DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: TANF High Performance Bonus Report, Assessment of Medicaid and SCHIP Enrollment.

OMB No.: 0992–0007.

Description: Pub. L. 104–93, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), established the Temporary Assistance for Needy Families (TANF) Program. It also included provisions for rewarding States that attain the highest levels of success in achieving the legislative goals of that program. The purpose of this collection, which is a proposed extension without change of a collection currently in use, is to obtain data upon which to base the computation for measuring State performance in meeting those goals by providing Medicaid and State Children's Health Insurance (SCHIP), Program work supports. HHS will use the information to allocate the Medicaid/SCHIP program portion of the bonus grant funds appropriated under the law and implemented by 45 CFR part 270 published on August 30, 2000. States will not be required to submit this information unless they elect to compete on a Medicaid/SCHIP measure for the TANF High Performance Bonus awards in any Federal year for which Congress authorizes and appropriates bonus funds.

Respondents: Respondents may include any of the 50 States, the District of Columbia, and the U.S. Territories of Guam, Puerto Rico, and the Virgin Islands.

ANNUAL BURDEN ESTIMATES

Instrument	Number of espondents	Number of esponses per espondent	Average burden hours per response	Total burden hours
TANF High Performance Bonus Report, Assessment of Medicaid and SCHIP Enrollment Among Individuals After Leaving TANF Assistance	54	4	20	4,320

Estimated Total Annual Burden Hours: 4,320.

Additional Information: Copies of the proposed collection may be obtained by writing to The Administration for Children and Families, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection. E-mail address: *grjohnson@acf.hhs.gov.*

OMB Comment: OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Attn: Desk Officer for ACF, *E-mail address: Katherine_T._Astrich@omb.eop.gov.*

Dated: January 18, 2005.

Robert Sargis,

Reports Clearance Officer.

[FR Doc. 05–1301 Filed 1–24–05; 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, DHHS.

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.

Closed-Circuit Flow Obturator for Laparoscopy Port

Jason Wynberg (NCI)

U.S. Provisional Patent Application filed 24 Nov 2004 (DHHS Ref. No. E–237–2004/0–US–01)

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

Available for licensing, manufacturing and commercial development is a laparoscopic surgical device. This device is an obturator with a cylindrical shape (diameter about 11mm, length about 4.5 inches) with hollow inflow and outflow channels running through the obturator to allow for the transfer of fluids or gas into the interior of the laparoscopic working space in a closed-circuit fashion. At the top and bottom ends of the obturator, flexible hollow tubings are coupled to the end holes of the obturator's hollow channels. In working position, the obturator traverses the inner space of the previously placed laparoscopic port, with the outside diameter of the obturator, creating an airtight seal with the port's diaphragm seal. The flexible tubings that continue from the bottom/intracorporeal end of the obturator would rest inside the operative working space, for connection to any number of end-pieces that would complete the intracorporeal closed-circuit flow path. Applications of this device include transmission of chemotherapeutics, thermoregulated fluids for organ cooling/warming, and possibly even gas media. This obturator can also be designed to include a working channel among its hollow channels, so that a 5 mm laparoscopic instrument can be used through the obturator, at the same time as it is

transmitting fluids or gas through its other channels.

In addition to licensing, the technology is available for further development through collaborative research with the inventors via a Cooperative Research and Development Agreement (CRADA).

Monoclonal Antibodies to HIV–1 Vpr

Jeffrey Kopp (NIDDK), Terence Philips (ORS), Schubert Ulrich (NIAID), John Yewell (NIAID)

U.S. Provisional Application No. 60/585,282 filed 01 Jul 2004 (DHHS Reference No. E–141–2003/0–US–01)

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

Available for licensing are monoclonal antibodies against HIV–1 viral protein R (Vpr) and the respective hybridoma cell lines expressing the same. The antibodies provide a means for detecting HIV–1 Vpr. Currently, the mechanism of HIV pathogenesis believe d to involve viral replication inside immune cells and other cells. At present, there are no clinical assays for detecting HIV–1 Vpr. Vpr circulates at detectable levels in the blood and is likely derived from degraded virions or released from infected cells. Vpr facilitates viral replication and disrupt normal cell function. Thus measurement of Vpr levels in blood, extracellular fluid, and tissue may be of benefit in understanding the pathogenesis of HIV–1 infection and its myriad complications.

The hybridoma cell line s (9F12 and 10F2) were selected from a group of hybridoma cell lines. These antibodies can be used for detection, including immunoasssays (ELISA) and immunoaffinity-capillary electrophoresis. The amount of detected HIV–1 Vpr is compared to a standardized control sample for determining the progress of disease or the presence of known complications like neuropathy, dementia, metabolic syndrome, or nephropathy.

In addition to licensing, the technology is available for further development through collaborative research with the inventors via a Cooperative Research and Development Agreement (CRADA).

Dated: January 14, 2005.

Steven M. Ferguson,

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

[FR Doc. 05–1279 Filed 1–24–05; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Cancer Institute; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meetings.

The meetings will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the contract proposals, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Cancer Institute Special Emphasis Panel, Radiation Bystander Effects: Mechanisms.

Date: February 16, 2005.

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

Agenda: To review and evaluate grant applications.

Place: Marriott Hotels and Resorts (Marriott Key Bridge), 1401 Lee Highway, Arlington, VA 22209.

Contact Person: Sunghan Yoo, Scientific Review Administrator, Division of Extramural Activities, National Cancer Institute, National Institutes of Health, 6116 Executive Boulevard, Room 8105, Bethesda, MD 20892, (301) 594–9025, *yoosu@mail.nih.gov.*

(Catalogue of Federal Domestic Assistance Program Nos. 93.392, Cancer Construction; 93.393, Cancer Cause and Prevention Research; 93.394, Cancer Detection and Diagnosis Research; 93.395, Cancer Treatment Research; 93.396, Cancer Biology Research; 93.397, Cancer Centers Support; 93.398, Cancer Research Manpower; 93.399, Cancer Control, National Institutes of Health, HHS)

LaVerne Y. Stringfield,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. 05–1268 Filed 1–24–05; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Cancer Institute; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Cancer Institute Special Emphasis Panel Biology & Transplantation of the Human Stem Cell.

Date: February 25, 2005.

Time: 11 a.m. to 6 p.m.

Agenda: To review and evaluate grant applications.

Place: Double Tree Rockville, 1750 Rockville Pike, Rockville, MD 20852.

Contact Person: Claudio A. Dansky Ullmann, MD, Scientific Review Administrtor, National Cancer Institute, Division of Extramural Activities, Grants Review Branch, Research Programs Review Branch, 6116 Executive Blvd., Rm 8119, MSC 8328, Bethesda, MD 20892, 301–451–4761, *ullmannc@mail.nih.gov.*

(Catalogue of Federal Domestic Assistance Program Nos. 93.392, Cancer Construction; 93.393, Cancer Cause and Prevention Research; 93.394, Cancer Detection and Diagnosis Research; 93.395, Cancer Treatment Research; 93.396, Cancer Biology Research; 93.397, Cancer Centers Support; 93.398, Cancer Research Manpower; 93.399, Cancer Control, National Institutes of Health, HHS)

Dated: January 14, 2005.

LaVerne Y. Stringfield,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. 05–1269 Filed 1–24–05; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Heart, Lung, and Blood Institute; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The contract proposals and the discussions could disclose confidential trade secrets or commercial property such as patentable material,