

requirements of the standard. The purpose of the temporary permit is to allow the co-applicants to measure consumer acceptance of the product, identify mass production problems, and assess commercial feasibility.

The permit provides for the temporary marketing of a total of 9 million pounds (4.1 million kilograms) of the test product. The test product will be manufactured by Eau Galle Cheese Factory at N6765 State Hwy., Durand, WI 54736 and by First District Association at 101 South Swift Ave., Litchfield, MN 55355. The test product then will be shipped to Kerry, Inc., plants in Wisconsin and Minnesota, where it will be further manufactured into food ingredients. The food ingredients will be distributed by Kerry, Inc., throughout the United States. Each of the ingredients used in the test product must be declared on the labels of the test product as required by the applicable sections of 21 CFR part 101. The permit is effective for 15 months, beginning on the date the food is introduced or caused to be introduced into interstate commerce, but not later than November 3, 2003.

Dated: July 17, 2003.

Christine Taylor,

Director, Office of Nutritional Products, Labeling and Dietary Supplements, Center for Food Safety and Applied Nutrition.

[FR Doc. 03-19805 Filed 8-5-03; 8:45 am]

BILLING CODE 4160-01-S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Drug Safety and Risk Management Advisory Committee; Notice of Meeting

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

This notice announces a forthcoming meeting of a public advisory committee of the Food and Drug Administration (FDA). The meeting will be open to the public.

Name of Committee: Drug Safety and Risk Management Advisory Committee.

General Function of the Committee: To provide advice and recommendations to the agency on FDA's regulatory issues.

Date and Time: The meeting will be held on September 19, 2003, from 8 a.m. to 5 p.m.

Location: Holiday Inn, The Ballrooms, 8777 Georgia Ave., Silver Spring, MD.

Contact Person: Shalini Jain, Center for Drug Evaluation and Research (HFD-

21), Food and Drug Administration, 5600 Fishers Lane (for express delivery, 5630 Fishers Lane, rm. 1093) Rockville, MD 20857, 301-827-7001, e-mail at: jains@cder.fda.gov, or FDA Advisory Committee Information Line, 1 800-741-8138 (301-443-0572 in the Washington, DC area), code 12535. Please call the Information Line for up to date information on this meeting. Background materials for this meeting, when available, will be posted on the Web site 1 business day before the meeting at <http://www.fda.gov/ohrms/dockets/ac/acmenu.htm>.

Agenda: The committee will discuss current screening methods to assess sound alike and look alike proprietary drug names, in order to reduce the incidence of medication errors resulting from look-alike and sound-alike names. This advisory committee meeting is in followup to FDA, Institute for Safe Medication Practices, and the Pharmaceutical Research and Manufacturers of America public meeting on the same subject, held on June 26, 2003.

Procedure: Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Written submissions may be made to the contact person by September 12, 2003. Oral presentations from the public will be scheduled between approximately 1 p.m. and 2 p.m. Time allotted for each presentation may be limited. Those desiring to make formal oral presentations should notify the contact person before September 12, 2003, and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time requested to make their presentation.

Persons attending FDA's advisory committee meetings are advised that the agency is not responsible for providing access to electrical outlets.

FDA welcomes the attendance of the public at its advisory committee meetings and will make every effort to accommodate persons with physical disabilities or special needs. If you require special accommodations due to a disability, please contact Kimberly Topper at least 7 days in advance of the meeting.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. app. 2).

Dated: July 25, 2003.

Peter J. Pitts,

Associate Commissioner for External Relations.

[FR Doc. 03-19807 Filed 8-4-03; 8:45 am]

BILLING CODE 4160-01-S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 1991D-0425]

Guideline for the Clinical Evaluation of Analgesic Drugs; Withdrawal of Guidance

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice; withdrawal.

SUMMARY: The Food and Drug Administration (FDA) is announcing the withdrawal of a guidance entitled "Guideline for the Clinical Evaluation of Analgesic Drugs," which was issued on December 1, 1992. The guidance is outdated and no longer reflects FDA's current thinking on development of analgesic drugs. FDA is revising the guidance and will issue a draft for public comment in the future.

DATES: Comments on agency guidances are welcome at any time.

FOR FURTHER INFORMATION CONTACT:

Barbara J. Gould, Center for Drug Evaluation and Research (HFD-550), Food and Drug Administration, 5600 Rockville Pike, Rockville, MD 20850, 301-827-2504.

Dated: July 28, 2003.

Jeffrey Shuren,

Assistant Commissioner for Policy.

[FR Doc. 03-19802 Filed 8-4-03; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

New Annual "Low-Income" Levels for Various Health Professions and Nursing Programs Included in Titles VII and VIII of the Public Health Service Act

AGENCY: Health Resources and Services Administration (HRSA), HHS.

ACTION: Notice.

SUMMARY: This notice announces the new "low-income" levels for various programs included in titles VII and VIII of the Public Health Service (PHS) Act, which use the U.S. Census Bureau "low-

income" levels to determine eligibility for program participation. The Department periodically publishes in the **Federal Register** low-income levels used to determine eligibility for grants and cooperative agreements to institutions providing training for (1) disadvantaged individuals, (2) individuals from a disadvantaged background, or (3) individuals from "low-income" families.

SUPPLEMENTARY INFORMATION: This notice announces increase in income levels intended for use in determining eligibility for participation in the following programs:

Advanced Education Nursing (section 811)
 Allied Health Special Projects (section 755)
 Nurse Education, Practice and Retention (section 831)
 Dental Public Health (section 768)
 Faculty Loan Repayment and Minority Faculty Fellowship Program (section 738)
 General and Pediatric Dentistry (section 747)
 Health Administration Traineeships and Special Projects (section 769)
 Health Careers Opportunity Program (section 739)
 Loans For Disadvantaged Students (section 724)
 Scholarships For Disadvantaged Students (section 737)
 Physician Assistant Training (section 747)
 Primary Care Residency Training (section 747)
 Public Health Traineeships (section 767)
 Quentin N. Burdick Program for Rural Interdisciplinary Training (section 754)
 Residency Training in Preventive Medicine (section 768)
 Public Health Training Centers (section 766)
 Nursing Workforce Diversity (section 821)

These programs generally award grants to accredited schools of medicine, osteopathic medicine, public health, dentistry, veterinary medicine, optometry, pharmacy, allied health, podiatric medicine, nursing, chiropractic, public or private nonprofit schools which offer graduate programs in behavioral health and mental health practice, and other public or private nonprofit health or education entities to assist the disadvantaged to enter and graduate from health professions and nursing schools. Some programs provide for the repayment of health professions or nursing education loans for disadvantaged students.

Low-Income Levels

The Department's poverty guidelines which were published in the **Federal Register** on Friday, February 7, 2003 (68 FR 6456), are based on poverty thresholds published by the U.S. Census Bureau, adjusted annually for changes in the Consumer Price Index. HRSA is defining a "low-income family" as one with an annual income that is below 200 percent of the Department's poverty guidelines. The Secretary annually adjusts the low-income levels based on the Department's poverty guideline and makes them available to persons responsible for administering the applicable programs. The following income figures will be used for health professions and nursing grant programs funded in FY 2004.

Size of parent's family ¹	Income ² level
1	\$17,960
2	24,240
3	30,520
4	36,800
5	43,080
6	49,360
7	55,640
8	61,920

1. Includes only dependents on Federal income tax forms.

2. Adjusted gross income for calendar year 2002.

Dated: July 29, 2003.

Elizabeth M. Duke,

Administrator.

[FR Doc. 03-19799 Filed 8-4-03; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Supporting Networks of HIV Care Project Cooperative Agreements (SNHC), Program Announcement HRSA 03-102, CFDA # 93.145B

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice of availability of funds.

SUMMARY: The Health Resources and Services Administration (HRSA) announces the availability of fiscal year (FY) 2003 Minority AIDS Initiative (MAI) funds allocated from the Department of Health and Human Services General Management Fund to continue the Supporting Networks of HIV Care (SNHC) Project. The total funding available for the SNHC Project is approximately \$2.3 million. HRSA will award two cooperative agreements

to two separate organizations to implement the SNHC Project in collaboration with the HRSA HIV/AIDS Bureau (HRSA/HAB). The purpose of this announcement is to request Letters of Intent to Apply and applications for these two cooperative agreements. HRSA is requesting Letters of Intent to Apply in order to estimate the number of applications it may receive and thereby plan appropriately for the timely award of these funds. Letters of Intent to Apply are not required to submit an application and they are not binding.

Background: The goal of the SNHC Project is to assist eligible organizations, including small to moderately sized non-profit organizations and faith- and community-based organizations (F/CBO), not currently directly funded by HRSA/HAB for HIV/AIDS service delivery in their efforts to develop, improve, and expand comprehensive HIV primary care, treatment and support service delivery in racial/ethnic minority communities most severely impacted by HIV/AIDS. For the purpose of this project, "communities" refer to both groups of people (*i.e.*, African Americans, substance abusers, men who have sex with men) and geographic areas (*i.e.*, Kansas City, MO; Navajo Territory; Appalachia). The term "severely impacted by HIV/AIDS" is defined as having HIV or AIDS incidence and prevalence rates above the national average within a particular group of people or geographic area. The desired outcome of the SNHC Project is to increase the availability, accessibility, and quality of HIV/AIDS-related services in communities most severely impacted by the disease.

Organizations funded to implement the SNHC Project will work with HRSA/HAB to achieve this goal and outcome by: (1) Identifying and outreaching to small to moderately sized non-profit organizations, including F/CBOs; (2) assessing each eligible organization's commitment and readiness to provide quality HIV primary care, treatment or support services to severely impacted communities; and (3) providing individualized long-term technical assistance designed to help each organization obtain the information, skills, and other resources needed to develop, improve or expand its infrastructure and capabilities. Organizations funded to implement the SNHC Project will respond to the needs of eligible organizations through the development and provision of on-site technical assistance, regional intensive skills building workshops, instructional documents, referrals to local