Reduction Act of 1995, the Health Resources and Services Administration (HRSA) has submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period.

DATES: Comments on this ICR should be received within 30 days of this notice.

ADDRESSES: Submit your comments, including the Information Collection Request Title, to the desk officer for HRSA, either by email to *OIRA_submission@omb.eop.gov* or by fax to 202–395–5806.

FOR FURTHER INFORMATION CONTACT: To request a copy of the clearance requests submitted to OMB for review, email the HRSA Information Collection Clearance Officer at *paperwork@hrsa.gov* or call (301) 443–1984.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: Primary Care Faculty Development Initiative.

OMB No. 0915–xxxx—New.

Abstract: HRSA's Bureau of Health Professions, Division of Medicine and Dentistry, has contracted with Oregon Health and Science University (OHSU), contract HHSH250201200023C, to conduct the planning, execution, and evaluation of a nationally based, longitudinal Primary Care Faculty Development Initiative (PCFDI) demonstration project. OHSU has developed web-based survey instruments which will be used to evaluate the effectiveness of the planned curriculum and its implementation and to make recommendations to improve teaching and competency assessment in primary care educational activities. The two web-based surveys are Irvine's Leadership Behavior Survey and the Faculty Skill & Program Feasibility Survey. The objectives of the survey instruments are to assess the feasibility and acceptability of an inter-disciplinary faculty development pilot program targeting primary care physicians, to measure the leadership skills of PCFDI faculty participants, and to assess the initial impact of faculty receiving training from an inter-disciplinary faculty development pilot program on their perception of skill development in the core content areas of leadership, change management, teamwork, panel or population management, competency assessment, and clinical microsystems.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Form name	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Irvine's Leadership Behavior Survey	36	1	36	.167	6
Faculty Skill & Program Feasibility Survey	36	1	36	.25	9
Total	72	1	72		15

Dated: June 6, 2013.

Bahar Niakan,

Director, Division of Policy and Information Coordination.

[FR Doc. 2013–13929 Filed 6–11–13; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Discretionary Grant Program

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS).

ACTION: Notice of Class Deviation from Competition Requirements for the Maternal and Child Health Bureau's (MCHB) Family-to-Family Health Information Centers (F2F HIC) Program (H84).

SUMMARY: HRSA will be issuing non-competitive awards under the Family-to-Family Health Information Centers Program. Approximately $4.9M will be made available in the form of a grant to current grantees (see below) during the budget period of 6/1/2013—5/31/2014. This will provide for an extension of the program for one year, as provided for in section 624 of the American Taxpayer Relief Act of 2012 (Pub. L. 112–240) (ATRA) with the least disruption to the states, communities, and constituencies that currently receive assistance and services from these grantees.

SUPPLEMENTARY INFORMATION: Intended Recipients of the Awards: The 51 incumbent grantees of record (listed below).

Amount of the Non-Competitive Awards: Up to $95,700 per grantee.

CFDA Number: 93.504.

Period of Supplemental Funding: 6/1/2013–5/31/2014.

Authority: Section 501(c)(1) of the Social Security Act, as amended.

Justification: The F2F HIC program provides grants to family-run/staffed organizations to ensure families of children with special health care needs have access to adequate information about health and community resources to facilitate informed and shared decision-making around their children's health care. F2F HICs were originally authorized under the Budget Deficit Reduction Act of 2005 (Pub. L. 109–171). Congress specified that there be a family-run/staffed center in each state and the District of Columbia that, among other tasks, assists families of children with special health care needs to make informed choices about health care in order to promote good treatment decisions, cost effectiveness, and improved health outcomes; and provides information and educational opportunities for families, their health professionals, schools, and other appropriate entities. The earlier law was later amended by the Patient Protection and Affordable Care Act of 2010 (Pub. L. 111–148), which made funding available until fiscal year (FY) 2012. As the end of the F2F HIC project period

quickly approached and continued funding was not provided in the President's Budget for FY 2013, MCHB prepared for closeout of the program.

Section 624 of the ATRA extended the F2F HICs through FY 2013. Under typical circumstances, the project period for the grantees would end on May 31, 2013, and a robust competitive process would take place. As the program's extension is only for one year, MCHB would not have sufficient time to conduct a robust competition and appropriately continue these grants without a break in the grant. MCHB proposes to extend the project periods of these grants by 12 months to properly respond to direction of the F2F HIC program's extension, enacted in the ATRA. This will provide sufficient fiscal resources to continue programmatic activities as outlined in program authorization with the least disruption to the states, communities, and the MCHB constituencies that currently receive assistance and services from these grantees.

FOR FURTHER INFORMATION CONTACT: LaQuanta Smalley, Integrated Services Branch, Division of Services for Children with Special Health Needs, Maternal and Child Health Bureau, Health Resources and Services Administration, 5600 Fishers Lane, Room 13–61, Rockville, MD 20857; 301.443.2370; *lsmalley@hrsa.gov.*

MATERNAL AND CHILD HEALTH BUREAU SELECTED GRANT PROGRAMS EXTENSIONS WITH FUNDING

Grantee/Organization name	Grant No.	State	FY 2012 Authorized funding level	Revised project end date
Stone Soup Group	H84MC12893 ...	AK	$95,700	31–May–2014.
Family Voices of Alabama Inc.	H84MC12901 ...	AL	95,700	31–May–2014.
Arkansas Disability Coalition	H84MC12900 ...	AR	95,700	31–May–2014.
Raising Special Kids	H84MC07942 ...	AZ	95,700	31–May–2014.
Support for Families of Children w/Disabilities	H84MC07943 ...	CA	95,700	31–May–2014.
Colorado Nonprofit Development Center	H84MC15142 ...	CO	95,700	31–May–2014.
PATH Parent to Parent/Family Voices of CT	H84MC21663 ...	CT	95,700	31–May–2014.
Advocates for Justice and Education, Inc.	H84MC21661 ...	DC	95,700	31–May–2014.
Delaware Family Voices, Inc.	H84MC21662 ...	DE	95,700	31–May–2014.
Family Network on Disabilities of Florida, Inc.	H84MC21660 ...	FL	95,700	31–May–2014.
Parent to Parent of Georgia, Inc.	H84MC07947 ...	GA	95,700	31–May–2014.
Hawaii Pediatric Association Research & Education Foundation	H84MC07999 ...	HI	95,700	31–May–2014.
ASK Resource Center	H84MC24065 ...	IA	95,700	31–May–2014.
Idaho Parents Unlimited Inc.	H84MC12896 ...	ID	95,700	31–May–2014.
The Arc of Illinois	H84MC06873 ...	IL	95,700	31–May–2014.
Family Voices Indiana	H84MC21659 ...	IN	95,700	31–May–2014.
Families Together, Inc.	H84MC09487 ...	KS	95,700	31–May–2014.
Commission for CSHCN	H84MC12897 ...	KY	95,700	31–May–2014.
Bayou Land Families Helping Families	H84MC08043 ...	LA	95,700	31–May–2014.
Federation for Children with Special Needs	H84MC08005 ...	MA	95,700	31–May–2014.
The Parent's Place of Maryland	H84MC07946 ...	MD	95,700	31–May–2014.
Maine Parent Federation	H84MC00003 ...	ME	95,700	31–May–2014.
SEMHA PPA FCCYSHCN	H84MC09365 ...	MI	95,700	31–May–2014.
PACER Center, Inc.	H84MC00005 ...	MN	95,700	31–May–2014.
Curators, University of Missouri	H84MC09484 ...	MO	95,700	31–May–2014.
University of Southern Mississippi	H84MC07948 ...	MS	95,700	31–May–2014.
Parent's Let's Unite for Kids	H84MC09367 ...	MT	95,700	31–May–2014.
Exceptional Children's Assistance Center	H84MC08000 ...	NC	95,700	31–May–2014.
Family Voices of North Dakota, Inc	H84MC07992 ...	ND	95,700	31–May–2014.
PTI Nebraska	H84MC08009 ...	NE	95,700	31–May–2014.
NH Coalition for Citizens w/Disabilities	H84MC09488 ...	NH	95,700	31–May–2014.
Statewide Parent Advocacy Network of NJ	H84MC07997 ...	NJ	95,700	31–May–2014.
Parents Reaching Out to Help	H84MC08007 ...	NM	95,700	31–May–2014.
Family TIES of Nevada, Inc.	H84MC08001 ...	NV	95,700	31–May–2014.
Parent to Parent of NYS	H84MC08006 ...	NY	95,700	31–May–2014.
Family Voices of Ohio	H84MC12903 ...	OH	95,700	31–May–2014.
The Oklahoma Family Network, Inc.	H84MC09368 ...	OK	95,700	31–May–2014.
Oregon Health and Science University	H84MC21658 ...	OR	95,700	31–May–2014.
Parent Education & Advocacy Leadership Center	H84MC07998 ...	PA	95,700	31–May–2014.
Rhode Island Parent Information Network, Inc.	H84MC08002 ...	RI	95,700	31–May–2014.
Family Connection of South Carolina, Inc.	H84MC12895 ...	SC	95,700	31–May–2014.
South Dakota Parent Connection, Inc.	H84MC07994 ...	SD	95,700	31–May–2014.
Tennessee Disability Coalition	H84MC00004 ...	TN	95,700	31–May–2014.
Texas Parent to Parent	H84MC07993 ...	TX	95,700	31–May–2014.
Utah Parent Center	H84MC07996 ...	UT	95,700	31–May–2014.
Virginia Commonwealth University	H84MC09486 ...	VA	95,700	31–May–2014.
Vermont Family Network	H84MC21657 ...	VT	95,700	31–May–2014.
Washington PAVE	H84MC09369 ...	WA	95,700	31–May–2014.
Family Voices of Wisconsin, Inc.	H84MC21690 ...	WI	95,700	31–May–2014.
West Virginia Parent Training and Information, Inc.	H84MC12898 ...	WV	95,700	31–May–2014.
University of Wyoming	H84MC24069 ...	WY	95,700	31–May–2014.

Dated: June 5, 2013.

Mary K. Wakefield,

Administrator.

[FR Doc. 2013–13941 Filed 6–11–13; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Inventions; Availability for Licensing

AGENCY: National Institutes of Health, HHS.

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.

FOR FURTHER INFORMATION CONTACT: 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.

Live Attenuated RSV Vaccines Based on Codon-Pair Deoptimization

Description of Technology: The technology includes patent rights and related materials for live attenuated viruses that can be used as a prophylactic vaccine against respiratory syncytial virus. The viruses are generated using codon-pair deoptimization techniques of the RSV polymerase ORF alone or together with the NS1, NS2, N, P, M, SH, G, and F ORFs, rendering the virus temperature sensitive. Experimental growth data for one such virus in mice and in African Green Monkeys demonstrates in vivo growth attenuation.

Potential Commercial Applications:

- Prophylactic vaccine
- Childhood and elder vaccine

Competitive Advantages:

- Live attenuated
- Codon deoptimized

Development Stage:

- Pre-clinical
- In vivo data available (animal)

Inventors: Peter Collins, Cyril Le Nouen, Linda Brock, Ursula Buchholz (NIAID)

Publications:

1. Collins PL, Melero JA. Progress in understanding and controlling respiratory syncytial virus: still crazy after all these years. Virus Res. 2011 Dec;162(1–2):80–99. [PMID 21963675]

2. Buchan JR, et al. tRNA properties help shape codon pair preferences in open reading frames. Nucleic Acids Res. 2006 Feb 9;34(3):1015–27. [PMID 16473853]

Intellectual Property:

- HHS Reference No. E–080–2013/0—US Provisional Patent Application No. 61/762,768 filed 08 Apr 2013
- HHS Reference No. E–080–2013/1—US Provisional Patent Application No. 61/794,155 filed 15 Mar 2013

Licensing Contact: Michael A. Shmilovich, Esq.; 301–435–5019; *shmilovm@mail.nih.gov.*

Improved Personalized Cancer Immunotherapy: Rapid Selection of Tumor-Reactive T Cells Based on Expression of Specific Cell Surface Markers

Description of Technology: Scientists at NIH have identified a process to select highly tumor-reactive T cells from a patient tumor sample based on the expression of four specific T cell surface markers: programmed cell death protein 1 (PD–1; CD279), 4–1BB (CD137), T cell Ig- and mucin-domain-containing molecule-3 (TIM–3), and/or lymphocyte activation gene 3 (LAG–3). After this enriched population of tumor fighting T cells, primarily tumor infiltrating lymphocytes (TIL), is selected and expanded to large quantities, it gets re-infused into the patient via an adoptive cell transfer (ACT) regimen. The key finding for this process is that the most tumor-reactive TIL found in a bulk population of cells obtained from a patient tumor sample reliably exhibit high expression of one or more of these four markers. By selecting cancer attacking TIL from a patient's tumor based on these markers prior to re-infusion, in vitro culture time is reduced to grow up the desired T cells and a more effective anti-cancer T cell product can be produced in comparison to previous TIL immunotherapy approaches.

This new method for selecting tumor-reactive T cells/TIL from tumor samples should help TIL immunotherapy become more GMP compliant and allow greater standardized of the TIL production process to enable more widespread utilization of this personalized cancer treatment approach outside of NIH.

Potential Commercial Applications:

- Personalized ACT immunotherapy to treat human cancers using T cells obtained from a tumor sample
- Possible integration into a standard procedure for obtaining tumor-reactive T cells/TIL from a tumor as part of a GMP-compliant TIL manufacturing process that gains regulatory approval as a personalized cancer treatment option
- The immunotherapy component of a combination cancer therapy regimen targeting specific tumor antigens in individual patients
- More rapid tumor-reactive T cell culturing process for laboratory testing

Competitive Advantages:

- Simpler: Tumor-reactive T cells/TIL can be selected for ACT from a bulk population derived from a tumor sample using common laboratory techniques
- More rapid: Selection of T cells/TIL based on expression of specific cell surface markers will reduce the culture time for these T cells before re-infusion into the patient to fight the tumor
- Less screening: This selection method eliminates the need to screen T cells/TIL for autologous tumor recognition before re-infusion into the patient

Development Stage:

- Early-stage
- Pre-clinical
- In vitro data available

Inventors: Alena Gros and Steven A. Rosenberg (NCI)

Intellectual Property: HHS Reference No. E–059–2013/0—US Patent Application No. 61/771,247 filed 01 March 2013; PCT Patent Application No. PCT/US2013/038799 filed 30 April 2013

Related Technologies:

- HHS Reference No. E–085–2013/0—US Patent Application No. 61/771,251; PCT Patent Application No. PCT/US2013/038813
- HHS Reference No. E–273–2009/0—US Patent No. 8,383,099; US Patent Application No. 13/742,541
- HHS Reference No. E–275–2002/1—US Patent No. 8,034,334; US Patent No. 8,287,857; Foreign counterparts in Europe, Canada, and Australia

Licensing Contact: Samuel E. Bish, Ph.D.; 301–435–5282; *bishse@mail.nih.gov*

Collaborative Research Opportunity: The National Cancer Institute is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate or commercialize adoptive transfer of tumor infiltrating lymphocytes (TIL) for cancers other than melanoma. For collaboration opportunities, please