III. 49 NOTICES OF COMMENCEMENT FROM: 02/21/05 TO 03/15/05—Continued

Case No.	Received Date	Commencement Notice End Date	Chemical
P–04–0751	03/09/05	02/10/05	(G) Alkanedioic acid, polymer with 2-ethyl-2-(hydroxymethyl)-1,3-propanediol, 1,3-isobenzofurandione and 2-methyl-1,3-propanediol, 2-hydroxy-3-[(1-oxoneodecyl)oxy]propyl ester
P–04–0763	03/01/05	02/10/05	(G) Polycarboxylate polymer with alkenyloxyalkylol modified poly(oxyalkylenediyl), calcium sodium salt
P–04–0764	03/01/05	02/10/05	(G) Polycarboxylate polymer with alkenyloxyalkylol modified poly(oxyalkylenediyl), sodium salt
P–04–0797	02/22/05	01/28/05	(G) Poly acrylic dispersion peroxide initiated poly acrylic esters with amine salt.
P–04–0802	02/23/05	02/08/05	(G) Isocyanate terminated urethane polymer
P–04–0817	03/04/05	02/23/05	(G) Trimethyl acyclic alkenones
P–04–0818	03/10/05	02/23/05	(G) Urethane acrylate
P–04–0832	02/23/05	02/11/05	(S) Bicyclo[2.2.1]heptan-2-ol, 2-ethyl-1,3,3-trimethyl-
P–04–0839	02/25/05	02/08/05	(G) Copolymer of acrylic acid and maleic acid
P–04–0840	02/25/05	02/11/05	(G) Copolymer of maleic acid and styrene
P–04–0841	02/25/05	02/14/05	(G) Copolymer of maleic acid and styrene
P–04–0842	02/25/05	02/08/05	(G) Copolymer of maleic acid and styrene
P–04–0843	02/25/05	02/11/05	(G) Copolymer of acrylic acid and styrene
P–04–0872	02/23/05	01/25/05	(G) Aromatic polyester polyurethane prepolymer based on mdi
P–04–0877	03/15/05	03/04/05	(G) Substituted ppvs (poly-p-phenylen-vinylens)
P–04–0879	02/23/05	01/24/05	(G) C_{11-17} hydrocarbons
P–04–0911	02/24/05	01/24/05	(G) Aryl-substituted diether propane
P–04–0960	03/11/05	02/14/05	(G) Biphenyl-bis(azo-acetoaceto-benzoate)
P–05–0040	03/04/05	01/24/05	(G) Modified starch-acrylate polymer
P–05–0066	02/23/05	02/16/05	(G) Polyester polyurethane
P–05–0071	03/10/05	02/16/05	(G) Telechelic polyacrylates
P–05–0077	02/23/05	02/18/05	(S) Siloxanes and silicones, di-methyl, 3-hydroxypropyl methyl, ethers with poly-ethylene glycol and polyethylene glycol mono(2-carboxyethyl) ether, polymers with 1,1′-methylenebis[4-isocyanatocyclohexane]
P–05–0103	02/22/05	02/07/05	(G) Halo phenyl amino substituted cyclohexene salt
P–05–0111	02/25/05	02/22/05	(G) Toluylenediisocyanate, reaction product with benzenedimethanamine and methoxypolyethylene glycol
P–05–0113	02/25/05	02/22/05	(G) Polyethylene-polypropylene glycol, reaction product with octadecylisocyanate
P–95–0482	03/15/05	02/23/05	(G) Condensation polyester of glycols and diacids

List of Subjects

Environmental protection, Chemicals, Premanufacturer notices.

Dated: March 30, 2005.

Vicki A. Simons,

Acting Director, Information Management Division, Office of Pollution Prevention and Toxics.

[FR Doc. 05–6854 Filed 4–7–05; 8:45 am]

BILLING CODE 6560–50–S

FEDERAL RESERVE SYSTEM

Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR Part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The application also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act (12 U.S.C. 1843). Unless otherwise noted, nonbanking activities will be conducted throughout the United States. Additional information on all bank holding companies may be obtained from the National Information Center website at *www.ffiec.gov/nic/*.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than May 2, 2005.

A. Federal Reserve Bank of Philadelphia (Michael E. Collins, Senior Vice President) 100 North 6th Street, Philadelphia, Pennsylvania 19105-1521:

1. North Penn Mutual Holding Company and North Penn Bancorp, both of Scranton, Pennsylvania; to become bank holding companies by acquiring 100 percent of the of the voting shares of North Penn Bank, Scranton, Pennsylvania.

B. Federal Reserve Bank of Richmond (A. Linwood Gill, III, Vice President) 701 East Byrd Street, Richmond, Virginia 23261-4528:

1. Premier Community Bankshares, Inc., Winchester, Virginia; to acquire 100 percent of the voting shares of Premier Bank, Inc., Martinsburg, West Virginia (in organization).

C. Federal Reserve Bank of San Francisco (Tracy Basinger, Director, Regional and Community Bank Group) 101 Market Street, San Francisco, California 94105-1579:

1. Oakland Venture Group, Los Angeles, California; to become a bank holding company by acquiring 100 percent of the voting shares of Innovative Bancorp, and thereby indirectly acquire Innovative Bank, both of Oakland, California.

Board of Governors of the Federal Reserve System, April 4, 2005.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. 05–7014 Filed 4–7–05; 8:45 am]

BILLING CODE 6210–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Linkage of International Collaboration and Research Programs for Prevention and Control of Malaria

Announcement Type: New.

Funding Opportunity Number: RFA CI05–062.

Catalog of Federal Domestic Assistance Number: 93.283.

Application Deadline: May 23, 2005.

I. Funding Opportunity Description

Authority: 42 U.S.C. 241(a); 42 U.S.C. 2421.

Background

Burden of malaria in Africa and Asia: Each year, malaria causes an estimated 500 million infections and more than one million deaths. The main risk groups in highly endemic areas, such as in most of sub-Saharan Africa, are children less than five years of age and pregnant women. Malaria drains economies in Africa, Asia, and the Americas—causing a loss of up to six percent of Gross National Product (GNP) from lost productivity and health service costs, with over 50 percent of the world's population at risk for malaria. Thus, prevention of malaria and, when it occurs, its effective treatment, are high public health priorities in endemic countries. There is a paucity of data on the burden of malaria from Asia.

Malaria control: Three major tools are currently used to control malaria: preventing and treating disease with drugs, reducing human-vector contact such as by insecticide treated mosquito nets (ITNs), and controlling mosquitoes (*e.g.* spraying of insecticides).

The use of drugs for treatment and prevention remains one of the main pillars for the Roll Back Malaria initiative (RBM), but the rampant spread of drug resistance of the malaria parasite to the cheap and most commonly available antimalarials is a major problem. Nevertheless, drug development has improved considerably in the last five years and the outlook for new antimalarials is now better than it has been for decades. Much needs to be done to test their safety and efficacy and further work is needed to ensure that they are optimally used and made accessible to the target population.

Reduction of human-vector contact by use of ITNs has been shown to reduce under-five mortality by 18 percent in Africa and ITNs are now one of the main RBM strategies. Despite the clear evidence of their efficacy in Africa, very little is known about their impact in Asia. In some regions of Asia the vector bites early in the evening or morning thus ITNs may not be the optimal prevention tool and other methods that reduce human-vector contact should be explored, including DEET retaining repellents.

Vector control has saved millions of lives worldwide and indoor residual spraying with insecticides (IRS) continues to play a major role in much of Latin America and Asia, but its cost, logistical complexity and moderate efficacy made it poorly suited for rural areas of sub-Saharan Africa.

Nevertheless advances in genomics (including the mapping of the mosquito and parasite genome), biotechnology, and mapping using geographical information systems, present exiting new opportunities for the development and employment of more cost-effective tools that take aim at the mosquito.

Global collaboration: Although important progress in malaria control has been accomplished in recent years, much more could have been done. This slow progress is partly due to the lack of funding. CDC recognizes that this is also due to lack of coordination between research groups, and between researchers and donors, policy makers, and Government Ministries responsible for implementation. After decades of neglect the international community is showing a renewed interest in controlling malaria. This has resulted in new initiatives, including the RBM initiative, Global Fund Initiative (GFATM) and Malaria Vaccine Initiative as well as significant new funding for both research and program development. Global collaboration is now more critical than ever to ensure translation of this commitment into action and avoid fragmentation of efforts. Many of these studies require well-coordinated multi-center trials to allow rapid accumulation of data and account for the geographical variations in drug sensitivity, frequency of host-genetic polymorphism, cultural preferences and economics.

Purpose

The purpose of this program is to strengthen international collaborative efforts with leading European Institutions to expedite the identification, evaluation and implementation of malaria control strategies in sub-Saharan Africa and Asia. The aim is to move forward the RBM agenda of increasing access to case management and preventive interventions against malaria by promoting work in a complementary way on key issues relevant to the control of malaria.

CDC is committed to achieving the health promotion and disease prevention objectives of ''Healthy People 2010'', a national activity to reduce morbidity and mortality and improve the quality of life. This announcement addresses the ''Healthy People 2010'' focus areas of HIV, Immunization, Infectious Diseases and Public Health Infrastructure. For the conference copy of ''Healthy People 2010'', visit the Internet site *http://www.health.gov/healthy-people.*

Measurable outcomes of the program will be in alignment with one (or more) of the National Center for Infectious Disease (NCID) priority areas identified in ''Protecting the Nation's Health in an Era of Globalization: CDC's Global Strategy for Addressing Infectious Diseases''. Priority areas for this cooperative agreement include: (1) Applied research on diseases of global importance, (2) application of proven public health tools, (3) global initiatives for disease control and, (4) public health training and capacity building.

Research Objectives

- Nature of the research problem.

Burden and control of malaria in India: Conventional estimates of the global burden of malaria suggest that over 90 percent of the burden occurs in Africa. There is however a paucity of reliable data from Asia, particularly India, which has a population of 1 billion, more than the entire African continent. India's National Vector Borne Disease Control Programme reports less than two million cases annually, but recent estimates from the World Health Organization (WHO) suggest this may be as high as 45–100 million. Although transmission is lower than in Africa, less malarial immunity is acquired during a lifetime of exposure so that even adults remain at risk of dying from severe malaria. Establishment of more accurate estimates of the burden of malaria, and appropriate evidenced-based treatment and prevention policies are essential to minimizing this public health threat of malaria in India.

ITNs and IRS alone can reduce malaria transmission by as much as 90 percent. Despite this, a significant