(CCDBG Act), as amended, CCDBG Act of 2014 (Pub. L. 113–186), and 42 U.S.C. 9858. The Plan, submitted on the ACF–118A, is required triennially, and remains in effect for 3 years. The Plan provides ACF and the public with a description of and assurance about the tribes' child care programs. These Plans are the applications for CCDF funds.

The Office of Child Care has given thoughtful consideration of any comments received on the Plan Preprint document and revised the document in line with comments. Additionally, based on responses from Tribes and the current context of managing the COVID–19 Pandemic, OCC will postpone modernizing the allocation size thresholds. Requirements for this Tribal CCDF Plan submission will continue to be based on FY 2016 allocations. Consistent with the statute and regulations, ACF requests revision of the ACF–118A with minor modifications. This 30-day second Public Comment Period provides an opportunity for the public to submit comments to OMB.

Respondents: Tribal CCDF lead agencies.

ANNUAL BURDEN ESTIMATES

Instrument	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Total burden hours	Annual burden hours
ACF–118A Part I (for all tribes)	265	1	120	31,800	10,600
ACF–118A Part II (for medium and large tribes only)	106	1	24	2,544	848

Estimated Total Annual Burden Hours: 11,448.

Authority: Pub. L. 113–186) and 42 U.S.C. 9858c.

Mary B. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2022–04199 Filed 2–28–22; 8:45 am]

BILLING CODE 4184–43–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request Environmental Information and Documentation, OMB No. 0915–0324—Extension

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

ACTION: Notice.

SUMMARY: In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on this ICR should be received no later than March 31, 2022.

ADDRESSES: Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to *www.reginfo.gov/public/do/PRAMain.* Find this particular information collection by selecting ''Currently under Review—Open for Public Comments'' or by using the search function.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email *paperwork@hrsa.gov* or call Samantha Miller, the acting HRSA Information Collection Clearance Officer at (301) 443–9094.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the information collection request title for reference.

Information Collection Request Title: Environmental Information and Documentation (EID) OMB No. 0915–0324—Extension.

Abstract: HRSA is requesting extension of the approval for the EID checklist which consists of information that the agency is required to obtain to comply with the National Environmental Policy Act of 1969 (NEPA). NEPA establishes the federal government's national policy for protection of the environment. HRSA has developed the EID for applicants of funding that would potentially impact the environment and to ensure that their decision-making processes are consistent with NEPA.

A 60-day notice published in the **Federal Register**, 86 FR 69655 (December, 8, 2021). There were no public comments.

Need and Proposed Use of the Information: Applicants must provide information and assurance of compliance with NEPA on the EID checklist. This information is reviewed in the Pre-Award stage (and/or prior to the implementation of the project). The information is reviewed in the Post-Award stage for project changes and the information is reviewed before the implementation of the project changes.

Likely Respondents: HRSA applicants applying for federal loan guarantees, federal construction grants, and cooperative agreements.

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	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
NEPA EID Checklist	1,500	1	1,500	1	1,500
Total	1,500		1,500		1,500

HRSA specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions, (2) the accuracy of the estimated burden, (3) ways to enhance the quality, utility, and clarity of the information to be collected, and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2022–04267 Filed 2–28–22; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Prospective Grant of an Exclusive Patent License: Development and Commercialization of Chimeric Antigen Receptor T-Cell Therapies (CAR–T) That are Specific to CD22 and Other B-Cell Antigens for the Treatment of B-Cell Malignancies

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: The National Cancer Institute, an institute of the National Institutes of Health, Department of Health and Human Services, is contemplating the grant of an Exclusive Patent License to practice the inventions embodied in the Patents and Patent Applications listed in the Supplementary Information section of this Notice to Syncopation Life Sciences Inc., (''Syncopation''), located in Palo Alto, California.

DATES: Only written comments and/or complete applications for a license which are received by the National Cancer Institute's Technology Transfer Center on or before March 16, 2022 will be considered.

ADDRESSES: Requests for copies of the patent applications, inquiries, and comments relating to the contemplated Exclusive Patent License should be directed to: Jim Knabb, Senior Technology Transfer Manager, at Telephone: (240)–276–7856; or at email: *jim.knabb@nih.gov.*

SUPPLEMENTARY INFORMATION:

Intellectual Property

E–080–2012–0: Human Monoclonal Antibodies Specific for CD22

1. US Provisional Patent Application 61/042,329, filed April 4, 2008 (E–080–2008–0–US–01);
2. International Patent Application PCT/US2009/039,080, Filed April 1, 2009 (E–080–2008/0–PCT–02);
3. US Patent Application: 12/934,214, filed September 23, 2010 (E–080–2008–0–US–03);
4. US Patent Application 13/959,061, filed August 5, 2015 (E–080–2008–0–US–04);
5. US Patent Application 15/012,023, filed February 1, 2016 (E–080–2008–0–US–05);
6. US Patent Application 15/424,238, filed February 3, 2017 (E–080–2008–0–US–06).

E–291–2012–0: M971 Chimeric Antigen Receptors

1. US Provisional Patent Application 61/717,960, filed October 24, 2012 (E–291–2012–0–US–01);
2. International Patent Application PCT/US2013/060332, filed September 18, 2013 (E–291–2012–0–PCT–02);
3. Australia Application No: 2019235926, filed September 2, 2020 (E–291–2012–0–AU–03);
4. Brazil Patent Application BR112015009003–6, filed April 22, 2015 (E–291–2012–0–BR–04);
5. Canada Application No: 2889055, filed September 18, 2013 (E–291–2012–0–CA–05);
6. China Application No: 201380061387.5, filed May 25, 2015 (E–291–2012–0–CN–06);
7. European Patent Application No: 13773468.7, filed September 18, 2013 (E–291–2012–0–EP–07);
8. India Patent Application No: 2344/CHENP/2015, filed September 18, 2013 (E–291–2012–0–IN–08);
9. Japan Application No: 539602/2015, filed April 24, 2015 (E–291–2012–0–JP–09);
10. Russia Patent Application: 2015117237, filed May 7, 2015 (E–291–2012–0–RU–10);
11. US Patent Application: 14/437,889, filed April 23, 2015 (E–291–2012–0–US–11);
12. Hong Kong Patent Application: 16101891.0, filed February 19, 2016 (E–291–2012–0–HK–12);
13. Russia Patent Application: 2018116582, filed May 4, 2018 (E–291–2012–0–RU–13);
14. Japan Patent Application: 2018–088908, filed May 2, 2018, (E–291–2012–0–JP–14);
15. Australia Patent Application: 2018204257, filed June 14, 2018 (E–291–2012–0–AU–16);
16. US Patent Application: 16/107,271, filed August 21, 2018 (E–291–2012–0–US–17);
17. Germany Patent Application: 13773468.7, filed April 22, 2015 (E–291–2012–0–DE–18);
18. Spain Patent Application: 13773468.7, filed April 22, 2015 (E–291–2012–0–ES–19);
19. France Patent Application: 13773468.7, filed April 22, 2015 (E–291–2012–0–FR–20);
20. Great Britain Patent Application: 13773468.7, filed April 22, 2015 (E–291–2012–0–GB–21);
21. Italy Patent Application: 13773468.7, filed April 22, 2015 (E–291–2012–0–IT–22);
22. China Patent Application: 201910500128.7, filed June 11, 2019 (E–291–2012–0–CN–23);
23. US Patent Application: 16/869,792, filed May 8, 2020 (E–291–2012–0–US–24).

E–017–2017–0: CD19/CD22 Bicistronic CAR Targeting Human B-Cell Malignancies

1. US Provisional Patent Application No.: 62/135,442, filed May 15, 2017 (E–017–2017–0–US–01);
2. International Patent Application PCT/US2018/032,809, filed May 15, 2018 (E–017–2017–0–PCT–02);
3. Australia Patent Application No.: 2018269194, filed October 28, 2019 (E–017–2017–0–AU–03);
4. Canada Patent Application No: 3062433, filed May 15, 2018 (E–017–2017–0–CA–04);