

solicitation, make an award, or pay any costs associated with responding to this announcement. All submitted information shall remain with the Federal Government and will not be returned. All responses will become part of the public record and will not be held confidential. The Federal Government reserves the right to use information provided by respondents for purposes deemed necessary and legally appropriate. Respondents are advised that the Federal Government is under no obligation to acknowledge receipt of the information received or provide feedback to respondents with respect to any information submitted. Responses will not be accepted after the due date.

### I. Background Information

#### *The Office of Minority Health (OMH)*

Authorized under section 1707 of the Public Health Service Act, 42 U.S.C. 300u-6, as amended, the mission of OMH is to improve the health of racial and ethnic minority and American Indian and Alaska Native populations through the development of health policies and programs that help eliminate health disparities. OMH awards and other activities are intended to support the identification of effective policies, programs and practices for improving health outcomes and to promote sustainability and dissemination of these approaches.

#### *Universal Symbol for Language Assistance Services*

Under Fiscal Year 2023 Appropriations, Congress called upon OMH to research, develop, and test methods of informing LEP individuals about the availability of language assistance services. The Congressional report noted that the goal of this research would preferably be to develop a universal symbol informing people about the availability of language access services.

### II. Request for Information

Through this RFI, OMH seeks to obtain information from language access stakeholders, including organizations representing and/or serving communities with LEP, to guide the development and implementation of a symbol informing people about the availability of language assistance services in health settings, including for health services, programs, and/or products.

### III. Questions

- What methods do you or your organization currently use to inform individuals with LEP about the

availability of services in their preferred language?

- How effective are these methods?
- What are the challenges to implementing these methods? Do you believe a new graphic symbol informing people about the availability of language assistance services would increase the rate at which people request language assistance services and thereby increase access to information about health services, programs, and/or products?
- Are you aware of any previous or existing symbols used to inform people about the availability of language assistance services (e.g., used in the health sector or other sectors)?
- If yes, please share any information you have regarding the development and implementation of the symbol, including best practices, challenges, and effectiveness or impact.
- What should be considered in the development of a new graphic symbol informing people about the availability of language assistance services in health settings? Please add any specific suggestions you have for the symbol design and usability testing.
- What steps do you recommend for implementing, disseminating, and ensuring effectiveness of a new symbol for language assistance services, including utilization by LEP individuals, healthcare providers, public health departments, and other entities engaged in health care?
- Are there frameworks or standards that should be considered to support the development, testing, implementation, and dissemination of a new symbol for language assistance services?

availability of services in their preferred language?

### IV. Definitions

For the purposes of this RFI, the following working definitions apply:

*Language Assistance Services*—All oral, written, and signed language services needed to assist individuals with LEP and people with disabilities to communicate effectively. Examples of language assistance services include oral interpretation services and written translations of materials.

*Limited English Proficiency (LEP)*—An individual who does not speak English as their preferred language and who has a limited ability to read, write, speak or understand English in a manner that permits them to communicate effectively and have meaningful access to and participate in the services, activities, programs, or other benefits administered in a health setting. Individuals with LEP may be competent in English for certain types of communication (e.g., speaking or understanding) but have limited proficiency in English in other areas

(e.g., reading or writing). LEP designations are also context-specific; an individual may possess sufficient English language skills to function in one setting (e.g., conversing in English with coworkers), but these skills may be insufficient in other settings (e.g., addressing court proceedings). An individual who is deaf or hard of hearing may also have limited proficiency in spoken or written English.

Dated: April 10, 2024.

**Leandra Olson,**

*Policy Team Lead, Office of Minority Health.*

[FR Doc. 2024-08409 Filed 4-18-24; 8:45 am]

**BILLING CODE 4150-29-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Center for Complementary and Integrative Health; Notice of Closed Meeting

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* National Center for Complementary and Integrative Health Special Emphasis Panel Institutional Research Training Grants (IT)

*Date:* May 22, 2024.

*Time:* 1:00 p.m. to 4:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Center for Complementary and Integrative Health, Democracy II, 6707 Democracy Blvd., Bethesda, MD 20892, (Virtual Meeting).

*Contact Person:* MICHAEL ERIC AUTHEMENT, Ph.D., Scientific Review Officer Office of Scientific Review Division of Extramural Activities 6707 Democracy Boulevard Bethesda, MD 20817 [michael.authement@nih.gov](mailto:michael.authement@nih.gov).

(Catalogue of Federal Domestic Assistance Program Nos. 93.213, Research and Training in Complementary and Alternative Medicine, National Institutes of Health, HHS)

Dated: April 15, 2024.

**Melanie J. Pantoja,**

*Program Analyst, Office of Federal Advisory Committee Policy.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### Prospective Grant of Exclusive License, Inter-Institutional Agreement-Institution Lead: Polyvalent Vaccines and Methods for Making Them

**AGENCY:** National Institutes of Health, HHS.

**ACTION:** Notice.

**SUMMARY:** The National Institute of Allergy and Infectious Diseases, an institute of the National Institutes of Health, Department of Health and Human Services, on behalf of the Centers for Disease Control and Prevention, Department of Health and Human Services, is contemplating the grant of an exclusive, sublicensable patent license to University Health Network, located in Toronto, Canada, its rights to the technologies and the patent applications listed in the **SUPPLEMENTARY INFORMATION** section of this notice.

**DATES:** Only written comments and/or applications for a license which are received by the Technology Transfer and Intellectual Property Office, National Institute of Allergy and Infectious Diseases on or before May 6, 2024 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: Ann Marie Flammang Ph.D., Senior Technology Transfer Patent Specialist, Technology Transfer and Intellectual Property Office, National Institute of Allergy and Infectious Diseases, 5601 Fishers Lane, Suite 2G, MSC9804, Rockville, MD 20852-9804, phone number 301-761-6682, or [annmarie.flammang@nih.gov](mailto:annmarie.flammang@nih.gov).

**SUPPLEMENTARY INFORMATION:** The following represents the intellectual property to be licensed under the prospective agreement: United States Provisional Patent Application Number 63/278,467, filed November 11, 2021, entitled "Polyvalent Vaccines and Methods for Making Them" (HHS Reference No. E-091-2024-0-US-01), and Patent Cooperation Treaty Patent Application Number PCT/CA2022/051680, filed November 14, 2022,

entitled "Polyvalent Vaccines and Methods for Making Them" (HHS Reference No. E-091-2024-0-PC-01). All patent rights in these inventions have been assigned to University Health Network, University of Liverpool, The Governing Council of the University of Toronto, and Centers for Disease Control and Prevention.

The prospective patent license will be for the purpose of consolidating the patent rights to University Health Network, the co-owners of said rights, for commercialization. Consolidation of these co-owned rights is intended to expedite development of the technology, consistent with the goals of the Bayh-Dole Act codified as 35 U.S.C. 200-212.

The prospective patent license will be worldwide, exclusive, and may be limited to those fields of use commensurate in scope with the patent rights. It will be sublicensable, and any sublicenses granted by University Health Network will be subject to the provisions of 37 CFR part 404.

The technology is a strategy to overcome the challenge of virus heterogeneity against hepatitis C virus (HCV). Using a model of hypervariable region 1 (HVR1) genetic variability and observed discrete, genotype-independent clusters, sequences were selected to synthesize peptides for vaccination. The pentavalent mixture resulted in an antibody response that was more broadly neutralizing than each individual variant or pooled sera, indicating a synergistic interaction among immune responses to related, but distinct, HVR1 variants. These findings open a new path for the development of an HCV vaccine using sequence complementary variants of genetically divergent HVR1 antigenic epitopes. A method was developed for producing a multivalent vaccine comprised of a plurality of peptides or the nucleic acids encoding them.

This notice is made in accordance with 35 U.S.C. 209 and 37 CFR part 404. The prospective exclusive license will be royalty bearing, and the prospective exclusive license may be granted unless within fifteen (15) days from the date of this published notice, the National Institute of Allergy and Infectious Diseases 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 part 404.

In response to this Notice, the public may file comments or objections. Comments and objections, other than those in the form of a license application, will not be treated

confidentially, and may be made publicly available.

Complete license applications submitted in response to this Notice will be presumed to contain business confidential information and any release of information in these license applications will be made only as required and upon a request under the *Freedom of Information Act*, 5 U.S.C. 552.

Dated: April 15, 2024.

**Surekha Vathyam,**

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

[FR Doc. 2024-08361 Filed 4-18-24; 8:45 am]

**BILLING CODE 4140-01-P**

## DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR 6453-N-01]

### Announcement of Tenant Protection Voucher Funding Awards for Fiscal Year 2023 for the Housing Choice Voucher Program

**AGENCY:** Office of the Assistant Secretary for Public and Indian Housing, HUD.

**ACTION:** Notice of fiscal year 2023 awards.

**SUMMARY:** In accordance with the Department of Housing and Urban Development Reform Act of 1989, this document notifies the public of Tenant Protection Voucher (TPV) funding awards for fiscal year (FY) 2023 to public housing agencies (PHAs) under the Section 8 Housing Choice Voucher Program (HCVP). The purpose of this notice is to publish the names, addresses of awardees, and the amount of their non-competitive funding awards for assisting households affected by housing conversion actions, public housing relocations and replacements, and moderate rehabilitation replacements. This notice also includes a link to the TPV awards issued since FY 2020, which can be sorted by PHAs, project name and identification number, by category of TPVs such as Multifamily or Public Housing, and by state and by HUD regions.

**FOR FURTHER INFORMATION CONTACT:** Danielle L. Bastarache, Deputy Assistant Secretary, Office of Public Housing and Voucher Programs, Office of Public and Indian Housing, Department of Housing and Urban Development, 451 Seventh Street SW, Room 4204, Washington, DC 20410-5000, telephone (202) 402-1380. HUD welcomes and is prepared to receive calls from individuals who are