preparation and finalization of written competitive proposals for submission. This one-on-one technical assistance will assist in the linkages among the AI/AN Urban and Tribal health care programs, which will increase their knowledge about HIV/AIDS prevention and treatment, increase their access to care and assist in eliminating health disparities in the AI/AN communities.

Available Funding: It is estimated that up to $700,000 will be available to support a single recipient. Actual funding levels will depend on the availability of funds. The entire project period will be 2 years. Continuation of awards will be made on the basis of satisfactory progress and the availability of funds.

Eligible Applicants: Eligible applicants are public and nonprofit private entities and schools and academic health sciences centers. Tribal/Native Alaskan organizations and faith-based and community-based organizations are eligible to apply. The applicant must demonstrate significant experience working with the AI/AN communities.

Authorizing Legislation: The authority of this cooperative agreement is Section 2692 of the Public Health Service Act.

Where To Request and Send an Application

To obtain an application kit: Call the HRSA Grants Application Center at 877–477–2123 and request the OMB Catalogue of Federal Domestic Assistance number is 93.145.

To submit the completed kit: Send the original and 2 copies of your grant application to: HRSA Grants Application Center, Attention: Grants Management Officer, 901 Russell Avenue, Suite 450, Gaithersburg, MD 20879.

Application Dates: The deadline for receipt of applications is close of business September 6, 2002. Applications shall be considered as meeting the deadline if they are either (1) received on or before the due date or (2) postmarked on or before the deadline date.

Applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks will not be accepted as proof of timely mailing. Grant applications postmarked after the deadline date and/or not received in time for the Objective Review Committee will be returned to the applicant.

FOR ADDITIONAL INFORMATION: Additional information may be obtained from Juanita Koziol, MS, NP, CS, RN., Senior Public Health Analyst, HAB, 5600 Fishers Lane, Parklawn Building, Room 7–47, Rockville, MD 20857, Telephone (301) 443–6068, FAX: (301) 443–6709, e-mail: *jkoziol@hrsa.gov*

SUPPLEMENTARY INFORMATION: The Secretary shall give preference to qualified projects which will—

(A) Train, or result in the training of, health professionals who will provide treatment for minority individuals with HIV disease and other individuals who are at high risk of contracting such disease; and

(B) Train, or result in the training of, minority health professional and minority allied health professionals to provide treatment for individuals with such disease.

As an active partner in this cooperative agreement, HRSA will have significant involvement with the applicant regarding training plans, program plans and other issues which may have major implications for any activities undertaken by the applicant under the cooperative agreement. HRSA will provide consultation and technical assistance in planning, operating, and evaluating activities for the AIANTAC.

Dated: July 12, 2002.

Elizabeth M. Duke,

Administrator.

[FR Doc. 02–19907 Filed 8–6–02; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Advisory Commission on Childhood Vaccines; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Public Law 92–463), announcement is made of the following National Advisory body scheduled to meet during the month of September.

Name: Advisory Commission on Childhood Vaccines (ACCV).

Date and Time: September 4, 2002; 9:00 a.m.–12:30 p.m.

Place: Audio Conference Call.

The full ACCV will meet via audio conference call on Wednesday, September 4, from 9:00 a.m. to 12:30 p.m. The public can join the meeting by dialing 1–888–968–3511 on September 4 and provide the following information:

Leader's Name: Thomas E. Balbier, Jr.

Password: ACCV.

The agenda items for September 4 will include, but not limited to: an update on the thimerosal class action lawsuits; an update on the CDC influenza vaccine recommendation; a presentation on the average cost of a health insurance policy; and updates from the Division of Vaccine Injury Compensation, the Department of Justice, and the National Vaccine Program Office.

Persons interested in providing an oral presentation should submit a written request, along with a copy of their presentation to: Ms. Cheryl Lee, Principal Staff Liaison, Division of Vaccine Injury Compensation, Office of Special Programs, Health Resources and Services Administration, Room 8A–46, 5600 Fishers Lane, Rockville, MD 20857 or by e-mail at *clee@hrsa.gov.* Requests should contain the name, address, telephone number, and any business or professional affiliation of the person desiring to make an oral presentation. Groups having similar interests are requested to combine their comments and present them through a single representative. The allocation of time may be adjusted to accommodate the level of expressed interest. The Division of Vaccine Injury Compensation will notify each presenter by mail or telephone of their assigned presentation time.

Persons who do not file an advance request for a presentation, but desire to make an oral statement, may announce it at the time of the comment period on the audio conference call. These persons will be allocated time as time permits.

Anyone requiring information regarding the ACCV should contact Ms. Cheryl Lee, Principal Staff Liaison, Division of Vaccine Injury Compensation, Office of Special Programs, Health Resources and Services Administration, Room 8A–46, 5600 Fishers Lane, Rockville, Maryland 20857, telephone (301) 443–2124 or e-mail: *clee@hrsa.gov.*

Agenda items are subject to change as priorities dictate.

Dated: July 31, 2002.

Jane M. Harrison,

Director, Division of Policy Review and Coordination.

[FR Doc. 02–19870 Filed 8–6–02; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; Comment Request; HIV Vaccine Awareness Study-Americans' Attitudes

SUMMARY: Under the provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Institutes of Allergy and Infectious Diseases (NIAID), the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below. This proposed information collection was previously published in the **Federal Register** on November 28, 2001, pages 59438–59439 and allowed 60-days for public comment. No 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, 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: HIV Vaccine Awareness Study-Americans' Attitudes. *Type of Information Collection Request:* New. *Need and Use of Information Collection:* NIH/NIAID/DAIDS is in the process of planning a campaign to inform Americans about HIV preventive vaccine research. As part of planning, it is necessary to establish a baseline of Americans' levels of knowledge and attitudes with respect to HIV preventive vaccine research; to determine what information is required by communities to address the mistrust, myths, and misinformation about HIV vaccine research; and to identify how and what information should be provided to communities to promote more positive attitudes toward HIV vaccine research. Findings will help inform initial campaign decisions and serve to evaluate the effectiveness of the campaign's efforts. *Frequency of Response:* Two times. *Affected Public:* Individuals or households. *Type of Respondents:* Random samples of adults, including those considered at-risk for HIV and members of their social networks. The annual reporting burden is as follows:

Type of respondents	Estimated number of respondents	Estimated number of responses per respondent	Average burden hours per response	Estimated total annual burden hours requested
General Population Adults	4,000	1	.25	1,000
HIV-Affected Adults	3,000	1	.25	750
Total	7,000		.25	1,750

The annualized cost to respondents is estimated at $17,500. There are no Capital Costs to report. There are no Operating 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 Robert J. Gulakowski, Health Sciences Communications Specialist, DAIDS, NIAID, NIH, 6700–B Rockledge Drive, MSC 7620, Room 4144, Bethesda, MD 20892–7620, or call non-toll free (301) 496–0545, or E-mail your request, including your address to *rg106x@nih.gov*.

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 30-days of the date of this publication.

Dated: July 31, 2002.

Brenda J. Velez,

Chief, CMB, NIAID and NIAID Project Clearance Liaison.

[FR Doc. 02–19868 Filed 8–6–02; 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.

An Obligate Domain-Swapped Dimer of Cyanovirin with Enhanced Anti-Viral Activity

Carole A. Bewley and Brendans Kelly (NIDDK).

DHHS Reference No. E–096–02/0 filed 25 Feb 2002.

Licensing Contact: Sally Hu; 301/496–7056 ext. 265; e-mail: *hus@od.nih.gov*.

The present invention provides a purified or isolated obligate domain-swapped dimer of Cyanovirin-N (CVN hereafter), a method of making an obligate domain-swapped dimer of CVN and a method of inhibiting a viral infection of a mammal by administering domain-swapped dimer of CVN. CVN is outstanding in that it potently blocks viral entry in all human and simian isolates by binding to HIV through highly avid and very specific carbohydrate-mediated interactions with the surface envelope glycoprotein gp120. CVN has also been shown to form a domain-swapped dimer under non-physiological conditions such as mM concentration and low pH. This invention provides an obligate domain-swapped dimeric mutant of CVN, called ΔQ50–CVN, which has several significant advantages over the wild-type CVN: First, ΔQ50–CVN can be purified form a crude bacterial cell