

plans to use the ACS as its source for this data. In order to maintain balance between precision and currency, annual changes to the State Title V MCH Block Grant allocations will be based on a rolling average of the 3-year ACS poverty estimates.

Yearly changes in the MCH Block Grant allocations for individual states will be buffered by the use of shared data for two of the three data years in the rolling period estimate. According to the U.S. Census Bureau, the ACS is the best source of survey-based state-level income and poverty estimates. Moreover, ACS child poverty estimates are produced annually, and their use will allow the Block Grant allocation proportions to be updated more frequently than every 10 years.

FOR FURTHER INFORMATION CONTACT: Cassie Lauver, Director, Division of State and Community Health, Maternal and Child Health Bureau, Health Resources and Services Administration, 5600 Fishers Lane, Parklawn Building, Room 18-31, Rockville, Maryland 20857, or by telephone at (301) 443-2204.

DATES: *Effective Date:* October 30, 2012.

SUPPLEMENTARY INFORMATION: Beginning in FY 2013, HRSA will use the U.S. Census Bureau's ACS 3-year rolling average data to determine the annual poverty-based allocations to states under Section 502 of Title V of the Social Security Act (42 U.S.C. 702). The Census Bureau produces annual state-level poverty estimates based on the most recent 1, 3, and 5 years of ACS data, as well as annual model-based Small Area Income and Poverty Estimates (SAIPE). Based on a thorough review, HRSA determined that the 3-year time frame strikes an appropriate balance between reliability (strength of 5-year estimates) and currency (strength of 1-year estimates). The 3-year estimates provide necessary stability in annual poverty-based allocation changes for all states, regardless of size, while still allowing the allocations to be responsive to changes in the distribution of children in poverty across states. With the 3-year estimates for FY 2013 already available, states have been informed of the proposed changes and need for adjustment from the existing allocation proportions based on the 2000 Census data. The ACS data are released annually by the U.S. Census Bureau in October which will allow states to be aware of the poverty-based allocation proportions close to a year in advance of each subsequent fiscal year.

The proposed change in State Title V MCH Block Grant allocations was

announced in the **Federal Register** at 77 FR 42749 on July 20, 2012. A comment period of 60 days was established to allow interested parties to submit comments. HRSA received three responses. The responses included two comments that specifically discussed the potential impacts of the proposed change in State MCH Block Grant formula allocations using the 3-year ACS child poverty estimates. Responses to these comments are provided below.

The remaining comments did not specifically address the proposed changes in State Title V MCH Block Grant allocation, but instead expressed concern with the size of the federal government; accuracy of Census data, generally; and equity of the statutorily-mandated Title V funding formula. These issues were not addressed in greater detail because they are beyond the scope of this notice.

Comments and Responses

Comment: Timing of the proposed change is inopportune in light of the potential for significant reductions in State MCH Block Grant allocations as a result of sequestration.

Response: The timing of the proposed changes to the state formula allocations is consistent with the 10-year interval for updating formula allocations based on the U.S. Census Bureau's Decennial Census. Current formula allocations are based on 2000 U.S. Census child poverty data. Use of a 3-year rolling average of the ACS child poverty data will allow for annual updates to the State MCH Block Grant formula allocations and greater responsiveness to changes in the distribution of children in poverty across states.

Comment: If the new methodology is implemented and will use the ACS, the 5-year rather than the 3-year estimate should be used.

Response: Researchers in MCHB's Office of Epidemiology and Research evaluated the impact of using 1-year, 3-year, and 5-year ACS data, and the single-year SAIPE on annual poverty-based allocation changes as well as overall allocation changes. Consistent with the documentation and guidelines provided by the U.S. Census Bureau, the poverty data are the most current and least precise through the use of 1-year data and least current but most precise through the use of 5-year data. Using the 3-year ACS poverty data achieves a reasonable balance between reliability and currency.

Dated: October 23, 2012.

Mary K. Wakefield,
Administrator.

[FR Doc. 2012-26579 Filed 10-29-12; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Statement of Organization, Functions and Delegations of Authority

This notice amends Part R of the Statement of Organization, Functions and Delegations of Authority of the Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA) (60 FR 56605, as amended November 6, 1995; as last amended at 77 FR 48525-48526 dated August 14, 2012).

This notice reflects organizational changes to the Health Resources and Services Administration. This notice updates the functional statements for the Bureau of Clinician Recruitment and Service (RU) and the Bureau of Health Professions (RP). Specifically, this notice: (1) Transfers the functions associated with the Office of Shortage Designation (RP2) from the Bureau of Health Professions (RP), to the Bureau of Clinician Recruitment and Service (RU); (2) changes the name of the Office of Policy and Program Development (RU8) to the Division of Policy and Shortage Designation (RU8); (3) updates the functional statement for the Office of Policy and Program Development (RU8); (4) updates the functional statement for the Bureau of Health Professions and the Office of the Associate Administrator, Bureau of Health Professions (RP); (5) changes the name of the Division of Workforce and Performance Management (RPV) to the Office of Performance Measurement (RP4); (6) changes the name of the National Center for Workforce Analysis (RPW) to the National Center for Health Workforce Analysis (RPW); (7) transfers the functions associated with the international migration, domestic training, and utilization of foreign medical graduates and U.S. citizens studying abroad from the Division of Medicine and Dentistry (RPC) to the newly named National Center for Health Workforce Analysis (RPW) and updates the functional statement for the Division of Medicine and Dentistry (RPC); (8) transfers the administration of grants, cooperative agreements and the clearance of correspondence function from the Office of Administrative

Management Services (RP1) to the Office of Policy Coordination (RP3); and (9) updates the functional statement for the Division of Public Health and Interdisciplinary Education (RPF).

Chapter RU—Bureau of Clinician Recruitment and Service

Section RU-10, Organization

Delete in its entirety and replace with the following:

The Bureau of Clinician Recruitment and Service (RU) is headed by the Associate Administrator, who reports directly to the Administrator, Health Resources and Services Administration. The Bureau of Clinician Recruitment and Service includes the following components:

- (1) Office of the Associate Administrator (RU);
- (2) Office of Legal and Compliance (RU1);
- (3) Division of National Health Service Corps (RU5);
- (4) Division of Nursing and Public Health (RU6);
- (5) Division of External Affairs (RU7);
- (6) Division of Policy and Shortage Designation (RU8);
- (7) Division of Program Operations (RU9);
- (8) Division of Regional Operations (RU10); and
- (9) Office of Business Operations (RU11).

Section RU-20, Functions

(1) Update the functional statement for the Office of Policy and Program Development (RU8).

Division of Policy and Shortage Designation (RU8)

Serves as the focal point for the development of BCRS programs and policies and directly supports national efforts to analyze and address equitable distribution of health professionals for access to health care for underserved populations. This Division: (1) Leads and coordinates the analysis, development and drafting of policy impacting BCRS programs; (2) coordinates program planning and tracking of legislation and other information related to BCRS programs; (3) leads and monitors the development of workforce projections relating to BCRS programs; (4) provides oversight, processing and coordination for the J1-visa program; (5) performs environmental scanning on issues that affect BCRS programs and assesses the impact of programs on underserved communities; (6) monitors BCRS activities in relation to HRSA's Strategic Plan; (7) develops budget projections

and justifications; (8) serves as the Bureau's focal point for program information; (9) works collaboratively with other components within HRSA and HHS, and with other federal agencies, state and local governments, and other public and private organizations on all issues affecting BCRS programs and policies including health professional shortage areas (HPSAs) and medically-underserved areas and populations; (10) directly supports national efforts to analyze and address equitable distribution of health professionals for access to health care for underserved populations; (11) recommends HPSAs and medically-underserved areas and populations (MUAs/MUPs); (12) approves designation requests and finalizes designation policies and procedures for both current and proposed designation criteria; (13) negotiates and approves state designation agreements; and (14) oversees grants to state primary care offices and conducts all business management aspects of the review, negotiation, award, and administration of these grants.

Chapter RP—Bureau of Health Professions

Section RP-10, Organization

Delete in its entirety and replace with the following:

The Bureau of Health Professions (RP) is headed by the Associate Administrator, who reports directly to the Administrator, Health Resources and Services Administration. The Bureau of Health Professions includes the following components:

- (1) Office of the Associate Administrator (RP);
- (2) Office of Administrative Management Services (RP1);
- (3) Office of Policy Coordination (RP3);
- (4) Office of Performance Measurement (RP4);
- (5) Division of Public Health and Interdisciplinary Education (RPF);
- (6) Division of Medicine and Dentistry (RPC);
- (7) Division of Nursing (RPB);
- (8) Division of Practitioner Data Banks (RPG);
- (9) Division of Student Loans and Scholarships (RPD); and
- (10) National Center for Health Workforce Analysis.

Section RP-20, Functions

(1) Delete the functional statement for the Bureau of Health Professions (RP) and replace in its entirety.

Bureau of Health Professions (RP)

The Bureau of Health Professions' programs are designed to improve the health of the nation's underserved communities and vulnerable populations by assuring a diverse, culturally competent workforce that is ready to provide access to quality health care services. Bureau of Health Professions' program components provide workforce studies, including research analysis of alternative methodologies for areas of need, training grants for health professions, financial support to students, information to protect the public from unsafe health care practitioners, and support for graduate medical education at the nation's freestanding children's hospitals and teaching health centers. The Health Professions Training Program awards grants to health profession schools and training programs in every state. Grantees use the funds to develop, expand, and enhance their efforts to train the workforce America needs.

Office of the Associate Administrator (RP)

The Office of the Associate Administrator provides overall leadership, direction, coordination, and planning in support of the Bureau of Health Professions' programs to ensure alignment and support of the Agency mission and strategic objectives. Specifically, the Office of the Associate Administrator: (1) Directs and provides policy guidance for workforce recruitment, student assistance, training, and placement of health professionals to serve in underserved areas; (2) establishes program goals and priorities, and provides oversight of program quality and integrity in execution; (3) maintains effective relationships within HRSA and with other federal and non-federal agencies, state and local governments, and other public and private organizations concerned with health workforce development and improving access to health care for the nation's underserved; (4) plans, directs, and coordinates Bureau-wide management and administrative activities; (5) leads and guides Bureau programs in recruiting and retaining a diverse workforce; and (6) coordinates, reviews, and provides clearance of correspondence and official documents entering and leaving the Bureau.

Office of Administrative Management Services (RP1)

The Office of Administrative Management Services collaborates with

the Bureau of Health Professions' leadership to plan, coordinate, and direct Bureau-wide administrative management activities. Specifically: (1) Plans and directs financial management activities including budget formulation, presentation, and execution functions and supports linking of the budget and planning processes; (2) provides human resource services regarding all aspects of personnel management, workforce planning, and the allocation and utilization of personnel resources; (3) conducts all business management aspects of the review, negotiation, award, and administration of contracts; (4) provides other support services including the acquisition, management, and maintenance of supplies, equipment, space, training, and travel, and (5) assumes special projects or takes the lead on certain issues as tasked by the Bureau Associate or Deputy Associate Administrator.

Office of Policy Coordination (RP3)

The Office of Policy Coordination serves as the focal point for coordination and integration of Bureau policy development, analyses, and evaluation. Specifically: (1) Coordinates Bureau-wide, cross-cutting initiatives; (2) links Bureau policy activities to HRSA-wide policy development, analyses, and evaluation; (3) serves as a key point of contact to coordinate public relations and media communications, as well as activities related to congressional inquiries, and other stakeholder groups in conjunction with the Agency and Department; (4) prepares policy analysis papers and other planning documents as required; (5) analyzes issues arising from legislation, budget proposals, regulatory actions and other program or policy actions; (6) coordinates, reviews, and provides clearance of correspondence and official documents entering and leaving the Bureau as needed; (7) conducts all business management aspects of the review, negotiation, award, and administration of grants and cooperative agreements; and (8) assumes special projects or takes the lead on certain issues as tasked by the Bureau Associate or Deputy Associate Administrator.

Office of Performance Measurement (RP4)

The Office of Performance Measurement serves as the Bureau focal point for performance measurement coordination, reporting, evaluation, and analysis. Specifically: (1) Leads, guides, and coordinates performance measurement, performance reporting, and program evaluation activities of the

Bureau's Divisions and Offices; (2) coordinates and guides the Bureau's efforts to use performance information to improve program planning and implementation; (3) maintains effective relationships within HRSA and with other federal and non-federal agencies engaged in program evaluation; (4) promotes quality improvement in health professions education through collaboration and partnerships with national and international institutes and centers for quality improvement; and (5) works collaboratively with the National Center for Health Workforce Analysis.

Division of Public Health and Interdisciplinary Education (RPF)

The Division of Public Health and Interdisciplinary Education serves as the Bureau's lead for increasing the public health and behavioral health workforce, promoting interdisciplinary health professions issues and programs, including geriatric training, and increasing the diversity of the health professions workforce. Specifically: (1) Provides grants and technical assistance to expand and enhance training critical to the current and future public health workforce, supports academic-community partnerships, expands and improves the quality of health professions interdisciplinary and inter-professional education, expands health career opportunities for diverse and disadvantaged populations and supports and guides the career development in geriatric specialties; (2) evaluates programmatic data and promotes the dissemination and application of findings arising from supported programs; (3) collaborates within the Bureau to conduct, support, or obtain analytical studies to determine the present and future supply requirements of the healthcare workforce in the areas addressed by the Division of Public Health and Interdisciplinary Education's programs; (4) provides leadership and staff support for the Advisory Committee on Interdisciplinary, Community-Based Linkages; and (5) represents the Bureau, Agency, and federal government, as designated, on national committees, and maintains effective relationships within HRSA and with other federal and non-federal agencies, state and local governmental agencies, and other public and private organizations concerned with public health and behavioral health workforce development, and improving access to health care for the nation's underserved.

Division of Medicine and Dentistry (RPC)

The Division of Medicine and Dentistry serves as the Bureau's lead in support and evaluation of medical and dental personnel development and utilization including (a) primary care physicians, (b) dentists, (c) dental hygienists, and (d) physician assistants to provide health care in underserved areas. Specifically: (1) Administers grants to educational institutions for the development, improvement, and operation of educational programs for primary care physicians (pre-doctoral, residency) and physician assistants, including support for community-based training and funding for faculty development to teach in primary care specialties training; (2) provides technical assistance and consultation to grantee institutions and other governmental and private organizations on the operation of these educational programs which includes funding for the nation's free standing children's hospitals to support graduate medical education; (3) evaluates programmatic data and promotes the dissemination and application of findings arising from supported programs; (4) collaborates within the Bureau to conduct, support, or obtain analytical studies to determine the present and future supply and requirements of physicians, dentists, dental hygienists and physician assistants by specialty, geographic location, and for state planning efforts; (5) encourages community-based training opportunities for primary care providers, particularly in underserved areas; (6) provides leadership and staff support for the Advisory Committee on Training in Primary Care Medicine and Dentistry and for the Council on Graduate Medical Education; and (7) represents the Bureau, Agency, and federal government, as designated, on national committees maintaining effective relationships within HRSA and with other federal and non-federal agencies, state and local governments, and other public and private organizations concerned with health personnel development and improving access to health care for the nation's underserved.

Division of Nursing (RPB)

The Division of Nursing serves as the Bureau's leader for nursing education and practice, including increasing the diversity of the nursing workforce to improve access to health care in underserved areas. Specifically: (1) Provides grants and technical assistance for schools of nursing in the development and improvement of

education for nursing or specialized training in primary care to enhance training opportunities and competencies critical to the current and future nursing workforce; (2) addresses nursing workforce shortages through projects that focus on expanding enrollment in baccalaureate programs, developing internship and residency programs, or providing education in new technologies, including distance learning, nurse practice projects that focus on establishing/expanding practice arrangements in non-institutional settings, providing care for underserved populations and other high-risk groups, skill-building in managed care, quality improvement and other skills needed in existing and emerging organized health care systems, or developing cultural competencies; (3) develops, supports, recommends, coordinates and evaluates health resources and health career opportunities for diverse and disadvantaged populations; (4) promotes the involvement of states and communities in developing and administering nursing programs and assists states and communities in improving access to nursing services and educational programs; (5) facilitates coordination of nursing-related issues with other governmental agencies and consults with them on national or international nursing workforce planning and development issues; (6) evaluates programmatic data and promotes the dissemination and application of findings arising from supported programs; (7) collaborates within the Bureau to conduct, support, or obtain analytical studies to determine the present and future supply and the requirements of the nursing workforce; (8) leads initiatives in the area of international nursing information exchange and nursing workforce planning and development; (9) the Director, on behalf of the Secretary, serves as the Chair of the National Advisory Council on Nurse Education and Practice, and provides staff support; and (10) represents the Bureau, Agency, and federal government, as designated, on national committees and maintains effective relationships within HRSA, with external health professional groups, with other federal and non-federal agencies, state and local governments, and other public and private organizations with a common interest in the nation's capacity to deliver nursing services.

Division of Practitioner Data Banks (RPG)

The Division of Practitioner Data Banks coordinates with the Department

and other federal entities, state licensing boards, national, state, and local professional organizations, to promote quality assurance efforts and deter fraud and abuse by administering the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank. Specifically: (1) Monitors adverse licensure information on all licensed health care practitioners and health care entities; (2) develops, proposes, and monitors efforts for (a) credential assessment, granting of privileges, monitoring and evaluating programs for physicians, dentists, other health care professionals including quality assurance, (b) professional review of specified medical events in the health care system including quality assurance, and (c) risk management and utilization reviews; (3) encourages and supports evaluation and demonstration projects and research concerning quality assurance, medical liability and malpractice; (4) ensures integrity of data collection following all disclosure procedures without fail; (5) conducts and supports research based on the National Practitioner Data Bank and Healthcare Integrity and Protection Data Bank information; (6) maintains active consultative relations with professional organizations, societies and federal agencies involved with the National Practitioner Data Bank and Healthcare Integrity and Protection Data Bank; (7) works with the Secretary's office to provide technical assistance to states undertaking malpractice reform; and (8) maintains effective relations with the Office of the General Counsel, the Office of Inspector General, and HHS concerning practitioner licensing and data bank issues.

Division of Student Loans and Scholarships (RPD)

The Division of Student Loans and Scholarships serves as the focal point for overseeing federal loan and scholarship programs supporting health professionals. Specifically: (1) Monitors and assesses educational and financial institutions with respect to capabilities and management of federal support for students and the tracking of obligatory service requirements; (2) develops and conducts training activities for staff of educational and financial institutions; (3) coordinates financial aspects of programs with educational institutions; (4) develops program data needs and reporting requirements; and (5) maintains effective relationships within HRSA and with other federal and non-federal agencies, state and local governments, and other public and private organizations concerning student assistance.

National Center for Health Workforce Analysis (RPW)

The National Center for Health Workforce Analysis provides leadership in the development and dissemination of accurate and timely data for analysis and research regarding the nation's health workforce in order to inform those making decisions for policymakers and to support goals related to the nation's health professionals' workforce. Specifically: (1) Develops the capacity to directly collect health professions workforce data to quantify and measure supply, demand, distribution, shortages and surpluses at the national level, for selected disciplines and selected states and regions; (2) collaborates and conducts studies to assess and monitor factors, such as policy actions likely to impact future supply, demand, distribution and/or use of health professionals; (3) develops and coordinates the Bureau's data collection and modeling on health professions' workforce in conjunction with other entities involved in data collection and analysis; (4) maintains effective relationships, conducts data collection and assesses quality within HRSA staff, other federal and non-federal agencies, and organizations on the health professions workforce; (5) produces reports and disseminates data on the health professions workforce within HRSA to other federal and non-federal agencies, state and local governments, other public and private organizations, and the public concerned with health personnel development and improving access to health care for the nation's underserved; (6) provides guidance to state partnerships conducting comprehensive workforce data collection on the health care workforce which will support better coordination and implementation for workforce planning and analysis at the state level; (7) supports and conducts programs with respect to activities associated with the international migration, domestic training, and utilization of foreign medical graduates and U.S. citizens studying abroad; and (8) works collaboratively with the Office of Performance Measurement.

Section R-30, Delegations of Authority

All delegations of authority and re-delegations of authority made to HRSA officials that were in effect immediately prior to this reorganization, and that are consistent with this reorganization, shall continue in effect pending further re-delegation.

This reorganization is effective upon date of signature.

Dated: October 24, 2012.

Mary K. Wakefield,

Administrator.

[FR Doc. 2012-26565 Filed 10-29-12; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Center for Scientific Review; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), 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: Center for Scientific Review Special Emphasis Panel, Dating Violence and Marketing.

Date: November 13, 2012.

Time: 1:00 p.m. to 2:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892, (Telephone Conference Call).

Contact Person: Anna L Riley, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 3114, MSC 7759, Bethesda, MD 20892, 301-435-2889, rileyann@csr.nih.gov.

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

(Catalogue of Federal Domestic Assistance Program Nos. 93.306, Comparative Medicine; 93.333, Clinical Research; 93.306, 93.333, 93.337, 93.393-93.396, 93.837-93.844, 93.846-93.878, 93.892, 93.893, National Institutes of Health, HHS)

Dated: October 24, 2012.

David Clary,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2012-26602 Filed 10-29-12; 8:45 am]

BILLING CODE 4140-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Diabetes and Digestive and Kidney Diseases; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), 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 Institute of Diabetes and Digestive and Kidney Diseases Special Emphasis Panel, Ancillary Studies to the ISC Consortium.

Date: November 29, 2012.

Time: 3:30 p.m. to 5:30 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, Two Democracy Plaza, 6707 Democracy Boulevard, Bethesda, MD 20892, (Telephone Conference Call).

Contact Person: Maria E. Davila-Bloom, Ph.D., Scientific Review Officer, Review Branch, DEA, NIDDK, National Institutes of Health, Room 758, 6707 Democracy Boulevard, Bethesda, MD 20892-5452, (301) 594-7637, davila-bloomm@extra.niddk.nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.847, Diabetes, Endocrinology and Metabolic Research; 93.848, Digestive Diseases and Nutrition Research; 93.849, Kidney Diseases, Urology and Hematology Research, National Institutes of Health, HHS)

Dated: October 23, 2012.

David Clary,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2012-26603 Filed 10-29-12; 8:45 am]

BILLING CODE 4140-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Prospective Grant of Exclusive Evaluation Option License: Pre-clinical Evaluation of Human Therapeutics Utilizing Ubiquitin Based Fusion Proteins With Apoptosis Modifying Proteins Such as BCL-X_L

AGENCY: National Institutes of Health, Public Health Service, HHS.

ACTION: Notice.

SUMMARY: This is notice, in accordance with 35 U.S.C. 209(c)(1) and 37 CFR 404.7(a)(1)(i), that the National Institutes of Health, Department of Health and Human Services, is contemplating the grant of an exclusive evaluation option license to practice the inventions covered under the scope of United States Patent No. 6,737,511 issued May 18, 2004 entitled "Receptor-mediated Uptake of an Extracellular BCL-x_L Fusion Protein Inhibits Apoptosis" (HHS Ref. No. E-073-1999/0-US-02; Inventors Richard Youle et al.) and International Patent Application No. PCT/US2012/032762 filed April 9, 2012 entitled "Ubiquitin Fusions for Improving the Efficacy of Cytosolic Acting Targeted Toxins" (HHS Ref. No. E-150-2011/0-PCT-02; Inventors Christopher Bachran et al.) to Medicenna Therapeutics, ("MEDICENNA") a Canada based company. The patent rights in this invention have been assigned to the government of the United States of America.

The prospective exclusive evaluation option license territory may be worldwide and the field of use may be limited to the pre-clinical evaluation of lead therapeutic candidates for the development of human therapeutics within the field of cancer and neurological diseases. Upon expiration or termination of the exclusive evaluation option license, MEDICENNA will have the right to execute an exclusive patent commercialization license which will supersede and replace the exclusive evaluation option license with no broader territory than granted in the exclusive evaluation option license and the field of use will be commensurate with the commercial development plan at the time of conversion.

DATES: Only written comments and/or applications for a license which are received by the NIH Office of Technology Transfer on or before November 14, 2012 will be considered.