and 12, and 21 percent were teenagers (13 to 18). Of those cases where states reported race/ethnicity, 56

percent of the victims were white, 26 percent were African American, 9 percent Hispanic, 2 percent Native American, and less than 1 percent Asian/Pacific Islander.

According to the National Committee for Prevention of Child Abuse, abused children have been found to have lower cognitive maturity and more severe behavior problems than children who have not been abused. Abused children are also at increased risk for the extremes of risk-seeking or risk-avoiding behaviors. Maltreated children experience significant problems including poor social skills, aggressiveness and emotional unresponsiveness.

Troublesome and delinquent children are more likely to come from troubled families and neighborhoods. Delinquency is not a problem that appears alone. Delinquent youths are also at higher-than-average risk for drug use, problems in school, dropping out of school, and teenage pregnancy (Elliott, Huizinga, and Menard, 1989; Greenwood, 1993). The recognition that problems in school or early dropout are primary risk factors for juvenile delinquency and drug use have led to the development of a wide range of interventions. Unfortunately, many of these efforts have not been evaluated, and most of those evaluated have produced negligible impacts (Tolan and Guerra, 1994), particularly on later delinquency. When asked, students who have been victims of violence and those at greater risk of being victims are more likely to express concern about relations with their parents. One-fourth of students (25%) say they sometimes wonder if their parents really love them. Minority students are more concerned than white students. One-third of African-American (32%), and Hispanic (34%) students say this statement is true for them as compared with one in five white students (22%).

The 1985 *Report of the Secretary's Task Force on Black and Minority Health* provided a national focus on violence as a leading public health problem in the United States. Since that time, public health strategies to prevent death and disability due to violent and abusive behavior have emerged across the country. The *Healthy People 2000 Midcourse Review and 1995 Revisions* identified the following strategies for addressing violence in communities at high risk: promoting awareness of violence as a public health problem, taking more aggressive steps to counter the high rates of physical abuse and violence against women, offering alternative school and community-based activities for youth, and increasing

collaboration and partnerships between State and local public health agencies with mental health and substance abuse programs.

Project Requirements

The cooperative agreement will include substantive involvement of both the recipient and the Federal Government. At a minimum, the following expectations are anticipated:

Recipient Responsibilities

(1) Central State University will solicit proposals from four year undergraduate institutions historically identified as providing education primarily to minority students, or having a majority enrollment of minority students for the purpose of carrying out a program to positively impact the increasing incidence of violence and abusive behavior in low income, at-risk communities.

(2) Central State University will provide funding to selected institutions to conduct comprehensive programs of support and education for a defined community. The selected institutions must:

- Establish a Family Life Center (FLC) within a 10 mile radius of the target community to facilitate access to the program's services/activities on a regular basis. The FLC can be located at a site of the undergraduate school, or at a facility of a community institution with which it has established a partnership. The FLC is to be open year round, with activities/services offered at various times (e.g. weekdays, evenings, weekends) to accommodate the target group(s).

- Offer project activities in the areas of Academic Development, Personal Development, Cultural/Recreational Enrichment, and Career Development.

- Offer opportunities for community youth to participate in activities on campus or other appropriate sites, including a summer academic enrichment program of at least 3 weeks in length for middle and high school students.

- Formalize arrangements/partnerships with appropriate community groups, involving tangible, in-kind contributions from each of the collaborating partners.

(3) Central State University will utilize a Management Team to execute the Family and Community Violence Prevention Program.

(4) Central State University will recommend to OMH not less than 25 individuals to serve on a 15 member Advisory Board which will provide guidance and technical advice to the cooperative agreement management

team and the Minority Male (Min-Male) Consortium.

(5) Central State University will convene a meeting with the Advisory Board and the Family Life Center Directors three times a year.

(6) Central State University will monitor the activities of the funded institutions to ensure compliance with the intent of the program.

(7) Central State University will conduct a yearly evaluation of the activities of each of the funded institutions, as well as the overall project.

OMH Responsibilities

Substantial programmatic involvement is as follows:

(1) OMH will provide technical assistance and oversight as necessary for the overall design of the Family and Community Violence Prevention Program.

(2) OMH will develop the evaluation criterion for the selection and funding of applications.

(3) OMH will manage the review and selection of applications and ensure the absence of conflict of interest in the review process.

(4) OMH will have final approval of the Advisory Board membership.

(5) OMH will provide assistance to the Management Team on program strategies, direction, evaluation activities, and decisions related to adjustments in funding levels of participating institutions.

(6) OMH will participate in the planning of and attend all of the Advisory Board/Family Life Center Directors meetings.

(7) OMH will participate in site visits to the participating institutions as deemed appropriate by OMH staff.

WHERE TO OBTAIN ADDITIONAL

INFORMATION: If you are interested in obtaining additional information regarding this project, contact Ms. Cynthia H. Amis, Director, Division of Program Operations, Office of Minority Health, 5515 Security Lane, Suite 1000, Rockville, Maryland 20852, telephone number (301) 594-0769.

The Catalog of Federal Domestic Assistance number is 93.910.

Clay E. Simpson, Jr.,

Deputy Assistant Secretary for Minority Health.

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Food and Drug Administration

[Docket No. 96N-0402]

Agency Information Collection Activities; Submission for OMB Review; Comment Request

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that the proposed collection of information listed below has been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995.

DATES: Submit written comments on the collection of information by April 14, 1997.

ADDRESSES: Submit written comments on the collection of information to Office of Information and Regulatory Affairs, OMB, New Executive Office Bldg., 725 17th St. NW., rm. 10235, Washington, DC 20503, Attn: Desk Officer for FDA.

FOR FURTHER INFORMATION CONTACT: Linda L. Brna, Office of Information Resources Management (HFA-250), Food and Drug Administration, 5600 Fishers Lane, rm. 16B-19, Rockville, MD 20857, 301-827-3158.

SUPPLEMENTARY INFORMATION: In compliance with section 3507 of the Paperwork Reduction Act of 1995 (44 U.S.C. 3507), FDA has submitted the following proposed collection of information to OMB for review and clearance.

Blood Establishment Registration and Product Listing, Form FDA 2830 (21 CFR Part 607) (OMB Control Number 0910-0052)

Under section 510 of the Federal Food, Drug, and Cosmetic Act (the act)

(21 U.S.C. 360), any person owning or operating an establishment that manufactures, prepares, propagates, compounds, or processes a drug or device must register with the Secretary of Health and Human Services, on or before December 31 of each year, his or her name, place of business and all such establishments, and submit, among other information, a listing of all drug or device products manufactured, prepared, propagated, compounded, or processed by him or her for commercial distribution. In 21 CFR part 607, FDA has issued regulations implementing these requirements for manufacturers of human blood and blood products. Under these regulations, the agency seeks the information required by the act, including the location of the facility, name of the reporting official, type of ownership, type of establishment, and identification of blood and blood products being manufactured. Among other uses, this information assists FDA in its inspections of facilities, and its collection is essential to the overall regulatory scheme designed to ensure the safety of the nation's blood supply. Form FDA 2830, Blood Establishment Registration and Product Listing, is used to collect this information. The likely respondents are blood banks, blood collection facilities, and blood component manufacturing facilities.

FDA estimates the burden of this collection of information as follows: Based upon the past experience of the Center for Biologics Evaluation and Research, Division of Blood Applications, in regulatory blood establishment registration and product listing with new blood banks, the time needed for industry to complete the FDA 2830 is estimated to be 1 hour. For annual re-registration of blood banks, the time needed for industry to complete the FDA 2830 form is estimated to be one-half hour because re-registrants only need to refer to their files or written instructions for a small portion of the information required. Blood banks should be familiar with the regulations and registration requirements to fill out this form.

ESTIMATED ANNUAL REPORTING BURDEN

Form No. FDA 2830 (21 CFR Part 607)	No. of Respondents	Annual Frequency per Response	Total Annual Responses	Hours per Response	Total Hours
Initial registration	300	1	300	1	300
Re-registration	3,000	1	3,000	0.5	1,500
Total	3,300		3,300		1,800

There are no capital costs or operating and maintenance costs associated with this collection.