Road, NE., Room 300, MS E–13, Atlanta, GA 30305.

C. Deadlines

1. Applications shall be considered as meeting a deadline if they are either:

a. Received at the above address on or before the deadline date, or

b. Sent on or before the deadline date to the above address, and received in time for the review process.

Applicants should request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks shall not be accepted as proof of timely mailings.

2. Applications which do not meet the criteria above are considered late applications and will be returned to the applicant.

Where To Obtain Additional Information

To receive additional written information call 1–888–GRANTS4. You will be asked your name and address and will need to refer to Announcement 98044. You will receive a complete program description, information on application procedures, and application forms. Also, this and other CDC Announcements can be found on the CDC homepage (http://www.cdc.gov) under the ''Funding'' section, as well as on the NIOSH homepage (http://www.cdc.gov/niosh/homepage.html) under ''Extramural Programs.'' For your convenience, you may be able to retrieve a copy of the PHS Form 398 from (http://www.nih.gov/grants/funding/phs398/phs398.html).

If you have questions after reviewing the contents of all the documents, business management information may be obtained from Joanne Wojcik, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., MS E–13, Atlanta, GA 30305, telephone (404) 842–6535; fax (404) 842–6513; internet jcw6@cdc.gov.

Programmatic technical assistance may be obtained from:

Roy M. Fleming, Sc.D., Research Grants Program, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE., Building 1, Room 3053, MS–D30, Atlanta, GA 30333, telephone 404–639–3343; fax 404–639–4616, internet rmf2@cdc.gov

Sidney M. Stahl, Ph.D., Behavioral and Social Research Program, National Institute on Aging, National Institutes of Health (NIH), Gateway Building #533, 7201 Wisconsin Avenue, Bethesda, MD 20892, telephone 301–402–4156, fax 301–402–0051, internet ss333h@nih.gov

Alan Moshell, M.D., Skin Diseases Branch, National Institute of Arthritis and Musculoskeletal and Skin Diseases, National Institutes of Health (NIH), Natcher Building, Room 5AS–25L, Bethesda, MD 20892–6500, telephone 301–594–5017, fax 301–480–4543, internet am40j@nih.gov

James S. Panagis, M.D., M.P.H., Musculoskeletal Diseases Branch, National Institute of Arthritis and Musculoskeletal and Skin Diseases, National Institutes of Health (NIH), 45 Center Drive, Room 5AS–37K, MSC 4500, Bethesda, MD 20892–6500, telephone 301–594–5055, fax 301–480–4543, internet jp149d@nih.gov

George S. Malindzak, Ph.D., Division of Extramural Research and Training, National Institute of Environmental Health Sciences, National Institutes of Health (NIH), 79 T.W. Alexander Drive, MD EC–23, Research Triangle Park, NC 27709, telephone 919–541–3289, fax 919–541–5064, internet malindzak@niehs.nih.gov

Gail Weinmann, M.D., Division of Lung Diseases, National Heart, Lung, and Blood Institute, National Institutes of Health (NIH), Two Rockledge Center, Suite 10018, 6701 Rockledge Drive, MSC 7952, Bethesda, MD 20892, telephone 301–594–0202, fax 301–480–3557, internet weinmanng@gwgate.nhlbi.nih.gov

Please Refer to Announcement Number 98044 When Requesting Information and Submitting an Application.

CDC will not send application kits by facsimile or express mail.

Potential applicants may obtain a copy of ''Healthy People 2000'' (Full Report, Stock No. 017–001–00474–0) or ''Healthy People 2000'' (Summary Report, Stock No. 017–001–00473–1) through the Superintendent of Documents, Government Printing Office, Washington, DC 20402–9325, telephone (202) 512–1800.

Potential applicants may obtain a copy of the ''National Occupational Research Agenda'' (HHS, CDC, NIOSH Publication No.96–115) from the National Institute for Occupational Safety and Health, telephone (800) 356–4674. It is also available on the internet at ''http://www.cdc.gov/niosh/nora.html''.

Linda Rosenstock,

Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC).

Anthony L. Itteilag,

Deputy Director for Management, National Institutes of Health.

[FR Doc. 98–6869 Filed 3–16–98; 8:45 am]

BILLING CODE 4163–19–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute on Deafness and Other Communication Disorders (NIDCD); Opportunity for a Cooperative Research and Development Agreement (CRADA) for the Development of a Vaccine Against Moraxella Catarrhalis Mediated Otitis Media

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: Moraxella catarrhalis is the third most common pathogen for otitis media, the most common cause of illness requiring medical treatment in children. The NIDCD is investigating candidate vaccines based on detoxified lipooligosaccharide-protein conjugates prepared from surface antigens of Moraxella catarrhalis.

The NIDCD, NIH, is seeking capability statements from parties interested in entering into a CRADA for the development of a candidate vaccine with the goal of conducting a Phase I clinical trial to determine the safety for most promising candidates. This project is with the Section on Experimental Immunology, Laboratory of Immunology, National Institute on Deafness and Other Communication Disorders, NIH. The goals are to use the respective strengths of both parties to achieve one or more of the following: (1) Establish an animal model to test experimental vaccines to provide protection against Moraxella catarrhalis mediated otitis media; (2) screen experimental vaccines for their relative efficacy; (3) determine the efficacy of the most promising vaccines; (4) prepare a sufficient quantity of vaccine to gain IND approval from the FDA and to conduct a Phase I clinical trial. Additional investigations may be undertaken when the efficacy of the candidate vaccines has been determined in an animal model and safety in humans has been assured.

It is anticipated that the commercial collaborator(s) will participate in

ongoing studies involving the determination of the efficacy and identification of most promising vaccines, preparing the vaccine for a clinical trial, and assisting in the conduct of such a trial. The collaborator may also be expected to contribute financial support under this CRADA for personnel, supplies, travel and equipment to support these projects.

CRADA capability statements should be submitted to Ms. Lili Portilla, Technology Transfer Manager, National Heart, Lung, and Blood Institute (NHLBI), Technology Transfer Service Center, 31 Center Drive MSC 2490, Building 31/Room 1B30, Bethesda, MD 20892–2490, Phone: (301) 402–5579, Fax: (301) 594–3080, E-mail address <LILIP@gwgate.nhlbi.nih.gov>. Capability statements must be received by the NHLBI on or before May 1, 1998.

The NIDCD has applied for patents claiming the core of the technology. Non-exclusive and/or exclusive licenses for these patents covering core aspects of this project are available to interested parties.

Licensing inquiries regarding this technology should be referred to Ms. Elaine Gese, M.B.A., Licensing Specialist, NIH Office of Technology Transfer, Suite 325, 6011 Executive Blvd., Suite 325, Rockville, MD 20852, Phone: (301) 496–7735, Ext. 282, Fax: (301) 402–0220, E-mail address<gesee@od6100ml.od.nih.gov>

Dated: March 5, 1998.

Sheila E. Merritt,

Executive Officer, NHLBI.

[FR Doc. 98–6788 Filed 3–16–98; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Inventions; Availability for Licensing

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: The inventions listed below are owned by agencies 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.

A Novel Adipose Seven Transmembrane Domain Protein

C Montrose-Rafizad, H Yang (NIA)

OTT Reference No. E–213–97/0 filed 19 Jun 97

Licensing Contact: Stephen Finley, 301/496–7056, ext. 215

A new seven transmembrane protein and cDNA clone has been isolated from mouse adipose tissues. The new clone is differentially expressed in several mouse and human tissues, but is overexpressed in the epididymal tissues of diabetic mice and in the epididymal tissues of older mice. It is thought this new clone may have important implications in aging and diabetes and may be helpful for studying aging and diabetes.

Human Papilloma Virus Inhibition by Anti-Sense Oligonucleotides

JA DiPaolo, L Alvarez-Salas (NCI)

Serial No. 08/929,140 filed 05 Sep 97

Licensing Contact: Carol Salata, 301/496–7735, ext. 232

The present invention relates to the use of antisense oligonucleotides to inhibit a Human Papilloma virus (HPV). The invention derives from the observation that an inhibited ribozyme, which bound to a specific sequence of the HPV16 E6 gene, but whose cutting ability had been destroyed, still inhibited HPV16. This leads to the conclusion that antisense molecules which bind to the same section of the E6 gene would be useful in the treatment of HPV infection. The antisense molecules have the advantage of being less expensive to manufacture than ribozymes. The antisense oligonucleotides have phosphorothioate backbone structure and sequences complimentary to portions of human papilloma virus 16.

Dated: March 7, 1998.

Barbara M. McGarey,

Deputy Director, Office of Technology Transfer.

[FR Doc. 98–6891 Filed 3–16–98; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Inventions; Availability for Licensing

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: The inventions listed below are owned by agencies 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 contacting Elaine Gese, M.B.A., Technology Licensing Specialist, Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, Maryland 20852–3804; telephone: 301/496–7056 ext. 282; fax: 301/402–0220; e-mail: eg46t@nih.gov. A signed Confidential Disclosure Agreement will be required to receive copies of the patent applications. Information on additional chemokine receptor technologies is also available.

STRL33, A Human Fusion Accessory Factor Associated With HIV Infection

J Farber, F Liao, G Alkhatib, EA Berger (NIAID)

DHHS Reference No. E–087–97/0 filed 31 Mar 97

STRL33 is a seven transmembrane domain G protein coupled receptor which appears to be a novel chemokine receptor-like protein functioning as a fusion cofactor for both macrophage-tropic and T cell-trophic HIV–1. Cells expressing STRL33 along with CD4 are capable of fusing with cells expressing the envelope glycoprotein (env) of M-tropic and T-trophic HIV–1 variants, thereby mediating fusion with a wider range of variants than other cofactors identified to date. As the STRL33 protein appears to be directly related to the development of HIV infection and progression to AIDS, agents which are capable of blocking the STRL33 receptor may represent valuable tools for use in the prevention or treatment of HIV–1/AIDS. Polynucleotides and polypeptides are provided by the invention.