AdvisoryCouncil/index.html. The completed registration form should be submitted by facsimile to Professional and Scientific Associates (PSA), the logistical support contractor for the meeting, at fax number (703) 234–1701 ATTN: Rebecca Pascoe. Registration can also be completed electronically at *https://www.team-psa.com/dot/spring2009/acbsct/.* Individuals without access to the Internet who wish to register may call Rebecca Pascoe with PSA at (703) 234–1747.

Individuals who plan to attend the meeting and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the ACBSCT Executive Secretary, Remy Aronoff, in advance of the meeting. Mr. Aronoff may be reached by telephone at 301–443–3264, e-mail: *Remy.Aronoff@hrsa.hhs.gov* or in writing at the address provided below. Management and support services for ACBSCT functions are provided by the Division of Transplantation, Healthcare Systems Bureau, Health Resources and Services Administration, 5600 Fishers Lane, Parklawn Building, Room 12C–06, Rockville, Maryland 20857; telephone number 301–443–7577.

After the presentations and Council discussions, members of the public will have an opportunity to provide comments. Because of the Council's full agenda and the timeframe in which to cover the agenda topics, public comment will be limited. All public comments will be included in the record of the ACBSCT meeting. Meeting summary notes will be made available on HRSA's Program Web site at *http://bloodcell.transplant.hrsa.gov/ABOUT/Advisory_Council/index.html.*

Dated: April 1, 2009.

Alexandra Huttinger,

Director, Division of Policy Review and Coordination.

[FR Doc. E9–7964 Filed 4–7–09; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Office of Rural Health Policy; Notice of Meetings

Name: Office of Rural Health Policy, Health Resources and Services Administration (HRSA), HHS.

Dates and Times: April 24, 2009, 8 a.m.—3 p.m. in Albuquerque, NM. May 18, 2009, 8 a.m.—3 p.m. in Seattle, WA. June 26, 2009, 8 a.m.—3 p.m. in Omaha, NE.

Place: The Albuquerque Marriott, 2101 Louisiana Boulevard, NE., Albuquerque, NM 87110, Phone: 505–881–6800.

The Seattle Airport Marriott, 3201 South 176th Street, Seattle, WA 98188, Phone: 206–241–2000.

The Omaha Marriott, 10220 Regency Circle, Omaha, NE 68114, Phone: 402–399–9000.

Status: The meetings will be open to the public.

Purpose: The Office of Rural Health Policy (ORHP) will hold a series of meetings to gather information on potential definitions of the terms Frontier or Remote Areas.

Currently the most widely used definition within the Department of Health and Human Services (DHHS) requires that the population density of a county consist of six or fewer persons per square mile. The use of whole counties as the unit of measurement can lead to inclusion of large population centers in large area counties that still have a low overall population density.

Use of population density alone as a measure of remoteness is also inappropriate for islands as the population density can far exceed 6 persons per square mile even though the island is isolated and lacks access to services and resources.

ORHP has used the Rural-Urban commuting area (RUCA) codes to identify rural areas located in Metropolitan counties. Metropolitan counties are defined by the Office of Management and Budget of the White House but can contain substantial rural areas due to geographic barriers, distance or other factors. RUCAs are based on a sub-county unit, the Census Tract, and take into account population density, urbanization, and daily commuting patterns. Every Census tract is assigned a code based on these factors. While ORHP has chosen to define Metropolitan tracts with RUCA codes from 4 through 10 as ''rural'' for purposes of grant eligibility, the codes have not been used to identify ''Frontier'' or remote areas.

In order to pursue a more accurate definition of Frontier/Remote areas, ORHP has entered into agreements with L. Gary Hart and the Economic Research Service (ERS) of the US Department of Agriculture (USDA). Dr. Hart and ERS also developed the RUCAs with support from ORHP. As work on this definition proceeds ORHP will hold a series of meetings to gather information from interested parties and the public.

While a robust, quantitative definition of Frontier/Remote areas may have future programmatic uses, the immediate goal of ORHP and ERS is to make this work available for research purposes.

For Further Information Contact: Direct requests for additional information to Mr. Steven Hirsch, Health Resources and Services Administration, Office of Rural Health Policy, Room 9A–55, 5600 Fishers Lane, Rockville, MD 20857, (301) 443–7322. E-mail: *shirsch@hrsa.gov.*

Dated: April 3, 2009.

Alexandra Huttinger,

Director, Division of Policy Review and Coordination.

[FR Doc. E9–8013 Filed 4–7–09; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Part C Early Intervention Services Grant Under the Ryan White HIV/AIDS Program

AGENCY: Health Resources and Services Administration (HHS).

ACTION: Notice of noncompetitive transfer of Part C funds from Cathedral Healthcare System to Saint Michael's Medical Center.

SUMMARY: HRSA will be transferring Part C funds to Saint Michael's Medical Center as a noncompetitive replacement award in order to ensure continuity of critical HIV medical care and treatment services and to avoid a disruption of HIV clinical care to clients in Metropolitan Newark, and Essex County in New Jersey.

SUPPLEMENTARY INFORMATION: *Grantee of record:* Cathedral Healthcare System.

Intended recipient of the award: Saint Michael's Medical Center, Newark, New Jersey.

Amount of the award: $537,607 to ensure ongoing clinical services to the target population.

Authority: Section 2651 of the Public Health Service Act, 42 U.S.C. 300ff–51.

CFDA Number: 93.918.

Project period: April 1, 2005 to March 31, 2010. The period of support for the replacement award is from April 1, 2009 to March 31, 2010.

Justification for the Exception to Competition: Critical funding for HIV medical care and treatment services to clients in Metropolitan Newark and Essex County in New Jersey will be continued through a noncompetitive supplement to Saint Michael's Medical Center, a prior sub-contractor of Cathedral Healthcare System, the grantee of record in Newark, New Jersey. This is a temporary replacement award as the previous grant recipient serving this population notified HRSA that they will not continue providing services after March 31, 2009. The Cathedral Healthcare System, the former grantee, has ceased governance and operations of its three hospitals. Saint Michael's Medical Center is the best qualified recipient for this supplement, as it already serves most of the former grantee's patients ensuring continuity of care, and can continue to provide critical services with the least amount of disruption to the service population while the service area is re-competed.

This supplement will cover the time period from April 1, 2009, through

March 31, 2010. This service area will be included in the upcoming competition for the Part C HIV Early Intervention Services for project periods starting April 2010.

FOR FURTHER INFORMATION CONTACT: Maria C. Rios, via e-mail *mrios@hrsa.gov*, or via telephone, 301–443–0493.

Dated: April 2, 2009.

Marcia K. Brand,

Acting Deputy Administrator.

[FR Doc. E9–7963 Filed 4–7–09; 8:45 am]

BILLING CODE 4165–15–P

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.

Substituted Triazine and Purine Compounds for the Treatment of Chagas Disease and African Trypanosomiasis

Description of Invention: Parasitic protozoa are responsible for a wide variety of infections in both humans and animals. Trypanosomiasis poses health risks to millions of people across multiple countries in Africa and North and South America. Visitors to these regions, such as business travelers and tourists, are also at risk for contracting parasitic diseases. There are two types of African trypanosomiasis, also known as sleeping sickness. One type is caused by the parasite Trypanosoma brucei gambiense, and the other is caused by the parasite Trypanosoma brucei rhodesiensi. If left untreated, African sleeping sickness results in death. Chagas disease, caused by *Trypanosoma cruzi* (*T. cruzi*), affects millions of people in Mexico and South and Central America. Untreated, Chagas disease causes decreased life expectancy and can also result in death.

The subject invention provides for novel triazine and purine compounds that are useful for the treatment and prevention of mammalian protozoal diseases, including African trypanosomiasis, Chagas disease and other opportunistic infections. The compounds can inhibit the cysteine proteases rhodesain found in the parasites that cause African trypanosomiasis and cruzain found in *T. cruzi*. The invention includes composition claims for the novel triazine and purine compounds, methods for inhibiting cruzain or rhodesain in a subject, and methods for treating subjects suffering from African trypanosomiasis or Chagas disease.

Applications: Prophylactic and therapeutic treatment of African trypanosomiasis and Chagas disease.

Advantages: Novel compounds against the cysteine proteases, cruzain and rhodesain; Compounds possess low nanomolar inhibitory potential against cruzain and rhodesain.

Development Status: In vitro and *in vivo* data are available upon request and upon execution of an appropriate confidentiality agreement.

Inventors: Craig J. Thomas et al. (NHGRI).

Patent Status: U.S. Provisional Application No. 61/199,763 filed 19 Nov 2008 (HHS Reference No. E–267–2008/0–US–01).

Licensing Status: Available for licensing.

Licensing Contact: Kevin W. Chang, Ph.D.; 301–435–5018; *changke@mail.nih.gov*.

Collaborative Research Opportunity: The NIH Chemical Genomics Center (NCGC) is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate, or commercialize appropriate lead compounds described in U.S. Provisional Application No. 61/199,763. Please contact Dr. Craig J. Thomas (*craigt@nhgri.nih.gov*) or Claire Driscoll (*cdriscol@mail.nih.gov*), Director of the NHGRI Technology Transfer Office, for more information.

Improved Expression Vectors for Mammalian Use

Description of Invention: This technology relates to improving levels of gene expression using a combination of a constitutive RNA transport element (CTE) with a mutant form of another RNA transport element (RTE). The combination of these elements results in a synergistic effect on stability of mRNA transcripts, which in turn leads to increased expression levels. Using HIV–1 gag as reporter mRNA, one mutated RTE in combination with a CTE was found to improve expression of unstable mRNA by about 500-fold. Similarly this combination of elements led to synergistically elevated levels of HIV–1 Env expression. The function of CTEs and RTEs is conserved in mammalian cells, so this technology is a simple and useful way of obtaining high levels of expression of otherwise poorly expressed genes and can be used in a number of applications such as but not limited to improvements of gene therapy vectors, expression vectors for mammalian cells.

Applications: Gene therapy; DNA vaccines; Protein expression.

Development Status: In vitro data available.

Inventor: Barbara K. Felber et al. (NCI).

Patent Status: U.S. Utility Application No. 10/557,129 filed 16 Nov 2005, from PCT Application No. PCT/US04/15776 filed 19 May 2004, which published as WO 2004/113547 on 29 Dec 2004 (HHS Reference No. E–223–2003/1–US–03).

Licensing Status: Available for licensing.

Licensing Contact: Kevin W. Chang, Ph.D.; 301–435–5018; *changke@mail.nih.gov*.

Collaborative Research Opportunity: The National Cancer Institute Vaccine Branch is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate, or commercialize this technology. Please contact John D. Hewes, Ph.D. at 301–435–3121 or *hewesj@mail.nih.gov* for more information.

Dated: April 1, 2009.

Richard U. Rodriguez,

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

[FR Doc. E9–7883 Filed 4–7–09; 8:45 am]

BILLING CODE 4140–01–P