Abstract: This Information Collection Request is for continued approval of performance measures for HRSA's Maternal and Child Health Bureau (MCHB) discretionary grants, specifically, the continued use of reporting requirements for grant programs administered by MCHB in accordance with the ''Government Performance and Results Act of 1993'' (Pub. L. 103–62). This Act requires the preparation of an annual performance plan covering each program activity set forth in the agency's budget, which includes establishment of measurable goals that may be reported in an annual financial statement to support the linkage of funding decisions with performance. Performance measures for MCHB discretionary grants were initially approved in 2003, and the latest approval was obtained in 2016 for significant revisions. OMB approval is currently being sought to continue the use of performance measures with minor revisions. Most of these measures are specific to certain types of programs and are not required of all grantees. The measures are categorized by domains (Adolescent Health, Capacity Building, Child Health, Children with Special Health Care Needs, Lifecourse/Crosscutting, Maternal/Women Health, and Perinatal/Infant Health). In addition, there are some program-specific measures. Grant programs are assigned domains based on their activities. HRSA is proposing to make changes to the DGIS to more closely align data collection forms with current program activities. These revisions will facilitate more accurate reporting of descriptive information related to Long-term Trainees in Maternal and Child Health, as well as activities related to Technical Assistance for programs. Proposed changes include the following:

- Trainee Information (Long-term Trainees Only) form:
  - Changes will incorporate options and titles that were omitted from the final submission of the previous OMB package, providing clarification for the reporting of specific descriptive information about Long-term Trainees on the form.
  - Changes will list the following options for ''Type'': ''Non-Degree Seeking,'' ''Undergraduate,'' ''Masters,'' ''Doctoral,'' Post-doctoral,'' ''Other.''
  - Changes will list the title ''Student Status'' next to the options for ''Part-time student'' and ''Full-time student.''
- Technical Assistance/Collaboration form:
  - Add a field asking for the ''Total number of TA recipients.'' This change will allow for better alignment with this data that was previously collected by program, but omitted due to a DGIS paper form error.
  - Add an ''Other'' category to List B under ''Topic of Technical Assistance/Collaboration.'' This change would facilitate more accurate data reporting by providing programs an additional category to choose from if their current Technical Assistance activities do not closely align with the existing categories in List B.

A 60-day **Federal Register** Notice was published in the **Federal Register** on November 13, 2018 Vol. 83, No. 219, pp. 56353–54). No public comments were received.

Need and Proposed Use of the Information: The performance data collected through the DGIS serves several purposes, including grantee monitoring, program planning, performance reporting, and the ability to demonstrate alignment between MCHB discretionary programs and the Title V MCH Services Block Grant program. This revision will facilitate more accurate reporting of descriptive information related to Long-term Trainees in Maternal and Child Health, as well as activities related to Technical Assistance for programs.

Likely Respondents: The grantees for Maternal and Child Health Bureau Discretionary Grant Programs.

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
Grant Report	700	1	700	36	25,200
Total	700		700		25,200

Amy P. McNulty,

Acting Director, Division of the Executive Secretariat.

[FR Doc. 2019–10807 Filed 5–22–19; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Request for Nominations to the Advisory Council on Alzheimer's Research, Care, and Services

AGENCY: Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: The Secretary of HHS established the Advisory Council to provide advice and consultation to the Secretary on how to prevent or reduce the burden of Alzheimer's disease and related dementias on people with the disease and their caregivers. The Secretary signed the charter establishing the Advisory Council on May 23, 2011. *HHS is soliciting nominations for five (5) new non-Federal members of the Advisory Council to replace the five members whose terms will end September 30, 2019.* Nominations should include the nominee's contact information (current mailing address, email address, and telephone number) and current curriculum vitae or resume.

DATES: Submit nominations by email or USPS mail before COB on June 28, 2019.

ADDRESSES: Nominations should be sent by email to Helen Lamont at *helen.lamont@hhs.gov;* or sent by USPS mail to: Helen Lamont, Office of the Assistant Secretary for Planning and Evaluation, Room 424E, Humphrey Building, 200

Independence Avenue SW, Washington, DC 20201.

FOR FURTHER INFORMATION CONTACT: Helen Lamont (202) 260–6075, *helen.lamont@hhs.gov.*

SUPPLEMENTARY INFORMATION: The Advisory Council on Alzheimer's Research, Care, and Services meets quarterly to discuss programs that impact people with Alzheimer's disease and related dementias and their caregivers. The Advisory Council makes recommendations to Congress and the Secretary of Health and Human Services about ways to reduce the financial impact of Alzheimer's disease and related dementias and to improve the health outcomes of people with these conditions. The Advisory Council also provides feedback on a National Plan for Alzheimer's disease. On an annual basis, the Advisory Council evaluates the implementation of the recommendations through an updated National Plan. The National Alzheimer's Project Act, Public Law 111–375 (42 U.S.C. 11225), requires that the Secretary of Health and Human Services (HHS) establish the Advisory Council on Alzheimer's Research, Care, and Services. The Advisory Council is governed by provisions of Public Law 92–463 (5 U.S.C. Appendix 2), which sets forth standards for the formation and use of advisory committees.

The Advisory Council consists of 22 members. Ten members are designees from Federal agencies including the Centers for Disease Control and Prevention, Administration for Community Living, Centers for Medicare and Medicaid Services, Indian Health Service, National Institutes of Health, National Science Foundation, Department of Veterans Affairs, Food and Drug Administration, Agency for Healthcare Research and Quality, and the Health Resources and Services Administration. The Advisory Council also consists of 12 non-federal members selected by the Secretary who represent 6 categories of people impacted by dementia: Dementia caregivers (2), health care providers (2), representatives of State health departments (2), researchers with dementia-related expertise in basic, translational, clinical, or drug development science (2), voluntary health association representatives (2), and dementia patient advocates, including an advocate who is currently living with the disease (2). At this time, the Secretary shall appoint one member for the researcher, voluntary health association, healthcare provider, patient advocate, caregiver categories to replace the five members whose terms will end on September 30th, 2019. After receiving nominations, the Secretary, with input from his staff, will make the final decision, and the new members will be announced soon after. Members shall be invited to serve 4-year terms. The member living with dementia will serve a 2-year term. A member may serve after the expiration of the member's term until a successor has taken office. Members will serve as Special Government Employees.

Dated: May 17, 2019.

Brenda Destro,

Deputy Assistant Secretary for Planning and Evaluation, Office of Human Services Policy.

[FR Doc. 2019–10775 Filed 5–22–19; 8:45 am]

BILLING CODE 4150–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Prospective Grant of an Exclusive Patent License: The Development and Use of a Therapeutic STAT3 Inhibitor, GLG–302, in All Proliferative Diseases, Where STAT3 Is Present

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 (U.S.) Patents and Patent Applications listed in the **SUPPLEMENTARY INFORMATION** section of this notice to GLG Pharma LLC located in Jupiter, Florida, USA.

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 June 7, 2019 will be considered.

ADDRESSES: Requests for copies of the patent application, inquiries, and comments relating to the contemplated an Exclusive Patent License should be directed to: Sidra Ahsan, Licensing and Patenting 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) 276–5530; Facsimile: (240) 276–5504 Email: *ahsans@mail.nih.gov.*

SUPPLEMENTARY INFORMATION:

Intellectual Property

United States Provisional Patent Application No. 62/481,960, filed April 5, 2017 and entitled ''Improved STAT3 Inhibitor Formulation'' [HHS Reference No. E–035–2017/0–US–01]; PCT Patent Application No. PCT/US2018/026228, filed April 5, 2018 and entitled ''STAT3 Inhibitor Formulation'' [HHS Reference No. E–035–2017/0–PCT–02]; and U.S. and foreign patent applications claiming priority to the aforementioned applications.

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 field of use may be limited to: ''The development and commercialization of a therapeutic STAT3 inhibitor, GLG–302, in all proliferative diseases, where STAT3 is present.''

This technology discloses the use of the STAT3 inhibitor GLG–302 with Trizma salts for preclinical anti-cancer and cancer preventive activity. GLG–302 is a proprietary compound developed by GLG Pharma LLC. Trizma salts allow GLG–302 to remain in solution for oral administration. This formulation has been demonstrated to be effective in the modulation of STAT3 signaling and proliferation in normal mammary ductal epithelium, and this formulation has demonstrated mammary cancer preventive efficacy in rat (ER+) and mouse (ER −) models. The technology provides improved sample handing and oral bioavailability suggesting that a therapeutic product derived from this technology would be applicable for the treatment of cancer where STAT3 is present.

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 Cancer Institute 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.

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