deadline for submission of abstracts. We expect that full proposals will be required to be submitted within 45 days of the date of the notification letter.

The Catalogue of Federal Domestic Assistance Numbers is 93.239.

Dated: March 1, 2001.

William F. Raub,

Acting Assistant Secretary for Planning and Evaluation.

[FR Doc. 01–5516 Filed 3–6–01; 8:45 am]

BILLING CODE 4151–04–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day–01–25]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 639–7090.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques for other forms of information technology. Send comments to Anne O'Connor, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Project

Evaluating HIV Prevention Programs in Community-Based Organizations (CBOs)—New—The National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC) proposes to evaluate HIV prevention programs in community-based organizations (CBOs) through a quarterly and annual reporting system. This evaluation is necessary to understand the impact of CDC's expenditures and efforts to support CBOs, and for modifying and improving the prevention efforts of CBOs. This data collection will provide CDC with standardized data which will allow CDC to (a) determine the extent to which HIV prevention efforts have contributed to a reduction in HIV transmission nationally; (b) improve programs to better meet the goal of reducing HIV transmission; (c) help focus technical assistance and support; and (d) be accountable to stakeholders by informing them of progress made in HIV prevention nationwide. CDC currently funds 181 CBOs.

Each CBO will be asked to report on the following types of interventions that it has implemented (a) individual level interventions; (b) group level interventions; (c) street and community outreach; (d) prevention case management; (e) partner counseling and referral services; (f) health communications/public information; (g) community level interventions; and (h) HIV antibody counseling and testing.

The total annual cost to respondents is estimated at $30,770 based on an average salary of $35,000 for program managers.

Respondents	Number of respondents	Number of responses	Avg. burden per response (in hrs.)	Total burden (in hrs.)
Intervention Plan	181	1	2	362
Process Monitoring	181	4	2	1,448
Total				1,810

Dated: February 28, 2001.

Nancy Cheal,

Acting Associate Director for Policy, Planning and Evaluation Centers for Disease Control and Prevention.

[FR Doc. 01–5494 Filed 3–6–01; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: The Centers for Disease Control and Prevention (CDC) is seeking a CRADA partner for collaboration to examine the use of CD40L as a molecular adjuvant to enhance the humoral and cellular immune responses to Respiratory Syncytial Virus (RSV) and other viral vaccines. The methods comprise expression of the immune-enhancing CD40L molecule with viral antigens in vaccines or addition of CD40L to viral antigens in vaccines to augment the antibody and cellular immune responses to the vaccine antigens. RSV is one example of a viral agent for which vaccines are sought and for which CD40L might prove to be a safe and effective adjuvant.

Because CRADAs are designed to facilitate the development of scientific and technological knowledge into useful, marketable products, a great deal of freedom is given to Federal agencies in implementing collaborative research. The 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. This opportunity is available until 30 days after publication of this notice. Respondents may be provided a longer period of time to furnish additional information if CDC finds this necessary.

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 (CDC), 1600 Clifton Rd. NE., Mailstop G–09, Atlanta, GA 30333, telephone (404) 639–3427.

Business: Lisa Blake-DiSpigna, Technology Development Coordinator, National Center for Infectious Diseases, Centers for Disease Control and

Prevention (CDC), 1600 Clifton Rd. NE., Mailstop C–19, Atlanta, GA 30333, telephone (404) 639–3227 or by E-Mail at LCB3@CDC.GOV.

SUPPLEMENTARY INFORMATION: The goal of this CRADA is to seek a partner for collaboration to examine development of research animal models (particularly for non-human primates) to study both the safety and efficacy of CD40L as a vaccine adjuvant. These animal model systems and vaccines will be used to study the ability of CD40L to enhance the immune response to (RSV) vaccine antigens. These studies will focus on humoral immune responses (eg. viral titers), cellular immune responses (eg. cytotoxicity), cytokines and chemokine expression, quantification of cell subsets at the site of infection (i.e. the pulmonary cell infiltrate) and quantification of viral replication in the lungs. Respondents should provide evidence of expertise in the development and evaluation of anti-viral vaccines and vaccine agents, evidence of experience in animal models systems including non-human primate models, commercialization of vaccines and vaccine agents, and supporting data (e.g., publications, proficiency testing, certifications, resumes, etc.) of qualifications for the principal 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 (RSV) vaccines;
2. Expertise in evaluation of anti-viral (RSV) vaccines in animal model systems including non-human primates;
3. Evidence of scientific credibility;
4. Evidence of commitment and ability to anti-viral (RSV) vaccines and;
5. Evidence of an existing infrastructure to commercialize successful technologies.

With respect to Government Intellectual Property (IP) rights to any invention not made solely by a CRADA partner's employees for which a patent or other IP application is filed, CDC has the authority to grant to the CRADA partner an exclusive option to elect an exclusive or nonexclusive commercialization license. This option does not apply to inventions conceived prior to the effective date of a CRADA that are reduced to practice under the CRADA, if prior to that reduction to practice, CDC has filed a patent application on the invention and has licensed it or offered to license it to a third party. This CRADA is proposed and implemented under the 1986 Federal Technology Transfer Act: Public Law 99–502, as amended.

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

Dated: March 1, 2001.

Joseph R. Carter,

Associate Director for Management and Operations, Centers for Disease Control and Prevention.

[FR Doc. 01–5503 Filed 3–6–01; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

The National Center for HIV, STD and TB Prevention of the Centers for Disease Control and Prevention (CDC) Announces the Following External Consultant Meeting

Name: External Consultant Meeting on Nonoccupational Antiretroviral Postexposure Prophylaxis (nPEP).

Times and Dates: 8 a.m.–5 p.m., May 10, 2001. 8:30 a.m.–3:15 p.m., May 11, 2001.

Place: Atlanta Hilton and Towers-Downtown, 255 Courtland Street, NE, Atlanta, GA 30303.

Status: Open to the public, limited only by the space available.

Purpose: Attendees at this meeting will discuss and make recommendations *as individuals* to the Division of HIV/AIDS Prevention-Surveillance and Epidemiology on matters related to the potential use of antiretroviral medications and other interventions following sexual, injection drug use, and other non-occupational exposures to human immunodeficiency virus with a resulting risk of infection.

Matters To Be Discussed: Agenda items will include: a review of data on the potential efficacy of antiretroviral prophylaxis in occupational, perinatal, and non-human primate retroviral exposures; information on the extent of, and situations leading to requests for, and provision of, nPEP in the United States; whether and how additional data to determine nPEP efficacy in humans can be collected; and whether and how the CDC and the Public Health Service should amend its 1998 statement on nPEP considerations.

Contact Person for More Information: Dr. Dawn K. Smith, Medical Epidemiologist, NCHSTP, CDC, 1600 Clifton Road, NE, M/S E–45, Atlanta, Georgia 30333, telephone 404–639–6165. The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: March 1, 2001.

Carolyn J. Russell,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 01–5504 Filed 3–6–01; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[Notice of Program Announcement No. ACF/ACYF/HS 2001–05]

Fiscal Year 2001 Discretionary Announcement for Nationwide Expansion Competition of Early Head Start; Availability of Funds and Request for Applications

AGENCY: Administration on Children, Youth and Families (ACYF), Administration for Children and Families (ACF), DHHS

ACTION: Notice of Fiscal Year 2001 Early Head Start availability of financial assistance for nationwide expansion and request for applications.

SUMMARY: The Administration on Children, Youth and Families announces approximately $47 million in financial assistance to be competitively awarded to local public and private non-profit and for-profit entities—including Early Head Start and Head Start grantees—to provide child and family development services for low-income families with children under age three and pregnant women. Early Head Start programs provide early, continuous, intensive and comprehensive child development and family support services on a year-round basis to low-income families. The purpose of the Early Head Start program is to enhance children's physical, social, emotional, and intellectual development; to support parents' efforts to fulfill their parental roles; and to help parents move toward self-sufficiency.

Funds will be competitively awarded under this Notice to increase the number of children and families served by the Early Head Start program. There