Form name	Number of respondents	Responses per respondent	Hours per response	Total burden hours
Data Sheet	800	1	10 mins	134
Verification Sheet	800	1	10 mins	134
Contact Sheet	800	1	10 mins	134
Total	2400			402

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 16C–17, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: December 16, 2003.

Tina M. Cheatham,

Acting Director, Division of Policy Review and Coordination.

[FR Doc. 03–31431 Filed 12–19–03; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Advisory Council on the National Health Service Corps; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), notice is hereby given of the following Federal advisory committee meeting. The meeting will be open to the public.

Name: National Advisory Council on the National Health Service Corps

Date and Time: January 29, 2004; 5 p.m.–7 p.m. January 30, 2004; 8:30 a.m.–5 p.m. January 31, 2004; 9 a.m. to 5:30 p.m. February 1, 2004; 8 a.m.–10:30 a.m.

Place: Sheraton Premier at Tysons Corner, 8661 Leesburg Pike, Vienna, Virginia 22182, (703) 448–1234.

Agenda: The Council will be meeting in conjunction with the 2004 National Health Service Corps Placement Cycle Conference. This meeting will provide an opportunity to meet with program participants and gain greater understanding of the placement process.

For Further Information Contact: Tira Robinson, Division of National Health Service Corps, Bureau of Health Professions, Health Resources and Services Administration, Parklawn Building, Room 8A–55, 5600 Fishers Lane, Rockville, Maryland 20857, telephone (301) 594–4140.

Dated: December 16, 2003.

Tina M. Cheatham,

Acting Director, Division of Policy Review and Coordination.

[FR Doc. 03–31427 Filed 12–19–03; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; Comment Request; The Atherosclerosis Risk in Communities Study (ARIC)

SUMMARY: Under the provisions of section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Heart, Lung and Blood Institute (NHLBI), 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 July 14, 2003, pages 41591–41592, and allowed 60-days for public comment. No public 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 respond 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: The Atherosclerosis Risk in Communities Study (ARIC). *Type of Information Collection Request:* Revision of a currently approved collection (OMB No. 0925–0281). *Need and Use of Information Collection:* This project involves annual follow-up by telephone of participants in the ARIC study, review of their medical records, and interviews with doctors and family to identify disease occurrence. Interviewers will contact doctors and hospitals to ascertain participants' cardiovascular events. Information gathered will be used to further describe the risk factors, occurrence rates, and consequences of cardiovascular disease in middle aged and older men and women. *Frequency of Response:* The participants will be contacted annually. *Affected Public:* Individuals or households: Businesses or other for profit; Small Businesses or organizations. *Type of Respondents:* Middle aged and elderly adults; doctors and staff of hospitals and nursing homes. The annual reporting burden is as follows: Estimated Number of Respondents: 13,640; *Estimated Number of Responses per Respondent:* 1.0; *Average Burden Hours Per Response:* 0.1667; and *Estimated Total Annual Burden Hours Requested;* 6,865. The annualized cost to respondents is estimated at $25,808, assuming respondents' time at the rate of $16.50 per hour for family and patient respondents, and $75 per hour for physicians. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

ESTIMATE OF ANNUAL HOUR BURDEN

Type of response	Number of respondents	Frequency of response	Average time per response	Annual hour burden
Participant Follow-up	13,050	1.0	0.1667	6,525
Physician, hospital, nursing home staff [1]	180	1.0	0.2500	135
Participant's next-of-kin [1]	410	1.0	0.1667	205
Total	13,640	1.0		6,865

[1] Annual burden is placed on doctors, hospitals, nursing homes, and respondent relatives/informants through requests for information which will help in the compilation of the number and nature of new fatal and nonfatal events.

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: Dr. Merle Myerson, NIH, NHLBI, 6701 Rockledge Drive, MSC 7934, Bethesda, MD 20892–7934, or call non-toll-free number 301–435–0707 or e-mail your request, including your address to: *MyersonM@nhlbi.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: December 11, 2003.

Peter Savage,

Director, DECA, NHLBI, National Institutes of Health.

[FR Doc. 03–31403 Filed 12–19–03; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Prospective Grant of Exclusive License: Use of Mutants of Human Insulin-Like Growth Factor Binding Protein-3 (IGFBP–3) in Treatment of Cancer

AGENCY: National Institutes of Health, Public Health Service, DHHS.

ACTION: Notice.

SUMMARY: This is notice, in accordance with 35 U.S.C. 209(c)(1) and 37 CFR 404.7(a)(1)(i), that the Food and Drug Administration and the Department of Health and Human Services is contemplating the grant of an exclusive license to practice the inventions embodied in International Patent Application PCT/US02/40561, ''Use of Mutants of Human Insulin-Like Growth Factor Binding Protein-3 (IGFBP–3) in Treatment of Cancer'', by Matthew Rechler, filed on December 17, 2002, and claiming priority to U.S. provisional patent application 60/341,920 filed December 17, 2001, to Actis Biologics Inc., which is located in Livermore, California. The patent rights in these inventions have been assigned to the United States of America.

The prospective exclusive license territory will be worldwide and the field of use may be limited to human therapeutics for the treatment of prostate and breast cancers.

DATES: Only written comments and/or application for a license which are received by the NIH Office of Technology Transfer on or before February 20, 2004 will be considered.

ADDRESSES: Requests for copies of the patent application, inquiries, comments and other materials relating to the contemplated exclusive license should be directed to: Brenda J. Hefti, Technology Licensing Specialist, Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, MD 20852–3804; Telephone: (301) 435–4632; Facsimile: (301) 402–0220; E-mail: *heftib@od.nih.gov.*

SUPPLEMENTARY INFORMATION: In this invention, human IGFBP–1 has been genetically modified so that its affinity for IGF–I and IGF–II is greatly reduced, and it can act only through a novel direct mechanism. These human IGFBP–3 mutants still can inhibit DNA synthesis and stimulate apoptosis, and have been shown to induce apoptosis in human prostate cancer cells. The current invention could selectively exert anti-proliferative action without interfering with IGF actions, and may have therapeutic uses as an anti-tumor agent.

The prospective exclusive license will be royalty-bearing and will comply with the terms and conditions of 35 U.S.C. 209 and 37 CFR 404.7. The prospective exclusive license may be granted unless within sixty (60) days from the date of this published notice, the NIH receives written evidence and argument that establish that the grant of the license would not be consistent with the requirements of 35 U.S.C. 209 and 37 CFR 404.7.

Properly filed competing applications for a license filed in response to this notice will be treated as objections to the contemplated license. Comments and objections submitted in response to this notice will not be made available for public inspection, and, to the extent permitted by law, will not be released under the Freedom of Information Act, 5 U.S.C. 552.

Dated: December 16, 2003.

Steven M. Ferguson,

Director, Division of Technology Development and Transfer, Office of Technology Transfer, National Institutes of Health.

[FR Doc. 03–31404 Filed 12–19–03; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HOMELAND SECURITY

Directorate of Science and Technology; Notice of Establishment of Homeland Security Science and Technology Advisory Committee (HSSTAC)

AGENCY: Office of the Undersecretary for Science and Technology, Department of Homeland Security.

ACTION: Notice.

SUMMARY: Section 311 of the Homeland Security Act of 2002, Pub. L. 107–296, established within the Department of Homeland Security the Homeland Security Science and Technology Advisory Committee (HSSTAC). The mission of the HSSTAC is to be a source of independent, scientific and technical planning advice for the Under Secretary for Science and Technology.

FOR FURTHER INFORMATION CONTACT: Dr. Ronald Taylor, Director, Office of Studies and Analysis, Department of Homeland Security Science and Technology Directorate, Washington, DC 20528, telephone (202) 205–5041, fax (202) 772–9916.

SUPPLEMENTARY INFORMATION:

Purpose

The HSSTAC shall make recommendations with respect to the activities of the Under Secretary for Science and Technology, including identifying research areas of potential importance to the security of the Nation. The HSSTAC is to be a source of independent, scientific and technical planning advice for the Under Secretary for Science and Technology.