workplace exposure data, health effects, and control technologies.

Submitted comments on the revised draft *Roadmap* should indicate the pertinent page(s) and line(s) in the draft document being addressed.

Contact Person for Technical Information: Paul Middendorf, Office of the Director, NIOSH, CDC, telephone (513) 533–8606, e-mail *pmiddendorf@cdc.gov*.

Dated: July 16, 2008.

James D. Seligman,

Chief Information Officer, Centers for Disease Control and Prevention.

[FR Doc. E8–16946 Filed 7–23–08; 8:45 am]

BILLING CODE 4163–19–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Prospective Grant of Exclusive License: Respiratory Syncytial Virus Vaccine or Therapeutic

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

ACTION: Notice.

SUMMARY: This is a notice in accordance with 35 U.S.C. 209(e) and 37 CFR 404.7(a)(1)(i) that the Centers for Disease Control and Prevention (CDC), Technology Transfer Office, Department of Health and Human Services (DHHS), is contemplating the grant of a worldwide exclusive license to practice the inventions embodied in the patent referred to below to Trellis Bioscience, Inc., having a place of business in South San Francisco, CA. The patent rights in these inventions have been assigned to the government of the United States of America. The patent(s) to be licensed are: U.S. Patent Application 11/139,372 entitled ''Compositions and Methods for Modulating RSV Infection and Immunity,'' priority date 10.18.2000, and all related foreign patent applications. CDC Technology ID No. I–022–00.

Status: Published.

Priority Date: 10.18.2000

The prospective exclusive license will be royalty-bearing and will comply with the terms and conditions of 35 U.S.C. 209 and 37 CFR 404.7.

Technology: This technology provides new methods for prevention and treatment of respiratory syncytial virus (RSV) infection.

ADDRESSES: Requests for a copy of this patent application, inquiries, comments, and other materials relating to the contemplated license should be directed to Andrew Watkins, J.D., Ph.D., Director, Technology Transfer Office, Centers for Disease Control and Prevention (CDC), 4770 Buford Highway, Mailstop K–79, Atlanta, GA 30341, telephone: (770) 488–8600; facsimile: (770) 488–8615. Applications for a license filed in response to this notice will be treated as objections to the grant of the contemplated license. Only written comments and/or applications for a license which are received by CDC within thirty days of this notice will be considered. Comments and objections submitted in response to this notice will not be made available for public inspection, and, to the extent permitted by law, will not be released under the Freedom of Information Act, 5 U.S.C. 552.

Dated: June 17, 2008.

James D. Seligman,

Chief Information Officer, Centers for Disease Control and Prevention.

[FR Doc. E8–16943 Filed 7–23–08; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Heart, Lung, and Blood Institute; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Heart, Lung, and Blood Institute Special Emphasis Panel; Research Demonstration and Dissemination Projects.

Date: August 19, 2008.

Time: 1 p.m. to 3 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, Rockledge Two, 6701 Rockledge Drive, Bethesda, MD 20892, (Telephone Conference Call).

Contact Person: Holly K. Krull, PhD, Scientific Review Officer, Review Branch/DERA, National Heart, Lung, and Blood Institute, 6701 Rockledge Drive, Room 7188, Bethesda, MD 20892–7924, 301–435–0280, *krullh@nhlbi.nih.gov*.

(Catalogue of Federal Domestic Assistance Program Nos. 93.233, National Center for Sleep Disorders Research; 93.837, Heart and Vascular Diseases Research; 93.838, Lung Diseases Research; 93.839, Blood Diseases and Resources Research, National Institutes of Health, HHS)

Dated: July 17, 2008.

David Clary,

Acting Director, Office of Federal Advisory Committee Policy.

[FR Doc. E8–16841 Filed 7–23–08; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

[FEMA–2005–0005]

Z–RIN 1660–ZA01

Disaster Assistance Directorate Policy Numbers 9100.1 and 9523.1 Snow Assistance and Severe Winter Storm Policy

AGENCY: Federal Emergency Management Agency, DHS.

ACTION: Notice of proposed policy and opportunity for comment.

SUMMARY: The Federal Emergency Management Agency (FEMA) proposes to revise its Snow Assistance and Severe Winter Storm Policy. The current policy provides the procedures and requirements for FEMA in making recommendations to the President for either a declaration of emergency or a major disaster resulting from a snowstorm. This proposed policy would maintain the current policy requirement that a county experience a ''record or near-record'' snowfall, but also would require that the State meet the requirements of a major disaster declaration. It would stipulate that the Governor must direct execution of the State emergency plan and the State must demonstrate that the capabilities of the State to effectively respond to the event are or will be exceeded. States and communities requesting aid also would be required to submit an estimate of eligible public assistance costs (estimate of public assistance divided by county and State populations, respectively), including snow assistance costs for a 48-hour period that meet or exceed the county and statewide per capita cost threshold. These proposed criteria are used by FEMA solely for consideration