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: *infocollection@acf.hhs.gov*. All requests should be identified by the title of the information collection.

The Department specifically requests comments 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) 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 or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Dated: November 9, 2006.

Robert Sargis,

Report Clearance Officer.

[FR Doc. 06–9223 Filed 11–15–06; 8:45 am]

BILLING CODE 4184–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Title: Public Education Study on Public Knowledge of Abstinence and Abstinence Education.

OMB No.: New Collection.

Description: In support of the goal to prevent unwed childbearing, pregnancy, and sexually transmitted diseases, Congress has recently authorized funding increases to support abstinence education.

To learn more about the public's views, the Administration for Children and Families (ACF) will conduct a public opinion survey of a nationally representative sample of adolescents (age 12 to 18) and their parents to examine current attitudes on abstinence and knowledge of abstinence education. The survey data will be used to inform current and future public education campaigns. In addition, the information gathered will assist ACF with grant administration and technical assistance activities. The survey will ask parents (one parent per adolescent) and adolescents about their views and attitudes about abstinence until marriage, awareness of abstinence education, and views and attitudes about abstinence education. Each parent and adolescent interview will take approximately 20 minutes to complete.

Respondents: A nationally representative sample of adolescents will be selected through a random-digit-dial sample of households with landline telephones.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Telephone interview	[1] 2,000	1	0.33	660

[1] 1,000 adolescent/parent pairs.

Total annual burden estimates: 660.

In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded 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: *infocollection@acf.hhs.gov.* All requests should be identified by the title of the information collection.

The Department specifically requests comments 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) 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 or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Dated: November 8, 2006.

Robert Sargis,

Reports Clearance Officer.

[FR Doc. 06–9224 Filed 11–15–06; 8:45 am]

BILLING CODE 4184–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104–13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, call the HRSA Reports Clearance Officer on (301) 443–1129.

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 or other forms of information technology.

Proposed Project: Health Resources and Services Administration Core Clinical Measures Implementation Feasibility Study

In response to the Health and Human Service's Department-wide objectives and HRSA's strategic goals, a set of core clinical performance measures have been established. These measures will assist in the evaluation of HRSA program performance in defined clinical areas to facilitate quality improvement activities for HRSA and its grantees. The purpose of the proposed voluntary feasibility study is to learn from HRSA's health service delivery grantees, which have different reporting capacities, about their abilities to report national standardized measures. More specifically, the study will help HRSA to understand: (1) The factors involved in the HRSA grantee decision making processes around measure selection/choice; (2) Grantees' data collection capacity including tools, processes and infrastructure; (3) Level of grantee effort involved in measure reporting; and (4) How the performance process will impact the grantees' quality improvement efforts. Overall the feasibility study will allow HRSA to query its grantees related to the newly introduced core clinical performance measure set.

The feasibility study includes the actual data collection of the proposed clinical measures along with a report form to assess burden, data collection and reporting capacity, and technical assistance needs. Additionally, the study will provide HRSA with the opportunity to refine instructions and performance measure definitions accordingly in preparation for the actual implementation of the clinical measures.

The estimated annualized response burden is as follows:

	Number of respondents	Responses per respondent	Total responses	Hours per response	Total hour burden
Clinical Measures	50	1	50	40	2,000
Report Form	50	1	50	1.5	75
Total	50	.....	50	.....	2075

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 10–33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: November 8, 2006.

Cheryl R. Dammons,

Director, Division of Policy Review and Coordination.

[FR Doc. E6–19377 Filed 11–15–06; 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, 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.

Second Generation Nitric Oxide-Releasing Non-Steroidal Anti-Inflammatory Drugs Possessing a Diazeniumdiolate Group (NONO–NSAIDs)

Description of Technology: Non-steroidal anti-inflammatory drugs (NSAIDs) are one of the most useful clinical therapies for the treatment of pain, fever and inflammation. It is estimated that more than 30 million people take NSAIDs every day. However, the major mechanism by which NSAIDs exert their anti-inflammatory activity is also responsible for the gastrointestinal, renal and hepatic side effects observed in patients undergoing long-term treatment of chronic conditions. The most common side effects associated with NSAID administration are gastroduodenal erosions and ulcerations affecting around 15% of chronic NSAID users. While many of these clinical manifestations are mild, they may develop into serious events such as bleeding, perforation, obstruction, and sudden death. Therefore, the gastric irritant effect of NSAIDs (particularly aspirin) can be a deterrent to its long-term use for the prophylactic prevention of adverse cardiovascular events such as stroke and myocardial infarction, or as a safe chemopreventive agent to avoid the recurrence of colorectal cancer (CRC).

One of the main strategies that have emerged to improve the safety profile of NSAIDs is the linkage of a nitric oxide (NO)-releasing moiety to the structure of classical NSAIDs (NO–NSAIDs). However, all NO-releasing NSAIDs published so far have a nitrooxyalkyl group as the NO-releasing group. An important drawback to this design is the fact that production of NO (only one equivalent) from organic nitrate esters requires a metabolic three-electron reduction *in vivo*, and this activation decreases in efficiency on continued use of the drugs, contributing to ''nitrate tolerance''.

This invention describes the design, synthesis and biological evaluation of novel NO-releasing non-steroidal anti-inflammatory prodrugs (NONO–NSAIDs) possessing a *N*-diazen-1-ium-1,2-diolate (NONOate), which offers additional advantages compared with organic nitrate-based NO–NSAIDs:

(a) Simultaneous release of the corresponding NSAID and NO.

(b) Production of two equivalents of NO (twice as much) by a first-order rate.

(c) Metabolic activation (hydrolysis) mediated by non-specific esterases, which unlike redox metabolism, is not expected to produce tolerance upon long-term treatment.

Applications: This invention provides a group of anti-inflammatory, analgesic, and gastrointestinal safe prodrugs, which are expected to be a suitable alternative for the prophylactic prevention of adverse cardiovascular