speakers for the scheduled open public hearing session. The contact person will notify interested persons regarding their request to speak by February 2, 2016.

Persons attending FDA's advisory committee meetings are advised that the Agency is not responsible for providing access to electrical outlets.

FDA welcomes the attendance of the public at its advisory committee meetings and will make every effort to accommodate persons with disabilities. If you require accommodations due to a disability, please contact Lee L. Zwanziger at least 7 days in advance of the meeting.

FDA is committed to the orderly conduct of its advisory committee meetings. Please visit our Web site at *http://www.fda.gov/AdvisoryCommittees/AboutAdvisoryCommittees/ucm111462.htm* for procedures on public conduct during advisory committee meetings.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. app. 2).

Dated: December 15, 2015.

**Jill Hartzler Warner,**

*Associate Commissioner for Special Medical Programs.*

[FR Doc. 2015–31893 Filed 12–18–15; 8:45 am]

**BILLING CODE 4164–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

### Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request

**AGENCY:** Health Resources and Services Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** In compliance with Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the Health Resources and Services Administration (HRSA) has submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period.

**DATES:** Comments on this ICR should be received no later than January 20, 2016.

**ADDRESSES:** Submit your comments, including the Information Collection Request Title, to the desk officer for HRSA, either by email to *OIRA_submission@omb.eop.gov* or by fax to 202–395–5806.

**FOR FURTHER INFORMATION CONTACT:** To request a copy of the clearance requests submitted to OMB for review, email the HRSA Information Collection Clearance Officer at *paperwork@hrsa.gov* or call (301) 594–4306.

**SUPPLEMENTARY INFORMATION:**

*Information Collection Request Title:* The Maternal, Infant, and Early Childhood Home Visiting Program Performance Measurement Information System.

*OMB No.:* 0906–xxxx—NEW.

*Abstract:* The Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV), administered by HRSA in partnership with the Administration for Children and Families (ACF), supports voluntary, evidence-based home visiting services during pregnancy and to parents with young children up to kindergarten entry. States and territories (as well as nonprofit organizations selected to provide services in non-participating states and territories) are eligible to receive funding from the Home Visiting Program and have flexibility to tailor the program to serve the specific needs of their communities.

*Need and Proposed Use of the Information:* HRSA will use the proposed information to demonstrate program accountability and continuously monitor and provide oversight to state and territory Home Visiting Program grantees. The information will also be used to provide quality improvement guidance and technical assistance to grantees and help inform the development of early childhood systems at the national, state, and local level. HRSA is seeking to collect demographic, service utilization, and select clinical indicators for participants enrolled in home visiting services. In addition, HRSA will collect a set of standardized performance and system outcome indicators that correspond with the statutorily identified benchmark areas.

*Demographic, Service Utilization, and Clinical Indicators Data:* These data will describe the population served by the Home Visiting Program, including the unduplicated count of the number of participants and participant groups by race and ethnicity. These data will provide other socio-demographic characteristics of program participants and their utilization of services, such as program retention. Additionally, these data will describe several select clinical indicators of program participants, such as a child's usual source of medical care. This information will be collected from participants at enrollment in home visiting services and aggregated and reported to HRSA by state/territory grantees once annually.

*Performance and System Outcome Benchmark Data:* These data constitute a discrete set of standardized performance and system outcome indicators that correspond with the statutorily identified benchmark areas. These data will provide aggregate totals, percentages, and rates for performance and system outcome indicators that are salient to the Home Visiting Program, home visiting services more generally, and the at-risk populations served. These data will be collected from participants based on the appropriate measurement period defined for each measure and aggregated and reported to HRSA by state/territory grantees once annually.

This information will be used to demonstrate accountability with legislative and programmatic requirements. It will also be used to monitor and provide continued oversight for grantee performance and to target technical assistance resources to grantees. In the future, it is anticipated that Home Visiting Program funding decisions may be allocated based on grantee performance, including on benchmark performance areas.

*Likely Respondents:* Home Visiting Program grantees.

*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 |
|---|---|---|---|---|---|
| Form 1: Demographic, Service Utilization, and Clinical Indicators Data | 56 | 1 | 56 | 425 | 23,800 |
| Form 2: Performance and System Outcome Benchmark Data | 56 | 1 | 56 | 425 | 23,800 |
| Total | 56 | | 56 | | 47,600 |

**Jackie Painter,**

*Director, Division of the Executive Secretariat.*

[FR Doc. 2015–31936 Filed 12–18–15; 8:45 am]

**BILLING CODE 4165–15–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 in the U.S. in accordance with 35 U.S.C. 209 and 37 CFR part 404 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:** Licensing information and copies of the U.S. patent applications listed below may be obtained by emailing 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 copies of the patent applications.

**SUPPLEMENTARY INFORMATION:** Technology description follows.

**Fluorescent Nanodiamonds as Fiducial Markers for Microscopy**

*Description of Technology*

The invention relates to fluorescent nanodiamonds (FNDs) and their uses as fiducial markers for microscopy. FNDs are bright fluorescent probes that do not blink or bleach and have broad fluorescence excitation and emission peaks. The fluorescence intensity can be readily controlled by the size of the FND, the number of fluorescent centers produced in the nanodiamonds, or *in situ* through the application of a weak magnetic field. The particular advantage of the FND compositions of this invention are that they are particularly useful for extended imaging of a single sample over time periods that can be as long as a week or more. In an exemplary embodiment, FNDs are immobilized in a substrate that are coated with an inert top coating, like silicon dioxide, or transparent polymer (*e.g.* poly-L-lysine, poly-L-arginine, or siloxanes). Generally, any suitable methods known for surface functionalization of the substrate can be used to make the composition. In another aspect of this invention, the inventors designed software for super-resolution imaging correction method is employed to precisely determine the position coordinates of each of a set of FNDs in a plurality of images by using Gaussian fitting of the point spread function comprises each of the FNDs in the plurality of images. The calculated correction is then used to displace each image to align the coordinates of the FNDs. The positions of the FNDs can be tracked with sub-nanometer precision and residual drift can be reduced to the nanometer scale over hundreds of hours of tracking.

*Potential Commercial Applications*

- Fluorescent Microscopy
- Super-resolution microscopy
- Correlative imaging techniques combing fluorescence microscopy with electron, x-ray, or atomic force microscopy imaging modalities

*Competitive Advantages*

- Non-blinking, Non-bleaching
- Chemically inert
- Chemically and physically stable
- Broad excitation
- Longevity

*Development Stage*

- In vitro data

*Inventors*

- Keir Neuman, Ambika Bumb, Han Wen, Jennifer Hong and Susanta Sarkar (all of NHLBI)
- Chang Yi, Lawrence Samelson, Asit Manna (all of NCI)

Intellectual Property: HHS Reference No. E–217–2015/0–US–01

- US Provisional Patent Application 62/262,058 filed December 2, 2015.

Licensing Contact: Michael Shmilovich, Esq, CLP; 301–435–5019; *shmilovm@mail.nih.gov.*

Collaborative Research Opportunity: The National Heart, Lung and Blood Institute seeks statements of capability or interest from parties interested in collaborative research to further develop and evaluate metallic nanoparticle vesicles for cancer phototherapy. For collaboration opportunities, please contact Vincent Kolesnitchenko, Ph.D. at *kolesniv@nhlbi.nih.gov*.

Dated: December 15, 2015.

**Michael Shmilovich,**

*Senior Licensing and Patenting Manager, National Heart, Lung, and Blood Institute, Office of Technology Transfer and Development.*

[FR Doc. 2015–31890 Filed 12–18–15; 8:45 am]

**BILLING CODE 4140–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

### Submission for OMB Review; 30-Day Comment Request; Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery (NIAID)

**SUMMARY:** Under the provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Institutes of Health, has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below. This proposed information collection was previously published in the **Federal Register** on October 1, 2015, 80 FR 59168 and allowed 60-days for