and sharing of lessons learned. They are world leaders in this area and have worked with other programs in similar settings to improve chronic illness systems of care for underserved and vulnerable populations, including the Health Resources and Services Administration/Bureau of Primary Health Care's health center program for eight years. The IHI's intellectual capital and operational capacity are essential to the IHS. The IHI has the resources and access to an international network of experts in the area of chronic disease management and implementing chronic care models in various settings. Most other improvement agencies and organizations focus on specific steps and methodologies while IHI takes a much more comprehensive and strategic approach to improvement. Over the past 15 years they have become the recognized world leader in system change in healthcare. They have moved beyond the specifics of software into process development using a variety of techniques to make the best use of technologies and existing organizational capabilities. Their methodologies include improvement advisors who act as peer to peer coaches for organizations implementing change. This personal approach and the IHI's considerable expertise are critical to expand existing Indian Country efforts, where personal connection and effective relationships are often the difference between project success and failure.

This single source cooperative agreement will allow IHS to expedite learning from their organization as well as expedite access to IHI's vast network of strategic partners.

III. Award Information

Type of Awards: Cooperative Agreement.

Estimated Funds Available: The award is for three years. For year one $600,000 is available and for years two and three—$800,000 is available for each year for a continuation award. Award under this announcement is subject to availability of funds.

Anticipated Number of Awards: One single source award will be made under the Program.

Project Period: February 16, 2007–February 15, 2010.

Award Amount: $600,000 in year 1; $800,000 in years 2 and 3.

For information regarding the notification, please contact: Candace M. Jones, MPH, National Programs (NPABQ), 5300 Homestead Road, NE., Albuquerque, NM 87110, 505–248–4961 or *candace.jones@ihs.gov*.

Electronic Submission: The preferred method for receipt of applications is electronic submission through Grants.gov. Please refer to the following links for complete application instructions: applicant package may be found in Grants.gov (*www.grants.gov*) or *http://www.ihs.gov/NonMedicalPrograms/gogp/gogp__fund.asp*.

Dated: January 18, 2007.

Robert G. McSwain,

Deputy Director, Indian Health Service.

[FR Doc. 07–386 Filed 1–29–07; 8:45 am]

BILLING CODE 4165–16–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

The National Institutes of Health

Proposed Collection; Comment Request; Monitoring and Evaluation of the NIDA Goes Back to School National Dissemination Campaign

Summary: In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collection of information, the National Institute on Drug Abuse (NIDA), the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Proposed Collection: Title: Monitoring and Evaluation of the NIDA Goes Back to School National Dissemination Campaign. *Type of Information Collection Request:* New. *Need and Use of Information Collection:* This is a request for a one-time clearance to collect information on the use of the NIDA Goes Back to School (NGBTS) dissemination materials that can be requested by interested persons from the NIDA Internet site. The National Institute on Drug Abuse (NIDA) launched an initiative to increase awareness of the Institute and its mission to bring the power of science to bear on the treatment and prevention of drug abuse and addiction. NIDA has been developing science education materials for grades K–12 for use by students, teachers, parents, school counselors, school health educators, school resources officers, community organizers, and state and local government agencies. The number of requestors has been an average of 7,500 per year. These large numbers indicate that the dissemination reach is considerable. The pattern of requests also indicates that the number of requests increases dramatically in the early weeks after a dissemination activity is launched. The purpose of this information collection is to determine the level of use by school personnel and community leaders who request the NGBTS materials, and if there is a difference in use level between those requestors responding to a campaign activity and those requestors who were not reached by campaign activities. The information will identify barriers to the use of the materials among these occupational groups and the populations they serve. It will help make the materials more productive in raising the awareness of the harms from substance abuse among children, youth, and parents. It will be used to refine the focus of the dissemination activities, so that dissemination resources are used more productively. The information will be collected from requestors who have requested NIDA NGBTS materials using the requestor forms from the NIDA site, from October 2003 to September 2005. All information collection in the evaluation will be conducted on-line. The estimated total time for a survey is 5 minutes. Prior to the monitoring and evaluation study, the information collection instruments will be pilot-tested via telephone interview format, with a sample of 8 individuals who have requested these materials during the chosen study years. The surveys will include the following elements: (1) Use of the NGBTS materials, (2) Opinion of the NGBTS materials, (3) Respondent information on gender, present occupation and its duration, (4) Background information on the school or Organization/Community. *Frequency of Response:* This project will be conducted once. *Affected Public:* School personnel, and Community Leaders who have requested the NGBTS materials. *Type of Respondent:* School personnel, and Community Leaders who have requested the NGBTS materials from the NIDA site. *Estimated Total Annual Number of Respondents:* 400. *Estimated Number of Responses per Respondent:* 1. *Average Burden Hours per Response:* .08. *Estimated Total Annual Burden Hours Requested:* 32.0. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report. The estimated annualized burden is summarized below.

Type of respondents	Number of respondents	Frequency of response	Average burden hours per response	Estimated total burden hours requested
Requesters—School Personnel	200	1	0.08	16
Requestors—Community Leaders	200	1	0.08	16
Total	400			32

Request for Comments: Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) 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; (2) the accuracy of the agency's estimate of the burden of the proposed collection of information; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the information collection plans, contact Brian Marquis, Project Officer, National Institute on Drug Abuse, 6001 Executive Boulevard, Room 5216, Bethesda, MD 20892, or call non-toll-free number 301–443–1124; fax 301–443–7397; or by e-mail to *bmarquis@/nida.nih.gov.*

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 60-days of the date of this publication.

Donna Jones,

Budget Officer & Acting Associate Director for Management, National Institute on Drug Abuse.

[FR Doc. 07–357 Filed 1–29–07; 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.

Megakaryocyte Potentiation Factor as a New Serum Tumor Marker for Mesothelioma

Description of Technology: Mesothelin is a glycoprotein, whose expression has been largely restricted to mesothelial cells in normal tissues, although epithelial cells of the trachea, tonsil, fallopian tube, and kidney have shown immunoreactivity. Mesothelin has been shown to be expressed in several cancers including mesothelioma, lung cancer, pancreatic carcinomas, gastric carcinomas and ovarian carcinomas, and has the potential of being used as a tumor marker and a novel target for the development of new treatments.

Mesothelin precursor protein is a 69 kDa protein that is proteolytically cleaved into two products, the megakaryocyte potentiation factor (MPF) and mesothelin. MPF is a 33 kDa soluble protein that is shed into the blood stream of patients with mesotheliomas and other tumors including ovarian and pancreatic and thus can be used as a serum marker for the diagnosis of mesothelin expressing cancers.

This invention describes the generation of monoclonal antibodies to MPF. The antibodies can be useful for diagnosing mesotheliomas and other cancers. Additionally, it can be used by the oncological research community as a research tool.

Applications: New monoclonal antibodies against MPF; A new monoclonal antibody against MPF that can be used for diagnosis method for mesotheliomas and other cancers including ovarian and pancreatic by detecting MPF in serum of patients.

Market: Cancer diagnostic market is projected to grow to approximately $8B in the next 5 years; Potential as a research tool for oncology research market.

Inventor: Ira H. Pastan *et al.* (NCI).

Publication: M Onda et al. Megakaryocyte potentiation factor cleaved from mesothelin precursor is a useful tumor marker in the serum of patients with mesothelioma. Clin Cancer Res. 2006 Jul 15;12 (14 Pt 1):4225–4231.

Patent Status: HHS Reference No. E–293–2006/0—Research Tool.

Licensing Status: Available for licensing under a Biological Materials license.

Licensing Contact: Jesse S. Kindra, J.D.; 301/435–5559; *kindraj@mail.nih.gov.*

Enriched Natural Killer Cells for Adoptive Infusion Cancer Therapy

Description of Technology: Immunotherapy has taken a lead among the new cancer therapeutic approaches. It is one of the most promising new therapeutic approaches that exploit the innate immune mechanism of an individual to fight against a certain disease.

Natural killer (NK) cells are a form of cytotoxic lymphocytes which constitute a major portion of the innate immune system. NK cells have tumor cytotoxic properties independent of tumor specific antigens and have been shown in murine models to control and prevent tumor growth and dissemination. Inactivation of NK cells potentially allows cancer cells to evade host NK-cell-mediated immunity. Ligation of killer immunoglobulin like receptors (KIRs) by MHC class I on both normal and malignant tissues suppresses the function of NK cells.

The present invention relates to treating cancer and other hyperproliferative disorders by administering an enriched composition of allogeneic or autologous (KIR/KIR ligand incompatible) NK cell population. This enriched composition can potentially override the inactivation