RF Program Entrance Survey for Reentering Fathers.

○ Exit survey, with five versions: (1) HM Program Exit Survey for Adult-Focused Programs; (2) HM Program Exit Survey for Youth-Focused Programs; (3) RF Program Exit Survey for Community-Based Fathers; (4) RF Program Exit Survey for Community-Based Mothers; and (5) RF Program Exit Survey for Reentering Fathers.

The measures used by the 2015 grantee cohort were developed in 2014 after extensive review of the research literature and grantees' past measures. The performance measures, data collection instruments, and data collection system were revised in 2020 based on a targeted analysis of existing measures, feedback from key stakeholders, and discussions with ACF staff and the 2015 cohort of grantees. ACF required the 2015 cohort of grantees to submit data on these standardized measures on a quarterly basis and proposes the same requirement for the 2020 cohort. In addition to the performance measures mentioned above, ACF proposes to repeat collection for these data submissions:

• Semi-annual Performance Progress Report (PPR), with two versions: (1) Performance Progress Report for HM Programs, and (2) Performance Progress Report for RF Programs; and

• Quarterly Performance Report (QPR), with two versions: (1) Quarterly Performance Progress Report for HM Programs, and (2) Quarterly Performance Progress Report for RF Programs.

Grantees in the new cohort will also be required to engage in continuous quality improvement (CQI) planning and implementation using a proposed CQI plan template developed by ACF. The estimated burden for completing and updating this template is included in the table below.

Respondents: Respondents include HM and RF grantee staff and program applicants and participants (participants are called ''clients'').

ANNUAL BURDEN ESTIMATES

Instrument	Respondent	Number of respondents (total over request period)	Number of responses per respondent (total over request period)	Average burden per response (in hours)	Total burden (in hours)	Annual burden (in hours)
1: Applicant Characteristics	Program applicants	273,840	1	0.25	68,460.0	22,820.0
	Program staff	408	672	0.10	27,417.6	9,139.2
2: Program Operations	Program staff	136	12	0.32	522.24	174.08
3: Service Delivery Data	Program staff	2,040	126	0.50	128,520.0	42,840.0
4: Entrance and Exit Surveys	Program clients (entrance)	257,409	1	0.42	108,111.78	36,037.26
	Program clients (exit)	169,965	1	0.42	71,385.3	23,795.1
	Program staff (entrance and exit on paper).	32	3,506	0.10	11,219.2	3,739.73
5: Semi-annual Performance Progress Report (PPR).	Program staff	136	6	3	2,448.0	816.0
6: Quarterly Performance Report (QPR).	Program staff	136	6	1	816.0	272.0
7: CQI Plan	Program staff	136	3	4	1,632	544.0

Estimated Total Annual Burden Hours: 140,177.37.

Authority: Sec. 403. [42 U.S.C. 603].

Mary B. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2021–04162 Filed 2–26–21; 8:45 am]

BILLING CODE 4184–73–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 inventions listed below are owned by an agency of the U.S. Government and are available for licensing to achieve expeditious commercialization of results of federally-funded research and development.

FOR FURTHER INFORMATION CONTACT: Licensing information and copies of patent applications may be obtained by emailing Brian W. Bailey, Ph.D., *bbailey@mail.nih.gov,* the indicated licensing contact at the National Heart, Lung, and Blood, Office of Technology Transfer and Development Office of Technology Transfer, 31 Center Drive, Room 4A29, MSC2479, Bethesda, MD 20892–2479; telephone: 301–402–5579. A signed Confidential Disclosure Agreement may be required to receive any unpublished information.

SUPPLEMENTARY INFORMATION:

Technology description follows.

Use of Statins To Treat or Prevent Drug-Induced Hearing Loss

Description of Technology

Available for licensing and commercial development are patent rights covering methods of using atorvastatin and related statin compounds and derivatives to reduce or prevent drug-induced hearing loss that is caused as a side effect by ototoxic drugs such as cisplatin, which is commonly used in cancer therapies. At present, permanent hearing loss occurs in approximately half of all patients treated with cisplatin; consequently, every year many thousands of individuals experience partial loss of hearing and associated quality of life issues as a result of medically necessary chemoradiation therapies to treat their cancers. This technology addresses a large unmet need to eliminate or reduce hearing loss in patients that must undergo therapies involving ototoxic drugs.

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

• Repurposing existing statins, including atorvastatin, to treat or protect against permanent hearing loss arising from chemoradiation therapy involving ototoxic drugs.

• Development of statin analogues or derivatives with enhanced abilities to treat or protect against hearing loss resulting from therapies involving cisplatin or other ototoxic drugs.

Competitive Advantages

- This invention addresses an urgent need to protect against permanent hearing loss resulting from therapies with commonly used but ototoxic drugs, including cisplatin.
- Statins are already extensively used therapeutically to lower blood cholesterol and have well understood drug profiles, making them ideal candidates for repurposing.

Development Stage: An observational clinical trial (NCT03225157) in patients with head and neck cancers has been completed.

Inventors: Lisa Lynn Cunningham (NIDCD), Nicole C. Schmitt (NIDCD), and Katharine Ann Fernandez (NIDCD).

Publications: J Clin Invest. 2021;131(1):e142616.

Intellectual Property: HHS Reference No. E–029–2020—PCT/US21/14918 filed January 25, 2021; U.S. Patent Application No. 62/966,794 filed January 28, 2020.

Licensing Contact: Brian W. Bailey, Ph.D.; 301–594–4094; *bbailey@mail.nih.gov.*

Bruce D. Goldstein,

Director, National Heart, Lung, and Blood Institute, Office of Technology Transfer and Development, National Institutes of Health.

[FR Doc. 2021–04069 Filed 2–26–21; 8:45 am]

BILLING CODE 4140–01–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 National Heart, Lung, and Blood Institute (NHLBI), National Institutes of Health, Department of Health and Human Services, is contemplating the grant of sublicensable patent licenses to Simon Fraser University (''Simon Fraser''), a non-profit university located in British Columbia, Canada, and Le Centre National de la Recherche Scientifique (''CNRS''), a public scientific and technological establishment located in France, its rights to the inventions and patents listed in the **SUPPLEMENTARY INFORMATION** section of this notice.

DATES: Only written comments and/or applications for a license which are received by the NHLBI Office of Technology Transfer and Development on or before March 16, 2021 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: Brian W. Bailey, Ph.D., Senior Technology Transfer Manager, NHLBI Office of Technology Transfer and Development, 31 Center Drive, Rm. 4A29, MSC 2479, Bethesda, MD 20892–2479 (for business mail), Telephone (301) 594–4094; Email: *bbailey@mail.nih.gov.*

SUPPLEMENTARY INFORMATION: The following and all continuing U.S. and foreign patents/patent applications thereof are the intellectual properties to be licensed under the prospective agreement to Stanford: United States Provisional Patent Application No. 62/489,346 filed April 24, 2017 and entitled ''FLUORIGEN–BINDING RNA APTAMERS'' [HHS Reference No. E–152–2018/0–US–01].

The patent rights in these inventions have been assigned to the Government of the United States of America, Simon Fraser, and CNRS. The prospective patent license will be for the purpose of consolidating the patent rights to CNRS, one of the co-owners of said rights, for commercial development, and the purpose of consolidating the patent rights to CNRS and Simon Fraser for marketing. Consolidation of these co-owned rights is intended to expedite development of the invention, 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 CNRS or Simon Fraser will be subject to the provisions of 37 CFR part 401 and 404.

This invention pertains to certain RNA aptamers with optimized fluorescent properties and fluorophore binding affinities as well as corresponding heterocyclic fluorophores. The technology consists of a suite of fluorescent RNA-fluorophore complexes within the ''Mango'' that have been optimized for live-cell imaging of RNA molecules without altering biological function, in a manner analogous to the way that fluorescently labeled proteins are used to study specific protein functions within cells. As such, this technology can be used as a powerful tool for live-cell study of RNA function and activity for research and diagnostic purposes. The prospective exclusive patent license will include terms for the sharing of royalty income with NHLBI from commercial sublicenses of the patent rights and may be granted unless within fifteen (15) days from the date of this published notice the NHLBI 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.

Complete applications for a license that are timely filed in response to this notice will be treated as objections to the grant of the contemplated exclusive patent license. 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.

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

Licensing information and copies of patent applications may be obtained by emailing Brian W. Bailey, Ph.D., *bbailey@mail.nih.gov,* the indicated licensing contact at the National Heart, Lung, and Blood, Office of Technology Transfer and Development Office of Technology Transfer, 31 Center Drive, Room 4A29, MSC2479, Bethesda, MD 20892–2479; telephone: 301–402–5579. A signed Confidential Disclosure Agreement may be required to receive any unpublished information.

Licensing Contact: Brian W. Bailey, Ph.D.; 301–594–4094; *bbailey@mail.nih.gov.*

Bruce D. Goldstein,

Director, Office of Technology Transfer and Development, National Heart, Lung, and Blood Institute, National Institutes of Health.

[FR Doc. 2021–04070 Filed 2–26–21; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Mental Health; Notice of Closed Meetings

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meetings.

The meetings 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