Dated: October 25, 2007.

Maryam I. Daneshvar,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E7–21423 Filed 10–30–07; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Fees for Sanitation Inspections of Cruise Ships [Correction]

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice Correction.

SUMMARY: Correction: This notice was published in the **Federal Register** on October 4, 2007, Volume 72, Number 192, page 56768. The contact e-mail address should read as follows: *Jfa0@cdc.gov*

FOR FURTHER INFORMATION CONTACT: Jaret Ames, Chief, Vessel Sanitation Program, National Center for Environmental Health, Centers for Disease Control and Prevention (CDC), 4770 Buford Highway, NE., Mailstop F–23, Atlanta, Georgia 30341–3724, telephone (770) 488–3139, E-mail: *jfa0@cdc.gov.*

Dated: October 24, 2007.

James D. Seligman,

Chief Information Officer, Centers for Disease Control and Prevention (CDC).

[FR Doc. E7–21398 Filed 10–30–07; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Notice to Administratively Impose a Matching Requirement

AGENCY: Division of Grants Policy, Office of Financial Services, Office of Administration, Administration for Children and Families (ACF), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: The Administration for Children and Families (ACF) hereby gives notice to the public that certain programs within the Agency will be administratively imposing a matching requirement on grants awarded under the following program titles and funding opportunity announcements for Fiscal Year 2008:

ACF program office	Program title	CFDA No.	Funding opportunity title and No.	Amount of cost share as % of total project cost	Acceptable types non-federal resources
Office of Child Support Enforcement.	Child Support Enforcement Research.	93.564	Section 1115 Demonstration Grants HHS–2008–ACF–OCSE–FC–0006.	5	Cash is preferred and In-Kind resources from public entities only are accepted.
Administration for Children, Youth and Families/Children's Bureau.	Promoting Safe and Stable Families.	93.556	Multiple Program Announcements.	10	Cash and In-Kind.
	Abandoned Infants Assistance.	93.551			
	Child Welfare Service Training Grants.	93.648			
	Adoption Opportunities ...	93.652			
	Child Abuse and Neglect Discretionary Activities.	93.670			
Office of Planning, Research and Evaluation.	Child Care and Development Block Grant.	93.575	Child Care Policy Research Grants HHS–2008–ACF–OPRE–YE–0013. Child Care State Research Capacity Cooperative Agreements HHS–2008–ACF–OPRE–YE–0031.	20	Cash and In-Kind.
	Temporary Assistance for Needy Families.	93.558	Federal-State Partnerships to Build Capacity in the Use of TANF and Related Administrative Data HHS–2008–ACF–OPRE–PD–0059.	5	Cash and In-Kind.
Office of Community Services.	Compassion Capital Fund (CCF).	93.009	Intermediary Demonstration Program HHS–2008–ACF–OCS–EJ–0035.	20	Cash and In-Kind.

ACF program office	Program title	CFDA No.	Funding opportunity title and No.	Amount of cost share as % of total project cost	Acceptable types non-federal resources
Administration on Developmental Disabilities.	Developmental Disabilities Projects of National Significance.	93.631	Family Support 360 HHS–2008–ACF–ADD–DN–0009. Projects for Youth Information, Training and Resource Centers for Youth and Emerging Leaders with Developmental Disabilities HHS–2008–ACF–ADD–DN–0018.	25	Cash and In-Kind.

Historically, ACF has found that the imposition of a matching requirement on awards under these programs results in an increased level of community support and, often, a higher profile in the community. This can contribute to the success and sustainability of the project. The Fiscal Year 2008 funding opportunity announcements for each listed program will advise applicants on the percentage of funds that must be contributed through non-Federal resources, the composition of the match, and the merit of the match as a criterion in the competitive review. The amount and acceptable types of non-Federal resources allowed is not negotiable. However, matching may be provided as direct or indirect costs. The presence and composition of matching funds may be used as a criterion in evaluating the merits of an application during competitive review. Specific information related to the matching requirement and competitive review will be provided in the specific funding opportunity announcement. Unmatched Federal funds will be disallowed. Costs borne by matching contributions are subject to the rules governing allowability found under 45 CFR 74.23 and 45 CFR 92.24.

FOR FURTHER INFORMATION CONTACT: Melody Wayland, Office of Administration, Office of Financial Services Division of Grants Policy, 370 L'Enfant Promenade, SW., 6th Floor East, Washington, DC 20447, or by telephone at 202–401–5714 or *mwayland@acf.hhs.gov.*

Dated: October 24, 2007.

Curtis L. Coy,

Deputy Assistant Secretary for Administration, Administration for Children and Families.

[FR Doc. E7–21344 Filed 10–30–07; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 2004D–0484]

Guidance for Industry on the Role of Human Immunodeficiency Virus Resistance Testing in Antiretroviral Drug Development; Availability

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the availability of a guidance for industry entitled ''Role of HIV Resistance Testing in Antiretroviral Drug Development.'' This guidance is intended to assist sponsors in the clinical development of drugs for the treatment of human immunodeficiency virus (HIV) infection. Specifically, this guidance addresses the agency's current thinking regarding the role of HIV resistance testing during antiretroviral drug development and postmarketing. This guidance discusses important nonclinical studies that are recommended before the initiation of phase 1 clinical studies in HIV-infected patients. In addition, this guidance addresses the use of resistance testing in clinical phases of drug development and recommends the type of information that should be collected and the types of analyses that should be conducted to characterize an antiretroviral's resistance profile. This guidance finalizes the draft guidance published on November 29, 2004.

DATES: Submit written or electronic comments on agency guidances at any time.

ADDRESSES: Submit written requests for single copies of this guidance to the Division of Drug Information (HFD–240), Center for Drug Evaluation and Research, Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857. Send one self-addressed adhesive label to assist that office in processing your requests. Submit written comments on the guidance to the Division of Dockets Management (HFA–305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. Submit electronic comments to *http://www.fda.gov/dockets/ecomments* or *http://www.regulations.gov*. See the **SUPPLEMENTARY INFORMATION** section for electronic access to the guidance document.

FOR FURTHER INFORMATION CONTACT: Jeffrey Murray, Center for Drug Evaluation and Research, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 22, rm. 6360, Silver Spring, MD 20993–0002, 301–796–1500, or

Kimberly Struble, Center for Drug Evaluation and Research, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 22, rm. 6374, Silver Spring, MD 20993–0002, 301–796–1500.

SUPPLEMENTARY INFORMATION:

I. Background

FDA is announcing the availability of a guidance for industry entitled ''Role of HIV Resistance Testing in Antiretroviral Drug Development.'' This guidance is intended to assist sponsors in the clinical development of drugs for the treatment of HIV infection. Specifically, this guidance addresses the agency's current thinking regarding the role of HIV resistance testing during antiretroviral drug development and postmarketing. This guidance discusses the nonclinical studies (mechanism of action, antiviral activity in vitro, the effects of serum protein binding on antiviral activity, cytotoxicity and therapeutic index, and in vitro combination activity) that should be completed before the initiation of phase 1 clinical studies in HIV-infected patients. In addition, this guidance