nanotechnology materials that pertain to FDA-regulated products. FDA is interested in learning about the kinds of new nanotechnology material products under development in the areas of foods (including dietary supplements), food and color additives, animal feeds, cosmetics, drugs and biologics, and medical devices, whether there are new or emerging scientific issues that should be brought to FDA's attention, and any other scientific issues about which the regulated industry, academia, and the interested public may wish to inform FDA concerning the use of nanotechnology materials in FDA-regulated products.

DATES AND TIMES: The public meeting will be held October 10, 2006, from 9 a.m. to 5 p.m.

REGISTRATION: You may preregister to attend or make a presentation at *http://www.fda.gov/nanotechnology/*. Preregistration to make a presentation will close on September 29, 2006; however, there will be onsite registration to attend on a first-come, first-served basis until the room capacity is reached. Onsite registration will be open at the meeting site at 8:30 a.m. on October 10. Once room capacity is reached, individuals will be offered the opportunity to observe the meeting from an overflow room located at the meeting site.

If time permits, there will be an open public session. Individuals who have not preregistered to make a presentation can register onsite if they wish to present public comments. While every effort will be made to provide an open public session after all preregistered speakers have made presentations, it is recommended that you preregister if you would like to make a presentation. Onsite registration to make a presentation will be taken on a first-come, first-served basis. Individuals who register at the meeting to speak may be allotted less time to speak than preregistered speakers, depending on the number of registrants.

We will post the agenda at *http://www.fda.gov/nanotechnology/* prior to the meeting.

ADDRESSES: The public meeting will be held at the Natcher Auditorium, National Institutes of Health Campus (NIH), 9000 Rockville Pike, bldg. 45, Bethesda, MD. We will also post the address for the meeting at *http://www.fda.gov/nanotechnology/*. Note that parking is limited on the NIH Campus and that security procedures are in effect. For further information on parking and security see *http://www.nih.gov/about/visitorsecurity.htm*.

Written or electronic comments may be submitted by November 10, 2006. Submit written comments to the Division of Dockets Management (HFA–305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. Submit electronic comments to *http://www.fda.gov/dockets/ecomments*. All comments should be identified with the docket number found in brackets in the heading of this document.

FOR FURTHER INFORMATION CONTACT: Poppy Kendall, Food and Drug Administration (HF–11), 5600 Fishers Lane, Rockville, MD 20857, 301–827–3360, FAX: 301–594–6777, e-mail: *poppy.kendall@fda.hhs.gov*.

SUPPLEMENTARY INFORMATION:

I. Why Are We Holding a Public Meeting?

Previous **Federal Register** Notices (71 FR 19523, April 14, 2006; 71 FR 46232, August 11, 2006) contain detailed supplemental information regarding the rationale and background for the meeting.

For more information about FDA's role regarding nanotechnology products, see our Web page at *http://www.fda.gov/nanotechnology/*.

II. How Can You Participate?

You can participate through oral presentation at the meeting or through written or electronic material submitted to the docket. The length of the presentations will be determined by the number of speakers who preregister and the time available. Based on the requests received so far, the presentations are likely to be less than 8 minutes long. In order to maximize the number of people who have the opportunity to present their views at this public meeting, each individual or organization will be limited to one opportunity to present views at the meeting. However, written material of any length can be submitted to the docket.

Individuals and organizations with common interests are encouraged to consolidate or coordinate their presentations. FDA will give the registered speakers an estimated timeframe for their presentations by October 4 through email to the address provided during preregistration. Persons should arrive early to make sure that they are present to make their presentation in case we are ahead of schedule.

In a previous notice we indicated the possibility of holding concurrent sessions. However, based on the number of requests for presentation received so far it appears that all can be accommodated by one general session. A final decision on whether there will be concurrent sessions will be made following the cutoff date for registration and will be communicated through the posted agenda at *http://www.fda.gov/nanotechnology/* and e-mail to registered speakers.

We ask that you preregister by September 29 (see **REGISTRATION**) if you intend to provide an oral presentation. If time permits, there will be an open public session at the meeting. However, individuals who register at the meeting to speak may be allotted less time to speak than preregistered speakers, depending on the number of registrants. The information provided during preregistration will help us determine further how to organize the day.

III. Will Meeting Transcripts Be Available?

Following the meeting, transcripts will be available for review at the Division of Dockets Management (see **ADDRESSES**).

IV. How Should You Send Comments on the Issues?

An open public docket has been established. Individuals may submit their comments either in writing or electronically to the docket. All comments should include the docket number found in brackets in the heading of this document (see **ADDRESSES**). Submit a single copy of electronic comments or two paper copies of any mailed comments, except that individuals have the option of submitting one paper copy. Comments are to be identified with the docket number found in brackets in the heading of this document. Received comments may be seen in the Division of Dockets Management between 9 a.m. and 4 p.m., Monday through Friday.

Dated: September 20, 2006.

Jeffrey Shuren,

Assistant Commissioner for Policy.

[FR Doc. 06–8242 Filed 9–21–06; 1:22 pm]

BILLING CODE 4160–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Notice of Listing of Grants for Research Projects

AGENCY: National Institutes of Health, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: Section 52.1(b) of the regulations governing grants for research projects, codified at 42 CFR part 52, authorizes the Secretary of Health and Human Services to publish periodically a list of all of the research project grant programs to which the research project grant regulations apply. This Notice provides the most recent list of the programs covered by the regulations and supersedes the prior Notice published on November 25, 2003 (68 FR 66114–66117).

DATES: *Effective Date:* September 26, 2006.

FOR FURTHER INFORMATION CONTACT: Jerry Moore, NIH Regulations Officer, Office of Management Assessment, 6011 Executive Boulevard, Room 601, MSC 7669, Rockville, MD 20892, telephone 301–496–4607 (not a toll-free number), fax 301–402–0169, e-mail *jm40z@nih.gov.*

SUPPLEMENTARY INFORMATION: The National Institutes of Health (NIH) published a final rule in the **Federal Register** on October 24, 1996 (61 FR 55102–55106), amending the regulations at 42 CFR part 52, Grants for Research Projects, which govern Public Health Service (PHS) research project grants. We amended the regulations to apply to all research project grant programs administered by PHS and its components, including the programs administered by NIH, except for grants for health services research, demonstrations, and evaluation projects administered by the Agency for Healthcare Research and Quality (AHRQ), to make it unnecessary to include a long list of programs in the regulations or to go through the lengthy process of amending the regulations each time a new program is established. At that time, we provided in the preamble a listing of the applicable programs and indicated that we would publish periodically a list of the research project grant programs to which the regulations apply, and that the applicability of the regulations to new programs would be announced as PHS components initiated new programs.

Subsequently, we published the Notice entitled, ''Notice of Listing of Grants for Research Projects,'' in the **Federal Register** on November 25, 2003. In the Notice we provided an updated list of programs to which the regulations at part 52 apply that reflected the addition of new authorities in sections 317J, 317K, 317L, 330E, 399M, 399N, 409E, 434A, 445I, 447B, and 1261 of the Public Health Service Act (PHS Act), as amended.

We are now publishing a further updated list that reflects the addition of the new authority in subsections (a) and (f) of section 485D of the PHS Act, as amended, concerning research in complementary and alternative medicine. Specifically, the authority in subsection (a) concerns the conduct and support of basic and applied research (including both intramural and extramural research), research training, and dissemination of health information with respect to identifying, investigating, and validating complementary and alternative treatment, diagnostic and prevention modalities, and disciplines and systems of complementary and alternative medicine. Subsection (f) concerns the conduct and support of high quality, rigorous scientific reviewing of complementary and alternative medicine modalities, including outcomes research and investigations, epidemiological studies, health services research, basic sciences research, clinical trials, and other appropriate research and investigational activities.

The regulations codified at 42 CFR part 52 apply to all PHS research project grant programs except for grants for health services research, demonstrations, and evaluation projects administered by the AHRQ. Specifically, the research project grant authorities to which the Grants for Research Projects regulations apply include:

(1) Research into the cause, diagnosis, treatment, control, or prevention of the physical or mental diseases, injuries, or impairments to human life, as authorized by sections 301, 302, and related provisions of the PHS Act (42 U.S.C. 241, 242);

(2) Research into the prevention and control of childhood lead poisoning, as authorized under section 301 of the PHS Act (42 U.S.C. 241);

(3) Epidemiologic studies and State-based research capacity building projects for the prevention of primary and secondary disabilities, as authorized under section 301 of the PHS Act (42 U.S.C. 241);

(4) Ecological and epidemiologic research studies in Lyme disease, including disease surveillance, development and evaluation of prevention and control studies, and development of improved diagnostic tests, as authorized under section 301 of the PHS Act (42 U.S.C. 241);

(5) Research for the development of knowledge and approaches to the epidemiology, eitology, diagnosis, treatment, control, and prevention of narcotic addiction and intravenous (IV)-related AIDS and drug abuse, as authorized under sections 301 and 302 of the PHS Act (42 U.S.C. 241, 242);

(6) Investigations to identify strategies for prevention of childhood deaths from diarrhea, as authorized under sections 301 and 317(k) of the PHS Act (42 U.S.C. 241, 247b(k));

(7) HIV/AIDS surveillance, HIV serosurveillance surveys and studies, and epidemiologic research studies of AIDS and HIV infection, as authorized under sections 301 and 317(k) of the PHS Act (42 U.S.C. 241, 247b(k));

(8) Surveillance and epidemiologic studies for the prevention of infectious diseases and injuries in children in child day care settings, as authorized under sections 301, 317(k), and 391 of the PHS Act (42 U.S.C. 241, 247b(k)(3), 280(b));

(9) Research into prevention and control of tuberculosis, especially research concerning strains of tuberculosis resistant to drugs and research concerning cases of tuberculosis that affect certain populations, as authorized by section 317E of the PHS Act (42 U.S.C. 247b–6);

(10) Research with respect to education and training for health professionals and the general public relating to the effects of folic acid in preventing birth defects, as authorized by section 317J of the PHS Act (42 U.S.C. 247b–11);

(11) Research relating to risk factors, prevention strategies, and the roles of the family, health care providers, and the community in safe motherhood, as authorized by section 317K of the PHS Act, as amended by section 901 of Public Law 106–310 (42 U.S.C. 424b–12);

(12) Epidemiological research on the prevention of prenatal and postnatal smoking, alcohol, and illegal drug use, as authorized by section 317L of the PHS Act, as amended by section 911 of Public Law 106–310 (42 U.S.C. 247b–13);

(13) Research relating to intervention strategies to improve the lives of persons with epilepsy, particularly children, as authorized by section 330E of the PHS Act, as amended by section 801 of Public Law 106–310 (42 U.S.C. 254c–5);

(14) Injury prevention and control research, as authorized by section 391 of the PHS Act (42 U.S.C. 280b);

(15) Research relating to the efficacy of new screening techniques and technology, including clinical studies of screening methods and studies on the efficacy of new interventions regarding hearing loss in infants, as authorized by section 399M of the PHS Act, as

amended by section 702 of Public Law 106–310 (42 U.S.C. 280g–1);

(16) Research relating to improving the outcomes among children with childhood cancers and resultant secondary conditions, as authorized by section 399N of the PHS Act, as amended by section 1101 of Public Law 106–310 (42 U.S.C. 280g–2);

(17) Research on osteoporosis, Paget's disease, and related bone disorders, as authorized by section 409A of the PHS Act (42 U.S.C. 284e);

(18) Research relating to autoimmune diseases, as authorized by section 409E of the PHS Act, as amended by section 1901 of Public Law 106–310 (42 U.S.C. 284i);

(19) Long-term epidemiology studies relating to type 1 or juvenile diabetes, as authorized by section 434A of the PHS Act, as amended by section 402 of Public Law 106–310 (42 U.S.C. 285c–9);

(20) Biomedical research in areas relating to Alzheimer's disease and related dementias, as authorized by section 445B of the PHS Act (42 U.S.C. 285e–4);

(21) Clinical research and training to enhance and promote the translation of new scientific knowledge into clinical practice related to the diagnosis, care, and treatment of individuals with Alzheimer's disease, as authorized by section 445I of the PHS Act (42 U.S.C. 285e–10a);

(22) Clinical research and training to enhance and promote the translation of new scientific knowledge into clinical practice related to the diagnosis, care, and treatment of individuals with sexually transmitted diseases, as authorized by section 447B of the PHS Act, as amended by section 901 of Public Law 106–505 (42 U.S.C. 285f–3);

(23) Research relating to medical rehabilitation, as authorized by section 452 of the PHS Act (42 U.S.C. 285g–4);

(24) Research on clinical and health services on eye care and diabetes, as authorized by section 456 of the PHS Act (42 U.S.C. 285i–1);

(25) Research on multiple sclerosis, especially research on the effects of genetics and hormonal changes on the progress of the disease, as authorized by section 460 of the PHS Act (42 U.S.C. 285j–3);

(26) Research on the social, behavioral, and biomedical etiology, the mental and physical health consequences, and the social and economic consequences of alcohol abuse and alcoholism, as authorized by 464H of the PHS Act (42 U.S.C. 285n);

(27) Health services research activities with respect to the prevention of alcohol abuse and treatment of alcoholism, as authorized by section 464H of the PHS Act (42 U.S.C. 285n) and as defined in section 409 of the PHS Act (42 U.S.C. 284d);

(28) Research under the Medication Development Program to encourage and promote the development and use of medications to treat drug addiction; and to collect, analyze, and disseminate data, as authorized by section 464P of the PHS Act (42 U.S.C. 285o–4);

(29) Research on health-related educational technologies, on medical library science and related activities, and for the development or dissemination of new knowledge, techniques, systems, and equipment for processing, storing, retrieving, and distributing information pertaining to health sciences, as authorized by section 473 of the PHS Act (42 U.S.C. 286b–4);

(30) Research with respect to identifying, investigating, and validating complementary and alternative treatment, diagnostic and prevention modalities, disciplines and systems of complementary and alternative medicine, as authorized by section 485D (a) and (f) of the PHS Act, as amended (42 U.S.C. 287c–21(a), (f));

(31) Research in the biomedical, contraceptive, development, behavioral and program implementation fields related to family planning and population, as authorized by section 1004 of the PHS Act (42 U.S.C. 300a–2);

(32) Basic and applied research regarding traumatic brain injury, including the development, modification, and evaluation of therapies and programs of rehabilitation toward reaching or restoring normal capabilities, as authorized by section 1261 of the PHS Act, as amended by section 1301 of Public Law 106–310 (42 U.S.C. 300d–61);

(33) Research on the causes, consequences, and approaches of coping with adolescent sexual relations, contraceptive use, pregnancy, and parenthood, as authorized by section 2008 of the PHS Act (42 U.S.C. 300z–7);

(34) Research relating to the evaluation of drug treatments for AIDS not approved by the Commissioner of Food and Drugs, as authorized by section 2314 of the PHS Act (42 U.S.C. 300cc–14);

(35) International research relating to the development and evaluation of vaccines and treatments for AIDS, as authorized by section 2315 of the PHS Act (42 U.S.C. 300cc–15);

(36) Long-term research into treatments for AIDS, as authorized by section 2320 of the PHS Act (42 U.S.C. 300cc–20);

(37) Research relating to AIDS conducted outside the United States by qualified foreign professionals and collaborative research involving American and foreign participants, as authorized by section 2354 of the PHS Act (42 U.S.C. 300cc–41);

(38) Basic research to identify, characterize, and quantify risks to human health from air pollutants, as authorized by section 103 of the Clean Air Act, as amended (42 U.S.C. 7403);

(39) Electronic product radiation control research programs designed to protect the public health and safety from electronic product radiation, as authorized by section 532 of the Federal Food, Drug, and Cosmetic Act, as amended (21 U.S.C. 360ii);

(40) Research into areas where a microgravity environment may contribute to significant progress in the understanding and treatment of diseases and other medical conditions, as authorized by section 603 of the National Aeronautics and Space Administration Authorization Act, Fiscal Year 1993 (42 U.S.C. 2487b);

(41) Support for radiation studies and research, as authorized under section 301 of the PHS Act (42 U.S.C. 241) and by section 20(a) of the Occupational Safety and Health Act of 1970 (29 U.S.C. 669(a));

(42) Research on occupational safety and health problems in industry, as authorized by section 20(a) of the Occupational Safety and Health Act of 1970 (29 U.S.C. 669(a)) and section 501 of the Federal Coal Mine Health and Safety Act of 1969 (30 U.S.C. 951); and

(43) Research to stimulate health-related technological innovation especially through the use of small business, minority, and disadvantaged firms and increased private sector commercialization of innovations derived from Federal research and development, as authorized under section 301 of the PHS Act (42 U.S.C. 241), in accordance with the procedures prescribed pursuant to section 2[9] of the Small Business Innovation Development Act of 1982, as amended (15 U.S.C. 638).

The Catalog of Federal Domestic Assistance (CFDA) numbered programs affected by title 42 of the Code of Federal regulations, part 52, are:

93.113—Biological Response to Environmental Health Hazards
93.114—Applied Toxicological Research and Testing
93.115—Biometry and Risk Estimation—Health Risks from Environmental Exposures
93.118—Acquired Immunodeficiency Syndrome (AIDS) Activity
93.121—Oral Diseases and Disorders Research

93.135—Centers for Research and Demonstration for Health Promotion and Disease Prevention
93.136—Injury Prevention and Control Research and State and Community Based Programs
93.172—Human Genome Research
93.173—Research Related to Deafness and Communication Disorders
93.184—Disabilities Prevention
93.213—Research and Training in Complementary and Alternative Medicine
93.242—Mental Health Research Grants
93.262—Occupational Safety and Health Program
93.271—Alcohol Research Career Development Awards for Scientists and Clinicians
93.273—Alcohol Research Programs
93.279—Drug Abuse and Addiction Research Programs
93.281—Mental Health Research Career/Scientist Development Awards
93.283—Centers for Disease Control and Prevention—Investigations and Technical Assistance
93.361—Nursing Research
93.389—National Center for Research Resources
93.390—Academic Research Enhancement Award
93.393—Cancer Cause and Prevention Research
93.394—Cancer Detection and Diagnosis Research
93.395—Cancer Treatment Research
93.396—Cancer Biology Research
93.821—Biophysics and Physiological Sciences Research
93.837—Heart and Vascular Diseases Research
93.838—Lung Diseases Research
93.839—Blood Diseases and Resources Research
93.846—Arthritis, Musculoskeletal and Skin Diseases Research
93.847—Diabetes, Endocrinology and Metabolic Research
93.848—Digestive Diseases and Nutrition Research
93.849—Kidney Diseases, Urology and Hematology Research
93.853—Clinical Research Related to Neurological Disorders
93.855—Allergy, Immunology, and Transplantation Research
93.856—Microbiology and Infectious Diseases Research
93.859—Biomedical Research and Research Training
93.865—Child Health and Human Development Extramural Research
93.866—Aging Research
93.867—Vision Research
93.879—Medical Library Assistance
93.941—HIV Demonstration, Research, Public and Professional Education Projects
93.942—Research, Treatment and Education Programs on Lyme Disease in the United States
93.943—Epidemiologic Research Studies of Acquired Immunodeficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV) Infection in Selected Population Groups
93.947—Tuberculosis Demonstration, Research, Public and Professional Education

Dated: September 19, 2006.

Elias A. Zerhouni,

Director, National Institutes of Health.

Approved: September 19, 2006.

Michael O. Leavitt,

Secretary.

[FR Doc. E6–15729 Filed 9–25–06; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (240) 276–1243.

Proposed Project: Evaluation of the Project Rehabilitation and Restitution Program (OMB No. 0930–0248)—Revision

The Rehabilitation and Restitution initiative of the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment seeks to reduce recidivism and increase psychosocial functioning and pro-social lifestyle among substance abusing offenders that have pled to or been convicted of a single felony. Hypotheses of the study are that providing intensive, long-term case management services will facilitate a pro-social lifestyle leading to higher rates of sealing or expunging of criminal records and that the prospect of stigma reduction provided by a sealed criminal record will motivate offenders to remain crime and drug free in order to achieve a felony-free criminal record.

The project consists of (1) providing technical assistance to develop and implement an enhanced model for case management services, and (2) evaluating of the effectiveness of the case management model in increasing the number of people that have their records sealed or maintain eligibility to have their records sealed. The study is confined to jurisdictions with statutes permitting records to be sealed within the remaining three-year parameters of the study. Two counties in Ohio, one involving an urban setting (Cuyahoga county which includes the city of Cleveland) and the other a rural setting (Clermont county adjacent to Northern Kentucky) were awarded by SAMHSA in 2002 in response to the original SAMHSA Request for Applications (RFA).

Target populations, drawn from Cuyahoga and Clermont County Court of Common Pleas Probation Departments, are first-time felons that are eligible to have their felony records sealed, have a diagnosis of substance dependence or abuse, and will receive case management services, including treatment referral, through each County's Treatment Accountability for Safer Communities (TASC) agency.

Technical assistance to participating counties is provided to (1) develop a strengths-based case management model designed to increase the proportion of offenders that achieve record expungement or maintain eligibility to have their felony records sealed, and (2) involve the various stake holders, such as case managers, probation officers and administrators, prosecutors, public defenders, judges, and treatment providers in the implementation of the case management model. A formative evaluation provides feedback on the implementation of the program. A systems evaluation examines the services offered to the felons, and changes in attitudes towards sealing records on the part of critical stakeholders, such as prosecutors, judges and service providers, and criminal justice systemic evolution. An outcomes evaluation examines the effect of the case management model on maintaining eligibility to have records sealed, and social, psychological and health status, HIV risk behavior, and the proportion of subjects who have their records sealed.

In Cuyahoga County a longitudinal study examines two groups of randomly assigned subjects: An intent-to-treat, experimental group participates in a strengths-based case management model during the first six months of a one-year period of judicial supervision followed by three years of outreach services availability through a faith-based community organization; and a control group receives treatment as usual, consisting of the regular TASC case management model now in place with no outreach service availability. Each group is stratified by Standard Court Referral (SCR), *i.e.*, convicted first-time felons that must remain crime-free for three years after release from probation to maintain eligibility to apply for expungement; and Felony Diversion