developmental form to assess audience comprehension, reactions, and perceptions. The information obtained from audience research and pretesting results in more effective messages, materials, and programmatic strategies. By maximizing the effectiveness of these messages and strategies for reaching targeted audiences, the frequency with which publications, products, and programs need to be modified is reduced. *Frequency of Response:* On occasion. *Affected Public:* Individuals. *Type of Respondents:* Adults at risk for HIV/AIDS, particularly those who are Black/African-American, Hispanic/Latino, or men who have sex with men; healthcare providers; representatives of organizations disseminating HIV-related messages or materials. The annual reporting burden is shown in the table below. There are no Capital Costs to report. There are no 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 |
|---|---|---|---|---|
| At-risk Adults | 3,374 | 1 | .3422 | 1,155 |
| Healthcare providers | 50 | 1 | .75 | 37.5 |
| Organization Gatekeepers | 75 | 1 | .50 | 37.5 |
| Total | 3,499 | | | 1,230 |

*Request for Comments:* Written comments and/or suggestions from the public and affected agencies should address 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.

*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 Katharine Kripke, Assistant Director, Vaccine Research Program, Division of AIDS, NIAID, NIH, 6700B Rockledge Dr., Bethesda, MD 20892–7628, or call non-toll-free number 301–402–0846, or E-mail your request, including your address to *kripkek@niaid.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: November 7, 2007.

**John J. McGowan,**

*Deputy Director for Science Management NIAID.*

[FR Doc. E7–23183 Filed 11–29–07; 8:45 am]

**BILLING CODE 4140–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

### Proposed Collection; Comment Request; Process Evaluation of the Global Health Research Initiative Program for New Foreign Investigators (GRIP)

**SUMMARY:** In compliance with the requirement of section 3506©(2)(A) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data collection projects, the Fogarty International Center (FIC), 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:* Process evaluation of the Global Health Research Initiative Program for New Foreign Investigators (GRIP). *Type of Information Collection Request:* NEW. *Need and Use of Information Collection:* This study will assess the outputs of the Global Health Research Initiative Program for New Foreign Investigators (GRIP) to date, assess the programs alignment with new strategic goals of the FIC, and identify potential directions for program enhancement. The primary objectives of the study are to determine if GRIP awards (1) promote productive re-entry of NIH-trained foreign investigators into their home countries, (2) increase the research capacity of the international scientists and institution, and (3) stimulate research on a wide variety of high priority health-related issues. The findings will provide valuable information concerning: (1) Specific research advances attributable to GRIP support; (2) specific capacity and career enhancing advances that are attributable to GRIP; (3) policy implications for GRIP at the program level based on survey responses, such as successes and challenges of the program's implementation, the GRIP support mechanism, etc. *Frequency of Response:* Once. *Affected Public:* None. *Type of Respondents:* Foreign researchers. The annual reporting burden is as follows: *Estimated Number of Respondents:* 101; *Estimated Number of Responses per Respondent:* 1; *Average Burden Hours Per Response:* 0.50; and *Estimated Total Annual Burden Hours Requested:* 50.5. The annualized cost to respondents is estimated at: $656.50. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report. Table 1 and Table 2 respectively present data concerning the burden hours and cost burdens for this data collection.

TABLE 1.—ANNUALIZED ESTIMATE OF HOUR BURDEN

| Type of respondents | Number of respondents | Frequency of response | Average time for response (hr) | Total hour burden * |
|---|---|---|---|---|
| GRIP Awardees | 101 | 1 | 0.50 | 50.5 |
| Total | 101 | 1 | 0.50 | 50.5 |

* Total Burden = N Respondents × Response Frequency × minutes to complete/60.

TABLE 2.—ANNUALIZED COST TO RESPONDENTS

| Type of respondents | Number of respondents | Frequency of response | Approximate hourly wage rate/hr | Total respondent cost * |
|---|---|---|---|---|
| GRIP Awardees | 101 | 1 | $13 | 656.50 |
| Total | 101 | 1 | 13 | 656.50 |

* Total Respondent Cost = N Respondents × Response Frequency × minutes to complete/60 × hourly rate.

*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) 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 Dr. Linda Kupfer, Fogarty International Center, National Institutes of Health, 16 Center Drive, Bethesda, MD 20892, or call non-toll-free number 301–496–3288, or e-mail your request, including your address to: *kupferl@mail.nih.gov.*

*Comments Due Date:* Comments regarding this information collection are best assured of having their full effect if received within 60 days of the date of this publication.

Dated: November 20, 2007.

**Timothy Tosten,**

*Executive Officer, FIC, National Institutes of Health.*

[FR Doc. E7–23235 Filed 11–29–07; 8:45 am]

**BILLING CODE 4140–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

### Government-Owned Inventions; Availability for Licensing

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

**ACTION:** Notice.

**SUMMARY:** The inventions listed below are owned by an agency 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.

**A Family of Small Molecules for Selective Inhibition of Wip1 Phosphatase**

*Description of Technology:* The Wip1 phosphatase acts on proteins containing a particular phosphorylated amino acid sequence. Studies have shown that Wip1 is overexpressed in a number of human cancers, including breast cancer, neuroblastoma and ovarian cancer. Wip1 activity has also been shown to have a suppressive effect on the tumor suppressor p53. This suggested that inhibition of Wip1 could be of therapeutic value in the treatment of cancer.

NIH inventors have developed small molecules that simulate the structure of the amino acid sequence that Wip1 recognizes. The structure of the small molecules allows for specific targeting to Wip1. These small molecules have the ability to significantly inhibit Wip1 phosphatase activity at the micromolar level. As a result, these small molecules can be used in the design of therapeutics for cancers that overexpress Wip1.

*Applications:* Treatment of cancer, including but not limited to breast cancer, ovarian cancer and neuroblastoma.

Can be used either alone or in combination with other known anti-cancer therapeutics.

*Advantages:* Structure of the inhibitor allows targeting of Wip1 without inhibition of related phosphatases and their biological processes, possibly leading to fewer undesired effects during treatment.

Small molecules are stable and have the ability to effectively penetrate cells.

Can be applied to many different types of cancer.

*Benefits:* The current lack of Wip1 inhibitors means that development of the small molecules could lead to the occupation of a significant position in the cancer therapeutic market.

The successful inhibition of a new target in cancer therapy could provide far-reaching social benefit in the treatment of multiple cancers.

*Inventors:* Ettore Appella *et al.* (NCI).