Tribes and Tribal organizations must respond if they wish to operate a fully funded program. This paperwork collection activity is set to expire in December, 2016.

Respondents: Tribes and Tribal Organizations.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
45 CFR 309 Amended Plan	63	1	120	7,560
45 CFR 309 New Plan	2	1	480	960
Total			600	8,520
Estimated Total Annual Burden Hours			600	8,520

Additional Information: Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 330 C Street SW., Washington, DC 20201. Attention Reports Clearance Officer. All requests should be identified by the title of the information collection. Email address: *infocollection@acf.hhs.gov.*

OMB Comment: OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Email: *OIRA_SUBMISSION@OMB.EOP.GOV.* Attn: Desk Officer for the Administration for Children and Families

Robert Sargis,

Reports Clearance Officer.

[FR Doc. 2016–26615 Filed 11–3–16; 8:45 am]

BILLING CODE 4184–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Withdrawal of 60-Day Notice of Proposed Information Collection: Unaccompanied Children Case Summary Form

AGENCY: Administration for Children and Families, HHS.

ACTION: Withdrawal: Notice.

SUMMARY: On October 4, 2016 at 81 FR 68420, ACF published a 60 Day Notice of Proposed Information Collection entitled ''Unaccompanied Children Case Summary Form.'' ACF is withdrawing this notice from the **Federal Register**.

FOR FURTHER INFORMATION CONTACT: Robert Sargis, Reports Clearance Officer, Office of Planning Research and Evaluation.

Robert Sargis,

Reports Clearance Officer.

[FR Doc. 2016–26686 Filed 11–3–16; 8:45 am]

BILLING CODE 4184–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Aging (NIA), National Institute of Mental Health (NIMH), and National Center for Advancing Translational Sciences (NCATS): Cooperative Research and Development Agreement (CRADA) and Licensing Opportunity for Ketamine for the Treatment of Depression and Other Anxiety-Related Disorders

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: The National Institute of Aging (NIA), National Institute of Mental Health (NIMH), and National Center for Advancing Translational Sciences (NCATS) of the National Institutes of Health (NIH), University of Maryland at Baltimore (UMB) and their collaborators are seeking Cooperative Research and Development Agreement (CRADA) partners to collaborate in the preclinical and clinical development of ketamine metabolite (2R, 6R-HNK) for the treatment of depression and other anxiety-related disorders.

DATES: Interested candidate partners must submit a statement of interest and capability, no more than five pages long, to the NCATS point of contact before January 3, 2017 for consideration.

FOR FURTHER INFORMATION CONTACT: Information on licensing and co-development research collaborations, and copies of the U.S. patent applications listed below may be obtained by contacting: Attn: Sury Vepa, Ph.D., J.D., Senior Licensing and Patenting Manager, National Center for Advancing Translational Sciences, NIH, 9800 Medical Center Drive, Rockville, MD 20850, Phone: 301–217–9197, Fax: 301–217–5736, or email *NCATSPartnerships@mail.nih.gov.* A signed Confidential Disclosure Agreement may be required to receive copies of the patent applications.

SUPPLEMENTARY INFORMATION: As per the Anxiety and Depression Association of America, Major depressive disorder affects 14.8 million people in America, including children, adults, and the elderly. A number of therapies currently exist to treat depression, although they suffer drawbacks such as requiring weeks to take action. One particular therapy includes the approved drug, ketamine, which has demonstrated robust and acute antidepressant activity. However, its efficacy is bridled with significant disadvantages including its addictive potential and its dissociative activities. This is the case even when administered at low doses, which limits the potential widespread use of ketamine as an antidepressant medication.

In order to improve the treatment of depression, it is important to explore the mechanism by which ketamine exerts its antidepressant effects. That is precisely what the NIH and UMB scientists and collaborators are investigating, and have found that the metabolism of ketamine is critical to its antidepressant effects, and that the (2R,6R)-2-amino-2-(2-chlorophenyl)-6-hydroxycyclohexanone ((2R,6R)-hydroxynorketamine (HNK)) metabolite, reversed depression-like behaviors in mice without triggering anesthetic, dissociative, or addictive side effects associated with ketamine. Specifically, the researchers found that the