ESTIMATED ANNUALIZED BURDEN HOURS:—Continued

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in min)	Total burden (in hr)
Prize competition non-awardees	Non-awardee Interview Guide	6	1	50/60	5
Other Stakeholders	Other Stakeholder Interview Guide	6	1	50/60	5
Prize competition applicants	Pre-award Survey Instrument	300	1	30/60	150
Prize competition awardees and non-awardees.	Post-award Survey Instrument	300	1	30/60	150
Total					325

Terry Clark,

Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.

[FR Doc. 2019–17887 Filed 8–19–19; 8:45 am]

BILLING CODE 4150–04–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS–0990–new]

Agency Information Collection Request; 30-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: In compliance with the requirement of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment.

DATES: Comments on the ICR must be received on or before September 19, 2019.

ADDRESSES: Submit your comments to *OIRA_submission@omb.eop.gov* or via facsimile to (202) 395–5806.

FOR FURTHER INFORMATION CONTACT: Sherrette Funn, *Sherrette.Funn@hhs.gov* or (202) 795–7714. When submitting comments or requesting information, please include the document identifier 0990–New–30D and project title for reference.

SUPPLEMENTARY INFORMATION: Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (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.

Title of the Collection: Youth Engagement in Sports (YES) Performance Measures.

Type of Collection: New.

OMB No. 0990–NEW—Youth Engagement in Sports (YES) Performance Measures

Abstract: The Office of Minority Health (OMH) and Office of Women's Health (OWH) are seeking an approval by OMB on a new information collection, Youth Engagement in Sports (YES Initiative) Performance Measures (hereafter YES Initiative Performance Measures). The purpose of this data collection is to gather quantitative data from YES grant recipients to monitor project performance in achieving process and outcome measures over the course of the three-year project. Grantees will collect a small set of process and outcome measures from program participants to assess the degree to which YES Initiative projects increase sports participation and physical activity and improve nutrition in adolescents.

Need and Proposed Use of the Information: The clearance is needed to collect performance data to enable OMH and OWH to comply with Federal reporting requirements, monitor, and evaluate performance by enabling the efficient collection of performance-oriented data tied to OMH- and OWH-wide performance reporting needs. The ability to monitor and evaluate performance in this manner, and to work towards continuous program improvement are basic functions that OMH and OWH must be able to accomplish in order to carry out their respective mandates with the most effective and appropriate use of resources.

Likely Respondents: Project Directors, Youth Participants, Data Entry Persons Affected public includes non-profit institutions, State, Local, or Tribal Governments.

ANNUALIZED BURDEN HOUR TABLE

Forms (if necessary)	Respondents (if necessary)	Number of respondents	Number of responses per respondents	Average burden per response	Total burden hours
Physical Activity & Nutrition Survey	Youth	2800	3	20/60	2800
Sports Inventory	Youth	2800	2	5/60	467
Sports Literacy Form	Youth (Staff observe youth)	2800	3	20/60	2800
Program Participation Record	Staff	14	2	4.17	117
Total					6184

Terry Clark,

Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.

[FR Doc. 2019–17886 Filed 8–19–19; 8:45 am]

BILLING CODE 4150–29–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 invention listed below is owned by an agency of the U.S. Government and is available for licensing 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: Chris Kornak at 240–627–3705 or *Chris.Kornak@nih.gov.* Licensing information may be obtained by communicating with the Technology Transfer and Intellectual Property Office, National Institute of Allergy and Infectious Diseases, 5601 Fishers Lane, Rockville, MD 20852; tel. 301–496–2644. A signed Confidential Disclosure Agreement will be required to receive copies of unpublished information related to the invention.

SUPPLEMENTARY INFORMATION: Technology description follows:

Floxed Targeted Mouse Strain for Use in Conditional Deletion of the Irf8 Gene

Description of Technology

IRF8, a member of interferon regulatory factor (IRF) family of transcription factors is a novel intrinsic transcriptional inhibitor of TH17-cell differentiation. TH17-cells are believed to be involved in the pathogenesis of various autoimmune/inflammatory diseases. The Irf8f floxed targeted mutated mouse strain can be used to selectively ablate expression of IRF8 in any cell type in which a Cre recombinase gene is activated. This will permit the identification of IRF8-regulated genes and their effects in specific types of developing and mature cells. These materials could be used to help define patterns of gene expression important for the development and function of cells including possible contributions to understanding: Normal immune responses, inflammatory conditions, autoimmunity and anti-viral responses.

This technology is available for licensing for commercial development in accordance with 35 U.S.C. 209 and 37 CFR part 404.

Potential Commercial Applications

- Target identification in B and T cell deficiency, macrophage defects and hematopoiesis.
- A tool for investigating IRF8 mediated issues associated with inflammation and autoimmunity.
- Investigative tool for development of potential therapeutics for lymphoma and Human Chronic Myeloid Leukemia.

Competitive Advantages

- Mice with established germ line transmission for use in conditional deletion of the IRF8 gene in any cell type.

Development Stage

- Research Use.

Inventors: Herbert Carpenter Morse III (NIAID).

Publications: Ouyang, Xinshou, et al. ''Transcription factor IRF8 directs a silencing programme for TH17 cell differentiation.'' *Nature Communications* 2, Article number: 314 (2011).

Licensing Contact: To license this technology, please contact Chris Kornak at 240–627–3705 or *Chris.Kornak@nih.gov,* and reference E–062–2012–0.

Dated: August 6, 2019.

Suzanne M. Frisbie,

Deputy Director, Technology Transfer and Intellectual Property Office, National Institute of Allergy and Infectious Diseases.

[FR Doc. 2019–17868 Filed 8–19–19; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Prospective Grant of an Exclusive Patent License: Development and Commercialization of CD19/CD22 Chimeric Antigen Receptor (CAR) Therapies 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 Lyell Immunopharma, Inc. (''Lyell''), located in South San Francisco, CA.

DATES: Only written comments and/or applications for a license which are received by the National Cancer Institute's Technology Transfer Center on or before September 19, 2019 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, NCI Technology Transfer Center, 9609 Medical Center Drive, RM 1E530, MSC 9702, Bethesda, MD 20892–9702 (for business mail), Rockville, MD 20850–9702; Telephone: (240)–276–7856; Facsimile: (240)–276–5504; Email: *jim.knabb@nih.gov.*

SUPPLEMENTARY INFORMATION:

Intellectual Property

E–016–2015: Chimeric Antigen Receptor Targeting both CD19 and CD22

1. U.S. Provisional Patent Application 62/135,442, filed March 19, 2015 (E–106–2015–0–US–01);
2. International Patent Application PCT/US2016/023055, filed March 18, 2016 (E–106–2015/0–PCT–02)
3. U.S. Patent Application No.: 15/559,485, filed September 19, 2017 (E–E–106–2015/0–US–03)

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

1. U.S. Provisional Patent Application 62/506,268, 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)

The patent rights in these inventions have been assigned and/or exclusively licensed to the government of the United States of America.

The prospective exclusive license territory may be worldwide, and the fields of use may be limited to the following:

An exclusive license to: ''Treatment of B cell malignancies using autologously-derived T cell expressing chimeric antigen receptor(s) (CAR) specific for both CD19 and CD22 utilizing the anti-CD19 antigen binding domain of the FM63 antibody and the anti-CD22 antigen binding domain of the M971 antibody.'' The proposed territory is worldwide.

This technology discloses CAR therapies that target both CD19 and CD22 by utilizing the anti-CD19 binder