approved service payback facility. The Director reserves the right to make final decisions regarding assignment of scholarship recipients to fulfill their service obligation.

Moreover, the Director, IHS, has the authority to make the final determination, designating a facility, whether managed and operated by IHS, or one of its Tribal or Urban Indian partners, consistent with IHCIA, as approved for scholar obligated service payback.

3. Reporting

Scholarship Program Minimum Academic Requirements

It is the policy of the IHS that a scholarship awardee funded under the Health Professions Scholarship Program of the Indian Health Care Improvement Act must maintain a 2.0 cumulative GPA, remain in good academic standing each semester/trimester/quarter, maintain full-time student status (Institutional definition of 'minimum hours' constituting full-time enrollment applies) or part-time student status (Institutional definition of 'minimum and maximum' hours constituting part-time enrollment applies) for the entire academic year, as indicated on the scholarship application submitted for that academic year. The Health Professions scholarship awardee may not change his or her enrollment status between terms of enrollment, during the same academic year. In addition to these requirements, a Health Professions Scholarship awardee must be enrolled in an approved/accredited school for a Health Professions degree.

An awardee of a scholarship under the IHS Health Professions Preparatory and Health Professions Pre-Graduate Scholarship authority must maintain a minimum 2.0 cumulative GPA, remain in good standing each semester/trimester/quarter and be a full time student (Institutional definition of 'minimum hours' constituting full-time enrollment applies, typically 12 credit hours per semester) or a part-time student (Institutional definition of 'minimum and maximum' hours constituting part-time enrollment applies, typically 6–11 credit hours). The Preparatory and Pre-graduate awardee may not change from part-time status to full-time status or vice versa in the same academic year.

The following reports must be sent to the IHSSP at the identified time frame. Each scholarship awardee will have access to an online Student Handbook containing all required program forms and instructions on when, how, and to whom these must be submitted, by logging into the IHSSP Web site at *www.ihs.gov/scholarship.* If a scholarship awardee fails to submit these forms and reports as required, they will be ineligible for continuation of scholarship support and scholarship award payments will be discontinued.

A. Recipient's Enrollment and Initial Progress Report

Within thirty (30) days from the beginning of each semester/trimester/quarter, scholarship awardees must submit a Recipient's Enrollment and Initial Progress Report (Form IHS–856–8, page 69 of the Student Handbook).

B. Transcripts

Within thirty (30) days from the end of each academic period, i.e., semester/trimester/quarter, or summer session, scholarship awardees must submit an Official Transcript showing the results of the classes taken during that period.

C. Notification of Academic Problem/Change

If at any time during the semester/trimester/quarter, scholarship awardees are advised to reduce the number of credit hours for which they are enrolled below the minimum of the 12 (or the number of hours considered by their school as full-time) for a full-time student or at least six hours for part-time students; or if they experience academic problems, they must immediately submit Form IHS–856–9, on page 71 of the Student Handbook.

D. Change of Status

- Change of Academic Status

Scholarship awardees must immediately notify their Scholarship Program Analyst if they are placed on academic probation, dismissed from school, or voluntarily withdraw for any reason (personal or medical).

- Change of Health Discipline

Scholarship awardees may not change from the approved IHSSP health discipline during the school year. If an unapproved change is made, scholarship payments will be discontinued.

- Change in Graduation Date

Any time that a change occurs in a scholarship awardee's expected graduation date, they must notify their Scholarship Program Analyst immediately in writing. Justification must be attached from the school advisor.

VII. Agency Contacts

1. Questions on the application process may be directed to the appropriate IHS Area Scholarship Coordinator.

2. Questions on other programmatic matters may be addressed to: Dr. Dawn A. Kelly, Chief, Scholarship Program, 801 Thompson Avenue, TMP 450A, Rockville, Maryland 20852, Telephone: (301) 443–6197 (This is not a toll-free number).

3. Questions on payment information may be directed to: Mr. Craig Boswell, Grants Scholarship Coordinator, Division of Grants Management, Indian Health Service, 801 Thompson Avenue, TMP 360, Rockville, Maryland 20852, Telephone: (301) 443–0243 (This is not a toll-free number).

VIII. Other Information

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of *Health People 2020,* a PHS-led activity for setting priority areas. This program announcement is related to the priority area of Education and Community-Based Programs. Potential applicants may download a copy of *Healthy People 2020* from *http://www.healthypeople.gov*.

Interested individuals are reminded that the list of eligible health and allied professions is effective for applicants for the 2013–2014 academic year. These priorities will remain in effect until superseded. Applicants who apply for health career categories not listed as priorities during the current scholarship cycle will not be considered for a scholarship award.

Dated: March 11, 2013.

Yvette Roubideaux,

Director, Indian Health Service.

[FR Doc. 2013–06101 Filed 3–15–13; 8:45 am]

BILLING CODE 4165–16–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Inventions; Availability for Licensing

AGENCY: National Institutes of Health, Public Health Service, 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.

Ketone Bodies To Protect Tissues From Damage by Ionizing Radiation

Description of Technology: The invention relates to methods of using ketogenic compounds to protect against the adverse effects of radiation exposure, including ionizing radiation tissue damage. NIH inventors have discovered that ketone esters can be used to reduce tissue damage if administered before or after exposure to radiation. Specifically, the invention relates to esters and oligomers of (R)-3-hydroxybutyrate that are capable of elevating blood levels of (R)-3-hydroxybutyrate and acetoacetate to sufficient levels to reduce cell death caused by radiation-induced damage of DNA and RNA. The development of effective radioprotectant molecules such as these is of great importance in reducing tissue damage following intentional or accidental radiation exposure. This discovery can also increase the therapeutic efficacy of radiation therapies by protecting non-target tissues from incidental radiation damage.

Potential Commercial Applications:

- Effective therapeutic agent for reducing tissue damage following radiation exposure
- Protects populations subjected to accidental, incidental, or military exposure to radiation
- Protects non-target tissue during radiation therapy

Competitive Advantages:

- Can be administered before or after radiation damage
- Stable at room temperature, allowing easy storage

Development Stage: In vitro data available.

Inventor: Richard L. Veech (NIAAA).

Intellectual Property: HHS Reference No. E–258–2012/0—US Application No. 61/722,630 filed 05 Nov 2012.

Licensing Contact: Charlene Sydnor, Ph.D.; 301–435–4689; *sydnorc@mail.nih.gov*.

Collaborative Research Opportunity: The NIAAA is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate or commercialize Ketone Bodies to Protect Tissues from Damage by Ionizing Radiation. For collaboration opportunities, please contact Peter B. Silverman, Ph.D., J.D. at *psilverm@mail.nih.gov* or 301–402–6966.

mTOR Inhibition for the Prevention of Epithelial Stem Cell Loss and Mucositis

Description of Technology: The integrity of the epidermis and mucosal epithelia is highly dependent on self-renewing stem cells and, therefore, is vulnerable to physical and chemical damage from common cancer treatments, such as radiation or chemotherapy. Consequently, many cancer patients undergoing these treatments develop mucositis, a debilitating condition involving painful and deep mucosal ulcerations. Since current prevention and treatment options for mucositis are limited, providing only minor relief and no protection to stem cells, novel therapies are needed.

The NIH inventors have recently discovered that the mammalian target of rapamycin (mTOR) mediates stem cells exhaustion in the skin and leads to progressive hair loss. More importantly, they have shown that mTOR inhibition reduces oxidative stress in the epithelial stem cells and mTOR inhibitors can be used to increase the re-populative capacity of tissue resident stem cells to maintain tissue homeostasis after injury or stress. Therefore, this technology could be used to prevent epithelial stem cell loss and provide relief from radiation-induced mucositis. Likewise, it could be used to prevent mucositis and hair loss in patients undergoing chemotherapy and stem cell transplantation. For optimal delivery and effectiveness, rapamycin or other mTOR inhibitor could be administered in the form of a mouthwash or gel product to patients prior to receiving radiation (or other) treatments.

Potential Commercial Applications: Prevention and treatment of epithelial stem cell loss and mucositis.

Competitive Advantages:

- Reduces the oxidative stress in epithelial stem cells and can increase their repopulative capacity.
- Preserves the integrity of the oral mucosa and protects from radiation-induced stem cell loss and mucositis.

Development Stage:

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

Inventors: Silvio Gutkind (NIDCR), Ramiro Iglesias-Bartolome (NIDCR), Vyomesh Patel (NIDCR), Ana Cotrim (NIDCR), Alfredo Molinolo (NIDCR), James Mitchell (NCI).

Publication: Iglesias-Bartolome R, et al. mTOR inhibition prevents epithelial stem cell senescence and protects from radiation-induced mucositis. Cell Stem Cell. 2012 Sep 7;11(3):401–14. [PMID 22958932].

Intellectual Property: HHS Reference No. E–257–2012/0—U.S. Provisional Application No. 61/696,681 filed 05 Sep 2012.

Related Technology: HHS Reference No. E–300–2008—U.S. Patent Application No. 13/376,984 filed 08 Dec 2011.

Licensing Contact: Whitney Hastings; 301–451–7337; *hastingw@mail.nih.gov*.

Combination Chemotherapeutics for the Treatment of Chordoma

Description of Technology: Utilizing high-throughput screening methodology, NIH scientists have identified two classes of clinically-available drugs, proteasome inhibitors and topoisomerase inhibitors, that synergize to promote chordoma cell death. Moreover, use of the two-part chemotherapeutic regimen in animal models effectively suppressed the growth of chordoma cells and resulted in significant tumor regression. Currently, no chemotherapeutic agents have been approved for the treatment of chordoma. Using FDA approved drugs in a combination therapeutic regimen will help expedite the availability of a therapeutic for chordoma.

Chordoma is a rare form of bone cancer that arises within the skull, sacrum or bony spine. Surgical resection and radiation therapy are the current standards-of-care; however, post-treatment complications remain significant and neither modality is effective for the control of metastatic tumors.

Potential Commercial Applications:

- Chemotherapeutic regimen for the treatment of inoperable chordomas.
- Therapy for the treatment of recurrent or metastatic chordomas.
- Therapeutic kit combining an FDA-approved proteasome inhibitor with a topoisomerase inhibitor.

Competitive Advantages:

- Therapy utilizes FDA-approved drugs with known pharmacokinetics and safety profiles.
- Reduced drug dosing from combination therapy may result in fewer patient side effects.
- Combination therapy inhibits multiple molecular targets, enhancing disease response.

Development Stage:

- Pre-clinical
- In vitro data available

• In vivo data available (animal)

Inventors: Menghang Xia, Ruili Huang, Christopher P. Austin (all of NCATS).

Intellectual Property: HHS Reference No. E–156–2012/0—US Application No. 61/692,560 filed 23 Aug 2012.

Licensing Contact: Sabarni Chatterjee, Ph.D., MBA; 301–435–5587; *chatterjeesa@mail.nih.gov.*

Collaborative Research Opportunity: The National Center for Advancing Translational Sciences, Division of Pre-Clinical Innovation, is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate or commercialize Combination Chemotherapeutics for the Treatment of Chordoma. For collaboration opportunities, please contact Lili M. Portilla, MPA at *lilip@nih.gov.*

Dated: March 8, 2013.

Richard U. Rodriguez,

Director, Division of Technology Development and Transfer, Office of Technology Transfer, National Institutes of Health.

[FR Doc. 2013–06070 Filed 3–15–13; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Prospective Grant of Start-Up Option Exclusive License: The Development of Liposomal Therapeutic Agents for the Treatment of Human Epithelial Cancers and Liposarcomas

AGENCY: National Institutes of Health, Public Health Service, HHS.

ACTION: Notice.

SUMMARY: This is notice, in accordance with 35 U.S.C. 209(c)(1) and 37 CFR 404.7(a)(1)(i), that the National Institutes of Health, Department of Health and Human Services, is contemplating the grant to ZoneOne Pharma, Inc., of an exclusive evaluation option license to practice the inventions embodied in the following US Patent (and all foreign counterparts): Serial No. 6,890,917 entitled, ''Geldanamycin Derivative and Method of Treating Cancer Using Same'' [HHS Ref. E–050–2000/0–US–15]. The patent rights in this invention have been assigned to the Government of the United States of America.

The prospective exclusive evaluation option license territory may be worldwide, and the field of use may be limited to:

The pharmaceutical use in humans of 17-dimethylaminoethylamino-17-demethoxygeldanamycin (''17–DMAG'') as a liposome-encapsulated drug, alone or in combination with other agents, for the treatment of the following types of cancer: ovary, pancreas, metastatic skin, head and neck, colon, kidney, non-small cell lung, or liposarcoma.

Upon the expiration or termination of the exclusive evaluation option license, ZoneOne Pharma, Inc., will have the exclusive right to execute an exclusive commercialization license which will supersede and replace the exclusive evaluation option license with no greater field of use and territory than granted in the exclusive evaluation option license.

DATES: Only written comments or applications for a license (or both) which are received by the NIH Office of Technology Transfer on or before April 2, 2013 will be considered.

ADDRESSES: Requests for copies of the patent application, inquiries, comments, and other materials relating to the contemplated exclusive evaluation option license should be directed to: Patrick McCue, Ph.D., Licensing and Patenting Manager, Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, MD 20852–3804; Telephone: (301) 435–5560; Facsimile: (301) 402–0220; Email: *mccuepat@mail.nih.gov*.

SUPPLEMENTARY INFORMATION: This invention concerns 17–DMAG, the first water-soluble analog of 17–AAG, a less toxic and more stable analog of the antitumor antibiotic geldanamycin.

The prospective exclusive evaluation license is being considered under the small business initiative launched on 1 October 2011, and will comply with the terms and conditions of 35 U.S.C. 209 and 37 CFR 404.7. The prospective exclusive evaluation license, and a subsequent exclusive commercialization license, may be granted unless the NIH receives written evidence and argument that establishes that the grant of the license would not be consistent with the requirements of 35 U.S.C. 209 and 37 CFR 404.7 within fifteen (15) days from the date of this published notice.

Complete applications for a license in the field of use filed in response to this notice will be treated as objections to the grant of the contemplated exclusive evaluation option license. Comments and objections submitted 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: March 8, 2013.

Richard U. Rodriguez,

Director, Division of Technology Development & Transfer, Office of Technology Transfer, National Institutes of Health.

[FR Doc. 2013–06069 Filed 3–15–13; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HOMELAND SECURITY

[Docket No. DHS–2012–0059]

Chemical Facility Anti-Terrorism Standards (CFATS)

AGENCY: National Protection and Programs Directorate, DHS.

ACTION: 30-day notice and request for comments; Extension of Information Collection Request: 1670–0014.

SUMMARY: The Department of Homeland Security (DHS), National Protection and Programs Directorate (NPPD), Office of Infrastructure Protection (IP), Infrastructure Security Compliance Division (ISCD) will submit the following Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and clearance in accordance with the Paperwork Reduction Act of 1995 (Pub. L. 104–13, 44 U.S.C. Chapter 35). The Department previously published this ICR in the **Federal Register** on December 17, 2012, for a 60-day public comment period.[1] In this notice, NPPD is responding to one comment [2] and is soliciting public comments concerning the extension of Information Collection Request, Chemical Facility Anti-Terrorism Standards (CFATS) for an additional 30 days.

DATES: Comments are encouraged and will be accepted until April 17, 2013. This process is conducted in accordance with 5 CFR 1320.10.

ADDRESSES: Interested persons are invited to submit written comments on the proposed information collection to the Office of Information and Regulatory Affairs, OMB. Comments should be addressed to OMB Desk Officer, Department of Homeland Security, National Protection and Programs Directorate. Comments must be

[1] *See* 77 FR 74677. The 60-day **Federal Register** notice for Information Collection 1670–0014, which solicited comments for 60 days, may be found at *https://federalregister.gov/a/2012-30314.*

[2] The comment was submitted under docket # DHS–2012–0059 and provided comment not only on this information collection request (i.e., 1670–0014), but also on ICR 1670–0007 and ICR 1670–0015. The comment may be viewed at *http://www.regulations.gov/#!documentDetail;D=DHS-2012-0059-0002.*