3. Final financial report and performance report, no later than 90 days after the end of the project period; and

Note: Send all reports to the Grants Management Specialist identified in section ''I. Where Can I Get More Information.''

If funded, CDC staff will visit your organization to learn about your activities. When asking for the continuation awards, you must again show CDC that you still meet the requirements stated under ''B. Who Can Apply?''.

Note: Successful applicants may be contacted by the National Prevention Information Network (NPIN) to obtain information on their program resources. Your resources may be used in referrals and resource directories. If selected for funding, three copies of all educational materials and resources developed under this grant should be sent to NPIN for inclusion in their databases.

If you develop HIV prevention materials using CDC funds, you must first check with NPIN to find out if the same kind of materials have already been developed.

NPIN also makes available information and technical assistance services for use in program planning and evaluation. They can be contacted at the numbers and Internet site given above.

NPIN makes available materials on HIV, STD, and TB to the general public through its Internet site (www.cdcnpin.org), its 1–800 number (1–800–458–5231; TTY users: 1–800–243–7012), and fax number (1–888–282–7681).

Human Subjects Guidelines

If you are conducting a research project that involves human subjects, you must ensure that your application includes or addresses the following:

1. Requirements of Title 45 CFR Part 46 for the protection of human subjects? (Not scored; however, an application can be disapproved if the research risks are sufficiently serious and protection against risks is so inadequate as to make the entire application unacceptable.)

2. Requirements of CDC Policy regarding the inclusion of women, ethnic, and racial groups in the proposed research.

This includes:

a. The proposed plan for the inclusion of both sexes and racial and ethnic minority populations for appropriate representation.

b. The proposed justification when representation is limited or absent.

c. A statement as to whether the design of the study is adequate to measure differences when warranted.

d. A statement as to whether the plans for recruitment and outreach for study participants include the process of establishing partnerships with community(ies) and recognition of mutual benefits.

Note: Projects that involve the collection of information from 10 or more individuals and funded by cooperative agreement will be subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

I. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under section 301(a) and 317 of the Public Health Service Act, [42 U.S.C. section 241(a) and 247(b)], as amended. The Catalog of Federal Domestic Assistance number is 93.939.

J. Where To Obtain Additional Information

CDC strongly suggests that you supplement this program announcement as it appears in the **Federal Register**, with a copy of the program announcement that is in an easy-to-use format. This easy-to-read version can be found on the CDC home page Internet address http://www.cdc.gov. Click on ''Funding'' then ''Grants and Cooperative Agreements.''

To request a hard copy of the application, call 1–888–GRANTS4(1–888–472–6874). You will be asked to leave your name and address and will be instructed to identify the Program Announcement number you want.

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from: David A. Wilson, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention, 2920 Brandywine Road, Room 3000, Atlanta, GA 30341–4146, Telephone number: 770–488–2700, E-mail address: DAWilson@cdc.gov.

For program technical assistance, contact: Bill Comeaux, Project Officer, Prevention Program Branch, Division of HIV/AIDS Prevention, Centers for Disease Control and Prevention, 1600 Clifton Road, NE, MS–E58, Atlanta, GA 30333, Telephone number: 404–639–0968, E-mail address: wcomeaux@cdc.gov.

Dated: June 15, 2001.

John L. Williams,

Director, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 01–15595 Filed 6–20–01; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Announcement Number 01094]

Professional Education on Prostate Cancer: Primary Health Care Providers; Notice of Availability of Funds; Amendment

A notice announcing the availability of Fiscal Year 2001 funds to fund a competing cooperative agreement program for private and public nonprofit medical organizations or associations which was published in the **Federal Register** on May 22, 2001 (Vol. 66, No. 99, Pages 28174–28177).

The notice is amended as follows:

On page 28176, Second Column, under Section F. Submission and Deadline, the submission due date should read on or before June 29, 2001.

Dated: June 15, 2001.

Sandra R. Manning,

Acting Director, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 01–15596 Filed 6–20–01; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Cooperative Research and Development Agreement (CRADA)

AGENCY: Centers for Disease Control and Prevention (CDC), HHS.

ACTION: Notice.

SUMMARY: The Centers for Disease Control and Prevention (CDC) is seeking a CRADA partner for collaboration to examine the use of anti-substance P antibodies and/or anti-substance P F(ab)′2 antibody fragments to prevent and/or treat an inflammatory response mediated by substance P associated with respiratory viral infection (particularly respiratory syncytial virus [RSV]). Anti-substance P antibody treatment would be used in combination with agents for anti-viral treatment (e.g., Ribavirin, palivizumab, and RSV fusion inhibitors) to ameliorate substance P-mediated inflammation and disease pathogenesis.

Because CRADAs are designed to facilitate the development of scientific and technologic knowledge into useful, marketable products, a great deal of freedom is given to Federal agencies in

implementing collaborative research. CDC may accept staff, facilities, equipment, supplies, and money from the other participants in a CRADA; CDC may provide staff, facilities, equipment, and supplies to the project. There is a single restriction in this exchange: CDC MAY NOT PROVIDE FUNDS to the other participants in a CRADA.

DATES: This opportunity is available until July 23, 2001. Respondents may be provided a longer period of time to furnish additional information if CDC finds this necessary.

ADDRESSES: The responses must be made to: Lisa Blake-DiSpigna, Technology Transfer Coordinator, National Center for Infectious Diseases, Centers for Disease Control and Prevention, 1600 Clifton Rd. NE., Mailstop C–19, Atlanta, GA 30333.

FOR FURTHER INFORMATION CONTACT:

Technical: Ralph A. Tripp, Ph.D., Respiratory and Enteric Viruses, Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases, Centers for Disease Control and Prevention, 1600 Clifton Rd. NE., Mailstop G–09, Atlanta, GA 30333, telephone (404) 639–3427.

Business: Lisa Blake-DiSpigna, Technology Transfer Coordinator, National Center for Infectious Diseases, Centers for Disease Control and Prevention, 1600 Clifton Rd. NE., Mailstop C–19, Atlanta, GA 30333, telephone (404) 639–3227.

SUPPLEMENTARY INFORMATION: The goal of this CRADA is to seek a partner for collaboration to examine the development and use of anti-substance P antibodies and/or anti-SP F(ab)'2 antibody fragments to prevent and/or treat an inflammatory response mediated by substance P that is associated with respiratory viral infection (particularly RSV). The methods comprise the administration to the subject of a pharmaceutically effective amount of anti-SP antibodies or anti-SP F(ab)'2 antibody fragments to inhibit the activity of endogenous SP in the subject. Anti-SP antibody or anti-SP F(ab)'2 antibody treatment will be used in combination with anti-viral drugs and anti-viral reagents to inhibit the activity of endogenous SP in the subject so as to reduce the level of cytokine/chemokine-based inflammation and pulmonary cell infiltration and alter the disease course.

Respondents should provide evidence of expertise in the development and evaluation of anti-viral drugs and anti-viral reagents, evidence of experience in animal models systems including non-human primate models, commercialization of anti-viral drugs and anti-viral reagents, and supporting data (e.g., publications, proficiency testing, certifications, resumes, etc.) of qualifications for the principle investigator who would be involved in the CRADA. The respondent will develop the final research plan in collaboration with CDC.

Applicant submissions will be judged according to the following criteria:

1. Expertise in development and evaluation of anti-viral drugs and anti-viral reagents;

2. Expertise in evaluation of anti-viral drugs, reagents and anti-viral treatments in animal model systems including non-human primates;

3. Evidence of scientific credibility. The company has the capability of bringing the product to fruition, in part determined by past accomplishments with similar products, and/or that the company has published related studies in peer-reviewed journals;

4. Evidence of commitment and ability to develop anti-substance P monoclonal antibodies for use with anti-viral drugs, anti-viral reagents or antiviral treatments; and

5. Evidence of an existing infrastructure to commercialize successful technologies.

This CRADA is proposed and implemented under the 1986 Federal Technology Transfer Act: Public Law 99–502.

Dated: June 14, 2001.

Thena M. Durham,

Director, Executive Secretariat, Office of the Director, Centers for Disease Control and Prevention (CDC).

[FR Doc. 01–15602 Filed 6–20–01; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Low Income Home Energy Assistance Program (LIHEAP) Grantee Survey.

OMB No.: 0970–0076.

Description: The LIHEAP Grantee Survey is an annual data collection activity, which is sent to the 50 States and the District of Columbia grantees administering the Low Income Home Energy Assistance Program (LIHEAP). The survey requests estimates on sources and uses of funds under LIHEAP—preliminary estimates for the current fiscal year and final estimates for the previous fiscal year. We are proposing changes in the collection of data using the Grantee Survey, generally to reduce the burden on grantees, In addition, the annual submission of the Grantee Survey will be changed from voluntary to mandatory. The change to a mandatory submission is necessary to increase the reliability of the data and to make it available on a more time basis. Section 2605(b)(14) of the Low Income Home Energy Assistance Act, as amended, requires grantees to provide assurance that they will cooperate with the Secretary with respect to data collecting and reporting. This is one of 16 assurances a State's governor or someone specifically designated by the governor makes as part of each year's LIHEAP application.

To be in full compliance with section 2605(b)(14), grantees must return the completed survey by the due date.

The preliminary estimates collected by the Grantee Survey for the current fiscal year are needed to provide the Administration and Congress with fiscal and case load estimates in time for hearings about LIHEAP appropriations and program performance. Final estimates for the previous fiscal year will be included in the Department's annual LIEHAP Report to Congress and will be posted on the Department's LIHEAP web site for access by grantees and other interested parties.

Respondents: 50 States and the District of Columbia.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Survey	51	1	3.5	178.5