Supporting documents should be included where they can present information clearly and succinctly. Applicants are encouraged to provide information on their organizational structure, staff, related experience, and other information considered to be relevant. Awarding offices use this and other information to determine whether the applicant has the capability and resources necessary to carry out the proposed project. It is important, therefore, that this information be included in the application. However, in the narrative the applicant must distinguish between resources directly related to the proposed project from those that will not be used in support of the specific project for which funds are requested.

The narrative should address the specific requirements under Part II and also provide information concerning how the application meets the evaluation criteria using the following headings:

(a) *Knowledge of TANF and Welfare-to-Work Requirements*;
(b) *Approach and Project Design*;
(c) *Public—Private Partnerships*;
(d) *Staff Skills and Responsibilities*;
(e) *Budget Appropriateness*;
(f) *Empowerment Zone, Enterprise Community and /or Brownfields.*

The specific information to be included under each of these headings is described in section B of Part III—Evaluation Criteria.

4. Assurances/Certifications

Applicants are required to file an SF 424B, Assurances—Non-Construction Programs, and the Certification Regarding Lobbying. Both must be signed and returned with the application. In addition, applicants must certify their compliance with: (1) Drug-Free Workplace Requirements; and (2) Debarment and Other Responsibilities. These certifications are self-explanatory. Copies of these assurances and certifications are available from the ACF forms web site mentioned previously. A duly authorized representative of the applicant organization must certify that the applicant is in compliance with these assurances and certifications. A signature on the SF 424 indicates compliance with Drug-Free Workplace and Debarment notices and Public Law 103–227, Part C—Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994.

D. Checklist for a Complete Application

The checklist below is for your use to ensure that your application package has been properly prepared.

—One original application, signed and dated, plus two copies.
—Complete application length should not exceed 100 pages.
—A complete application consists of the following items in this order:

- Application for Federal Assistance (SF 424);
- A completed SPOC certification with the date of SPOC contact entered in line 16, page 1 of the SF 424 if applicable;
- Budget Information—Non-construction programs (SF 424A);
- Budget Justification for SF 424A Section B—Budget Categories;
- Letter from the Internal Revenue Service to prove nonprofit status, if necessary;
- Copy of the applicant's approved indirect cost rate agreement, if appropriate;
- Program Narrative Statement (See Part III, Section C);
- Assurances—Non-construction programs (SF 424B); and
- Certification Regarding Lobbying.

E. Submitting the Application

Each application package must include an original and two copies of the complete application. Each copy should be secured with a *binder clip or similar devise.* Please do not staple. All pages of the narrative (including charts, tables, maps, exhibits, etc.) must be sequentially numbered. In order to facilitate handling, please do not use covers, binders, or tabs.

Applicant should include a self-addressed, stamped acknowledgment card. All applicants will be notified automatically about the receipt of their application.

Catalog of Federal Domestic Assistance 93.647.

Dated: July 17, 1998.

Diann Dawson,

Acting Director, Office of Family Assistance.

[FR Doc. 98–19609 Filed 7–22–98; 8:45 am]
BILLING CODE 4184–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 98N–0147]

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 (the PRA).

DATES: Submit written comments on the collection of information by August 24, 1998.

ADDRESSES: Submit written comments on the collection of information to the 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: Margaret R. Schlosburg, Office of Information Resources Management (HFA–250), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–827–1223.

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

Access to Mammography Services Survey—New

Under the Mammography Quality Standards Act (MQSA) (42 U.S.C. 2636), FDA is authorized to develop regulations, inspect facilities, and ensure compliance with standards established to assure quality mammography services for all women. In the legislative history of MQSA, Congress expressed the need to balance quality improvements with impact on access to mammography services. The Government Accounting Office (GAO) has recently done an assessment and concluded that access has been minimally affected. However, new regulations will become effective April 28, 1999.

The Mammography Facility Survey (the survey) will provide FDA important information about the impact of specific aspects of the MQSA program on access to mammography services. The survey will provide facility closure rates both pre- and post-implementation of the final regulations. Furthermore, the survey will determine reasons for facility closures, including those related to specific MQSA regulations and those that are attributable to general operational challenges. Finally, the survey will also gather information from operating facilities to determine the impact of MQSA regulations on facilities that continue to provide mammography services. Participation will be voluntary. A total of 460 facilities (240 annually) that have

ceased to provide mammography services will be given the opportunity to take part in a 15 minute telephone survey. These facilities will be matched by zip code (and by facility type and size, within zip code) to 1,840 open mammography centers (960 annually) to provide up to four controls for each closed facility . Each of the open facilities will also be offered the opportunity to participate in the study up until we have two matched control completed interviews. The survey will collect demographic information from each survey respondent and then proceed to ask questions that address the perceived impact on the facility's ability to provide mammography services of factors related to specific MQSA regulations, as well as factors not directly associated with MQSA requirements. Additional descriptive information about the facilities will be abstracted from various FDA databases in order to enhance the level of detail that is known about each respondent.

In the **Federal Register** of March 18, 1998 (63 FR 13256), the agency requested comments on the proposed collection of information using the Mammography Facility Survey. FDA received one response to the docket, which was generally supportive of the proposed survey. This comment, however, recommended that the survey address two issues, which are described in the next two paragraphs along with FDA's responses.

The first issue stated that some facilities apply for accreditation/certification but are denied several times. Ultimately they withdraw from the MQSA process, and reapply using a different name or address. The concern mentioned in the comment is that such facilities are ''inflating the actual number of facilities that have been negatively impacted by the cost and time involved in lawfully performing quality mammography services.'' FDA's response to this comment is twofold. First, the Mammography Facility Survey is not intended to estimate the rate at which facilities are closing, so the issue of considering such facilities as being closed when they are planning to reapply (and, thus, overestimating the rate of facility closure) is not relevant to this study. This study is intended to examine factors that distinguish closed from open facilities. For this purpose, a facility such as those described in the comment can legitimately be considered closed at the time of the survey. Second, the survey does collect information about each facility's accreditation/certification history, and the length of time the facility has been closed, its current status, and its plans for reapplying for accreditation in the near future.

The second issue stated that many time-consuming activities included in the inspection phase of the MQSA process could be performed during the accreditation/certification phase and, thus, ''reduce the time and cost of the entire process to the mammography facility,'' as well as ''achieve a more uniform application of the requirements and minimize the impact to patient care/access.'' The comment suggested that the survey should explore the effects of reviewing both staff's professional qualifications and the medical physicist's annual survey of mammography machines during the accreditation/certification process. FDA views this comment as pertaining more to FDA policy regarding the timing of the two particular reviews mentioned in the comment. FDA's policy has been carefully developed to require both staff professional qualifications and a medical physicist's survey of mammography machines on a yearly basis (rather than on a triennial basis). Any change in this policy is not the focus of the current survey, although this study will gather information that might suggest whether the policy should be re-examined. Any facility that responds that the inspection process or the accreditation/certification process was a ''major problem'' in terms of money and/or time is asked to describe the nature of the problem. Thus, the responses to these survey items will indicate whether various aspects of the inspection and/or accreditation/certification processes are very burdensome to facilities. FDA estimates the burden of this collection of information as follows:

TABLE 1.— ESTIMATED ANNUAL REPORTING BURDEN[1]

No. of Respondents	Annual Frequency per Response	Total Annual Responses	Hours per Response	Total Hours
Screener: 648	1	648	0.033	21
Interview: 648	1	648	.25	162
Total				183

[1] There are no capital costs or operating and maintenance costs associated with this collection of information.

The number of facilities to be included in the study have increased from the estimate in FDA's previous notice seeking comment on this collection of information (63 FR 13256, March 18, 1998). This is because the numbers in the previous estimate were too low and represented a study period of only 6 months, which is not enough time to obtain interviews both before and after the final implementation of the MQSA regulations on April 28, 1999. The change in the matching factors is an outcome of the pilot study that revealed the large range in types of mammography facilities responding to the survey.

Dated: July 13, 1998.

William K. Hubbard,

Associate Commissioner for Policy Coordination.

[FR Doc. 98–19635 Filed 7–22–98; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 98F–0570]

BASF Corp.; Filing of Food Additive Petition

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that BASF Corp. has filed a petition proposing that the food additive regulations be amended to provide for