Name of Committee: Surgery, Radiology and Bioengineering Integrated Review Group, Surgery and Bioengineering Study Section.

Date: February 10–11, 2003.

Time: 8 a.m. to 3 p.m.

Agenda: To review and evaluate grant applications.

Place: Hyatt Regency Bethesda, One Bethesda Metro Center, 7400 Wisconsin Avenue, Bethesda, MD 20814.

Contact Person: Teresa Nesbitt, DVM, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 5118, MSC 7854, Bethesda, MD 20892, (301) 435–1172, *nesbitt@csr.nih.gov.*

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

Name of Committee: Musculoskeletal and Dental Sciences Integrated Review Group, General Medicine B Study Section.

Date: February 10–11, 2003.

Time: 8 a.m. to 12 p.m.

Agenda: To review and evaluate grant applications and/or proposals.

Place: Holiday Inn Georgetown, 2101 Wisconsin Avenue, NW., Washington, DC 20007.

Contact Person: Shirley Hilden, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 4218, MSC 7814, Bethesda, MD 20892, (301) 435–1198.

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

Name of Committee: Nutritional and Metabolic Sciences Integrated Review Group; Nutrition Study Section

Date: February 10–11, 2003.

Time: 8:30 a.m. to 3 p.m.

Agenda: To review and evaluate grant applications.

Place: Hyatt Regency Bethesda, One Bethesda Metro Center, 7400 Wisconsin Avenue, Bethesda, MD 20814.

Contact Person: Sooja K. Kim, PhD, RD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 6182, MSC 7804, Bethesda, MD 20892, (301) 435–1780.

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

Name of Committee: Biobehavioral and Behavioral Process Initial Review Group; Biobehavioral and Behavioral Processes 7, Motor Function, Speech and Rehabilitation.

Date: February 10, 2003.

Time: 9 a.m. to 5 p.m.

Agenda: To review and evaluate grant applications.

Place: Melrose Hotel, 2430 Pennsylvania Ave., NW., Washington, DC 20037.

Contact Person: Weijia Ni, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 3190, MSC 7848, Bethesda, MD 20892, (301) 435–1507, *niw@csr.nih.gov.*

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

Name of Committee: Biobehavioral and Behavioral Process Initial Review Group, Biobehavioral and Behavioral Processes 1, Biobehavioral Regulation, Learning and Ethology.

Date: February 10–11, 2003.

Time: 9 a.m. to 5 p.m.

Agenda: To review and evaluate grant applications.

Place: Melrose Hotel, 2430 Pennsylvania Ave., NW., Washington, DC 20037.

Contact Person: Luci Roberts, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 3188, MSC, Bethesda, MD 20892, (301)0 435–0692.

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

Name of Committee: Center for Scientific Review Special Emphasis Panel; Malarial Drug Resistance.

Date: February 10, 2003.

Time: 1:30 p.m. to 3:30 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, Building 16, 16 Center Drive, Bethesda, MD 20892. (Telephone Conference Call).

Contact Person: Marian Wachtel, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 3208, MSC 7858, Bethesda, MD 20892, 301–435–1148, *wachtelm@csr.nih.gov.*

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

Name of Committee: Center for Scientific Review Special Emphasis Panel, BRP SEP.

Date: February 10, 2003.

Time: 4 p.m. to 5:30 p.m.

Agenda: To review and evaluate grant applications.

Place: Embassy Suites at the Chevy Chase Pavilion, 4300 Military Road, NW., Washington, DC 20015.

Contact Person: Marcia Steinberg, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 5140, MSC 7840, Bethesda, MD 20892, (301) 435–1023, *steinberm@csr.nih.gov.*

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

Name of Committee: Center for Scientific Review Special Emphasis Panel; Small Business Innovation Research.

Date: February 11–12, 2003.

Time: 8 a.m. to 5 p.m.

Agenda: To review and evaluate grant applications.

Place: Holiday Inn Chevy Chase, 5520 Wisconsin Avenue, Chevy Chase, MD 20815.

Contact Person: Gopal C. Sharma, DVM, MS, PhD, Diplomate American Board of Toxicology, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 2184, MSC 7818, Bethesda, MD 20892, (301) 435–1783, *sharmag@csr.nih.gov.*

Name of Committee: Musculoskeletal and Dental Sciences Integrated Review Group; Oral Biology and Medical Subcommittee 1.

Date: February 11–12, 2003.

Time: 8:30 a.m. to 5 p.m.

Agenda: To review and evaluate grant applications.

Place: The River Inn, 924 25th Street NW., Washington, DC 20037.

Contact Person: J. Terrell Hoffeld, DDS, PhD, Dental Officer, USPHS, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 4116, MSC 7816, Bethesda, MD 20892, 301/435–1781, *th88q@nih.gov.*

Name of Committee: Center for Scientific Review Special Emphasis Panel; Helicobacter Immunity.

Date: February 11, 2003.

Time: 2 p.m. to 4 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, 6120 Executive Blvd., Rockville, MD 20852, (Telephone Conference Call).

Contact Person: Marian Wachtel, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 3208, MSC 7858, Bethesda, MD 20892, 301–435–1148, *wachtelm@csr.nih.gov.*

(Catalogue of Federal Domestic Assistance Program Nos. 93.306, Comparative Medicine, 93.306; 93.333, Clinical Research, 93.333, 93.337, 93.393–93.396, 93.837–93.844, 93.846–93.878, 93.892, 93.893, National Institutes of Health, HHS)

Dated: January 21, 2003.

LaVerne Y. Stringfield,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. 03–1979 Filed 1–28–03; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Center for Research Resources 2004 Strategic Plan

AGENCY: National Center for Research Resources, NIH, HHS.

ACTION: Notice.

SUMMARY: The National Center for Research Resources (NCRR), National Institutes of Health (NIH), is updating its 1998–2003 strategic plan entitled NCRR: *A Catalyst for Discovery.* Its purpose is to anticipate, meet, and set priorities for the biomedical research community's needs for critical research resources and technologies. The NCRR requests input from biomedical scientists to identify barriers to future research progress and to define future

needs for shared research resources and technologies that facilitate NIH-supported biomedical research. The NCRR's existing 1998–2003 strategic plan may be accessed over the World Wide Web: *http://www.ncrr.nih.gov/about_ncrr/plan98.asp.*

DATES: Submit responses to the Office of Science Policy and Public Liaison, NCRR (*see* below), on or before May 15, 2003.

FOR FURTHER INFORMATION CONTACT: The Office of Science Policy and Public Liaison, NCRR/NIH/DHHS, One Rockledge Centre, 6705 Rockledge Drive MSC 7965, Suite 5046, Bethesda, MD 20892–7965, telephone 301–435–0866, FAX 301–480–3654, e-mail *PLANEVAL@MAIL.NIH.GOV,* Internet *http://www.ncrr.nih.gov.*

SUPPLEMENTARY INFORMATION: The National Center for Research Resources (NCRR) serves as a ''catalyst for discovery'' by creating and providing critical research technologies and shared resources. This infrastructure underpins biomedical research and enables advances that improve the health of our Nation's citizens.

The NCRR serves a unique purpose at the NIH: to develop critical research technologies and to provide cost-effective, shared, multidisciplinary resources to biomedical investigators across the spectrum of research activities supported by the NIH. The NCRR's mission is to:

(1) Create resources and develop technologies and research models that are cost-effective, accessible, and responsive to the research needs of the biomedical research community. To meet these needs the NCRR must anticipate evolving trends in basic and clinical research to ensure that resources will be available to facilitate that research.

(2) Provide shared clinical, primate, and biomedical technology resources and instrumentation for use by investigators supported by NIH. These resources, primarily centers, serve more than 10,000 researchers, who are supported through more than $1 billion of competitive awards from NIH's categorical Institutes.

(3) Develop quick, flexible approaches to new and emerging biomedical research needs and opportunities. These innovations often involve high-risk research.

(4) Strengthen the Nation's biomedical research infrastructure by supporting institutional development programs that develop and enhance the capacity of institutions, including underrepresented groups, to participate in biomedical research; increasing the exposure of K–12 students, their teachers, and the public to the life sciences; and constructing or renovating biomedical research facilities.

Biomedical research investigators supported by the NIH require a broad array of technologies, tools, and materials for their research. The NCRR plays a key role in addressing trans-NIH research issues, such as access to state-of-the-art instrumentation and technologies; containment of the escalating costs of highly sophisticated research; development of appropriate, specialized research models; efforts to remedy the shortage of clinical and minority investigators; and efforts to improve the research infrastructure.

To ensure the continued relevance of its Strategic Plan, the NCRR seeks input to the following questions in terms of the issues described above:

(A) What are the most important research trend(s) that will drive biomedical research?

(B) What research resources and technologies will be critical in addressing these trend(s) and meeting biomedical investigators' needs?

(C) What strategies will eliminate barriers to progress and enhance access to research resources and technologies?

(D) Who would you recommend to serve as a panel member for NCRR's strategic planning process? Please list the name, degree, position title, department, institution name and address, phone and fax numbers, e-mail address, and specific area of expertise for each person recommended.

For your convenience we have provided a user-friendly response form at the NCRR's Strategic Planning Web site: *http://www.ncrr.nih.gov/sprecommend.asp.* If you do not have access, please send your responses to the above address.

Dated: January 22, 2003.

Elias A. Zerhouni,

Director, NIH.

[FR Doc. 03–1987 Filed 1–28–03; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (301) 443–7978.

Comments are invited on: (a) Whether the proposed collections of information are 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: The Family Treatment Drug Court Evaluation—New—The Substance Abuse and Mental Health Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) will conduct an evaluation of Family Treatment Drug Courts. The Family Treatment Drug Court Evaluation will examine the effectiveness of family treatment drug courts in four settings: Suffolk County, New York; Washoe County, Nevada; San Diego County, California; and Santa Clara County, California. The study will employ a multi-method, quasi-experimental research design to investigate several key child welfare outcomes for family treatment drug courts as compared to traditional case processing, including whether the time to permanency for children is different in a family treatment drug court program than in traditional case processing.

In addition, the study will investigate rates of reunification and termination of parental rights; types, frequency, and length of out-of-home placements; and child welfare recidivism. The study will investigate the key mediators of program success, including the effect of family treatment drug courts on treatment access, treatment completion, parent motivation, and family well-being, among other key mediators.

The project consists of an outcome evaluation that includes administrative data collection and client interviews with a sample of treatment and comparison participants. The target population for the family treatment drug court consists of substance abusing parents who have a current child abuse or neglect case. The outcome evaluation will document whether family treatment