Dated: July 6, 2005.

Elizabeth M. Duke,

Administrator.

Bureau of Primary Health Care (BPHC) (RC)

Provides overall leadership, direction, coordination, and strategic planning in support of Bureau programs. Specifically:(1) Has lead responsibility to bring primary health care services to the Nation's neediest communities; (2) serves as a central point of contact for Bureau communication and information; (3) establishes program policies, goals, and objectives and provides oversight as to their execution; (4) interprets program policies, guidelines, and priorities; (5) stimulates, coordinates and evaluates program development and progress; (6) maintains effective relationships with HRSA, other Department and Health and Human Services (HHS) organizations, other Federal agencies, State and local governments, and other public and private organizations concerned with primary health and improving the health status of the Nation's underserved and vulnerable populations; (7) plans, directs, coordinates and evaluates Bureau-wide administrative management activities; and (8) assures BPHC's funding recommendations are consistent with authorizing legislation, program expectations and HHS and HRSA policies.

Dated: July 6, 2005.

Elizabeth M. Duke,

Administrator.

Bureau of Primary Health Care (BPHC) (RC)Division of Policy and Development (RCH)

The Division of Policy and Development serves as the organizational focus of the competitive grant process for BPHC; and leads in drafting policy and conducting analyses of performance across BPHC's programs. Specifically, the DPD executes the following activities: (1) Leads and monitors the development and expansion of health centers and health systems infrastructure; (2) provides pre-application assistance to communities and community-based organizations related to the development and expansion of health centers and health systems infrastructure; (3) consults and coordinates with other components within HRSA, other Federal agencies, consumer and constituency groups, and national and State organizations on issues affecting BPHC's programs; (4) formulates budget justifications for BPHC's programs and provides input into the analysis of BPHC budget execution; (5) leads and coordinates the analysis, development and drafting of policy impacting BPHC's programs; (6) performs environmental scanning on issues that affect BPHC's programs; (7) serves as the focal point for designing and implementing a plan for assessing and improving program performance; and (8) serves as the focal point for monitoring BPHC's activities in relation to HRSA's Strategic Plan.

Dated: July 6, 2005.

Elizabeth M. Duke,

Administrator.

[FR Doc. 05–14485 Filed 7–21–05; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; The National Diabetes Education Program Survey of the Public

SUMMARY: Under provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below. This proposed information collection was previously published in the **Federal Register** on September 9, 2003, pages 53176–53177, and allowed 60 days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment. The National Institutes of Health may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

Proposed Collection: Title: The National Diabetes Educations Program Survey of the Public. *Type of Information Collection Request:* New. *Need and Use of Information Collection:* The National Diabetes Education Program (NDEP) is a partnership of the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC) and more than 200 public and private organizations. The long-term goals of the NDEP are to improve the treatment and health outcomes of people with diabetes, to promote early diagnosis, and, ultimately, to prevent the onset of diabetes. The NDEP objectives are: (1) To increase awareness of the seriousness of diabetes, its risk factors, and strategies for preventing diabetes and its complications among people at risk for diabetes; (2) to improve understanding about diabetes and its control and to promote better self-management behaviors among people with diabetes; (3) to improve health care providers' understanding of diabetes and its control and to promote an integrated approach to care; (4) to promote health care policies that improve the quality of and access to diabetes care.

Multiple strategies have been devised to address the NDEP objectives. These have been described in the NDEP Strategic Plan and include: (1) Creating partnerships with other organizations concerned about diabetes; (2) developing and implementing awareness and education activities with special emphasis on reaching the racial and ethnic populations disproportionately affected by diabetes; (3) identifying, developing, and disseminating educational tools and resources for the program's diverse audiences; (4) promoting policies and activities to improve the quality of and access to diabetes care.

The NDEP evaluation will document the extent to which the NDEP program has been implemented, and how successful it has been in meeting program objectives. The evaluation relies heavily on data gathered from existing national surveys such as National Health and Nutrition Examination Survey (NHANES), the National Health Interview Survey (NHIS), the Behavioral Risk Factor Surveillance System (BRFSS), among others for this information. This clearance request is for the collection of additional primary data from NDEP target audiences on some key process and impact measures that are necessary to effectively evaluate the program. Approval is requested for survey of the public including people at risk for diabetes, people with diabetes and their families.

Frequency of Response: On occasion. *Affected Public:* Individuals or households. *Type of Respondents:* Adults. The annual reporting burden is as follows: *Estimated Number of Respondents:* 1600; *Estimated Number of Responses per Respondent:* 1; *Average Burden Hours per Response:* .25; and *Estimated Total Annual Burden Hours Requested:* 400. The annualized cost to respondents is estimated at: $8,000.00. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

ESTIMATES OF HOUR BURDEN

Type of respondents	Number of respondents	Frequency of response	Average time per response	Total hour burden
Public, including people at risk for diabetes, patients and their family members	1600	1	.25	400
Totals	1,600			400

COST TO RESPONDENTS

Type of respondents	Number of respondents	Frequency of response	Hourly wage rate	Respondent cost
Public, including people at risk for diabetes, patients and their family members	1600	1	$20.00	$8,000.00
Total				$8,000.00

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 function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (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 those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Direct Comments to OMB: Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the Office of Management and Budget, Office of Regulatory Affairs, New Executive Office Building, Room 10235, Washington, DC 20503, Attention: Desk Officer for NIH. To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact Joanne Gallivan, M.S., R.D., Director, National Diabetes Education Program, NIDDK, NIH, Building 31, Room 9A04, 31 Center Drive, Bethesda, MD 20892, or call non-toll-free number (301) 494–6110 or e-mail your request, including your address to: *Joanne_Gallivan@nih.gov*.

Comments Due Date: Comments regarding this information collection are best assured of having their full effect received within 30 days of the date of this publication.

Dated: June 28, 2005.

Barbara Merchant,

Executive Officer, NIDDK, National Institutes of Health.

[FR Doc. 05–14491 Filed 7–21–05; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Inventions; Availability for Licensing and Cooperative Research and Development Agreement (CRADA): Aminoflavone Prodrug

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

ACTION: Notice.

SUMMARY: The inventions described 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 in association with collaborative research via a Cooperative Research and Development Agreement (CRADA) with the National Cancer Institute (NCI) of the National Institutes of Health. This opportunity is being offered 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 may be obtained by contacting George G. Pipia, PhD., at the Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, MD 20852–3804; telephone: 301/435–5560; fax: 301/402–0220; e-mail: *PipiaG@mail.nih.gov.*

CRADA inquiries may be addressed to Robert Wagner, M.S., M. Phil., at the Technology Transfer Branch, National Cancer Institute, 6120 Executive Boulevard, Suite 450, Rockville, MD 20852; telephone: 301/496–0477; fax: 301–402–2117; e-mail: *WagnerB@mail.nih.gov.*

Information regarding NCI drug development collaborations with the Cancer Therapy Evaluation Program can be found at *http://ctep.cancer.gov/.*

SUPPLEMENTARY INFORMATION: Scientists at the National Cancer Institute (NCI), NIH, have developed a novel anti-cancer agent, the aminoflavone prodrug (AFP–464, NSC 710464) which is a lysyl prodrug of aminoflavone (AF, NSC 686288). AFP–464 displays improved solubility in aqueous solutions over the parent compound AF and can be converted rapidly to AF in plasma. In the NCI 60-cell-line screen, both AFP–464 and AF have demonstrated anti-proliferative activity against several renal, breast and ovarian cancer cell lines. AFP–464 and AF have also demonstrated anti-tumor activity in human renal and breast carcinoma xenografts. Pharmacokinetic studies and toxicology studies of AFP–464 have been completed.

The results of the pre-clinical studies conducted by NCI have led to a decision by the NCI to initiate NCI-sponsored clinical trials of AFP–464. The Cancer Therapy Evaluation Program (CTEP), NCI expects to file an Investigational New Drug Application with the FDA for AFP–464 before the end of 2005.

Patent Portfolio: The patent portfolio for the aminoflavone compounds and the aminoflavone prodrug, claiming the compositions of matter and methods in the treatment of cancer includes issued patents and patent applications