in 45 CFR 1336, Subpart C, but before funding decisions are complete.

**VI. Award Administration Information**

*1. Award Notice*

Approximately 120 days after the application due date, the successful applicants will be notified by mail through the issuance of a Financial Assistance Award document which will set forth the amount of funds granted, the terms and conditions of the grant, the effective date of the grant, the budget period for which initial support will be given, the non-Federal share to be provided and the total project period for which support is contemplated. The Financial Assistance Award will be signed by the Grants Officer and sent to the applicants Authorizing Official.

*2. Administrative and National Policy Requirements*

45 CFR part 74, 45 CFR part 92, 45 CFR part 1336, subpart C, and 42 U.S.C. 2991 *et seq.*—Native American Programs Act of 1974.

*Paperwork Reduction Act of 1995 (Pub. L. 104–13):* Public reporting burden for this collection of information is estimated to average 120 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed and reviewing the collection information.

The project description is approved under OMB control number 0970–0139 which expires 3/31/04. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The Survey on Ensuring Equal Opportunity for Applicants form is approved under OMB control number 1890–0014 which expires 1/31/06.

*3. Reporting Requirements*

Programmatic Reports: Quarterly.

Financial Reports: Quarterly.

*Special Reporting Requirements:* An original and two copies of each performance report and financial status report must be submitted to the Grants Officer. Failure to submit these reports when required will mean the grantee is non-compliant with the terms and conditions of the grant award and subject to administrative action or termination. Performance reports are submitted 30 days after each quarter (3-month intervals) of the budget period. The final performance report, due 90 days after the project period end date, shall cover grantee performance during the entire project period. All grantees shall use the SF 269 (Long Form) to report the status of funds. Financial Status Reports are submitted 30 days after each quarter (3-month intervals) of the budget period. The final report shall be due 90 days after the end of the project period.

**VII. Agency Contacts**

*Program Office Contact:* ANA Applicant Help Desk, 370 L'Enfant Promenade, SW., Aerospace Building 8th Floor-West, Washington, DC 20447–0002. Telephone: (202) 690–7776 or toll-free at 1–977–922–9262. Email: ana@acf.dhhs.gov.

*Grants Management Office Contact:* Lois B. Hodge, 370 L'Enfant Promenade, SW., Aerospace Building 8th Floor-West, Washington, DC 20447–0002. Telephone: (202) 401–2344. Email: Lhodge@acf.dhhs.gov.

**VIII. Other Information**

*Training and Technical Assistance:* All potential ANA applicants are eligible to receive T&TA in the SEDS, Language, or Environmental program areas. Prospective applicants should check ANA's Web site for training and technical assistance dates and locations, or contact the ANA Help Desk at 1–877–922–9262. Due to the new application and program additions and modifications, ANA strongly encourages all prospective applicants to participate in free pre-application training.

Dated: January 21, 2004.

**Quanah Crossland Stamps,**

*Commissioner, Administration for Native Americans.*

[FR Doc. 04–3653 Filed 2–19–04; 8:45 am]

**BILLING CODE 4184–01–P**

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

### Proposed Collection; Comment Request; Evaluation of User Satisfaction With NIH Internet Sites

**SUMMARY:** Under the provisions of section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request to review and approve the information collection listed below. The proposed information collection was previously published in the **Federal Register** on October 28, 2003, in Volume 68, No. 208, pages 61452–61453, 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 NIH may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented after October 1, 1995, unless it displays a currently valid OMB control number.

*Proposed Collection: Title:* Evaluation of User Satisfaction with NIH Internet Sites.

*Type of Information Collection Request:* New.

*Need and Use of Information Collection:* Executive Order 12862 directs agencies that provide significant services directly to the public to survey customers to determine the kind and quality of services they want and their level of satisfaction with existing services. With this submission, the NIH, Office of Communications and Public Liaison, seeks to obtain OMB's generic approval to conduct customer satisfaction surveys. Since the late 1980's, the NIH has seized the opportunity to disseminate information and materials via the Internet. Today, rapid technological changes of the WWW warrant on-going constituent and resource analysis. With survey information, the NIH is enabled to serve, and respond to, the ever-changing demand by the public. The 'public' includes individuals (such as patients, educators, students, *etc.*) and interested communities (such as national or local organizations/institutions) and business. Survey information will augment current Web content, delivery, and design research that is used to understand the Web user, and more specifically, the NIH user community. Primary objectives are to: (1) Classify NIH Internet users; (2) summarize and better understand customer needs; and (3) quantify the effectiveness/efficiency of current tools and delivery. Overall, the Institutes, Centers, and Offices of the NIH will use the survey results to identify strengths and weaknesses in current Internet strategies. Findings will help to (1) understand user community and how to better serve Internet users; (2) discover areas requiring improvement in either content or delivery; (3) realize how to align Web offerings with identified user need(s); and (4) explore methods to offer and deliver information with efficacy and equity. *Frequency of Response:* On occasion [As needed on an on-going and potentially concurrent basis (by Institute, Center, or Office)]. *Affected Public:* Users of the Internet. Primarily, this is an individual at their place(s) of access including, but not limited to, home or/and work environments. *Type of Respondents:* Public users of the NIH Internet site, www.nih.gov, which may include organizations, medical researchers, physicians and other health

care providers, librarians, students, as well as individuals of the general public. *Estimated Number of Respondents:* 104,000. *Number of Respondents Per Respondent:* 1. *Average Burden Hours Per Response:* 0.084. *Burden Hours Requested:* 8684. Total annualized cost to respondents is estimated at $130,260. There are also no capital costs, operating costs and/or maintenance costs to report.

SURVEY TITLE: WEB CUSTOMER SATISFACTION SURVEY, ANNUAL REPORTING BURDEN*

[Web-based; Required for Federal Register requests under PRA, Paperwork Reduction Act.]

| Survey area | Number of respondents | Frequency of response | Avg. burden per response (hours) | Burden hours |
|---|---|---|---|---|
| NIH Organization-wide (1 entity) | 4,000 | | | 334 |
| Overall customer satisfaction | 2,000 | 1 | 0.1002 | 200 |
| Specific indicator: Top-level/Entry pages | 1,000 | 1 | 0.0668 | 67 |
| Specific indicator: Tools and initiatives | 1,000 | 1 | 0.0668 | 67 |
| Individual Institute/Office | 100,000 | | | 8,350 |
| Overall customer satisfaction | 50,000 | 1 | 0.1002 | 5,010 |
| Specific indicator: Top-level/Entry pages | 25,000 | 1 | 0.0668 | 1,670 |
| Specific indicator: Tools and initiatives | 25,000 | 1 | 0.0668 | 1,670 |
| Total | 104,000 | | 0.084 | 8,684 |

*Request for Comments:* Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) 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) 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) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to 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.

**FOR FURTHER INFORMATION CONTACT:** To request additional information on the proposed collection of information contact:

Dennis Rodrigues, NIH Office of Communications and Public Liaison, 9000 Rockville Pike, Bldg. 31, Rm. 2B03, Bethesda, Maryland 20892–2094, or call non toll-free at (301) 435–2932. You may also e-mail your request to *dr3p@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: January 5, 2004.

**John Burklow,**

*Associate Director for Communications, Office of the Director, National Institutes of Health.*

[FR Doc. 04–3713 Filed 2–19–04; 8:45 am]

**BILLING CODE 4140–01–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, DHHS.

**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.

**Strand-Specific Amplification**

Vinay K. Pathak, David C. Thomas (NCI)

DHHS Reference No. E–018–2004/0–US–01 filed 04 Dec 2003

*Licensing Contact:* Michael Ambrose; 301/594–6565; *ambrosem@mail.nih.gov*.

Replication of genetic material for all organisms involves synthesis of different strands of nucleic acid. In addition, replication of these strands requires the coordinated effort of several proteins and as such, are potential targets for drug therapy. In HIV infection, the potential for drug therapy targeted to specific steps in viral replication is advantageous as it might enable the therapeutic intervention to be more efficient and specific to the viral replication.

This technology enables the researcher to evaluate the effects novel therapies and therapeutic protocols have on viral replication by assessing the impact of therapy on specific steps in viral replication. The technology involves using padlock probes that attached at the 5' and 3' ends and ligate together forming a circle. The circle is then amplified using the rolling amplification technique. The amplified circles can be detected and quantitated using real-time PCR for assessment.

The technology can be used in the development of test kits for prognostics and therapeutic evaluation as well as assessing the effects and efficacy of new and novel therapeutics for HIV infection.