Reports Clearance Office on (410) 786–1326.

Written comments and recommendations for the proposed information collections must be mailed or faxed within 30 days of this notice directly to the OMB desk officer: OMB Human Resources and Housing Branch, *Attention:* Carolyn Lovett, New Executive Office Building, Room 10235, Washington, DC 20503, *Fax Number:* (202) 395–6974.

Dated: February 22, 2007.

Michelle Shortt,

Director, Regulations Development Group, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. E7–3654 Filed 3–1–07; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Notice of Single-Source Grant Award to Louisiana, Alabama, and Mississippi for a Project Entitled, ''Deficit Reduction Act Hurricane Katrina Healthcare Related Provider Stabilization''

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: New Grant Awards.

Funding Amount: $160,000,000.

Period of Performance: February 12, 2007–September 30, 2009.

SUMMARY: The Secretary has authorized a total of $160 million in grant funds available to all three States. Based on each eligible IPPS hospital's and SNF's share of total Medicare inpatient payments in the FEMA designated counties in calendar year 2005 (the latest and most complete year of Medicare billing data available to us), this funding is being allocated for each State in the following proportions: 45 percent to Louisiana ($71,633,492), 38 percent to Mississippi ($60,556,425) and 17 percent to Alabama ($27,810,083).

This grant program is to fund State payments to general, acute care hospitals, and skilled nursing facilities in impacted communities that may face financial pressures because of changing wage rates that are not yet reflected in Medicare PPS payment methodologies.

The grant funds must be used by the States to make payments to all Medicare participating general hospitals, acute care hospitals, and SNFs that are currently paid under a Medicare PPS in the impacted communities. States have some flexibility in determining the methodology to determine the timing and amount of provider payments, but the methodology must reflect each provider's share of total Medicare payments during a specified period of time. Grant funds may not be distributed to hospitals and SNFs that are not in operation. States' payment methodologies should specify the relevant time periods and any other factors that will be considered in distributing available grant funds according to the principles specified above, and are subject to approval by CMS.

Justification for Exception to Competition

The Secretary has invoked his authority to restore health care in impacted communities affected by Hurricane Katrina by offering this unique funding opportunity which will enable States to make payments to assist hospitals and SNFs that are paid under a Medicare PPS, with the financial pressures that may result from changing wage rates in those impacted communities. For the reasons cited above, the Secretary has directed the Centers for Medicare & Medicaid Services to offer a single-source award to the States of Louisiana, Alabama and Mississippi.

FOR FURTHER INFORMATION CONTACT: Wendy J. Taparanskas, PhD., Health Insurance Specialist, Office of the Center Director, Centers for Medicaid and State Operations, Centers for Medicare & Medicaid Services, Mail Stop S2–26–12, 7500 Security Boulevard, Baltimore, MD 21244, (410) 786–5245.

Authority: Section 6201(a)(4) of the Deficit Reduction Act of 2005 (DRA) .

(Catalog of Federal Domestic Assistance Program No. 93.779)

Dated: February 13, 2007.

Leslie V. Norwalk,

Acting Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. E7–3655 Filed 3–1–07; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Notice of Determination and Findings; Authority To Incorporate a No-Setoff Commitment

Upon the basis of the following findings pursuant to authority of Title 31 U.S.C. Section 3727 and in accordance with the Presidential delegation of authority dated October 3, 1995, as referenced in the Federal Acquisition Regulation 32.803(d) it is hereby determined that the use of a no-setoff provision is appropriate to facilitate the private financing of a steam production facility at NCI-Frederick.

Findings

1. Despite an essentially static space inventory, the cost of steam under NCI-Frederick's interagency agreement with the Fort Detrick U.S. Army Garrison has increased by 70% from 2003 to 2006. In addition, despite numerous energy saving projects accomplished over the past 9 years, quantities of steam billed by the Army to the NCI have remained 20%–30% above amounts estimated/measured through engineering methods.

2. In response to the escalation in steam related energy costs/quantities, a thorough review of steam production alternatives was conducted. Based on this analysis it was concluded that significant energy and cost savings could be achieved through the construction of a new steam production facility and the subsequent severing of ties to the existing Fort Detrick boiler plant.

3. On behalf of Potomac Edison Company, APS Constellation, L.L.C. has proposed a privately financed Energy Savings Performance Contract (ESPC) to construct the new steam facility. Securing the private financing for this project is dependent upon incorporation of a no-setoff provision in the contract.

4. Inclusion of the no-setoff provision will enable the Contractor to secure financing with an interest rate that is lower than the interest rate that would be obtained in the absence of the no-setoff provision. The Government will benefit directly from a lower interest rate in the form of lower interest payments over the 20-year term of the repayment.

5. Incorporating a no-setoff provision will not increase the risk of the Government since the Basic Ordering Agreement requires that the Contractor guarantee that the energy and energy-related cost savings exceed the payments to the Contractor during the performance period following construction of the project. In the event that the savings fall below the level guaranteed by the Contractor, the Contractor will be responsible for crediting the difference to the Government.

6. In accordance with the guidance set forth in FAR 32.803(d), a review of the proposed contractor's financial status revealed no significant indebtedness to the United States.

Determination

Based on the foregoing, I hereby determine that it is the Government's best interests to approve the use of Alternate 1 to the Clause at FAR 52.232–23 which authorizes incorporation of a no-setoff provision.

Dated: February 22, 2007.

Daniel J. Frasier,

Head of the Contracting Activity, Director, OAMP, OA, OM, National Institutes of Health.

[FR Doc. 07–960 Filed 3–1–07; 8:45 am]

BILLING CODE 4140–01–M

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.

Model for Study of Glomerular Disorders: Conditionally-Immortalized Mouse Podocyte Cell Line With Tet-on-Regulated Gene Expression

Description of Technology: Podocytes, cells of the visceral epithelium in the kidneys, are a key component of the glomerular filtration barrier. As such, they play a vital role in glomerular disorders, which are a major cause of chronic kidney disease. Examples of these disorders include focal segmental glomerulosclerosis, membranous glomerulonephritis, minimal change disease, and diabetic nephropathy.

The inventors have developed a conditionally-immortalized mouse podocyte cell line with tightly controlled conditional gene expression. The cell line has been conditionally immortalized through the introduction of the H-2Kb-tsA58 transgene, which is a temperature-sensitive mutant of the SV40T antigen. Inducible gene expression is tightly controlled through two introduced transgenes, podocin-rtTA and CMV-tTS, that produce a ''Tet-on'' system wherein gene expression is induced by tetracycline or doxycycline. The combination of the two transgenes for Tet-on gene expression has resulted in much tighter regulation and lower background expression compared to cells carrying the podocin-rtTA transgene alone.

Applications: Model system for study of glomerular disorders; Model system for podocyte cell biology.

Market: Glomerular disorders are a major cause of chronic kidney disease. Approximately 20 to 35 percent of patients requiring renal replacement therapy have a glomerular disorder.

Inventors: Jeffrey B. Kopp (NIDDK) *et al.*

Relevant Publication: T Shigehara, C Zaragoza, C Kitiyakara, H Takahashi, H Lu, M Moeller, LB Holzman, and JB Kopp. Inducible podocyte-specific gene expression in transgenic mice. J Am Soc Nephrol. 2003 Aug;14(8):1998–2003.

Patent Status: HHS Reference No. E–049–2007/0—Research Tool.

Licensing Status: This technology is available as a research tool under a Biological Materials License.

Licensing Contact: Tara L. Kirby, PhD.; 301/435–4426; *tarak@mail.nih.gov.*

Collaborative Research Opportunity: The *NIDDK Kidney Disease Section* is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate, or commercialize a model system for the study of glomerular disorders. Please contact Jeffrey B. Kopp, MD, by phone (301/594–3403), fax (301/402–0014) or e-mail (*jbkopp@nih.gov*) for more information.

Latrophilin 3, a Gene Involved in Attention Deficit Hyperactivity Disorder

Description of Technology: Attention Deficit Hyperactivity Disorder (ADHD) is the most common behavioral disorder in childhood, and is estimated to affect three to five percent of people in the United States, both children and adults. Treatment typically involves a combination of behavior modification, educational interventions, and medication. There are a variety of medications available for treatment of ADHD; the most frequently prescribed drugs are stimulants or antidepressants. However, currently there is no way to tell in advance which medication will be most helpful for a particular individual.

The inventors have identified haplotypes of latrophilin 3 (LPHN3) that increase susceptibility for development of ADHD. LPHN3 is a G-protein coupled receptor that is specifically expressed in the brain's mesolimbic system, which is associated with ADHD. The invention describes methods of identifying LPHN3 haplotypes in an individual for determining susceptibility for development of ADHD. Identification of LPHN3 haplotypes in an ADHD-affected individual may also make possible individualized drug treatment plans.

Applications: Identify individuals with enhanced susceptibility for ADHD; Use LPHN3 haplotype information to design individualized treatments.

Inventors: Maximillian Muenke (NHGRI), Mauricio Arcos-Burgos (NHGRI), and F. Xavier Castellanos (NIMH).

Patent Status: U.S. Provisional Application No. 60/850,972 filed 11 Oct 2006 (HHS Reference No. E–312–2006/0-US–01).

Licensing Status: Available for exclusive or nonexclusive licensing.

Licensing Contact: Tara Kirby, PhD.; 301/435–4426; *tarak@mail.nih.gov.*

A Fertility Test To Detect Ovarian Autoimmune Disease Using Human Recombinant MATER Protein

Description of Technology: The inventors have identified MATER, a gene that plays an important role in fertility, and have shown that antibodies against MATER protein are detected at higher frequencies in women experiencing infertility and irregular menstrual periods than in healthy women. The discovery of MATER as an important factor in autoimmune-mediated ovarian dysfunction will facilitate diagnosis and treatment of these disorders. In addition to its critical role in ovarian autoimmunity, the inventors have also discovered that the MATER gene plays an essential role in embryonic development.

The invention discloses the MATER gene, MATER protein and MATER-specific antibodies. Also disclosed are methods and kits for evaluating female infertility through detection of an abnormal autoimmune response, an abnormal MATER gene, or abnormal MATER protein expression.

Applications: Diagnostic test for women suffering from infertility or irregular menstrual periods; Tool for the study of early embryonic development;