DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

National Association of Community Health Representatives

AGENCY: Indian Health Service, HHS.

ACTION: Notice of new developmental non-competitive single source Cooperative Agreement with the National Association of Community Health Representatives.

SUMMARY: The Indian Health Service (IHS) announces a new developmental non-competitive single source Cooperative Agreement with the National Association of Community Health Representatives (NACHR). The application is for a five year project period with one year budget periods to be awarded on April 15, 2004. The initial budget period will be awarded at $90,000.00 and the entire project is expected to be awarded at $450,000.00. This award is for start up cost to research and study ways to improve the provision of health services delivery, outreach and health education for Native American people by studying ways to enhance communications among American Indian/Alaska Native communities, the IHS and Community Health Representatives (CHR) as health providers/educators/advocates; by publishing an informative newsletter for members; by coordinating and co-sponsoring a Biannual Educational Conference for CHR programs' staff; by establishing links with other national Indian organizations and with professional groups to serve as advocates for CHR providers; and by actively seeking other funding sources to ensure sustainability in pursuing its mission. Continuation awards will be made on the basis of satisfactory progress as evidenced by required reports and the availability of funds.

The award is issued under the authority of the Public Health Service Act, section 301(a), and is included under the Catalog of Federal Domestic Assistance number 93.933. The specific objectives of the project are:

1. The Association will publish, at least twice a year, a newsletter for members, focusing on health promotion/disease prevention activities and models of best or improving practices. The newsletter will be available in both hard copy and electronically.

2. The Association will present a Biannual Educational Conference which supports training and continuing education for Community Health Representatives.

3. The Association will explore and implement the most efficient ways to establish links with other national Indian organizations, with professional groups and with Federal, state, and local entities to serve as advocates for the CHR providers who work with American Indian/Alaska Natives nationwide.

4. The Association will develop and submit at least two proposals for funding that further the mission, goals, and objectives of CHR programs to address health issues in the community and enhance service delivery. These proposals may be to Federal, state, regional, national, private, and foundation entities.

Justification for Single Source

This project has been awarded on a non-competitive single source basis. NACHR is the only nationwide organization that specifically represents approximately 264 individual, Tribally contracted AI/AN CHR programs. These CHR programs provide care to over half-million Native American people who live on Indian reservations or who live in non-reservation areas with significant Native American populations. The population served by these programs is the same as Indian Health Service's user population. The NACHR Board is comprised of one duly elected representative from each of the 12 IHS Areas. For over 15 years, NACHR has had the primary responsibility for advertising, coordinating and organizing the once every three years national educational conferences typically attended by over half (approximately 800 persons) hte CHR workforce. NACHR has provided a reliable means by which to obtain programmatic and logistical information along with informal tribal consultation. Its long history, record of accomplishment, and instutitional knowledge in representing tribal CHR programs make it uniquely qualified to carry out this project.

Use of Cooperative Agreement

This new development non-competitive single source Cooperative Agreement Award will involve:

1. Cathy Stueckemann, Project Official and IHS program staff, to approve articles to be included in the newsletters and may, as requested by the Association, provide articles.

2. IHS program staff to work with the Association in developing the Biannual Educational Conference.

3. IHS Program staff to have approval over the NACHR Board's hiring of key personnel as defined by regulation or provision in the cooperative agreement.

4. IHS Program staff to provide technical assistance to the NACHR Board and to attend at least one Board meeting.

Contacts: For further information, contact Cathy Stueckemann, JD, MPA, Public Health Advisor, CHR Program, Office of Clinical and Preventive Services, Office of Public Health, Indian Health Service, 801 Thompson Avenue, Reyes Building, Suite 300, Rockville, Maryland 20852, telephone (301) 443–2500. For grants information, contact Sylvia Ryan, Grants Management Specialist, Division of Acquisitions and Grants Management Branch, 801 Thompson Avenue, Suite 100, Rockville, Maryland 20852, telephone (301) 443–5204.

Dated: March 31, 2004.

Charles W. Grim,

Assistant Surgeon General, Director, Indian Health Service.

[FR Doc. 04–7663 Filed 4–5–04; 8:45 am]

BILLING CODE 4160–16–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.

Reduction of HIV–1 Replication by a Mutant Apolipoprotein B mRNA Editing Enzyme-Catalytic Polypeptide-like 3G (APOBEC3G)

Vinay K. Pathak *et al.* (NCI).

U.S. Provisional Application filed 11 Feb 2004 (DHHS Reference No. E–073–2004/0–US–01).

Licensing Contact: Michael Ambrose; 301/594–6565; *ambrosem@mail.nih.gov.*

The invention describes a single amino acid substitution at D128K renders the human apolipoprotein B mRNA-editing enzyme-catalytic-like 3G (APOBEC3G) (CEM15) capable of inhibiting HIV–1 replication in the presence of HIV viral infectivity factor (Vif). HIV–1 and other retroviruses occasionally undergo hypermutation, characterized by high rate of G-to-A substitution. Studies have shown that human APOBEC3G is packaged into the retrovirus and deaminates deoxycytidine to deoxyuridine in newly synthesized viral minus-strand DNA, thereby inducing G-to-A hypermutation and viral inactivation. This innate mechanism of resistance to retroviral infection is counteracted by the HIV–1 Vif, which protects the virus by preventing the incorporation of APOBEC3G into virions by rapidly inducing it ubiquitination a proteosomal degradation. The inventors substituted several amino acids in human APOBEC3G with equivalent residues in simian APOBEC3G, which are resistant to HIV–1 VIF and determined the effects of the mutations on HIV–1 replication in the presence and absence of Vif. The Vif-resistant mutant could interact with HIV–1, but unlike the wild type of APOBEC3G, its intracellular steady-state levels were not reduced in the presence of HIV–1 Vif.

This technology provides a potential breakthrough for the treatment of HIV through gene therapy. By introducing the mutant version of APOBEC3G into hematopoietic stem cells and transfusing into HIV/AIDS patients, a level of resistance can be acquired. Further, using this mutation in a more classical vaccine approach to gene therapy is also envisioned.

Mucus Shaving Apparatus for Endotracheal Tubes

Lorenzo Berra, Theodor Kolobow (NHLBI).

DHHS Reference No. E–061–2004/0–US–01 filed 05 Feb 2004.

Licensing Contact: Michael Shmilovich; 301/435–5019; *shmilovm@mail.nih.gov.*

DHHS seeks parties interested in manufacturing and commercializing an endotracheal tube cleaning apparatus for insertion into the inside of the endotracheal tube of a patient to shave away mucus deposits. This cleaning apparatus comprises a flexible central tube with an inflatable balloon at its distal end. Affixed to the inflatable balloon are one or more shaving rings, each having a squared leading edge to shave away mucus accumulations implicated in bacterial accumulation. In operation, the un-inflated cleaning apparatus is inserted into the endotracheal tube until its distal end is properly aligned with the distal end of the endotracheal tube. After proper alignment, the balloon is inflated by a suitable inflation device (*e.g.*, a syringe) until the balloon's shaving rings are pressed against the inside surface of the endotracheal tube. The cleaning apparatus is then pulled out of the endotracheal tube and in the process the balloon's shaving rings shave off the mucus deposits from the inside of the endotracheal tube.

Two papers have been submitted for presentations at the forthcoming American Thoracic Society meeting in Orlando, Florida, May 21–26, 2004. The abstract numbers and titles are (1) Abstract 3655, "A Novel System for the Complete Removal of all Mucus fro the Endotracheal Tubes: The Mucus Shaver'', and (2) Abstract 3793, "A Novel System to Maintain Endotracheal Tube free from Secretions and Biofilm'', which describes laboratory studies of its usage. The abstracts are available upon request.

Thermolabile Hydroxyl Protecting Groups and Methods of Use

Serge L. Beaucage, Marcin K. Chmielewski (FDA).

U.S. Provisional Application No. 60/469,312 filed 09 May 2003 (DHHS Reference No. E–154–2003/0–US–01).

Licensing Contact: Marlene Astor; 301/435–4426; *shinnm@mail.nih.gov.*

Synthetic oligonucleotides can be used in a wide variety of settings, which include gene therapy treatments, diagnostic and DNA sequencing microarray technology, and basic research. The NIH announces an improvement in oligonucleotide syntheses for potential application on glass microarrays. This improvement entails the incorporation of thermolytic hydroxyl protecting groups derived from 2-aminopyridine and its analogues into nucleosides and their phosphoramidite derivatives. This novel class of 2-pyridyl-substituted hydroxyl protecting groups can be efficiently cleaved under mild thermolytic conditions without the use of harsh chemicals such as strong acids or bases. As an example, this technology uses thermal cleavage (brief heat treatment at temperatures up to 90°) of terminal 5'-hydroxyl protecting groups on a growing oligonucleotide chain without inducing the formation of reactive radicals, which is in contrast to the currently used photochemical deprotection methods. In addition, the mild neutral conditions employed in the thermolytic approach, will help prevent glass surfaces from being harmed by the harsh reagents that are still being used in conventional solid phase oligonucleotide synthesis. The thermal cleavage method also permits accurate monitoring of coupling efficiency after each chain elongation step by the use of fluorescent thermolytic groups for hydroxyl protection of nucleoside phosphoramidite monomers. Thus, these thermolabile groups could be useful in manufacturing synthetic oligonucleotides on solid supports or in solution. Also, thermolabile groups may be used to protect/deprotect drug functional groups under conditions that will not affect other protecting groups on the molecule.

Long Term Retrievable Venous Filter

Ziv Neeman and Bradford Wood (NIHCC).

U.S. Provisional Application No. 60/543,766 (DHHS Reference No. E–061–2003/0–US–01).

Licensing Contact: Michael Shmilovich; 301/435–5019; *shmilovm@mail.nih.gov.*

Available for licensing and commercialization is a novel long-term or biodegradable retrievable vena cava (IVC) filter that can be retrieved indefinitely regardless of the time it was placed, or alternatively dissolves without being removed, leaving no clinically relevant traces of its presence. IVC Filters are underutilized due to the complications associated with chronic indwelling, and long term consequences of IVC filters (like chronic venous insufficiency and venous stasis) has an uncertain, but high incidence. IVC filters would be more widely used for short term prophylaxis against one of the most underdiagnosed and deadly hospital acquired diseases, namely pulmonary embolism. Patients with burns, trauma, or undergoing orthopedic procedures like hip replacement are at high risk for venous clots, that could then migrate to the lung, which can be lethal. This design leaves in only several small mm long struts that are coated with drugs that prevent early clot formation on the struts and legs of the filter. The device includes struts that, upon removal of the filter, separate from the filter legs mechanical or electrical means and are left behind permanently embedded within the venous wall. Other designs include filters made from biodegradable polymers that dissolve over time without requiring removal.

This biodegradable filter may suit patients with temporary needs for protection (patients with prolonged immobility, hip replacement, trauma, intensive care patients).

Triplex Hairpin Ribozyme

Joseph A. DiPaolo (NCI), Luis Alvarez-Salas (EM).

U.S. Provisional Application No. 60/500,000 filed 23 Sep 2002 (DHHS Reference No. E–326–2002/0–US–01); PCT Application No. PCT/US03/29893 filed 23 Sep 2003 (DHHS Reference No. E–326–2002/0–PCT–02).

Licensing Contact: Michael Ambrose; 301/594–6565; *ambrosem@mail.nih.gov.*

Much work has focused on understanding and utilizing nucleic acids as biological catalysts. Indeed, progress has been made in determining the mechanism, kinetics and conformational requirements in harnessing these potential biological catalysts. This technology has value in its potential for gene therapy applications such as gene silencing.

The technology described is a recombinant plasmid or expression vector in which a DNA-encoded trans-acting hairpin ribozyme of interest is ligated to DNA-encoded cis-acting hairpin ribozyme. In this configuration, the cis-acting ribozyme serves to cleave the 5'' and 3'' ends of the trans-acting ribozyme of interest. The trans-acting ribozymes can be replaced with any user-defined sequence such as antisense RNA or RNAs of viruses. This unit provides several trans-acting hairpin ribozymes that are trimmed at the ends are further generated. Thus several independent ribozymes can be produced from a single transcribed RNA.

Dated: March 30, 2004.

Steven M. Ferguson,

Director, Division of Technology Development and Transfer, Office of Technology Transfer, National Institutes of Health.

[FR Doc. 04–7697 Filed 4–5–04; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HOMELAND SECURITY

Bureau of Customs and Border Protection

Agency Information Collection Activities: United-State-Caribbean Basin Trade Partnership Act

AGENCY: Bureau of Customs and Border Protection, Department of Homeland Security.

ACTION: Proposed collection; comments requested.

SUMMARY: The Bureau of Customs and Border Protection (CBP) of the Department of Homeland Security has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995: United States-Caribbean Basin Trade Partnership Act. This is a proposed extension of an information collection that was previously approved. CBP is proposing that this information collection be extended without a change to the burden hours. This document is published to obtain comments form the public and affected agencies. This proposed information collection was previously published in the **Federal Register** (68 FR 70281) on December 17, 2003, allowing for a 60-day comment period. This notice allows for an additional 30 days for public comments. This process is conducted in accordance with 5 CFR 1320.10.

DATES: Written comments should be received on or before May 6, 2004.

ADDRESSES: Written comments and/or suggestions regarding the items contained in this notice, especially the estimated public burden and associated response time should be directed to the Office of Management and Budget, Office of Information and Regulatory Affairs, Attention: Department of Treasury Desk Officer, Washington, DC 20503. Additionally comments may be submitted to OMB via facsimile to (202) 395–6974.

SUPPLEMENTARY INFORMATION: The Bureau of Customs and Border Protection (CBP) encourages the general public and affected Federal agencies to submit written comments and suggestions on proposed and/or continuing information collection requests pursuant to the Paperwork Reduction Act of 1995 (Pub. L. 104–13). Your comments should address one of the following four points:

(1) Evaluate whether the proposed collection of information is necessary for the Proper performance of the functions of the agency/component, including whether the information will have practical utility;

(2) Evaluate the accuracy of the agencies/components estimate of the burden of The proposed collection of information, including the validity of the methodology and assumptions used;

(3) Enhance the quality, utility, and clarity of the information to be collected; and

(4) Minimize the burden of the collections of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, *e.g.,* permitting electronic submission of responses.

Title: United States-Caribbean Basin Trade Partnership Act.

OMB Number: 1651–0083.

Form Number: CBP–450.

Abstract: The collection of information is required to implement the duty preference provisions of the United States-Caribbean Basin Trade Partnership Act.

Current Actions: This submission is being submitted to extend the expiration date without a change in the burden hours.

Type of Review: Extension (without change).

Affected Public: Business or other for-profit institutions, Not for profit institutions, Individuals.

Estimated Number of Respondents: 440.

Estimated Time Per Respondent: 42.5 hours.

Estimated Total Annual Burden Hours: 18,720.

Estimated Total Annualized Cost on the Public: $430,560.

If additional information is required contact: Daryl Joyner, Bureau of Customs and Border Protection, 1300 Pennsylvania Avenue NW, Room 3.2.C, Washington, DC 20229, at 202–927–1429.

Dated: March 29, 2004.

Daryl Joyner,

Agency Clearance Officer, Information Services Branch.

[FR Doc. 04–7737 Filed 4–5–04; 8:45 am]

BILLING CODE 4820–02–P

DEPARTMENT OF HOMELAND SECURITY

Customs and Border Protection

Quarterly IRS Interest Rates Used in Calculating Interest on Overdue Accounts and Refunds on Customs Duties

AGENCY: Customs and Border Protection, Department of Homeland Security.

ACTION: General notice.

SUMMARY: This notice advises the public of the quarterly Internal Revenue Service interest rates used to calculate interest on overdue accounts (underpayments) and refunds (overpayments) of Customs duties. For the calendar quarter beginning April 1, 2004, the interest rates for overpayments will be 4 percent for corporations and 5