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

ANNUAL BURDEN ESTIMATES—Continued

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Estimated Total Annual Burden Hours:				178.5

Additional Information: Copies of the proposed collection may be obtained by writing to The Administration for Children and Families, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer.

OMB Comment: OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, 725 17th Street, NW., Washington, DC 20503, Attn: Desk Officer for ACF.

Dated: June 18, 2001.

Bob Sargis,

Reports Clearance Officer.

[FR Doc. 01–15627 Filed 6–20–01; 8:45 am]

BILLING CODE 4184–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Circulatory System Devices Panel of the Medical Devices Advisory Committee; Notice of Meeting

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

This notice announces a forthcoming meeting of a public advisory committee of the Food and Drug Administration (FDA).The meeting will be open to the public.

Name of Committee: Circulatory System Devices Panel of the Medical Devices Advisory Committee.

General Function of the Committee: To provide advice and recommendations to the agency on FDA's regulatory issues.

Date and Time: The meeting will be held on July 9, 2001, 10 a.m. to 6 p.m., and July 10, 2001, 8 a.m. to 6 p.m.

Location: Marriott Washingtonian Center, Salons A, B, and C, 9751 Washingtonian Blvd., Gaithersburg, MD.

Contact: Megan Moynahan, Center for Devices and Radiological Health (HFZ–450), Food and Drug Administration, 9200 Corporate Blvd., Rockville, MD 20850, 301–443–8517, ext. 171, or FDA Advisory Committee Information Line, 1–800–741–8138 (301–443–0572 in the Washington, DC area), code 12625. Please call the Information Line for up-to-date information on this meeting.

Agenda: On July 9, 2001, the committee will hear brief presentations on issues related to endovascular grafting systems for the treatment of abdominal aortic aneurysms. The committee will then discuss, make recommendations, and vote on a premarket approval application (PMA) for a percutaneous myocardial revascularization system used in the treatment of angina. On July 10, 2001, the committee will discuss, make recommendations, and vote on two separate PMAs for implantable cardiac devices used in the treatment of congestive heart failure.

Background information for each day's topic, including the agenda and questions for the committee, will be available to the public 1 business day before the meeting on the Internet at http://www.fda.gov/cdrh/panelmtg.html. Material for the July 9 meeting will be posted on July 6, 2001; material for the July 10 meeting will be posted on July 9, 2001.

Procedure: Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Written submissions may be made to the contact person by July 2, 2001. On July 9, 2001, oral presentations from the public will be scheduled between approximately 10:45 a.m. and 11:30 a.m., and near the end of the committee deliberations. On July 10, 2001, oral presentations from the public will be scheduled between approximately 8 a.m. and 8:30 a.m., and between approximately 1:30 p.m. and 2 p.m., and near the end of the committee deliberations on each submission. Time allotted for each presentation may be limited. Those desiring to make formal oral presentations should notify the contact person before July 2, 2001, and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time requested to make their presentation.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. app. 2).

Dated: June 14, 2001.

Linda A. Suydam,

Senior Associate Commissioner.

[FR Doc. 01–15590 Filed 6–20–01; 8:45 am]

BILLING CODE 4160–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[HCFA–2124–N]

RIN 0938–AK52

State Children's Health Insurance Program (SCHIP); Redistribution and Continued Availability of Unexpended SCHIP Funds From the Appropriation for FY 1998

AGENCY: Health Care Financing Administration (HCFA), HHS.

ACTION: Notice.

SUMMARY: This notice announces the application of new statutory provisions concerning the redistribution and availability of unexpended funds appropriated for the fiscal year (FY) 1998 for the State Children's Health Insurance Program under title XXI of the Social Security Act. It sets forth the amounts available for each of the 50 States, the District of Columbia, and the Commonwealths and Territories from the FY 1998 appropriation for a second period of availability under the statutory formula. It specifies amounts of allotments that may remain available (''retained allotments'') to the States to which those amounts were originally allotted during the initial period, and the amounts of allotments that are redistributed from the States to which they were allotted during the initial period to be available to other States (''redistributed allotments''). This notice implements section 801 of the Medicare, Medicaid and SCHIP Benefits