Licensing Specialist, Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, MD 20852–3804; Telephone: (301) 496–7735 ext 232; Facsimile: (301) 402–0220; E-mail: salatac@OD.NIH.GOV.

SUPPLEMENTARY INFORMATION: The patent describes a method of determining the glomerular filtration rate (GFR) of a subject that comprises comparing the T1 relaxation rate values of serum and urine samples obtained from a subject given an NMR detectable paramagnetic substance that is filtered by the kidney in accordance with a specified formula.

The prospective exclusive license will be royalty-bearing and will comply with the terms and conditions of 35 U.S.C. 209 and 37 CFR 404.7. This prospective exclusive license may be granted unless, within 60 days from the date of this published notice, NIH receives written evidence and argument that establishes that the grant of the license would not be consistent with the requirements of 35 U.S.C. 209 and 37 CFR 404.7.

It is anticipated that this license may be limited to the use of the method for determining the glomerular filtration rate of a patient utilizing a paramagnetic substance that is filtered by the kidney which is detectable by NMR.

Properly filed competing applications for a license filed in response to this notice will be treated as objections to the contemplated license. Comments and objections submitted in response to this notice will not be made available for public inspection, and, to the extent permitted by law, will not be released under the Freedom of Information Act, 5 U.S.C. 552.

Dated: April 17, 2000.

Jack Spiegel,

Director, Division of Technology Development and Transfer, Office of Technology Transfer.

[FR Doc. 00–10167 Filed 4–21–00; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Prospective Grant of Exclusive License: Second Generation Monoclonal Antibodies, and Humanized Carcinomas

AGENCY: National Institutes of Health, Public Health Service, DHHS.

ACTION: Notice.

SUMMARY: This is notice, in accordance with 35 U.S.C. 209(c)(1) and 37 CFR 404.7(a)(1)(i), that the National Institutes of Health, Department of Health and Human Services, is contemplating the grant of an exclusive license to practice the inventions embodied in U.S. Patent Applications S/N 07/073,685, filed on July 15, 1987, and S/N 07/547,336 (FWC of 07/07,3,685), filed on July 20, 1990, both entitled ''Second Generation Monoclonal Antibodies Having Binding Specificity to TAG–72 and Human Carcinomas and Methods for Employing the Same'' and now U.S. Patent 5,512,443 which issued on April 30, 1996; and U.S. Provisional Patent Applications S/N 60/106,534, filed on October 31, 1998, and S/N 60/106,757, filed on November 2, 1998, both entitled ''Variants of Humanized Anti-Carcinoma MAb CC49'', and PCT Patent Application PCT/US99/25552 (based upon S/N 60/106,534 and 60/106,757) filed on October 29, 1999, entitled ''Variants of Humanized Anti-Carcinoma Monoclonal Antibody CC49'' to IDEC Pharmaceutical Corporation of San Diego, California. The patent rights in these inventions have been assigned to the United States of America.

The prospective exclusive license territory will be worldwide and the field of use may be limited to anti-TAG–72 monoclonal antibodies, including fragments, components, constituents and/or humanized variants thereof, and excluding bispecific monoclonal antibodies, which are directly conjugated to a radioactive isotope, for use as human anti-cancer therapeutics.

DATES: Only written comments and/or license applications which are received by the National Institutes of Health on or before June 23, 2000 will be considered.

ADDRESSES: Requests for copies of the patent, inquiries, comments and other materials relating to the contemplated exclusive license should be directed to: Elaine F. Gese, M.B.A., Technology Licensing Specialist, Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, MD 20852–3804. Telephone: (301) 496–7056, X282; Facsimile (301) 402–0220; E-mail eg46t@nih.gov.

SUPPLEMENTARY INFORMATION: U.S. Patent 5,512,443 claims various ''second generation'' monoclonal antibodies, including CC49, which have binding specificity to Tumor Associated Glycoprotein (TAG–72). PCT Patent Application PCT/US99/25552 claims humanized variants of CC49, as well as methods of generating such variants.

The prospective exclusive license will be royalty-bearing and will comply with the terms and conditions of 35 U.S.C. 209 and 37 CFR 404.7. The prospective exclusive license may be granted unless within sixty (60) days from the date of this published notice, the NIH receives written evidence and argument that establish that the grant of the license would not be consistent with the requirements of 35 U.S.C. 209 and 37 CFR 404.7.

Applications for a license filed in response to this notice for the noted field of use will be treated as objections to the grant of the contemplated exclusive license. Comments and objections submitted in response to this notice will not be made available for public inspection and, to the extent permitted by law, will not be released under the Freedom of Information Act, 5 U.S.C. 552.

Dated: April 17, 2000.

Jack Spiegel,

Director, Division of Technology Development and Transfer, Office of Technology Transfer.

[FR Doc. 00–10166 Filed 4–21–00; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (301) 443–7978.

Comments are invited on: (a) Whether the proposed collections of information are 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 or other forms of information technology.

Proposed Project

Administrative Reporting Form (ARF) for the Cooperative Agreement to Study Women with Alcohol, Drug Abuse, and Mental Disorders (ADM) Who Have Histories of Violence—New—The Women, ADM Disorders, and Violence Study is funded by SAMHSA's Center for Substance Abuse Treatment (CSAT), Center for Substance Abuse Prevention (CSAP), and Center for Mental Health Services (CMHS) to produce knowledge on the development and effectiveness of integrated services for women with co-occurring mental health and substance abuse disorders who are victims of violence. Fourteen sites are funded in Phase I from across the country, and ten sites are expected to be funded in Phase II. During Phase I of the study (2 years), sites are expected to develop integrated service models. In Phase II, sites that successfully reapply will test their interventions in a multi-site outcome study contrasting comprehensive, integrated, trauma-specific and Consumer/Survivor/Recovering Person (C/S/R) involved services to services as usual.

A process evaluation occurs through both phases of the study with the goals of (1) documenting the development of integrated service systems across all sites, (2) feeding information back to each site to help site staff improve their project, and (3) describing the service systems which intervention and control groups are exposed to at each of the sites so that meaningful comparisons of outcomes can be made.

The Administrative Reporting Form (ARF) is a program monitoring instrument which is to be completed jointly by the project director, project staff members, and directors of participating organizations at each study site annually as part of the process evaluation data collection. The ARF collects information about the staffing and governance of each project, project accomplishments in the previous year, and specific project components. Like other periodic progress reports, the ARF focuses on the reporting of organizational and institutional information. No individual information or opinions are solicited or appropriate for inclusion in the ARF.

Information collected with the ARF will be used in three ways, corresponding to the three goals of the process evaluation listed above. First, evaluators will use information from the ARF to describe the process of project implementation at each of the study sites. This information will ultimately contribute to ''how-to'' knowledge products for communities attempting to integrate services. Second, site visiting teams will use information from the ARF in their assessments of the sites and will make recommendations to each site of how the site can improve its project. Third, descriptive information from the ARF will be used to characterize each site's intervention in terms of the players involved, the services provided, the manner in which those services are integrated, and the manner in which C/S/R persons are involved. These characterizations will inform the interpretation of the client-level data in the outcome study.

The estimated annualized burden for these reporting requirements is summarized below.

Respondent type	Number of respondents	Responses/ respondent	Burden/ response (hours)	Total burden hours
Project Directors	10	1	10	100
Project Staff Members	20	1	10	200
Participating Organization Directors	80	1	.50	40
Total	110	.....	.....	340

Send comments to Nancy Pearce, SAMHSA Reports Clearance Officer, Room 16–105, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: April 17, 2000.

Richard Kopanda,

Executive Officer, SAMHSA.

[FR Doc. 00–10084 Filed 4–21–00; 8:45 am]

BILLING CODE 4162–20–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Fiscal Year (FY) 2000 Funding Opportunities

AGENCY: Substance Abuse and Mental Health Services Administration, HHS.

ACTION: Notice of funding availability.

SUMMARY: The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) announces the availability of FY 2000 funds for grants for the following activity. This activity is discussed in more detail under Section 3 of this notice. This notice is not a complete description of the activity; potential applicants *must* obtain a copy of Parts I and II of the Guidance for Applicants (GFA) before preparing an application. Part I is entitled Community Youth Mental Health Promotion and Violence/ Substance Abuse Prevention Partnership Grants (GFA No. SM00–004). Part II is entitled General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements.

Activity	Application deadline	Estimated funds available, FY 2000	Estimated No. of awards	Project period
Coalitions for Prevention Grants	7/12/00	$6.0 million	*25	2–3 years.*

*Applicants may apply for one of two types of grants under this announcement. It is estimated that there will be 13 awards for the Planning and Partnership Development Grants ranging from $150,000 to $200,000 in total costs and approximately 12 awards for the Partnership Resource and Infrastructure Support Monies (PRISM) ranging from $300,000 to $350,000. Support may be requested for a period of up to 2 years for Planning and Partnership Development Grants and up to 3 years for the Partnership Resource and Infrastructure Support Monies (PRISM).