providers receiving CARE Act funding, the services provided, and the clients served continue to be critical to the implementation of the legislation and thus are necessary for HRSA to fulfill its responsibilities. CARE Act grantees are required to report aggregate data to HRSA annually. The CADR form is used by grantees and their subcontracted service providers to report data on seven different areas: service provider information, client information, counseling and testing services, medical services and other services provided, clients served, demographic information, and the Health Insurance Program. The primary purposes of the CADR are to: (1) Characterize the organizations from which clients receive services; (2) provide information on the number and characteristics of clients who receive CARE Act services; and, (3) enable HAB to describe the type and amount of services a client receives. In addition to meeting the goal of accountability to the Congress, clients, advocacy groups, and the general public, information collected on the CADR is critical for HRSA, State, and local grantees, and individual providers to assess the status of existing HIV-related service delivery systems.

The burden estimate for grantees is as follows:

Grantees funded by Title	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Title I only	51	1	51	40	2,040
Title II only	59	1	59	40	2,360
Title III only	365	1	365	20	7,300
Title IV only	90	1	90	20	1,800
Subtotal	565				13,500

The burden estimate for service providers is as follows:

Service providers by grantee funding	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Title I only	976	1	976	26	25,376
Title II only	857	1	857	26	22,282
Title III only	166	1	166	44	7,304
Title IV only	122	1	122	42	5,124
Multiple Titles	681	1	681	50	34,050
Subtotal	2,802	1			94,136
Total	3,367				107,636

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 20503.

Dated: September 8, 2004.

Tina M. Cheatham,

Director, Division of Policy Review and Coordination.

[FR Doc. 04–20620 Filed 9–13–04; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; Comment Request; The Multi-Ethnic Study of Atherosclerosis (MESA)

Summary: Under the provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Heart, Lung, and Blood Institute (NHLBI), the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request for review and approval the information collection listed below. This proposed information collection was previously published in the **Federal Register** on June 21, 2004, pages 34375–34376, and allowed 60 days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment. The National Institutes of Health may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

Proposed Collection: Title: The Multi-Ethnic Study of Atherosclerosis. *Type of Information Collection Request:* Reinstatement of a currently approved collection (OMB No. 0925–0493). *Need and Use of Information Collection:* This study will identify and quantify factors associated with the presence and progression of subclinical cardiovascular disease (CVD)—that is, atherosclerosis and other forms of CVD that have not produced signs and symptoms. The findings will provide important information on subclinical CVD in individuals of different ethnic backgrounds and provide information for studies on new interventions to prevent CVD. The aspects of the study that concern direct participant evaluation received a clinical exemption from OMB clearance (CE–99–11–08) in April 2000. OMB clearance is being sought for the contact of physicians and participant proxies to obtain information about clinical CVD events that participants experience during the follow-up period. *Frequency of Response:* Once per CVD event. *Affected Public:* Individuals. *Type of Respondents:* Physicians and selected proxies of individuals recruited for MESA. The annual reporting burden is as follows: *Estimated Number of Respondents:* 555; *Estimated Number of*

Responses per Respondent: 1.0; Average *Burden Hours Per Response:* 0.225; and *Estimated Total Annual Burden Hours Requested:* 42. The annualized cost to respondents is estimated at $6,733. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

There are no capital operating, or maintenance costs to report.

Type of respondents	Estimated number of respondents	Estimated number of responses per respondent	Average burden hours per response	Estimated total annual burden hours requested
Physicians	279	1.0	0.20	19
Participant proxies	276	1.0	0.25	23
Total	555	1.0	0.225	42

Request for Comments: Written comments and/or suggestions from the public and affected agencies should address one or more of the following points: (1) Evaluate whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) enhance the quality, utility, and clarity of the information to be collected; and (4) minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Direct Comments to OMB: Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the: Office of Management and Budget, Office of Regulatory Affairs, New Executive Office Building, Room 10235, Washington, DC 20503, Attention: Desk Officer for NIH. To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact: Dr. Diane Bild, NIH, NHLBI, 6701 Rockledge Drive, MSC 7938, Bethesda, MD 20892–7934, or call non-toll-free number (301) 435–0457 or e-mail your request, including your address to: *BildD@nhlbi.nih.gov.*

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 30 -days of the date of this publication.

Dated: August 31, 2004.

Peter Savage,

Director, DECA, NHLBI.

[FR Doc. 04–20658 Filed 9–13–04; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Licensing Opportunity and/or Cooperative Research and Development Agreement (''CRADA'') Opportunity: Live Attenuated Respiratory Syncytial Virus (RSV), Human Metapneumovirus (HMPV), and Parainfluenza Virus (PIV) Vaccines

AGENCY: National Institutes of Health, Public Health Service, DHHS.

ACTION: Notice.

SUMMARY: The National Institutes of Health (NIH) is seeking Licensee(s) and/or a commercial collaborator(s) to further develop, test, and commercialize as live attenuated virus vaccines certain recombinant RSV, HMPV and/or PIV strains and associated intellectual property developed in the Laboratory of Infectious Diseases (LID), Division of Intramural Research, National Institute of Allergy and Infectious Diseases (NIAID).

DATES: Respondents interested in licensing the invention will be required to submit an ''Application for License to Public Health Service Inventions'' to NIH (attention Susan Ano, Ph.D. at the address mentioned below) on or before November 15, 2004, for priority consideration.

Potential CRADA collaborators must submit a letter summarizing their interests and capabilities to the NIAID (attention Richard K. Williams, Ph.D. at the address mentioned below) on or before November 15, 2004, for consideration. Guidelines for preparing full CRADA proposals will be communicated shortly thereafter to all respondents with whom initial confidential discussions will have established sufficient mutual interest.

CRADA and PHS License Applications submitted thereafter may be considered if a suitable CRADA collaborator or Licensee(s) has not been selected.

FOR FURTHER INFORMATION CONTACT: Inquiries about these licensing opportunities should be addressed to Susan Ano, Ph.D., Technology Licensing Specialist, Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, Maryland 20852–3804; telephone: (301) 435–5515; facsimile: (301) 402–0220; e-mail: *anos@mail.nih.gov.* Information about Patent Applications and pertinent information not yet publicly described can be obtained under the terms of a Confidential Disclosure Agreement. Respondents interested in licensing the inventions will be required to submit an ''Application for License to Public Health Service Inventions''.

Depending upon the mutual interests of the Licensee(s) and the NIAID, a CRADA to collaborate to develop RSV, HMPV, and/or PIV vaccines in humans may also be negotiated. Proposals and questions about this CRADA opportunity should be addressed to Richard K. Williams, Ph.D., Technology Development Associate, Office of Technology Development, NIAID, 6610 Rockledge Drive, Room 4071, Bethesda, MD 20892–6606; telephone: (301) 402–0960; e-mail: *rwilliams@niaid.nih.gov.* Respondents interested in submitting a CRADA Proposal should be aware that it may be necessary to secure a license to the above-mentioned patent rights in order to commercialize products arising from a CRADA.

SUPPLEMENTARY INFORMATION: The portfolios listed below describe approaches to the development of live, attenuated vaccines for intranasal delivery against respiratory syncytial virus (RSV) subgroups A and B, human