

## ESTIMATES OF ANNUALIZED HOUR BURDEN—Continued

Worksheet	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Death referral data .....	59	12	708	10	7,080.00
Living Donor Registration .....	692	10	6,920	0.2	1,384.00
Living Donor Follow-up .....	692	19	13,148	0.1	1,314.80
Donor Histocompatibility .....	152	87	13,224	0.1	1,322.40
Recipient Histocompatibility .....	152	163	24,776	0.1	2,477.60
Heart Candidate Registration .....	139	23	3,197	0.3	959.10
Lung Candidate Registration .....	70	28	1,960	0.3	588.00
Heart/Lung Candidate Registration .....	72	1	72	0.3	21.60
Thoracic Registration .....	139	24	3,336	0.3	1,000.80
Thoracic Follow-up .....	139	174	24,186	0.2	4,837.20
Kidney Candidate Registration .....	247	109	26,923	0.2	5,384.60
Kidney Registration .....	247	65	16,055	0.3	4,816.50
Kidney Follow-up* .....	247	493	121,771	0.2	24,354.20
Liver Candidate Registration .....	123	82	10,086	0.2	2,017.20
Liver Registration .....	123	46	5,658	0.4	2,263.20
Liver Follow-up .....	123	299	36,777	0.3	11,033.10
Kidney/Pancreas Candidate Registration .....	139	12	1,668	0.2	333.60
Kidney/Pancreas Registration .....	139	7	973	0.4	389.20
Kidney/Pancreas Follow-up .....	139	64	8,896	0.3	2,668.80
Pancreas Candidate Registration .....	139	7	973	0.2	194.60
Pancreas Registration .....	139	4	556	0.3	166.80
Pancreas Follow-up .....	139	20	2,780	0.2	556.00
Intestine Candidate Registration .....	44	5	220	0.2	44.00
Intestine Registration .....	44	3	132	0.2	26.40
Intestine Follow-up .....	44	8	352	0.2	70.40
Immunosuppression Treatment .....	692	38	26,296	0.025	657.40
Immunosuppression Treatment Follow-up .....	692	281	194,452	0.025	4,861.30
Post Transplant Malignancy .....	692	5	3,460	0.05	173.00
Total .....	903	.....	559,762	.....	84,057.90

\* Includes an estimated 6,000 kidney transplant patients transplanted prior to the initiation of the data system.

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Desk Officer, Health Resources and Services Administration, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC.

Dated: March 3, 2004.

**Tina M. Cheatham,**

*Director, Division of Policy Review and Coordination.*

[FR Doc. 04-5304 Filed 3-9-04; 8:45 am]

**BILLING CODE 4165-15-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Amendment to a Notice of Availability of Funds Announced in the HRSA Preview—Primary Health Care Programs: Community and Migrant Health Centers; CFDA Number 93.224; HRSA-04-030

**AGENCY:** Health Resources and Services Administration, HHS.

**ACTION:** Amendment to a notice of availability of funds.

**SUMMARY:** A notice of availability of funds announced in the HRSA Preview, "Primary Health Care Programs: Community and Migrant Health Centers HRSA-04-030," was published in the **Federal Register** on September 4, 2003 (Volume 68, Number 171), FR Doc. 03-22427. On page 52651, under announcement HRSA-04-030, the due date for the Danville, Virginia, service area is extended to May 3, 2004. There are no other changes.

**FOR FURTHER INFORMATION CONTACT:** Jack Egan, HRSA/Bureau of Primary Health Care; [jegan@hrsa.gov](mailto:jegan@hrsa.gov).

**SUPPLEMENTARY INFORMATION:** Program Information Notice 2004-01, "Fiscal Year 2004 Application Instructions for Service Area Competition Funding for the Consolidated Health Center Program," and application guidance is available at the Bureau of Primary Health Care Web page: <http://www.bphc.hrsa.gov/pinspals/>.

Dated: March 2, 2004.

**Elizabeth M. Duke,**  
*Administrator.*

[FR Doc. 04-5303 Filed 3-9-04; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Indian Health Service

#### National Indian Health Board

**AGENCY:** Indian Health Service, HHS.

**ACTION:** Notice of single source cooperative agreement with the National Indian Health Board.

**SUMMARY:** The Indian Health Service (IHS) announces a new award of a cooperative agreement to the National Indian Health Board (NIHB) for costs in providing advice and technical assistance to the IHS on behalf of federally recognized tribes in the area of health care policy analysis and program development. The NIHB will provide advice, consultation and health care advocacy to the IHS based on tribal input through a broad-based consumer network involving the Area Health Boards or Health Board representatives from each of the twelve IHS Areas. Under the cooperative agreement the NIHB will communicate with tribes and tribal organizations concerning health issues, disseminate health care information, improve and expand access for American Indians and Alaska

Natives (AI/AN) tribal governments to all available programs in the Department of Health and Human Services (HHS), and coordinate the tribal consultation activities associated with formulation of the IHS annual budget request. The application is for a five year project which will commence with an initial award on March 15, 2004. The initial budget period will be awarded at \$227,00.00 and the entire project is expected to be awarded at \$1,135,000.00.

The award is issued under the authority of the Public Health Service Act, section 301(a) and is included under the Catalog of Federal Domestic Assistance number 93.933. The specific objectives of the project are to:

1. Provide ongoing technical advice and consultation as the national Indian organization that is representative of all tribal governments in the area of health care policy analysis and program development.

2. Assure that health care advocacy is based on tribal input through a broad-based consumer network involving the Area Indian Health Boards or Health Board Representatives from each of the 12 IHS Areas.

3. Establish relationships with other national Indian organizations, with professional groups and with Federal, State and local entities to serve as advocates for AI/AN health programs. As a recipient of a grant/cooperative agreement, the NIHB is prohibited from conducting lobbying activities using Federal funding.

4. Improve and expand access for AI/AN tribal governments to all available programs in the HHS.

5. Publish, at least three times a year, a newsletter featuring articles on health promotion/disease prevention activities and models of best or improving practices, health policy and funding information relevant to AI/AN, *etc.*

6. Disseminate timely health care information to tribal governments, AI/AN Health Boards, other national Indian organizations, professional groups, Federal, State, and local entities.

7. Coordinate the tribal consultation activities associated with formulation of the IHS annual budget request.

*Justification for Single Source:* This project has been awarded on a non-competitive single source basis. NIHB is the only national AI/AN organization with health expertise that represents the interest of all federally recognized tribes.

*Use of Cooperative Agreement:* A non-competitive single source Cooperative Agreement Award will involve:

1. IHS staff will review articles concerning the Agency for accuracy and

may, as requested by the NIHB, provide articles.

2. IHS staff will have approval over the hiring of key personnel as defined by regulation or provision in the cooperative agreement.

3. IHS will provide technical assistance to the NIHB as requested and attend and participate in all NIHB Board meetings.

**FOR FURTHER INFORMATION CONTACT:**

Douglas Black, Director, Office of Tribal Programs, Office of the Director, Indian Health Service, 801 Thompson Avenue, Reyes Building, Suite 220, Rockville, Maryland 20852, telephone (301) 443-1104. For grants information, contact Sylvia Tyan, Grants Management Specialist, Division of Acquisition and Grants Management Branch, 1200 Twinbrook Parkway, Room 450A, Rockville, Maryland 20852, telephone (301) 443-5204.

Dated: March 1, 2004.

**Charles W. Grim,**

*Assistant Surgeon General, Director, Indian Health Service.*

[FR Doc. 04-5305 Filed 3-9-04; 8:45 am]

**BILLING CODE 4160-16-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### Office of the Director; Notice of Meeting

The Office of the Director, National Institutes of Health (NIH), announces a meeting of the NIH Blue Ribbon Panel on Conflict of Interest Policies, a working group of the Advisory Committee to the director, NIH. The meeting is scheduled for March 12-13, 2004. The meeting will be held at the NIH, 9000 Rockville Pike, Bethesda, Maryland, Building 31C, Conference Room 6. Attendance will be limited to space available. In the interest of security, NIH has instituted stringent procedures for entrance into the building by non-government employees. Persons without a government I.D. will need to show a photo I.D. and sign in at the security desk upon entering the building.

On March 12, the Panel will meet in closed, Executive Session, from 8:30-10 a.m., and in public session, from 10 a.m.-6:15 p.m. On March 13, the Panel will meet in closed, Executive Session, from 8:30 a.m.-2 p.m. The agenda will be posted on the NIH Web site (<http://www.nih.gov>) prior to the meeting.

During the public session, time will be set aside for oral presentations by the public. Any person wishing to take a

presentation should notify Charlene French, Office of Science Policy, National Institutes of Health, Building 1, Room 103, Bethesda, Maryland 20892, telephone (301) 496-2122 by March 11, 2004 or by e-mail: [blueribbonpanel@mail.nih.gov](mailto:blueribbonpanel@mail.nih.gov).

Oral comments will be limited to 5 minutes. Due to time constraints, only one representative from each organization will be allotted time for oral testimony. The number of speakers and the time allotment may also be limited by the number of presentations. The opportunity to speak will be based on a first come first served basis. All requests to present oral comments should include the name, addresses, telephone number, and business or professional affiliation of the interested party, and should indicate the areas of interest or issue to be addressed. Please provide, if possible, an electronic copy of your comments.

Any person attending the meeting who has not registered to speak in advance of the meeting will be allowed to make a brief oral statement during the time set aside for public comment, if time permits and at the discretion of the co-chairs.

Individuals who plan to attend the meeting and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify Charlene French at the address listed earlier in this notice in advance of the meeting.

Dated: March 5, 2004.

**LaVerne Stringfield,**

*Director, Office of Federal Advisory Committee Policy.*

[FR Doc. 04-5504 Filed 3-8-04; 8:45 am]

**BILLING CODE 4140-01-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Public Health Service

#### National Institute of Environmental Health Sciences (NIEHS); National Toxicology Program (NTP); Notice of the Availability of Agency Responses to ICCVAM Test Recommendations for the Revised Up-and-Down Procedure for Determining Acute Oral Toxicity and In Vitro Methods for Assessing Acute Systemic Toxicity

##### Summary

The National Toxicology Program Interagency Center for the Evaluation of Alternative Toxicological Methods (NICEATM) announces the availability of Federal agency responses to Interagency Coordinating Committee on the Validation of Alternative Methods