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 aproval 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 INFORAMTION 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 shop 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.*

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

(ICCVAM) test recommendations for: (1) The revised Up-and-Down Procedure (UDP) for determining acute oral toxicity and (2) *in vitro* methods for assessing acute systemic toxicity. Pursuant to sections 3 of the ICCVAM Authorization Act of 2000 [Pub. L. 106–545 (42 U.S.C. 285l–4)], ICCVAM is required to make final ICCVAM test recommendations and the responses from agencies regarding such recommendations available to the public.

Availability of Agency Responses

The agency responses to the ICCVAM test recommendations and other current information relevant to these test recommendations are available electronically (PDF and HTML formats) on the NICEATM/ICCVAM Web site at *http://iccvam.niehs.nih.gov.* Hard copy versions of these responses can be requested by contacting NICEATM at P.O. Box 12233, MD EC–17, Research Triangle Park, NC 27709 (mail), 919–541–2384 (telephone), 919–541–0947 (fax), or *niceatm@niehs.nih.gov.*

In summary, the Federal agencies agreed that the UDP had been adequately validated as a replacement for the conventional LD50 test and indicated to the extent applicable, that they will encourage the use of *in vitro* tests for determining starting doses for acute systemic toxicity testing.

ICCVAM Recommmendations

NICEATM announced availability of the ICCVAM recommendations for the UDP on February 7, 2002 (**Federal Register** Vol. 67, No. 26, pages 5842–5844). ICCVAM recommends based upon the report, *The Revised Up-and-Down Procedure: A Test Method for Determining the Acute Oral Toxicity of Chemicals; Results of an Independent Peer Review Evaluation Organized by the ICCVAM and NICEATM,* NIH Publication No. 02–4501, that the UDP be used instead of the conventional LD50 test to determine the acute oral toxicity hazard of chemicals for hazard classification and labeling purposes.

NICEATM announced availability of the ICCVAM recommendations for the *in vitro* methods for assessing acute systemic toxicity on September 28, 2001 (**Federal Register** Vol. 66, No. 189, pages 49686–49687). ICCVAM recommends based upon the reports, *Report of the International Workshop on In Vitro Methods for Assessing Acute Systemic Toxicity,* NIH Publication No. 01–4499, and the *Guidance Document on Using In Vitro Data to Estimate In Vivo Starting Doses for Acute Toxicity,* NIH Publication No. 01–4500, that the *in vitro* methods be considered as a tool for estimating starting doses for animal tests of acute systemic toxicity.

Background Information on ICCVAM and NICEATM

The NIEHS established the ICCVAM in 1997 to coordinate the interagency technical review of new, revised, and alternative test methods of interagency interest, and to coordinate cross-agency issues relating to the validation, acceptance, and national/international harmonization of toxicological testing methods. ICCVAM was established as a permanent interagency committee of the NIEHS under the NICEATM on December 19, 2000, by the ICCVAM Authorization Act of 2000 (Pub. L. 106–545, available at *http://iccvam.niehs.nih.gov/about/PL106545.pdf*). The Committee is composed of representatives from fifteen Federal regulatory and research agencies that use or generate toxicological information. ICCVAM promotes the scientific validation and regulatory acceptance of toxicological test methods that will improve agencies' ability to accurately assess the safety or hazards of chemicals and various types of products, while refining (less pain and distress), reducing, and replacing animal use wherever possible. NICEATM administers the ICCVAM and provides scientific and operational support for ICCVAM and ICCVAM-related activities. NICEATM and ICCVAM work collaboratively to evaluate new and improved test methods applicable to the needs of Federal agencies. Additional information about ICCVAM and NICEATM can be found at the following Web site: *http://iccvam.niehs.nih.gov.*

Dated: March 2, 2004.

Samuel H. Wilson,

Deputy Director, National Institute of Environmental Health Sciences.

[FR Doc. 04–5321 Filed 3–9–04; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HOMELAND SECURITY

Coast Guard

[USCG–2000–7848]

Inland Tank Barge Certificates of Inspection; Administrative Changes

AGENCY: Coast Guard, DHS.

ACTION: Notice of results.

SUMMARY: The Coast Guard commissioned a one-year tank barge Certificate of Inspection (COI) pilot program to test administrative changes to inland tank barge COIs. Under the old Marine Safety Information System, a regulatory change would have been required had any changes been made to the COIs. Use of the new Marine Information for Safety and Law Enforcement information system allows easy access to the COIs; therefore no change in the regulations is needed.

DATES: No further actions are planned.

FOR FURTHER INFORMATION CONTACT: For questions on this Notice, contact Commander Robert Hennessy, U.S. Coast Guard Headquarters, 2100 Second Street, SW., Washington, DC 20593–0001, telephone: 202–267–0103, facsimile: 202–267–4570, e-mail: *RHennessy@comdt.uscg.mil* or Lieutenant Raymond Lechner, U.S. Coast Guard Marine Safety Center, 400 7th Street, SW., Washington, DC 20590, telephone: 202–366–6462, e-mail: *RLechner@msc.uscg.mil.*

SUPPLEMENTARY INFORMATION: A pilot program was initiated to evaluate a Chemical Transportation Advisory Committee (CTAC) recommendation. The pilot program assessed the benefits of shifting the vessel cargo authority and conditions of carriage information from one required document (the vessel's Certificate of Inspection (COI)) to another required document (the vessel's cargo transfer procedures). Background information about the pilot program conducted by the Marine Safety Office, New Orleans, LA, in cooperation with the Marine Safety Center, American Commercial Barge Lines, and the Petroleum Services Corporation, can be found in the August 31, 2000, **Federal Register** Notice (65 FR 53071).

Since the pilot program was initiated, the Coast Guard now has the Marine Information for Safety and Law Enforcement (MISLE) information system in use. MISLE allows for a different presentation of cargo information than the old Marine Safety Information System. A Certificate of Inspection for inland tank barges and a newly developed Cargo Authority Attachment are now easily accessible from the MISLE; therefore, no changes in the regulations are required. Additional information can be found on the Marine Safety Center's Web site: *http://www.uscg.mil/hq/msc/T2.misle.htm* under ''T2: Tank Vessel Cargo and Vapor Control Authority Under MISLE.''

Dated: February 27, 2004.

Joseph J. Angelo,

Director of Standards, Marine Safety, Security and Environmental Protection.

[FR Doc. 04–5300 Filed 3–9–04; 8:45 am]

BILLING CODE 4910–15–P