company by acquiring 100 percent of the voting shares of Buhl Bancorporation, Inc., Buhl, Minnesota, and thereby indirectly acquire voting shares of The First National Bank of Buhl, Buhl, Minnesota.

Board of Governors of the Federal Reserve System, August 25, 2004.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. 04–19771 Filed 8–27–04; 8:45 am]

BILLING CODE 6210–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the National Vaccine Advisory Committee; Public Participation Working Group

AGENCY: Department of Health and Human Services, Office of the Secretary.

ACTION: Notice.

SUMMARY: The Department of Health and Human Services (DHHS) is hereby giving notice that the Public Participation Working Group of the National Vaccine Advisory Committee (NVAC) will hold a meeting. The purpose of this meeting is to provide the Working Group with an overview of different public engagement models and to learn how these models might be applied in developing a public engagement model for vaccine policy issues. The meeting is open to the public.

DATES: The meeting will be held on September 13, 2004, from 9 a.m. to 4:30 p.m., and on September 14, 2004, from 9 a.m. to 4:30 p.m.

ADDRESSES: Department of Health and Human Services; Hubert H. Humphrey Building, Room 705A; 200 Independence Avenue, SW., Washington, DC 20201.

FOR FURTHER INFORMATION, CONTACT: Ms. Erika Joyner, Program Analyst, National Vaccine Program Office, Department of Health and Human Services, Room 725H Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201; (202) 690–5566, *ejoyner@osophs.dhhs.gov.*

SUPPLEMENTARY INFORMATION: Pursuant to Section 2101 of the Public Service Act (42 U.S.C. Section 300aa–1), the Secretary of Health and Human Services was mandated to establish the National Vaccine Program (NVP) to achieve optimal prevention of human infectious diseases through immunization and to achieve optimal prevention against adverse reactions to vaccines. The Secretary designated the Assistant Secretary for Health to serve as the Director, NVPO. The National Vaccine Advisory Committee (NVAC) was established to provide advice and make recommendations to the Director, NVPO, on matters related to the program's responsibilities. A Public Participation Working Group has been established to assess how to enhance public engagement in vaccine policy issues.

A number of Federal models for enhancing public engagement will be examined. A tentative agenda will be made available on or about September 6 for review on the NVAC Web site: *http://www.hhs.gov/nvpo/nvac.*

Public attendance at the meeting is limited to space available. Individuals must provide a photo ID for entry into the Humphrey Building. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the designated contact person. Members of the public will have the opportunity to provide comments at the meeting. Public comment will be limited to five minutes per speaker. Preregistration is required for both public attendance and comment. Any individual who wishes to attend the meeting and/or participate in the public comment session should email *ejoyner@osophs.dhhs.gov.*

Dated: August 25, 2004.

Bruce Gellin,

Director, National Vaccine Program Office, Executive Secretary, National Vaccine Advisory Committee.

[FR Doc. 04–19708 Filed 8–27–04; 8:45 am]

BILLING CODE 4150–28–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Government-owned Inventions; Availability for Licensing and Cooperative Research and Development Agreements (CRADAs)

AGENCY: National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, Technology Transfer Office, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: The invention named in this notice is owned by agencies of the United States Government and is available for licensing in the United States (U.S.) in accordance with 35 U.S.C. 207, and is available for cooperative research and development agreements (CRADAs) in accordance with 15 U.S.C. 3710, to achieve expeditious commercialization of results of federally funded research and development. U.S. and foreign patent applications are expected to be filed in the near future, to extend market coverage for U.S. companies, and may also be available for licensing.

ADDRESSES: Licensing information may be obtained by writing to Suzanne Seavello Shope, J.D., Technology Licensing and Marketing Scientist, Technology Transfer Office, Centers for Disease Control and Prevention (CDC), Mailstop K–79, 4770 Buford Highway, Atlanta, GA 30341, telephone (770) 488–8613; facsimile (770) 488–8615; e-mail *sshope@cdc.gov.* CRADA information, and information related to the technology listed below, may be obtained by writing to Kathleen Goedel, Program Analyst, Technology Transfer Office, National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC), mailstop R–6, 4676 Columbia Parkway, Cincinnati, OH 45226, telephone (513) 841–4560; facsimile (513) 458–7170; or e-mail *kgoedel@cdc.gov.* A signed Confidential Disclosure Agreement (available under Forms at *http://www.cdc.gov/tto*) will be required to receive copies of unpublished patent applications and other information.

Occupational Safety

Cleansing and Removal Method and Technique for Lead Contaminated Dermal Surfaces

Workplace exposure to toxic metals, (*i.e.*, lead, cadmium, and arsenic) can cause systemic poisoning and are a recognized health threat to thousands of workers in numerous industries. A potentially significant, but often overlooked risk for exposures is hand-to-mouth transfer due to contaminated hands. Other metals of concern include chromium and nickel, which are potential skin sensitizers that can have significant and long-term health consequences for those affected. Prevention of skin exposures should be the primary course of action, but effective removal of metals from skin becomes necessary when dermal exposures cannot be completely controlled, and when the efficacy of handwashing is questionable.

NIOSH/CDC researchers have developed a novel handwipe system for removal of certain toxic metals from the skin. Preliminary research shows that this new approach is highly effective and performs better than traditional handwashing (soap and water) as well as better than other commercial

handwashing products. The new method is easy to use and inherently safe to both the user and the environment and has been submitted for patent protection.

CDC/NIOSH is soliciting for a Cooperative Research and Development Agreement (CRADA) partner to refine development of this new skin cleanser and to license and commercialize the final product. Preferred partners will have the ability to conduct testing to verify the safety of regular repeated use through a battery of clinical and instrumental test procedures aimed at determining skin compatibility. Testing trials to assess user acceptance and laboratory evaluations to determine product stability are also requested. Preferred partners should also be able to propose recommendations to the basic formulation for enhancements to user acceptance and final packaging of the end product. Preferred partners will have a strong market share and a demonstrated business network capable of effective dissemination of the final product.

Patent applications will be filed on new intellectual property resulting from the CRADA. The CRADA partner will have an option to exclusively license any rights NIOSH/CDC may have in the new technology.

Inventors: Esswein, Eric *et al.*

U.S. Patent Application SN: Not yet filed. (CDC Ref. #: I–028–03).

Dated: August 23, 2004.

James D. Seligman,

Associate Director for Program Service, Centers for Disease Control and Prevention.

[FR Doc. 04–19702 Filed 8–27–04; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Fees for Sanitation Inspections of Cruise Ships

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: This notice announces fees for vessel sanitation inspections for fiscal year 2005 (October 1, 2004, through September 30, 2005).

EFFECTIVE DATE: October 1, 2004.

FOR FURTHER INFORMATION CONTACT: David L. Forney, Chief, Vessel Sanitation Program, National Center for Environmental Health, Centers for Disease Control and Prevention (CDC), 4770 Buford Highway, NE., Mailstop F–23, Atlanta, Georgia 30341–3724, telephone (770) 488–7333, e-mail: *Dforney@cdc.gov*.

SUPPLEMENTARY INFORMATION:

Purpose and Background

The fee schedule for sanitation inspections of passenger cruise ships inspected under the Vessel Sanitation Program (VSP) was first published in the **Federal Register** on November 24, 1987 (52 FR 45019), and CDC began collecting fees on March 1, 1988. Since then, CDC has published the fee schedule annually. This notice announces fees effective October 1, 2004.

The formula used to determine the fees is as follows: Average cost per inspection = Total cost of VSP divided by the Weighted number of annual inspections.

The average cost per inspection is multiplied by a size/cost factor to determine the fee for vessels in each size category. The size/cost factor was established in the proposed fee schedule published in the **Federal Register** on July 17, 1987 (52 FR 27060), and revised in a schedule published in the **Federal Register** on November 28, 1989 (54 FR 48942). The revised size/cost factor is presented in Appendix A.

Fee

The fee schedule (Appendix A) will be effective October 1, 2004, through September 30, 2005. The fee schedule, which became effective October 1, 2001, will remain the same in Fiscal Year 2005. If travel expenses continue to increase, the fees may need adjustment before September 30, 2005, because travel constitutes a sizable portion of VSP's costs. If an adjustment is necessary, a notice will be published in the **Federal Register** 30 days before the effective date.

Applicability

The fees will apply to all passenger cruise vessels for which inspections are conducted as part of CDC's VSP.

Dated: August 23, 2004.

James D. Seligman,

Associate Director for Program Services, Centers for Disease Control and Prevention (CDC).

Appendix A

SIZE/COST FACTOR

Vessel size	GRT [1]	Average cost ($U.S.) per GRT
Extra Small	<3,001	0.25
Small	3,001–15,000	0.50
Medium	15,001–30,000	1.00
Large	30,001–60,000	1.50
Extra Large	>60,000	2.00

[1] Gross register tonnage in cubic feet, as shown in Lloyd's Register of Shipping.

FEE SCHEDULE OCTOBER 1, 2004—SEPTEMBER 30, 2005

Vessel size	GRT [1]	Fee
Extra Small	<3,001	1,150
Small	3,001–15,000	2,300
Medium	15,001–30,000	4,600
Large	30,001–60,000	6,900
Extra Large> 60,000 9,200.		

[1] Gross register tonnage in cubic feet, as shown in Lloyd's Register of Shipping.