Telephone: 770–488–4031, E-mail address: *SLHarper@cdc.gov.*

Dated: June 13, 2003.

Edward Schultz,

Acting Director, Procurement and Grants Office, Centers for Disease Control and Prevention.

[FR Doc. 03–15590 Filed 6–19–03; 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: Implementation of the Head Start National Reporting System on Child Outcomes.

OMB No.: 0970–0249.

Description: The Administration on Children, Youth and Families (ACYF), Administration for Children and Families (ACF) of the Department of Health and Human Services (HHS) is requesting comments on plans to implement the Head Start National Reporting System on Child Outcomes. This information will be used to enhance Head Start program quality and accountability.

The Head Start National Reporting System (HSNRS) has three major goals. First, the HSNRS will provide teachers and local programs with additional information regarding children's progress by reporting on how children are doing at the beginning and end of the program year in a limited number of areas. Second, the HSNRS will create a new national system of data on child outcomes form every local Head Start agency for use in planning targeted training and technical assistance services to strengthen program effectiveness. Third, the HSNRS will be used by ACF to help in the monitoring of local Head Start agencies in order to strengthen program accountability and improve program quality.

This effort will ensure that every Head Start program will assess in a consistent fashion the progress made by children in acquiring a limited set of early literacy, language, and numeracy skills. All Head Start children who are four years old or older will be administered a direct child assessment twice a year, the data analyzed, and the finding reported to the Head Start Bureau, ACF Regional Offices and local Head Start agencies. The NSNRS assessment is designed to create aggregate data on the progress or groups of children at the center and program levels. It is not designed to report on the school readiness of individual Head Start children.

Respondents: Head Start children and Head Start staff.

Annual Burden Estimates

ESTIMATED ANNUAL RESPONSE BURDEN TO IMPLEMENT THE HEAD START NATIONAL REPORTING SYSTEM ON CHILD OUTCOMES

Respondents and activities	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Head Start Children: Complete Direct Assessments	500,000	2	1/3	333,333
Head Start Staff: Administer Direct Assessments	36,000	14 × 2	1/3	336,000
Head Start Staff: Enter Child Demographic Information	36,000	13.9	1/30	16,666
Head Start Staff: Enter Teacher Background Information	36,000	1	1/60	600
Head Start Staff: Participating in Summer Training	3,000	1	24	72,000
Head Start Staff: Training Local Assessors for the Direct Child Assessment	3,000	1	20	60,000
Head Start Staff: Receiving Training for the Direct Child Assessments	36,000	.....	8	288,000
Head Start Local Training Staff: Fall Implementation Evaluation Form	3,000	2	1/12	500
Head Start Local Program Staff: Focus Groups	600	2	1	1,200
Head Start Local Program Staff: Interview	180	2	1	360
Spring Refresher Training (Home Study): Trainers	3,000	1	8	24,000
Spring Refresher Training (Home Study): Assessors	36,000	1	4	144,000
Totals Annualized	.....	.....	.....	1,276,659

Additional Information: Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Administration, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. E-mail address: *rsargis@acf.hhs.gov.*

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, E-mail address: *lauren_wittenberg@omb.eop.gov.*

Dated: June 17, 2003.

Robert Sargis,

Reports Clearance Officer.

[FR Doc. 03–15658 Filed 6–19–03; 8:45 am]

BILLING CODE 4184–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

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

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget, in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. chapter 35). To request a copy of the clearance requests submitted to OMB for review, call the HRSA Reports Clearance Office on (301) 443–1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

Proposed Project: Loan Information System Records for the DHHS and DHUD Hospital Mortgage Insurance, Guarantee, and Direct Loan Programs (OMB No. 0915–0174)—Revision

The Division of Facilities and Loans within the Health Resources and Services Administration monitors outstanding direct and guaranteed loans made under section 621 of Title VI and Section 1601 of Title XVI of the Public Health Service Act, as well as loans insured under the section 242 Hospital Mortgage Insurance Program of the National Housing Act. These programs were designed to aid construction and modernization of health care facilities by increasing the access of facilities to capital through the assumption of the mortgage credit risk by the Federal Government.

Operating statistics and financial information are collected annually from hospitals with mortgages that are insured under these programs. The information is used to monitor the financial stability of the hospitals to protect the Federal investment in these facilities. The form used for the data collection is the Hospital Facility Data Abstract. No changes in the form are proposed.

The estimated response burden is as follows:

Form	Number of respondents	Responses per respondent	Hours per response	Total hour burden
Hospital Facility Data Abstract	125	1	1	125

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Allison Eyte, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503, Fax Number 202–395–4650.

Dated: June 16, 2003.

Jane M. Harrison,

Director, Division of Policy Review and Coordination.

[FR Doc. 03–15619 Filed 6–19–03; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Inventions; Availability for Licensing

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

ACTION: Notice.

SUMMARY: The inventions listed below are owned by agencies 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.

Protein Arginine N-methyltransferase 2 (PRMT–2)

Dr. Elizabeth Nabel (NHLBI)
DHHS Reference No. E–190–2003
Licensing Contact: Marlene Shinn-Astor; 301/435–4426; *shinnm@mail.nih.gov*

The Protein Arginine Methyltansferases (PRMTs) include a family of proteins with related putative methyltransferase domains that modify chromatin and regulate cellular transcription. These PRMTs catalyze the posttranslational methylation of arginine residues in proteins, resulting in the mono- and dimethylation of arginine on the guanidine group.

The NIH announces the characterization of one member of the PRMT family, PRMT–2. It has been found that PRMT–2 proteins can modulate the activity of Nuclear Factor kappa B (NFκB) and STAT3. PRMT–2 inhibits NFκB dependent transcription by causing nuclear accumulation of IκBα, which concomitantly decreases nuclear NFκB DNA binding. PRMT–2 modulates glucose and lipid metabolism, and controls body weight. The regulation of leptin and insulin signaling by PRMT–2 methylation of STAT3 may be a new target for treatment of diabetes and metabolic syndrome diseases such as type2 diabetes mellitus and hyperlipidemia. By screening for drugs that modulate PRMT–2 activity or expression, or cellular factors that are influenced by PRMT–2, one will be able to treat or prevent diseases such as, inflammation, allergies, cancer, obesity, diabetes, hyperlipidemia, adult respiratory distress syndrome (ARDS), asthma, allograft rejection, vasculitis, and vascular restenosis, as well as other conditions that are typically responsive to inhibition of NFκB or that are responsive to methylated STAT3.

Mouse Monoclonal Antibodies Against Human IKKgamma/NEMO Protein

Dr. Kuan-Teh Jeang (NIAID)
DHHS Reference No. E–118–2003—Research Tool
Licensing Contact: Marlene Shinn-Astor; 301/435–4426; *shinnm@mail.nih.gov.*

NF–kB has been found to be important in immune responses, cell proliferation, apoptosis, and in organ development. Several years ago it was discovered that an IKKgamma/NEMO protein was essential as an adaptor molecule to mediate TNF-alpha, IL–1, and oncoprotein induced activation of NF–kB. Mutation in IKKgamma/NEMO also results in two human genetic diseases, Familial incontinentia pigmenti and hypohidrotic/anhidrotic ectodermal dysplasia. The NIH announces mouse monoclonal antibodies to IKKgamma/NEMO that are far superior to other immunological reagents. It is anticipated that the antibodies would have both research and diagnostic capabilities.

Method for Preparing 17α-acetoxy-11β-(4,N,N-dimethylaminophenyl)-19-norpregna-4,9-diene-3,20-dione, Intermediates Thereof, and Methods for the Preparation of Such Intermediates

H.K. Kim, *et al.* (NICHD)
DHHS Reference No. E–113–2002/0–US–01
Licensing Contact: Marlene Shinn-Astor; 301/435–4426; *shinnm@mail.nih.gov.*

The compound 17α-acetoxy-11β-(4-N,N-dimethylamino-phenyl)-19-norpregna-4,9-diene-3,20-dione (CDB–2914) is a well known steroid which possesses antiprogestational and antiglucocorticodal activity. CDB–2914 could be used in contraception and therapeutic applications, including