

guidance). There will be no special considerations.

(4) on page 42225, the grant category beginning in the second column under the heading "Healthy Start Initiative Eliminating Disparities in Perinatal Health Border Health (CFDA #93.926N)", is amended to: (a) further restrict eligibility to applicants who will establish community-based consortia of individuals and organizations (including State Title V agencies, consumers of project services, public health departments, hospitals, community health centers, and other significant sources of health care services) that are appropriate for participation. Eligibility remains open to any public or private entity, including an Indian tribe or tribal organization (as defined at 25 U.S.C. 450b); (b) restrict project areas to those which target a geographic area with high annual rates of infant mortality within 62 miles from the Mexican border in a particular State, i.e., no statewide programs will be funded; and (c) require that grantees coordinate their services and activities with State Title V agencies. Funding priorities and/or preferences will be given only to applicants who were recipients of Healthy Start community-based grants awarded prior to July 2000 (details will be provided in the application guidance). There will be no special considerations. The estimated amount of this competition will be up to \$1,500,000. It is anticipated that two awards will be made.

The amendments above conform to changes made in the Healthy Start program by Title XV of Public Law 106-310. Prospective applicants who have submitted letters of intent or requested application materials have been notified directly of this withdrawal. It is anticipated that applications for all four of these competitions will be available December 21, 2000. The deadline for Letters of Intent will be January 15, 2001. The application deadline is March 1, 2001. The anticipated project award date is June 1, 2001.

Two pre-application conferences are scheduled for these competitions. The first conference will be held on the afternoon of Wednesday, December 13, 2000, from 1:30-4:00 p.m., at the Hyatt Regency Washington on Capitol Hill, 400 New Jersey Avenue, NW, Washington, DC, 20001, (202)737-1234. The second conference will be held on Friday, December 15, 2000, at the Hyatt Regency Dallas at Reunion, 300 Reunion Blvd., Dallas, TX, 75207-4498, (214)651-1234, Fax: (214)742-8126, Website: [www.hyatt.com](http://www.hyatt.com). If you plan to attend either one of these pre-

application conferences, please call Shirletia Meredith at (301)443-0543.

**FOR FURTHER INFORMATION CONTACT:**

Angela Hayes Toliver or Beverly Wright at 301-443-0543 (for CFDA #93.926E); Madelyn Renteria or Alexandra Cossi, at 301-443-0543 (for CFDA #93.926K); Janice Berger or John McGovern at, 301-443-8427 (for CFDA #93.926L); or David de la Cruz, at 301-443-8427 (for CFDA #93.926N), Division of Perinatal Systems and Women's Health, Maternal and Child Health Bureau, Health Resources and Services Administration, Room 11A-05, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857; telephone 1-301-443-8427.

Dated: November 29, 2000.

**Claude Earl Fox,**

*Administrator.*

[FR Doc. 00-30824 Filed 12-1-00; 8:45 am]

**BILLING CODE 4160-15-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Availability of Funds Announced in the HRSA Preview; Withdrawal**

**AGENCY:** Health Resources and Services Administration.

**ACTION:** Notice; withdrawal.

**SUMMARY:** In the **Federal Register** issue of Friday, July 7, 2000, in Part III "Availability of Funds Announced in the HRSA Preview" of FR Doc. 00-16874, on page 42219, the grant category beginning in the second column under the heading "Continuing Education and Development Cooperative Agreement to Advance Education and Program/Policy Development in Maternal and Child Health (CFDA #93.110TP)," is withdrawn from competition while the Agency is considering its options regarding the activities proposed for support. After a decision is made, another announcement will be published in the **Federal Register**.

Prospective applicants who have submitted letters of intent or requested application materials from the HRSA Grants Application Center have been notified directly of this withdrawal.

**FOR FURTHER INFORMATION CONTACT:**

Carol Galaty or Sharon Adamo, Office of Program Development, Maternal and Child Health Bureau, Health Resources and Services Administration, Room 11A-22, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857; telephone 1-301-443-2778.

Dated: November 29, 2000.

**Claude Earl Fox,**

*Administrator.*

[FR Doc. 00-30825 Filed 12-1-00; 8:45 am]

**BILLING CODE 4160-15-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Availability of Funds Announced in the HRSA Preview; Withdrawal**

**AGENCY:** Health Resources and Services Administration.

**ACTION:** Notice; withdrawal.

**SUMMARY:** In the **Federal Register** notice of Friday, July 7, 2000, in Part III "Availability of Funds Announced in the HRSA Preview" of FR Doc. 00-16874, on page 42223, the grant category beginning in the second column under the heading "The Perinatal Systems and Women's Health National Resource Center (CFDA #93.926D)," is withdrawn from competition while the Agency is considering its options regarding the activities proposed for support. After a decision is made, another announcement will be published in the **Federal Register**.

Prospective applicants who have submitted letters of intent or requested application materials from the HRSA Grants Application Center have been notified directly of this withdrawal.

**FOR FURTHER INFORMATION CONTACT:**

Beverly Wright, Division of Perinatal Systems and Women's Health, Maternal and Child Health Bureau, Health Resources and Services Administration, Room 11A-05, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857; telephone 1-301-443-8427.

Dated: November 29, 2000.

**Claude Earl Fox,**

*Administrator.*

[FR Doc. 00-30826 Filed 12-1-00; 8:45 am]

**BILLING CODE 4160-15-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**Proposed Collection; Comment Request, The Cardiovascular Health Study (CHS)**

**AGENCY:** In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data collection projects, the National Heart, Lung, and Blood

Institute (NHLBI), the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

**Proposed Collection**

*Title:* The Cardiovascular Health Study. *Type of Information Request:* Revision. (OMB No. 0925-0334). *Need and Use of Information Collection:* This study will quantify associations between conventional and hypothetical

risk factors and coronary heart disease (CHD) and stroke in people age 65 years and older. The primary objectives include quantifying associations of risk factors with subclinical disease, characterize the natural history of CHD, stroke and identify factors associated with clinical course. The findings will provide important information on cardiovascular disease in an older U.S. population and lead to early treatment of risk factors associated with disease and identification of factors which may be important in disease prevention.

*Frequency of Response:* twice a year (participants) or once per cardiovascular disease event (proxies and physicians); *Affected Public:* Individuals. *Types of Respondents:* Individuals recruited for CHS and their selected proxies and physicians. The annual reporting burden is as follows: *Estimated Number of Respondents:* 4,606; *Estimated Number of Responses per respondent:* 4.55; and *Estimated Total Annual Burden Hours Requested:* 1,719.

There are no capital, operating, or maintenance costs to report.

Type of respondents	Estimated number of respondents	Estimated number of responses per respondent*	Average burden hours per response	Estimated total annual burden hours requested
Participants .....	3,580	5.6	0.25	1,665
Physicians .....	606	1.0	0.10	20
Participant proxies .....	420	1.0	0.25	35
<b>Total .....</b>	<b>4,606</b>	<b>4.55</b>	<b>0.246</b>	<b>1,719</b>

\*Total for 3 years.

**Request for Comments**

Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information will have practical utility; (2) The accuracy of the agency's estimate of burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

**FOR FURTHER INFORMATION CONTACT:** To request more information on the proposed project or to obtain a copy of data collection plans and instruments, contact Dr. Diane Bild, Division of Epidemiology and Clinical Applications, Epidemiology and Biometry Program, NHLBI, NIH, II Rockledge Centre, 6701 Rockledge Drive, MSC 7934, Bethesda, MD 20892-7934, or call non-toll-free number (301) 435-0707, or e-mail your request, including your address to: bild@nih.gov.

**DATES:** *Comments Due Date:* Comments regarding this information collection are best assured of having their full effect if received on or before February 2, 2001.

Dated: November 16, 2000.

**Peter Savage,**  
*Acting Director, Division of Epidemiology and Clinical Applications, National Heart, Lung, and Blood Institute.*

[FR Doc. 00-30713 Filed 12-1-00; 8:45 am]

**BILLING CODE 4140-01-M**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**Government-Owned Inventions; Availability for Licensing**

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

**ACTION:** Notice.

**SUMMARY:** The inventions listed below are owned by agencies of the U.S. Government and are available for licensing in the U.S. in accordance with 35 U.S.C. 207 to achieve expeditious commercialization of results of federally-funded research and development. Foreign patent applications are filed on selected inventions to extend market coverage for companies and may also be available for licensing.

**ADDRESSES:** Licensing information and copies of the U.S. patent applications listed below may be obtained by writing to the indicated licensing contact at the Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, Maryland 20852-3804; telephone: 301/496-7057; fax: 301/402-0220. A signed

Confidential Disclosure Agreement will be required to receive copies of the patent applications.

**NAG-1: A Non-Steroidal Anti-Inflammatory Drug Related Gene Which Has Anti-Tumorigenic Properties**

Thomas E. Eling, Seung Joon Baek (NIEHS)  
DHHS Reference No. E-170-00/0 filed 08 Sep 2000  
Licensing Contact: Richard Rodriguez; 301/496-7056 ext. 287; e-mail: rodrigur@od.nih.gov  
Non-steroidal anti-inflammatory drugs (NSAIDs) are widely used in the treatment of inflammatory disease, and their anti-inflammatory effects are believed to result from their ability to inhibit the formation of prostaglandins by prostaglandin H synthase (COX). Two forms of prostaglandin H have been identified, COX-1 and COX-2. The former seems to be constitutively expressed in a variety of tissues while the high expression of the latter has been reported in colorectal tumors. NSAIDs have been shown to be effective in reducing human colorectal cancers and possibly breast and lung cancers. While the exact mechanism(s) by which NSAIDs function has not been elucidated, they could potentially play a critical role in detecting, diagnosing and treating inflammatory diseases as well as cancer. The present invention relates to screening methods for the identification of agonistic and/or antagonistic agents for the activation of the promoter region of NAG-1. Additional claims are directed to 1) the