

infectious and autoimmune diseases and vaccination.

This invention was developed at the NCI Surgery Branch. The Surgery Branch plans to initiate clinical studies utilizing this technology and collaborative opportunities may be available. Publications which may provide background information for this technology include:

1. Hsu C, Hughes MS, Zheng Z, Bray RB, Rosenberg SA, Morgan RA. Primary human T lymphocytes engineered with a codon-optimized IL-15 gene resist cytokine withdrawal-induced apoptosis and persist long-term in the absence of exogenous cytokine. *J Immunol.* 2005 Dec 1;175(11):7226-34.

2. Rosenberg, SA and Dudley, ME. Cancer regression in patients with metastatic melanoma after the transfer of autologous antitumor lymphocytes. *Proc Natl Acad Sci USA* 2004 Oct 5;101 Suppl 2:14639-45. Epub 2004 Sep 20.

3. Klebanoff CA, Finkelstein SE, Surman DR, Lichtman MK, Gattinoni L, Theoret MR, Grewal N, Spiess PJ, Antony PA, Palmer DC, Tagaya Y, Rosenberg SA, Waldmann TA, Restifo NP. IL-15 enhances the in vivo antitumor activity of tumor-reactive CD8+ T cells. *Proc Natl Acad Sci USA* 2004 Feb 17;101(7):1969-74. Epub 2004 Feb 04.

4. Dudley ME, Rosenberg SA. Adoptive-cell-transfer therapy for the treatment of patients with cancer. *Nat Rev Cancer.* 2003 Sep;3(9):666-75. Review.

5. Liu K, Rosenberg SA. Interleukin-2-independent proliferation of human melanoma-reactive T lymphocytes transduced with an exogenous IL-2 gene is stimulation dependent. *J Immunother.* 2003 May-Jun;26(3):190-201.

6. Liu K, Rosenberg SA. Transduction of an IL-2 gene into human melanoma-reactive lymphocytes results in their continued growth in the absence of exogenous IL-2 and maintenance of specific antitumor activity. *J Immunol.* 2001 Dec 1;167(11):6356-65.

#### **Gene Therapy by Administration of Genetically Engineered CD34+ Obtained by Cord Blood**

Robert M. Blaese (NCI), et al.

U.S. Patent No. 6,984,379 issued

January 10, 2006 (HHS Reference No. E-045-1995/0-US-01).

*Licensing Contact:* John Stansberry, Ph.D.; 301/435-5236; [stansbej@mail.nih.gov](mailto:stansbej@mail.nih.gov).

This invention provides a method of providing a therapeutic effect in human patients by administering to the patient CD34+ cells obtained from umbilical cord blood. The CD34+ cells have been

engineered with at least one nucleic acid sequence encoding a therapeutic agent. Such CD34+ cells could be engineered by transducing the cells with a retroviral vector including the nucleic acid sequence encoding the therapeutic agent. This method has been applied in treating new born infants suffering from adenosine deaminase (ADA) deficiency. This application was filed pre-GATT and is therefore valid 17 years from issued date of January 10, 2006.

In addition to licensing, the technology is available for further development through collaborative research opportunities with the inventors.

Dated: March 8, 2006.

**Steven M. Ferguson,**

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

[FR Doc. E6-3764 Filed 3-15-06; 8:45 am]

**BILLING CODE 4140-01-P**

## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **Substance Abuse and Mental Health Services Administration**

#### **Agency Information Collection Activities: Submission for OMB Review; Comment Request**

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (240) 276-1243.

#### **Project: Evaluation of the Policy Academies on Chronic Homelessness—New**

The Substance Abuse and Mental Health Services Administration's (SAMHSA), Center for Mental Health Services (CMHS) and the Health Resources and Services Administration (HRSA) will fund an evaluation of the Policy Academies on Chronic Homelessness held in 2002, 2003, and 2004. These Policy Academies were sponsored by the U.S. Department of Human Services (HHS) in partnership with the U.S. Department of Veterans Affairs, U.S. Department of Labor and the U.S. Department of Housing and Urban Development. The Policy Academies were 3-4 day meetings designed to help teams of State, Territory and local policymakers develop Action Plans intended to

improve access to mainstream services for people who are homeless.

This evaluation will assess the effectiveness of the Policy Academies in helping States and Territories address the problem of chronic homelessness. This evaluation has been conceptualized in two parts. The process evaluation will focus on the activities related to conducting the Policy Academies. The process evaluation interviews will focus on: (1) How the Policy Academy concept was developed, (2) how the Federal Partners implemented the Policy Academies, (3) what factors influenced the effectiveness of each step of the intervention (i.e., pre-Academy site visits, Policy Academy meetings, and post-Academy technical assistance), (4) what changes in the Policy Academy process occurred over time, (5) what challenges/barriers Federal Partners faced in the development and implementation of the Policy Academies, and (6) how future Policy Academies could be improved to better meet the needs of States and Territories. The process evaluation will include all 45 States and Territories that participated in one of the Policy Academies on Chronic Homelessness, as well as the three Pacific Territories (American Samoa, Commonwealth of the Northern Marianas Islands, and Guam,) that participated in a special series of Policy Academies on Homelessness held in American Samoa and Guam.

The second part, the outcome evaluation, will assess how successful State, Territory, and local policymakers have been in implementing the Action Plans that were developed at the Policy Academies. The outcome evaluation interviews will focus on: (1) How States and Territories put together their Policy Academy teams, (2) the content and overall quality of the Action Plans these teams developed, (3) to what extent States and Territories have been able to increase access to coordinated housing and mainstream services for persons experiencing homelessness, (4) what challenges/barriers States and Territories faced in trying to achieve short- and long-term goals, and (5) to what extent relationships among the Governor's office, legislators, key program administrators, and public and private stakeholders were created or strengthened. In order to reduce burden on informants, the outcome evaluation will focus on a sample of States and Territories (the 19 States and Territories participating in the last two Policy Academies on Chronic Homelessness and the three Pacific Territories).

Data collection will be conducted over a 12-month period and will include both telephone interviews and site visits. Data collection instruments are semi-structured and will be administered by trained evaluation staff. Telephone interviews will be conducted with state team leaders and other team

members. During site visits, in-person interviews will be conducted with team leaders, other team members, and other stakeholders. Both telephone and in-person interview protocols have been adapted to reflect the slightly different Policy Academy process used in the Pacific Territories and to reflect the

different needs, funding sources, resources, and service systems in these territories.

The estimated annual response burden to collect this information is as follows:

Instrument	Number of respondents	Responses/respondent	Burden/response (hrs)	Annual burden (hrs)
<b>Telephone Interviews (Process Evaluation)</b>				
Team Leader Interview .....	48	1	2	96
Other Team Member Interview .....	96	1	1.5	144
<b>In-Person Interviews (Outcome Evaluation)</b>				
Team Leader Interview .....	22	1	2.25	49.5
Other Team Member Interview .....	154	1	1.75	269.5
Other Stakeholder Interview .....	110	1	1.5	165
<b>Total Annual</b> .....	<b>430</b>	.....	.....	<b>724</b>

Written comments and recommendations concerning the proposed information collection should be sent by April 17, 2006 to: SAMHSA Desk Officer, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503; due to potential delays in OMB's receipt and processing of mail sent through the U.S. Postal Service, respondents are encouraged to submit comments by fax to: 202-395-6974.

Dated: March 9, 2006.

**Anna Marsh,**

*Director, Office of Program Services.*

[FR Doc. E6-3799 Filed 3-15-06; 8:45 am]

**BILLING CODE 4162-20-P**

**DEPARTMENT OF HOMELAND SECURITY**

[DHS-2005-0051]

**Science and Technology Directorate, Office of Systems Engineering and Development; SAFECOM Interoperability Baseline Survey**

**AGENCY:** Office of Systems Engineering and Development, DHS.

**ACTION:** Notice and request for comment.

**SUMMARY:** The Department of Homeland Security (DHS) is soliciting public comment on the Office of Systems Engineering and Development SAFECOM Interoperability Baseline Survey. This proposed information collection was previously published in the **Federal Register** on December 19,

2005 and allowed 60 days for public comment. One public comment was received. The purpose of this notice is to allow an additional 30 days for public comment.

**DATES:** Comments are encouraged and will be accepted until April 17, 2006. This process is conducted in accordance with 5 CFR 1320.10

**ADDRESSES:** You may submit comments, identified by docket number DHS-2005-0051, by one of the following methods:

- Federal eRulemaking Portal: <http://www.regulations.gov>. Follow the instructions for submitting comments.
- E-mail: [baseline@dhs.gov](mailto:baseline@dhs.gov) Include docket number DHS-2005-0051 in the subject line of the message.
- Mail: Morgan Gallagher, Science and Technology Directorate, Office of Systems Engineering and Development (SED), Washington Navy Yard, 245 Murray Lane, SW., Bldg. #410, Washington, DC 20528.

**FOR FURTHER INFORMATION CONTACT:** Morgan Gallagher, 202-254-6635 (this is not a toll free number).

**SUPPLEMENTARY INFORMATION:** DHS, as part of its continuing effort to reduce paperwork and respondents' burden, invites the general public to take this opportunity to comment on this proposed information collection as required by the Paperwork Reduction Act of 1995, Public Law 104-13 (44 U.S.C. 3506(c)(2)(A)). This collection is the "SAFECOM Interoperability Baseline Survey."

*Description:* SAFECOM was established as the overarching umbrella

program within the Federal Government that oversees all initiatives and projects pertaining to public safety communications and interoperability. The SAFECOM Interoperability Baseline Survey is an essential step in a mission to provide public safety communications interoperability nationwide.

In developing SAFECOM, DHS has worked extensively with the public safety community to create a descriptive and measurable definition of public safety interoperability that takes into account issues of governance, procedure, technology, training, and usage. The SAFECOM Interoperability Baseline Survey, which was developed from this definition, will allow DHS to measure the current state of interoperability among state and local public safety practitioners. This will provide a baseline against which to track the future impact of Federal programs and provide a basis for identifying and executing specific projects to improve communications interoperability.

**Public Participation**

Interested persons are invited to participate in this Information Collection Request by submitting written data, views, or arguments on all aspects of the proposed Information Collection Request. DHS also invites comments that relate to the economic, environmental, or federalism affects that might result from this Information Collection Request. Comments that will provide the most assistance to DHS in