

substantially benefit rural or underserved populations, or help meet public health nursing needs in state or local health departments; special consideration is given to an eligible entity that agrees to extend the award to train advanced education nurses who will practice in designated health professional shortage areas.

The ANE Program Specific Form will allow HRSA to effectively target funding and measure the impact of the ANE programs in meeting the legislative intent and program goals of supporting the enhancement of advanced nursing education and creating opportunities for individuals in advanced nursing education programs to increase the number of advanced practice nurses, especially in rural and underserved areas. The proposed updates to this information collection will assist HRSA in: streamlining the application submission process across programs; enabling an efficient award determination process; and facilitating HRSA's ability to monitor the use of funds and analyze program outcomes. Additionally, collecting this data assists HRSA in carrying out the most impactful program and ensuring resources are used responsibly.

More specifically, the changes include the following:

- Form name change from ANEW to ANE Program Specific Form.

- Additional instructions for applicants are provided in each funding opportunity.

- Modifications to both Table #1 and Table #2:

- Revision to instructions to incorporate elements for added programs. Instructions about completion of each table are included within the electronic application materials.

- Table titles are rephrased for clarity.

- New "Additional Specialty" column is created to yield a flexible data collection option.

- Table #1 rows are numbered for clarity and more rows are added to:

- Capture auto-tabulation, and
- Reformat/separate Statutory Funding Preference data from Special Consideration data.

- Table #2 has:

- "Students" reworded to "participants/trainees";

- One column labeled, "Budget Year," to identify the project budget year;

- One column to create a space for entering the sum for each row;

- Rows to more clearly indicate the budget year for up to five years; and,

- One final row to create a space for entering the total for each column.

- Frequency of data collection: Data is collected (through the two tables)

once during the application period for each funding announcement.

- Information determines:

- If applicants meet the funding preference or special consideration for funding; and

- Projected target and baseline numbers of trainees/participants to be supported throughout the project period.

*Likely Respondents:* Likely respondents will be current ANE Programs awardees and new applicants to the ANE 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 (includes the ANE program specific tables and attachments)	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
ANEW .....	236	1	236	7	1,652
NAT .....	115	1	115	7	805
ANE-NPR .....	101	1	101	7	707
ANE-NPRIP .....	15	1	15	7	105
ANE-SANE .....	54	1	54	7	378
<b>Total .....</b>	<b>521</b>	<b>.....</b>	<b>521</b>	<b>.....</b>	<b>3,647</b>

HRSA specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions, (2) the accuracy of the estimated burden, (3) ways to enhance the quality, utility, and clarity of the information to be collected, and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

**Maria G. Button,**

*Director, Executive Secretariat.*

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**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 invention listed below is owned by an agency of the U.S. Government and is available for licensing 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:**

Peter Soukas, J.D., 301-496-2644; [peter.soukas@nih.gov](mailto:peter.soukas@nih.gov). Licensing information and copies of the patent applications listed below may be obtained by communicating with the indicated licensing contact at the Technology Transfer and Intellectual Property Office, National Institute of Allergy and Infectious Diseases, 5601 Fishers Lane, Rockville, MD 20852; tel. 301-496-2644. A signed Confidential

Disclosure Agreement will be required to receive copies of unpublished patent applications.

**SUPPLEMENTARY INFORMATION:**

Technology description follows.

**Mononegavirales Vectors Expressing Chimeric Antigens**

*Description of Technology*

Human respiratory syncytial virus (RSV) continues to be the leading viral cause of severe acute lower respiratory tract disease in infants and children worldwide, and also is an important cause of morbidity and mortality in the elderly. A licensed vaccine or antiviral drug suitable for routine use remains unavailable. This invention relates to the use of murine pneumonia virus (MPV—previously known as pneumonia virus of mice, PVM—of family *Pneumoviridae*) as a vaccine vector expressing the RSV fusion protein F, the most important protective antigen of RSV. MPV is not a human pathogen and is not restricted by immunity to common human viruses. MPV replicates in the superficial epithelial cells of the respiratory mucosa and is expected to be attenuated in humans based on the strong host range restriction observed in non-human primates. To generate these MPV/RSV vector vaccine candidates, the RSV F ORF was codon optimized, placed under the control of MPV transcription signals, and inserted at the first (rMPV-F1), third (rMPV29 F3), or fourth (rMPV-F4) gene position of a version of the MPV genome that contained a codon-pair optimized L polymerase gene. The recovered viruses replicated *in vitro* as efficiently as the empty vector, with stable expression of RSV F protein. Replication and immunogenicity of rMPV-F1 and rMPV-F3 were evaluated in rhesus macaques following administration by the combined intranasal and intratracheal routes. Both viruses replicated at low levels in the upper and lower respiratory tract, maintained stable RSV F expression, and induced similarly high levels of RSV-neutralizing serum antibodies that reached peak titers by fourteen (14) days post-vaccination. Thus, rMPV provides a highly attenuated yet immunogenic vector for the expression of RSV F protein, with potential application in RSV-naïve and RSV-experienced populations. RSV F was expressed in the wild-type form, but can readily be engineered to be stabilized in the highly immunogenic prefusion form, as has been done with parainfluenza virus vectors.

The invention relates to live, chimeric non-human *Mononegavirales* vectors

that allow a cell to express at least one protein from at least one human pathogen as well as compositions comprising the vectors, methods and kits for eliciting an immune response in a host, and methods of making the vectors.

This technology is available for licensing for commercial development in accordance with 35 U.S.C. 209 and 37 CFR part 404, as well as for further development and evaluation under a research collaboration.

*Potential Commercial Applications*

- Viral diagnostics
- Vaccine research

*Competitive Advantages*

- Ease of manufacture
- Multivalent live attenuated vaccines
- B cell and T cell activation
- Low-cost vaccines

*Development Stage*

- In vivo data assessment (animal)
- Inventors:* Shirin Munir (NIAID), Linda Brock (NIAID), Ursula Buchholz (NIAID), Peter Soukas (NIAID).
- Intellectual Property:* HHS Reference No. E-018-2018/0—U.S. Provisional Application No. 62/661,320, filed April 23, 2018 (expired), PCT Patent Application No. PCT/US2019/028771, filed April 23, 2019 (expired), Taiwanese Patent Application No. 108114132, filed April 23, 2019 (pending), Brazilian Patent Application No. BR112020021652-6, filed October 22, 2020 (pending), Australian Patent Application No. 2019261570, filed October 21, 2020 (pending), Canadian Patent Application No. 3097888, filed October 20, 2020 (pending), Chinese Patent Application No. 201980039372.6, filed December 15, 2020 (pending), European Patent Application No. 19729386.3, filed November 13, 2020 (pending), Indian Patent Application No. 20204706248, filed October 23, 2020, Japanese Patent Application No. 2020-558967, filed October 22, 2020, South Korean Patent Application No. 2020-7033157, filed November 18, 2020, and United States Patent Application No. 17/049,916, filed October 22, 2020.

*Licensing Contact:* Peter Soukas, J.D., 301-496-2644; [peter.soukas@nih.gov](mailto:peter.soukas@nih.gov).

*Collaborative Research Opportunity:* The National Institute of Allergy and Infectious Diseases is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate or commercialize for development of a vaccine for respiratory or other infections. For collaboration opportunities, please contact Peter

Soukas, J.D., 301-496-2644; [peter.soukas@nih.gov](mailto:peter.soukas@nih.gov).

Dated: July 8, 2021.

**Anna V. Ganelina,**

*Senior Technology Transfer and Patenting Specialist, Technology Transfer and Intellectual Property Office, National Institute of Allergy and Infectious Diseases.*

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**BILLING CODE 4140-01-P**

**DEPARTMENT OF HOMELAND SECURITY**

**Transportation Security Administration**

**Revision of Agency Information Collection Activity Under OMB Review: TSA Customer Comment Tools**

**AGENCY:** Transportation Security Administration, Homeland Security (DHS).

**ACTION:** 30-Day notice.

**SUMMARY:** This notice announces that the Transportation Security Administration (TSA) has forwarded the Information Collection Request (ICR), Office of Management and Budget (OMB) control number 1652-0030, abstracted below to OMB for a revision of the currently approved collection under the Paperwork Reduction Act (PRA). The ICR describes the nature of the information collection and its expected burden. This collection allows customers to provide feedback to TSA about their experiences with TSA's processes and procedures, to request information or request assistance at the TSA checkpoint, and to report security threats and vulnerabilities.

**DATES:** Send your comments by August 12, 2021. A comment to OMB is most effective if OMB receives it within 30 days of publication.

**ADDRESSES:** Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). Find this particular information collection by selecting "Currently under Review—Open for Public Comments" or by using the find function.

**FOR FURTHER INFORMATION CONTACT:** Christina A. Walsh, TSA PRA Officer, Information Technology (IT), TSA-11, Transportation Security Administration, 6595 Springfield Center Drive, Springfield, VA 20598-6011; telephone (571) 227-2062; email [TSAPRA@dhs.gov](mailto:TSAPRA@dhs.gov).

**SUPPLEMENTARY INFORMATION:** TSA published a **Federal Register** notice,