

Board of Governors of the Federal Reserve System, December 17, 2004.

Jennifer J. Johnson,

Secretary of the Board.

[FR Doc. 04-28041 Filed 12-22-04; 8:45 am]

BILLING CODE: 6210-01-S

FEDERAL RESERVE SYSTEM

Change in Bank Control Notices, Acquisitions of Shares of Bank or Bank Holding Companies; Correction

This notice corrects a notice (FR Doc. 04-27578) published on page 75314 of the issue for Thursday, December 16, 2004.

Under the Federal Reserve Bank of St. Louis heading, the entry for Martin B. Rowe, Harrisburg, Illinois, is revised to read as follows:

A. Federal Reserve Bank of St. Louis (Randall C. Sumner, Vice President) 411 Locust Street, St. Louis, Missouri 63166-2034:

1. *Martin B. Rowe*, Harrisburg, Illinois, individually and as a member of the Rowe Family Control Group, which consists of Martin B. Rowe, the Burt H. Rowe, Jr. Marital Trust and the Anne Rowe Family Trust, all of Harrisburg, Illinois; Marianna R. Deal, Rachelle L. Rowe, and Caroline C. Rowe, all of St. Louis, Missouri; and Anne Rowe, St. Louis, Missouri; to acquire control of First Eldorado Bancshares, Inc., Eldorado, Illinois, and thereby indirectly acquire control of Dana Bancorp, Inc., Dana, Indiana, The First National Bank of Dana, Dana, Indiana, and First State Bank of Eldorado, Eldorado, Illinois.

Comments on this application must be received by January 3, 2005.

Board of Governors of the Federal Reserve System, December 17, 2004.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. 04-28063 Filed 12-22-04; 8:45 am]

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FEDERAL RESERVE SYSTEM

Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR Part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the

banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The application also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act (12 U.S.C. 1843). Unless otherwise noted, nonbanking activities will be conducted throughout the United States. Additional information on all bank holding companies may be obtained from the National Information Center website at www.ffiec.gov/nic/.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than January 18, 2005.

A. Federal Reserve Bank of Boston (Richard Walker, Community Affairs Officer) 600 Atlantic Avenue, Boston, Massachusetts 02106-2204:

1. *The Royal Bank of Scotland Group plc*, Edinburgh, Scotland and its subsidiaries, The Royal Bank of Scotland plc, Edinburgh, Scotland, RBSG International Holdings Ltd, Edinburgh, Scotland, and Citizens Financial Group, Inc., Providence, Rhode Island; to acquire 100 percent of the voting shares of Citizens Bank, National Association, Albany, New York, a *de novo* bank.

B. Federal Reserve Bank of Dallas (W. Arthur Tribble, Vice President) 2200 North Pearl Street, Dallas, Texas 75201-2272:

1. *One World Holding, Inc.*, Dallas, Texas; to become a bank holding company by acquiring 100 percent of the voting shares of One World Bank, Dallas, Texas, a *de novo* bank.

Board of Governors of the Federal Reserve System, December 17, 2004.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. 04-28064 Filed 12-22-04; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-5036-N]

Medicare Program; Solicitation for Proposals for the Cancer Prevention and Treatment Demonstration for Ethnic and Racial Minorities

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice.

SUMMARY: This notice informs interested parties of an opportunity to apply for cooperative agreements to implement and operate demonstration projects under the Cancer Prevention and Treatment Demonstration for Ethnic and Racial Minorities as required by Section 122 of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA). In addition, this notice contains information on how to obtain the complete solicitation and supporting information.

DATES: Applications will be considered timely if we receive them on or before March 23, 2005.

ADDRESSES: Mail applications to—Centers for Medicare & Medicaid Services; Office of Operations Management, AGG, Cooperative Agreements Management Staff; Attention: Judith L. Norris; 7500 Security Boulevard, Mailstop C2-21-15; Baltimore, Maryland 21244-1850.

Please refer to file code CMS-5036-N on the application. Because of staffing and resource limitations, we cannot accept applications by facsimile (FAX) transmission. Applications postmarked after the closing date, or postmarked on or before the closing date but not received in time for panel review, will be considered late applications.

FOR FURTHER INFORMATION CONTACT: Diane Merriman, CMS Project Officer, at (410) 786-7237 or CPTDEMO@cms.hhs.gov. General information regarding this initiative is available on the DHHS Web site at <http://www.grants.gov>.

SUPPLEMENTARY INFORMATION:

I. Background

Section 122(b) of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA) (Pub. L. 106-554) requires us to evaluate best practices in the private sector, community programs, and academic research to identify methods that reduce disparities among

individuals of ethnic and racial minority groups in the prevention and treatment of cancer.

As specified in Sections 122(a) and (b) of BIPA, we are to design and implement at least nine demonstration projects in specific target populations for the purpose of developing models and evaluating methods that: (1) Improve the quality of items and services provided to target individuals in order to facilitate reduced disparities in early detection and treatment of cancer; (2) improve clinical outcomes, satisfaction, quality of life, and appropriate use of Medicare-covered services and referral patterns among those target individuals with cancer; (3) eliminate disparities in the rate of preventive cancer screening measures; and (4) promote collaboration with community-based organizations to ensure cultural competency of health care professionals and linguistic access for persons with limited English proficiency.

Each of the following four legislatively-mandated target populations are required to be the subject of two separate demonstration projects: American Indians (including Alaskan Natives, Eskimos and Aleuts); Asian Americans and Pacific Islanders; Blacks; and Hispanics. At least one of the nine required demonstration projects must be implemented in a rural area, and one must be implemented in an inner-city area. In addition, one of the nine demonstration projects must be implemented in the Pacific Islands.

If the initial demonstration evaluation indicates that these projects: (1) Reduce Medicare expenditures; or (2) do not increase Medicare expenditures, reduce ethnic and racial health disparities, and increase beneficiary and health care provider satisfaction, the existing demonstration projects will continue, and the number of demonstration projects may be expanded in the future.

II. Provisions of the Notice

The purpose of this notice is to inform interested parties of an opportunity to apply for cooperative agreements to implement cancer prevention and treatment demonstration projects for ethnic and racial minorities.

As specified in Section 122 of BIPA, we will award at least nine cooperative agreement demonstration projects that will identify methods to reduce disparities in early cancer screening, diagnosis, and treatment for Black, Hispanic, Asian American and Pacific Islander, and American Indian (including Alaskan Natives, Eskimos, and Aleuts) Medicare beneficiary populations. Award recipients are

expected to use the best available scientific evidence to identify promising models of cancer screening, diagnosis and treatment interventions to promote health and the appropriate utilization of Medicare covered services, eliminate disparities in cancer detection and treatment among ethnic and racial populations of Medicare beneficiaries, and provide information to improve the effectiveness of the Medicare program.

The Congress authorized the Cancer Prevention and Treatment Demonstration for Ethnic and Racial Minorities project for a potentially indefinite period of time, and appropriated \$25 million in funding for the initial phase of the program. The demonstration projects will have a 3- to 5-year operation period. We will consider an award of up to \$50,000 per demonstration project to cover initial implementation costs. The entire award will not be made initially but will be distributed incrementally between the time of conditional awards and the approval of the demonstration by the Office of Management and Budget (OMB). We also expect the costs of conducting these demonstration projects to range from \$400,000 to \$1.5 million per project per year. These costs will be reimbursed through capitation payment to the demonstration site. No State or local matching funds are required. Furthermore, we anticipate that projects will be awarded in mid-2005, and that project startup activities would begin immediately after completion of the waiver cost process (in late 2005).

The facilitation activities to be funded under these demonstration projects will focus on three areas of potential cancer disparity reduction: screening, diagnosis, and treatment. The applicant will provide facilitation services for two populations: (1) Medicare beneficiaries belonging to a defined ethnic or racial minority group who do not have a current diagnosis of cancer before enrollment in the demonstration project; and (2) Medicare beneficiaries belonging to a defined ethnic or racial minority who have been diagnosed with cancer before enrollment in the demonstration project.

For the first population, the applicant must propose strategies for improving outcomes for cancers of the breast, cervix, colon and/or rectum, and prostate through facilitation of: (1) Cancer screening services; (2) follow-up of abnormal findings and diagnosis; and (3) improved access to and follow-up of treatment and adjuvant treatment services. For the second population, the applicant must propose facilitation strategies to improve access to and follow-up of treatment and adjuvant

treatment services for confirmed diagnosis of at least one of the demonstration-specified cancers and/or lung cancer.

Potentially qualified applicants include, but are not limited to: Disease management organizations; health insurers; physician group practices; coordinated care services providers; provider-sponsored organizations; academic medical centers; comprehensive cancer centers; special population networks; community clinical oncology programs; community-based health organizations; community health centers; federally qualified health centers; minority institutions such as, among others, Historically Black Colleges and Universities, Hispanic Serving Institutions, and Hispanic health organizations and associations; tribal organizations; a consortium of the above entities; or any other legal entity that the Secretary determines to be appropriate. We strongly encourage the establishment of collaborative consortia for this demonstration. The applicant must demonstrate its ability to effectively deliver cancer screening, diagnosis, and treatment facilitation services on a capitation basis to one or more of the following populations: Black, Hispanic, Asian American and Pacific Islander, and American Indian (including Alaskan Natives, Eskimos, and Aleuts) Medicare beneficiaries. Interested parties are to obtain complete solicitation and supporting information on the DHHS Web site at <http://www.grants.gov>.

III. Collection of Information Requirements

The application associated with this demonstration entitled "Medicare Waiver Demonstration Application" is currently approved under OMB approval number 0938-0880, with a current expiration date of July 31, 2006.

In addition, the collection requirements associated with this demonstration do not impose information collection and record keeping requirements, because they meet the "information" definition exception under 5 CFR 1320.3(h)(5) which states: "Information" does not generally include items in the following categories: (5) facts or opinions obtained initially or in follow-on requests, from individuals (including individuals in control groups) under treatment or clinical examination in connection with research on or prophylaxis to prevent a clinical disorder, direct treatment of that disorder, or the interpretation of biological analyses of body fluids, tissues, or other specimens, or the

identification or classification of such specimens. * * *

Authority: Section 122 of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA) (Pub. L. 106-554).

(Catalog of Federal Domestic Assistance Program No. 93.779, Medical Assistance Program; No. 93.773, Medicare—Hospital Insurance Program; and No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: September 15, 2004.

Mark B. McClellan,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 04-27527 Filed 12-14-04; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Statement of Organization, Functions and Delegations of Authority

This notice amends Part K of the Statement of Organization, Functions and Delegations of Authority of the Department of Health and Human Services (HHS), Administration for Children and Families (ACF), as follows: Chapter KA, Office of the Assistant Secretary for Children and Families (OAS) as last amended October 16, 2001 (66 FR 52627) and Chapter KN, Office of Public Affairs (OPA) as last amended January 2, 1998 (63 FR 81-87). This notice announces the transfer of the Freedom of Information Act (FOIA) functions from the Office of the Executive Secretariat and places them in the Division of Public Information, Office of Public Affairs.

These Chapters are amended as follows:

I. Chapter KA, Office of the Assistant Secretary for Children and Families

A. Delete KA.20 Functions, Paragraph C in its entirety and replace with the following:

C. The Executive Secretariat (ExecSec) ensures that issues requiring the attention of the Assistant Secretary, Deputy Assistant Secretaries and/or executive staff are addressed on a timely and coordinated basis and facilitates decisions on matters requiring immediate action including White House, Congressional and Secretarial assignments. ExecSec serves as the ACF liaison with the HHS Executive Secretariat. It receives, assesses and controls incoming correspondence and assignments to the appropriate ACF component(s) for response and action

and provides assistance and advice to ACF staff on the development of responses to correspondence. ExecSec provides assistance to ACF staff on the use of the controlled correspondence system. ExecSec coordinates and/or prepares congressional correspondence, tracks development of periodic reports and facilitates Departmental clearances.

II. Chapter KN, Office of Public Affairs

A. Delete KN.00. Mission in its entirety and replace with the following:

KN.00 Mission. The Office of Public Affairs (OPA) develops, directs and coordinates public affairs and communications services for ACF. OPA serves as liaison with the Office of the Secretary, Office of Public Affairs in processing the Freedom of Information Act inquiries for ACF and coordinates hot line calls received by the Office of Inspector General and the Government Accountability Office relating to ACF operations and personnel. OPA provides leadership, direction and oversight in promoting ACF's public affairs policies, programs and initiatives. OPA also provides printing and distribution services for ACF.

B. Delete KN.20 Functions paragraph B, in its entirety and replace with the following:

B. The Division of Public Information (the Division) develops and implements public affairs strategies to achieve ACF program objectives in coordination with other ACF components. The Division coordinates news media relations strategy; responds to all media inquiries concerning ACF programs and related issues; develops fact sheets, news releases, feature articles for magazines and other publications on ACF programs and initiatives; and manages preparation and clearance of speeches and official statements on ACF programs. The Division coordinates regional public affairs policies and public affairs activities pertaining to ACF programs and initiatives. The Division Director serves as liaison to the Office of the Secretary, Office of Public Affairs in processing the Freedom of Information Act inquiries and coordinates hot line calls received by the Office of Inspector General and the Government Accountability Office relating to ACF operations and personnel.

Dated: December 14, 2004.

Wade F. Horn,

Assistant Secretary for Children and Families.

[FR Doc. 04-28052 Filed 12-22-04; 8:45 am]

BILLING CODE 4184-01-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.

Non-Small Cell Lung Cancer Cell Line H3255

Herbert K. Oie et al. (NCI)
DHHS Reference No. E-028-2005/0—
Research Tool
Licensing Contact: Mojdeh Bahar; 301/435-2950; baharm@mail.nih.gov.

This invention, the H3255 cell line, was initiated from malignant cells isolated from the pleural effusion from a non-smoker Caucasian female. The cultured tumor cells, identified as Non-Small Cell Lung Carcinoma Cells (NSCLC), were found to have a mutation within the EGFR gene that made them very sensitive to certain growth inhibiting drugs, such as gefitinib (iresa). Cell lines sensitive to growth inhibitors could be used in the treatment of cancer as potential chemotherapeutic agents.

LRATlerin, Related Compounds and Methods of Use

Denise P. Simmons (NCI)
U.S. Provisional Application No. 60/613,256 filed 27 Sep 2004 (DHHS Reference No. E-349-2004/0-US-01)
Licensing Contact: Mojdeh Bahar; 301/435-2950; baharm@mail.nih.gov.

The invention discloses combinations of anti-tumor agents and anti-