proposed data collection projects, the National Cancer Institute (NCI), 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: Agricultural Health Study—A Prospective Cohort Study of Cancer and Other diseases Among Men and Women in Agriculture—Rheumatoid Arthritis Validation Study. *Type of Information Collection Request:* Revision. (OMB 0925–0406, expires 11/30/01). *Need and Use of Information Collection:* The Agricultural Health Study is an ongoing prospective cohort study of 89,189 farmers, their spouses, and commercial applicators of pesticides from Iowa and North Carolina. The proposed revision is intended to assess the validity of self-reported Rheumatoid Arthritis (RA) in the Agricultural Health Study (AHS) within small subgroups of individuals. The collection is intended to identify confirmed cases of RA to include in etiologic analyses of farming exposures and RA; evaluate the efficacy of certain questions or sets of questions for screening out false-positives for self-reported RA and identify subgroups to target for future etiologic studies of RA, based on a relatively high prevalence of RA and the feasibility of disease confirmation. *Frequency of Response:* One time. *Affected Public:* Individuals or households, Farms. *Type of Respondents:* Private pesticide applicators and their spouses. The annual reporting burden is as follows: *Estimated Number of Respondents:* 439; *Estimated Number of Responses per Respondent:* 1.0; *Average Burden Hours Per Response:* .42; and *Estimated Total Annual Burden Hours Requested:* 184. The annualized cost to respondents is estimated at: $1,840. There are no Capitol Costs to report. There are no Operating or Maintenance Costs to report.

Request for Comments

Written comments and/or suggestion from the public and affected agencies are invited on one or more of the following points: (1) Evaluate whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Enhance the quality, utility, and clarity of the information to be collected; and (4) Minimize the burden of the 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 the data collection plans and instruments, contact Michael C.R. Alavanja, Dr. P.H., Epidemiology and Biostatistics Program, Division of Cancer Etiology, National Cancer Institute, EPN 8000, 6120 Executive Boulevard, Rockville, MD 20852, or call (310) 435–4720, or E-mail your request, including your address to: alavanjam@mail.nih.gov

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received on or before December 24, 2001.

Dated: October 15, 2001.

Reesa L. Nichols,

NCI Project Clearance Liaison.

[FR Doc. 01–26620 Filed 10–22–01; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB review; comment request; The National Survey to Evaluate the NIH SBIR Program.

SUMMARY: Under the provisions of section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the Office of Extramural Research, Office of Extramural Programs, the National Institutes of Health has submitted to the Office of Management and Budget (OMB) a request to review and approve the information collection listed below. This proposed information collection was previously published in the **Federal Register** on June 14, 2001 (p. 32361) and allowed 60-days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment. The National Institutes of Health may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

Proposed Collection: *Title:* The National Survey to Evaluate the NIH SBIR Program. *Type of Information Collection Request:* New. *Need and Use of Information Collection:* The NIH, Office of Extramural Research, Office of Extramural Programs seeks to obtain OMB's approval to conduct a survey to evaluate the Small Business Innovation Research (SBIR) Program. The SBIR Program, established by Congress in 1982 (Public Law 97–219) and recently reauthorized through September 30, 2008 (Pub. L. 106–554), provides research support to small businesses for innovative technology. The primary objectives are to assess the extent to which SBIR program goals are being met, particularly those dealing with the commercialization of research products, processes or services and the uncovering of new knowledge that will lead to better health for everyone. With survey information, NIH is enabled to accurately assess the results of its large financial investment in funding innovative research conducted by small business concerns. Findings will help to: (1) Understand if innovative projects supported through the NIH SBIR Program are being commercialized, and if so, to classify the types of products, processes or services that are derived through SBIR funding; (2) determine if other measures of success defined within the NIH mission are being achieved; and (3) enhance NIH's administration of the SBIR Program and the support that it provides to small business concerns. Overall, the NIH will use the survey results to assess the outcomes from NIH-supported SBIR awards. OD will collect information from SBIR awardees using an Internet survey. The online survey will be implemented using SSL (Secure Socket Layer) encryption technology and password access. OD will use first-class mail and email messages to advise awardees that they have been selected to participate in the survey. Frequency of Response: Annual (As needed on an on-going basis.); *Affected Public:* Small business concerns supported by NIH through the SBIR Program; and *Type of Respondents:* For-profit small business concerns that have received NIH SBIR awards. The annual reporting burden is as follows: *Estimated Number of Respondents:* 1,000; *Estimated Number of Responses per Respondent:* 1; *Average Burden Hours Per Response:* .5; and *Estimated Total Annual Burden Hours Requested:* 500. The annualized cost to respondents is estimated at $37,500. There are no Capital Costs to report. There are no Operating Costs and/or Maintenance Costs to report.

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 is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the 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 the 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.

Direct Comments to OMB

Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the: Office of Management and Budget, Office of Regulatory Affairs, New Executive Office Building, Room 10235, Washington, DC 20503, Attention: Desk Officer for NIH. To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact: Ms. Jo Anne Goodnight, Coordinator, NIH Small Business Innovation Research/ Small Business Technology Transfer Programs, Rockledge II Building, Room 6186, 6701 Rockledge Drive, Bethesda, Md, or call non-toll-free number (301) 435–2688, or email your request, including your address, to: jg128w@nih.gov.

Comments Due Date

Comments regarding this information collection are best assured of having their full effect if received on or before November 23, 2001.

Dated: October 9, 2001.

Jo Anne Goodnight,

SBIR/STTR Program Coordinator, NIH.

[FR Doc. 01–26619 Filed 10–22–01; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Cancer Institute Call for Nominations for the National Cancer Institute Director's Liaison Group

The National Cancer Institute (NCI), the Federal Government's primary agency for cancer research, is seeking nominations for five new members of the NCI Director's Consumer Liaison Group (DCLG) who will be appointed in July 2002. The DCLG helps NCI to identify appropriate advocates to serve on its program and policy advisory committees, and it serves as a channel for consumer advocates to voice their views and concerns. The DCLG is federal chartered advisory committee of the National Cancer Institute (NCI). It consists of 15 consumer advocates who are involved in cancer advocacy and who reflect the diversity among those whose lives are affected by cancer.

NCI brings together these advocates from many communities to advise and make recommendations to the Director, NCI from the consumer advocate perspective on a wide variety of issues, programs and research priorities. All DCLG members must be U.S. citizens. Specifically the DCLG members:

• Help develop and establish processes, mechanisms, and criteria for identifying appropriate consumer advocates to serve on a variety of program and policy advisory committees responsible for advancing the mission of the NCI.

• Serve as a primary forum for discussing issues and concerns and exchanging viewpoints that are important to the broad development of the NCI programmatic and research priorities.

• Establish and maintain strong collaborations between the NCI and the cancer advocacy community to reach common goals.

Eligibility Requirements for Individual members. To serve on the DCLG, a member must meet the following minimum eligibility requirements:

• Be involved in the cancer experience as a cancer survivor, a person affected by the suffering and consequences of cancer, or a professional or volunteer who works with survivors or those affected.

• Represent a constituency (formally or informally) with whom she or he communicates regularly on cancer issues and be able to serve as a conduit for information both to and from his/her constituency.

DCLG members must be committed to participating in all activities of the DCLG which includes at least two meetings a year in Bethesda.

Criteria For Evaluating Individual Candidates. Nominees who meet the minimum eligibility requirements will be further assessed based on the following criteria:

• Cancer advocacy experience

• Ability to communicate effectively

• Ability to represent broad issues, think ''globally''

• Ability to contribute to an effective group process

• Leadership ability

Characteristics of the DCLG. In addition to the criteria for individual candidates, the following characteristics of the DCLG as a group are intended to ensure that it reflects the breadth and diversity of the consumer advocacy community:

• Multicultural diversity

• A broad mix of cancer sites

• Representation of the medically underserved

• Men and women

• A range of organizations (local/ regional and national)

• Age diversity

• Geographic diversity (rural/urban mix)

Selection Process. A call for nominations is disseminated annually to a broad range of groups, including local, regional and national organizations, to encourage nominations of candidates reflecting the diversity sought for the DCLG. All nominees are screened for eligibility, then evaluated according to the criteria. A list of highly qualified candidates who reflect balance and diversity of representation is forwarded to the Director, NCI, who selects the DCLG members. The original members of the DCLG endorsed this process, which will be used to select future members.

NCI encourages nomination of candidates reflecting the diversity sought on the DCLG. Nominations can be made by organizations, including local/regional and national groups, or individuals, including self-nominations. To receive a nomination package for the DCLG, send your name, advocacy/ voluntary organization affiliation (if any), address and phone number to the Office of Liaison Activities, NCI, c/o Palladian Partners, 1010 Wayne Avenue, Suite 1200, Silver Spring, MD 20910, FAX (301) 650–8676.

Nominations must be postmarked by December 8, 2001.

Dated: October 16, 2001.

LaVerne Stringfield

Director, Office of Federal Advisory Committee Policy National Institutes of Health.

[FR Doc. 01–26618 Filed 10–22–01; 8:45 am]

BILLING CODE 4140–01–M