

education. Automated collection techniques will not be used for either the mail survey or the brief screening

phone call. Burden estimates are as follows:

	Number of respondents	Number of responses per respondent	Avg. burden/response (hours)	Total hours of burden
Screening calls .....	1400	1	0.25	100
Mail survey of physicians .....	2000	1	0.25	500
Total .....	2400	1	0.25	600

<sup>1</sup> We estimate that it will require 400 phone calls to managed care organizations to obtain eligibility information on the sample of physicians. This is based on the total number of group and staff model MCOs (roughly 200) and an estimate of the average number of calls to an organization that will be needed to obtain eligibility information on all sampled physicians from that organization (2 calls per MCO).

Send comments to Patricia Royston, HRSA Reports Clearance Officer, Room 14-36, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: November 5, 1996.

J. Henry Montes,

Associate Administrator for Policy Coordination.

[FR Doc. 96-28934 Filed 11-8-96; 8:45 am]

BILLING CODE 4160-15-P

### Special Projects of National Significance; Innovative HIV Service Delivery Models for Native American Communities

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

**ACTION:** Notice of availability of funds.

**SUMMARY:** The Health Resources and Services Administration (HRSA) announces that applications will be accepted for fiscal year (FY) 1997 grants for the Special Projects of National Significance (SPNS) Program funded under the authority of Section 2691 of the Public Health Service Act, as established by the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990 (Pub. L. 101-381) and amended by the Ryan White CARE Act Amendments of 1996 (Pub. L. 104-146). Funds are available under the "Omnibus Consolidated Appropriations Act, 1997" (Pub. L. 104-208). This announcement solicits applications addressing the development and assessment of innovative service delivery models that are designed to ensure the ongoing availability of services for Native American communities to enable such communities to care for Native Americans with HIV disease. Applicants can apply for project periods of up to 5 years. These grants are demonstrations and are not intended for the long-term support of any of the innovative models that are developed or assessed. The

SPNS Program, in collaboration with the SPNS Program funded Evaluation Technical Assistance Center grantee, will provide technical assistance and support for a project's program evaluation studies.

From one to four grants will be awarded. The total amount available is \$1,000,000. Funding will be allocated according to the number of grants awarded.

The SPNS Program is designed to demonstrate and evaluate innovative and potentially replicable HIV service delivery models. The authorizing legislation specifies three SPNS Program objectives: (1) To assess the effectiveness of particular models of care; (2) to support innovative program design; and (3) to promote replication of effective models.

**DATES:** *Application:* Applications for these announced grants must be received in the Grants Management Branch by the close of business December 20, 1996, to be considered for competition. Applications will meet the deadline if they are either: (1) Received on or before the deadline date; or (2) postmarked on or before the deadline date, and received in time for submission to the objective review panel. A legibly dated receipt from a commercial carrier or the U.S. Postal Service will be accepted as proof of timely mailing. Applications received after the deadline will be returned to the applicant.

**ADDRESSES:** Grant applications, guidance materials, and additional information regarding business, administrative, and fiscal issues related to the awarding of grants under this Notice should be directed to Mr. Neal Meyerson, Grants Management Branch, Bureau of Health Resources Development, Health Resources and Services Administration, 5600 Fishers Lane, Room 7-27, Rockville, MD 20857. The telephone number is (301) 443-5906 and the FAX number is (301) 594-6096. Applicants for grants will use

Form PHS 5161-1, approved under OMB Control No. 0937-0189. Completed applications should be sent to the Grants Management Branch.

**FOR FURTHER INFORMATION CONTACT:** Additional technical information may be obtained from the SPNS Branch, Office of Science and Epidemiology, Bureau of Health Resources Development, Health Resources and Services Administration, 5600 Fishers Lane, Room 7A-08, Rockville, MD 20857. The telephone number is (301) 443-9976 and the FAX number is (301) 443-4965.

**HEALTHY PEOPLE 2000 OBJECTIVES:** The Department of Health and Human Services (DHHS) urges applicants to address specific objectives of Healthy People 2000 in their work plans. Potential applicants may obtain a copy of Healthy People 2000 (Full Report: Stock No. 017-001-00474-0) or Healthy People 2000 (Summary Report: Stock No. 017-001-00473-1) through the Superintendent of Documents, Government Printing Office, Washington, D.C. 200402-9325 (Telephone: (202) 783-3238).

### SUPPLEMENTARY INFORMATION:

#### Background and Objectives

The SPNS Program endeavors to advance knowledge and skills in HIV services delivery, stimulate the design of innovative models of care, and provide short term (up to five years) support for the development of effective delivery systems for these services. The SPNS Program accomplishes its purpose through funding and technical support of innovative HIV service delivery models. For purposes of this announcement, models seeking SPNS Program support must address the development and assessment of innovative service delivery models that are designed to ensure the ongoing availability of services for Native American communities to enable such communities to care for Native Americans with HIV disease.

The implementation, utilization, costs, and outcomes of SPNS Program grants must be evaluated. Increased client participation in medical and other treatment, barriers to participating in treatment and other services, and strategies to overcome barriers should be evaluated. Proposals will be expected to adequately define and justify the need, innovative nature, and evaluation methodology of the proposed model of services.

SPNS Program funds may not be used for expenses related to the provision of medical care; supportive services; or any other expenses currently reimbursed, subsidized or eligible for reimbursement through third party payers, grants awarded under Titles I-IV of the Ryan White CARE Act, or other grant and foundation sources.

#### Review Criteria

Applications submitted to the SPNS Program under this announcement will be reviewed and rated by an objective review panel. Criteria for the technical review of applications will include the following factors:

##### *Factor 1: Description of Proposed HIV Service Model (20 points)*

Adequacy of the description of an innovative and adaptable service delivery model for Native American communities that focuses on culturally appropriate services. Adequacy of the justification of why the model is needed and how the applicant will gain access to the targeted population.

##### *Factor 2: Description of Implementation Plan (15 points)*

Comprehensiveness of the program implementation plan as described in clearly stated goals, time-limited and measurable objectives for each goal, activities directly related to each objective, and a time line that shows the schedule of activities and production of materials that corresponds to milestones stated in the objectives and program evaluation. Adequacy of the description of the process for maintaining client confidentiality throughout the project period.

##### *Factor 3: Description of Evaluation Plan (15 points)*

Clarity, soundness, and concreteness of the evaluation plan as described by clear markers of objective outcomes related to time and task (objective outcomes are measurable and quantifiable), and by process evaluation measures that evaluate the successes and failures of the model implementation process (process measures may be qualitative).

##### *Factor 4: Description of Linkages with other Service Programs (15 points)*

Adequacy of the demonstration of linkages with all appropriate Ryan White CARE Act Programs; Indian Health Service; Bureau of Indian Affairs; Tribal Health Departments; State and local government; community organizations; as well as other applicable non HIV-specific providers. Linkages might also include Federally, State, and locally funded mental health and substance abuse treatment programs; WIC; community and migrant health centers; and community mental health centers.

##### *Factor 5: Description of Cultural Competency (15 points)*

Comprehensiveness of the description of how cultural competency will be achieved, including indicators of cultural competency clearly based on ethnic-specific markers of competency.

##### *Factor 6: Description of Dissemination (10 points)*

The extent to which the applicant demonstrates past involvement with disseminating information about HIV service delivery by describing dissemination activities to date (e.g., presenting and publishing findings through reports and papers, training, or technical assistance). The adequacy and feasibility of the dissemination plan.

##### *Factor 7: Program Sustainability (10 points)*

The extent to which the applicant describes a plan to assure the continuation of services after conclusion of the SPNS Program demonstration grant. Ongoing participation of clients in HIV medical care is essential.

#### Eligible Applicants

SPNS Program grants are awarded to public and nonprofit, private entities including community-based organizations.

#### Other Grant Information

##### *Statewide Coordinated Statement of Need*

The proposed program must be consistent with the Statewide Coordinated Statement of Need (SCSN) and the applicant must agree to participate in the ongoing revision process of such statement of need.

##### *Allowable Costs*

The basis for determining allocable and allowable costs to be charged to PHS grants is set forth in 45 CFR part 74, subpart C and 45 CFR part 92, Subpart C for State, local or Federally

recognized Indian tribal governments. The four separate sets of cost principles prescribed for public and private nonprofit recipients are OMB Circular A-87 for State, local or Federally recognized Indian tribal governments; OMB Circular A-21 for Educational Institutions; 45 CFR part 74, appendix E for hospitals; and OMB Circular A-122 for nonprofit organizations.

##### *Reporting and Other Requirements*

A successful applicant under this notice will submit semi-annual activity summary reports in accordance with provisions of general regulations which apply under 45 CFR part 74, subpart 74.51, "Monitoring and Reporting Program Performance," with the exception of State and local governments to which 45 CFR part 92, Subpart C reporting requirements apply. Also, grantees must be prepared to collaborate with other grantees on the design and implementation of project evaluations which may include multi-site evaluation studies.

##### *Public Health System Reporting Requirements*

This program is subject to the Public Health System Reporting Requirements which have been approved by the Office of Management and Budget under No. 0937-0195. Under these requirements, any community-based, non-governmental applicant must prepare and submit a Public Health System Impact Statement (PHSIS). The PHSIS is intended to keep State and local health officials apprised of proposed health services grant applications submitted from within their jurisdictions.

Community-based, non-governmental applicants are required to submit, no later than the Federal due date for receipt of the application, the following information to the administrator of the State and local AIDS programs in the area(s) to be impacted by the proposal: (a) A copy of the face page of the application (SF424); and, (b) a summary of the project (PHSIS), not to exceed one page, which provides: (1) A description of the population to be served; (2) a summary of the services to be provided; and, (3) a description of the coordination planned with the appropriate State or local health agencies. Copies of the letters forwarding the PHSIS to these authorities must be contained in the application materials submitted to this program.

##### *Certification Regarding Environmental Tobacco Smoke*

The Public Health Service strongly encourages all grant and contract

recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. In addition, Public Law 103-227, the Pro-children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

#### *Executive Order 12372*

The Special Projects of National Significance Program has been determined to be a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100. Executive Order 12372 allows States the option of setting up a system for reviewing applications from within their States for assistance under certain Federal programs. The application packages to be made available under this notice will contain a listing of States which have chosen to set up a review system and will provide a State Single Point of Contact (SPOC) in the State for review. Applicants (other than Federally recognized Indian tribes) should contact their SPOCs as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC of each affected State. The due date for State process recommendations is 60 days after the appropriate deadline dates. The Health Resources and Services Administration does not guarantee that it will accommodate or explain its responses to State process recommendations received after the due date. (See "Intergovernmental Review of Federal Programs," Executive Order 12372, and 45 CFR part 100, for a description of the review process and requirements.)

#### OMB Catalog of Federal Domestic Assistance

The OMB Number for Special Projects of National Significance is 93.928.

Dated: November 5, 1996.

Ciro V. Sumaya,  
Administrator.

[FR Doc. 96-28933 Filed 11-8-96; 8:45 am]

BILLING CODE 4160-15-P

#### **Advisory Council; Notice of Meeting**

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), announcement is made of the following National Advisory body scheduled to meet during the month of December 1996:

*Name:* National Advisory Council on Nurse Education and Practice.

*Date and Time:* December 4-5, 1996, 8:30 a.m.

*Place:* Seneca Room, Silver Spring Holiday Inn, 8777 Georgia Avenue, Silver Spring, Maryland 20910.

The meeting is open to the public

*Agenda:* Updates on and discussion of Agency, Bureau and Division activities, and the legislation and budget status of programs; discussion of accreditation issues as they affect schools of nursing; review of nurse practitioner workforce trends, implications and options for the future.

Anyone wishing to obtain a roster of members, minutes of meeting or other relevant information should write or contact Ms. Melanie Timberlake, Executive Secretary, National Advisory Council on Nurse Education and Practice, Health Resources and Services Administration, Parklawn Building, Room 9-36, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone (301) 443-5786.

Agenda Items are subject to change as priorities dictate.

Dated: November 5, 1996.

Jackie E. Baum,

Advisory Committee Management Officer,  
HRSA.

[FR Doc. 96-28890 Filed 11-8-96; 8:45 am]

BILLING CODE 4160-15-P

#### **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 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.

**ADDRESSES:** Licensing information and a copy of the U.S. patent applications referenced below may be obtained by contacting Cindy K. Fuchs, J.D., at the Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, Maryland 20852-3804 (telephone 301/496-7735 ext 232; fax 301/402-0220). A signed Confidential Disclosure Agreement will be required to receive a copy of the patent application.

Cells Expressing Both Human CD4 and a Human Fusion Accessory Factor Associated With HIV Infection

EA Berger, Y Feng, CC Broder, PE Kennedy (NIAID)

Serial No. 60/010,854 filed 30 Jan 96

HIV-1 infects target cells by first binding to CD4, a receptor on the target cell membrane. The virus and target cell membranes then fuse, allowing the virus to enter the target cell. It has previously been determined that CD4 alone is not sufficient to allow entry, but that another factor specific to human cells is also required. The current invention embodies the identification of a cDNA encoding a protein, designated "fusin," which demonstrates properties expected of a fusion co-factor for T-cell line tropic HIC-1 isolates. Fusin is a member of the 7-transmembrane segment (7-TMS) superfamily of G-protein-coupled receptors. While this cDNA has previously been cloned, its potential role as an accessory protein necessary for HIV infection is novel to the current invention. The invention, therefore, should represent a valuable tool to be used in the production of transgenic mice and of cell lines for the study of HIV infection. In addition, the invention may itself represent a potential therapeutic agent against HIV or target for agents acting to block entry of HIV into target cells. This technology was reported in *Science* 272:809-810 (1996); *Chemical and Engineering News*, p. 7 (May 13, 1996); *BioWorld Today*, pp. 1-2 (May 13, 1996); *Biotechnology News*, 16(13): 1-2 (1996); and *BioWorld Today*, pp. 1, 3 (June 21, 1996). (portfolios: Infectious Diseases—Research Materials; Infectious Diseases—Miscellaneous; Infectious Diseases—Therapeutics, anti-virals, AIDS)

CC Chemokine Receptor 5 DNA, New Animal Models and Therapeutic Agents for HIV Infection

C Combadiere, Y Feng, EA Berger, G Alkhatib, PM Murphy, CC Broder (NIAID)

Serial No. 60/018,508 filed 28 May 1996

This invention concerns a novel macrophage-selective CC chemokine receptor, designated "CC CKR5," which is a necessary cofactor for the infection of target cells by macrophage-tropic HIV isolates. Macrophage-tropic HIV isolates represent the predominant type of isolates from infected persons and appear to be preferentially transmitted between individuals. The invention embodies the CC CKR5 genetic sequence, cell lines and transgenic mice, the cells of which coexpress human CD4 and CC CKR5, and which may represent valuable tools for the study of HIV infection and for screening anti-HIV agents. The invention also embodies anti-CC CKR5 agents that block HIV env-mediated membrane fusion associated with HIV entry into human CD4-positive target cells or