

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 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.

Dated: December 22, 2022.

**Richard U. Rodriguez,**

*Associate Director, Technology Transfer Center, National Cancer Institute.*

[FR Doc. 2022-28357 Filed 12-28-22; 8:45 am]

**BILLING CODE 4140-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Institute of General Medical Sciences; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, 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 General Medical Sciences Special Emphasis Panel; NIGMS Pathway to Independence (K99/R00) Special Emphasis Panel.

*Date:* March 6, 2023

*Time:* 10:00 a.m. to 5:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, National Institute of General Medical Sciences, Natcher Building, 45 Center Drive, Bethesda, MD 20892 (Virtual Meeting).

*Contact Person:* Latarsha J. Carithers, Ph.D., Scientific Review Officer, Scientific Review Branch, National Institute of General Medical Sciences, National Institutes of Health, 45 Center Drive, Room 3AN12, Bethesda, MD 20892, (301) 594-4859, [latarsha.carithers@nih.gov](mailto:latarsha.carithers@nih.gov).

(Catalogue of Federal Domestic Assistance Program Nos. 93.375, Minority Biomedical Research Support; 93.821, Cell Biology and Biophysics Research; 93.859, Pharmacology, Physiology, and Biological Chemistry Research; 93.862, Genetics and Developmental Biology Research; 93.88, Minority Access to Research Careers; 93.96, Special Minority Initiatives; 93.859, Biomedical Research and Research Training, National Institutes of Health, HHS)

Dated: December 23, 2022.

**Miguelina Perez,**

*Program Analyst, Office of Federal Advisory Committee Policy.*

[FR Doc. 2022-28377 Filed 12-28-22; 8:45 am]

**BILLING CODE 4140-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Substance Abuse and Mental Health Services Administration

#### Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, SAMHSA will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (240) 276-0361.

*Comments are invited on:* (a) whether the proposed collections of information are necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including leveraging automated data collection techniques or other forms of information technology.

### Proposed Project: Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant FY 2024-2025 Plan and Report Guidance and Instructions (OMB No. 0930-0168)

SAMHSA is requesting approval from the Office of Management and Budget (OMB) for an extension of the 2024-2025 Community Mental Health Services Block Grant (MHBG) and Substance Abuse Prevention and Treatment Block Grant (SABG) Application Plan and Report Guidance and Instructions.

Currently, the SABG and the MHBG differ on a number of their practices (e.g., data collection at individual or aggregate levels) and statutory authorities (e.g., method of calculating MOE, stakeholder input requirements for planning, set asides for specific populations or programs, etc.). Historically, the Centers within SAMHSA that administer these block grants have had different approaches to application requirements and reporting. To compound this variation, states have different structures for accepting, planning, and accounting for the block grants and the prevention set aside within the SABG. As a result, how these dollars are spent and what is known about the services and clients that receive these funds varies by block grant and by state.

SAMHSA has conveyed that block grant funds must be directed toward four purposes: (1) to fund priority treatment and support services for individuals without insurance or who cycle in and out of health insurance coverage; (2) to fund those priority treatment and support services not covered by Medicaid, Medicare, or private insurance offered through the exchanges and that demonstrate success in improving outcomes and/or supporting recovery; (3) to fund universal, selective and targeted prevention activities and services; and (4) to collect performance and outcome data to determine the ongoing effectiveness of behavioral health prevention, treatment and recovery support services and to plan the implementation of new services on a nationwide basis. SAMHSA's five priorities (Preventing Overdose; Enhancing Access to Suicide Prevention and Crisis Care; Promoting Resilience and Emotional Health for Children, Youth and Families; Integrating Behavioral and Physical Health Care; and Strengthening the Behavioral Health Workforce) are highlighted and states are encouraged to incorporate

them into their systems improvement efforts.

States will need help to meet future challenges associated with the implementation and management of an integrated physical health, mental health, and addiction service system. SAMHSA has established standards and expectations that will lead to an improved system of care for individuals with or at risk of mental and substance use disorders. Therefore, this application package continues to fully exercise SAMHSA's existing authority regarding states', territories' and the Red Lake Band of the Chippewa Indians' (subsequently referred to as "states") use of block grant funds as they fully integrate behavioral health services into the broader health care continuum.

Consistent with previous applications, the FY 2024–2025 application has required sections and other sections where additional information is requested. The FY 2024–2025 application requires states to submit a face sheet, a table of contents, a behavioral health assessment and plan, reports of expenditures and persons served, an executive summary, and funding agreements and certifications. In addition, SAMHSA is requesting information on key areas that are critical to the states' success in addressing health care equity. Therefore, as part of this block grant planning process, states should identify promising or effective strategies as well as technical assistance needed to implement the strategies identified in their plans for FYs 2024 and 2025. A narrative was added to discuss the Bipartisan Safer Communities Act funding for MHBG.

Pursuant to the supplemental funding appropriations for the MHBG and the SABG found in the Consolidated Appropriations Act, 2021 [Pub. L. 116–260] and the American Rescue Plan Act, 2021 [Pub. L. 117–2], SAMHSA has made changes to the Block Grant Plan and Report requirements for FFY 2024 and 2025. These changes are necessary to ensure that funds are spent in an appropriate and timely manner. Adjustments were made to pre-existing tables in the plan and report.

On the SABG narrative portion of the Block Grant Plan document major changes include the removal of words and terms with negative connotations and addition of those that are more appropriate. Examples include changing the word "abuse" to "use" and

"Medication Assisted Treatment" to "Medication for Opioid Use Disorder" throughout the document. Language is included regarding the promotion of recovery for those who are in recovery, or who are receiving recovery support services, but who may not have participated in treatment in any fashion. The section regarding the Consolidated Appropriations Act (COVID–19) has been removed as it is no longer applicable after FY 2023. Additionally, there is a new narrative section outlining the concept of health equity and how Single State Authorities can work within their states to promote equitable promotion and use of resources. A new section on Harm Reduction efforts was added to illustrate that this work will be instrumental in SUD Prevention and Treatment moving forward. The SABG MOE requirements, Women's MOE requirements, Tuberculosis screening requirements, and restrictions on funding sections have been revamped for a better understanding of program requirements.

For the planning tables, changes were made to tables 10, 14, and a slight change to table 15. Updated information regarding the requesting of waivers under table 10, section 11 was added to reflect relevant sections of the PHS Act. Considerable updates to the narrative in question 14 regarding Medication for Opioid Use disorder reflect not only the new change in terminology but advances in the field. Lastly, table 15 "Crisis Services" has been listed as requested for future SABG applications.

On the MHBG report there are changes with the addition of one new table to the performance indicators and accomplishments section (Table 19b on the MHBG). With the addition of this new table, the original MHBG table 19b has been relabeled 19c. All MHBG tables that collect gender and race information have been updated to include transgender, Two-Spirit for the AI/AN population, and Some Other Race. In addition, MHBG tables have been updated to make age groups consistent across all applicable tables (Table 8a/b, 9, 11, 13a/b, 14, 15a, 18, 19, 19a, 19b, 19c, 20, 23a/b, 24 on the MHBG). A column was added to the MHBG tables for the Bipartisan Safer Communities Act funding. The additional tables should not require excessive effort as all data will already be collected by the states for the additional funding efforts.

Similarly, modifications to SABG reports were made to allow for the accurate capture of information for the FY 2024/FY 2025 reporting period and SABG priorities. A new table, 10b, was added to assess the number of persons served by SABG funds who receive recovery support services. The table also captures client characteristics, specifically age and gender. Although SABG reporting will allow for applicable grantees to continue to report data on COVID–19 expenditures and persons served using those funds, reporting requirements were streamlined with the elimination of table 2b. Reports were modified to more capture information on grantees' harm reduction activities. Namely, table 3a was modified to capture SABG expenditures on Narcan and Fentanyl Test Strips. Modifications to table 12 were also made to request the number of persons at risk for HIV/AIDS that were referred for PrEP services. Lastly, minor modifications were made to prior tables to clarify information previously requested or to address a missing category. For example, tables 11a and 11b, were modified to add an "other self-gender identities" to ensure that individuals who are non-gender conforming would be captured in the estimate of the number of persons served.

While the statutory deadlines and block grant award periods remain unchanged, SAMHSA encourages states to turn in their application as early as possible to allow for a full discussion and review by SAMHSA. Applications for the MHBG-only are due no later than September 1, 2023. The application for SABG-only is due no later than October 1, 2023. A single application for MHBG and SABG combined is due no later than September 1, 2023.

#### *Estimates of Annualized Hour Burden*

The estimated annualized burden for the uniform application will increase to 33,493 hours to account for recording of the additional supplemental funding efforts (approximately 2 hours per state agency). Burden estimates are broken out in the following tables showing burden separately for Year 1 and Year 2. Year 1 includes the estimates of burden for the uniform application and annual reporting. Year 2 includes the estimates of burden for the recordkeeping and annual reporting. The reporting burden remains constant for both years.

TABLE 1—ESTIMATES OF APPLICATION AND REPORTING BURDEN FOR YEAR 1

Substance Abuse Prevention and Treatment and Community Mental Health Services Block Grants						
Authorizing legislation SABG	Authorizing legis- lation MHBG	Implementing regulation	Number of respondent	Number of responses per year	Number of hours per response	Total hours
Reporting:						
Standard Form and Content						
42 U.S.C. 300x-32(a)						
SABG:						
Annual Report						11,190
42 U.S.C. 300x-52(a)		45 CFR 96.122(f)	60	1		
42 U.S.C. 300x-30-b			5	1		
42 U.S.C. 300x-30(d)(2)		45 CFR 96.134(d)	60	1		
MHBG:						
Annual Report						11,003
	42 U.S.C. 300x-6(a).		59	1		
	42 U.S.C. 300x-52(a).					
	42 U.S.C. 300x-4(b)(3)B.		59	1		
State Plan (Covers 2 years).						
SABG elements:						
42 U.S.C. 300x-22(b)		45 CFR 96.124(c)(1)	60	1		
42 U.S.C. 300x-23		45 CFR 96.126(f)	60	1		
42 U.S.C. 300x-27		45 CFR 96.131(f)	60	1		
42 U.S.C. 300x-32(b)		45 CFR 96.122(g)	60	1	120	7,230
MHBG elements:						
	42 U.S.C. 300x-1(b).		59	1	120	7,109
	42 U.S.C. 300x-1(b)(2).		59	1		
	42 U.S.C. 300x-2(a).		59	1		
Waivers						
42 U.S.C. 300x-24(b)(5)(B)			20	1		3,240
42 U.S.C. 300x-28(d)		45 CFR 96.132(d)	5	1		
42 U.S.C. 300x-30(c)		45 CFR 96.134(b)	10	1		
42 U.S.C. 300x-31(c)			1	1		
42 U.S.C. 300x-32(c)			7	1		
42 U.S.C. 300x-32(e)			10			
	42 U.S.C. 300x-2(a)(2).		10			
	42 U.S.C. 300x-4(b)(3).		10			
	42 U.S.C. 300x-6(b).		7			
Recordkeeping:						
42 U.S.C. 300x-23	42 U.S.C. 300x-3	45 CFR 96.126(c)	60/59	1	20	1,200
42 U.S.C. 300x-25		45 CFR 96.129(a)(13)	10	1	20	200
42 U.S.C. 300x-65		42 CFR Part 54	60	1	20	1,200
Combined Burden						42,373

Report:  
 300x-52(a)—Requirement of Reports and Audits by States—Report.  
 300x-30(b)—Maintenance of Effort (MOE) Regarding State Expenditures—Exclusion of Certain Funds (SABG).  
 300x-30(d)(2)—MOE—Noncompliance—Submission of Information to Secretary (SABG).  
 State Plan—SABG:  
 300x-22(b)—Allocations for Women.  
 300x-23—Intravenous Substance Abuse.  
 300x-27—Priority in Admissions to Treatment.  
 300x-29—Statewide Assessment of Need.  
 300x-32(b)—State Plan.  
 State Plan—MHBG:  
 42 U.S.C. 300x-1(b)—Criteria for Plan.  
 42 U.S.C. 300x-1(b)(2)—State Plan for Comprehensive Community Mental Health Services for Certain Individuals—Criteria for Plan—Mental Health System Data and Epidemiology.  
 42 U.S.C. 300x-2(a)—Certain Agreements—Allocations for Systems Integrated Services for Children.  
 Waivers—SABG:  
 300x-24(b)(5)(B)—Human Immunodeficiency Virus—Requirement regarding Rural Areas.  
 300x-28(d)—Additional Agreements.  
 300x-30(c)—MOE.  
 300x-31(c)—Restrictions on Expenditure of Grant—Waiver Regarding Construction of Facilities.  
 300x-32(c)—Certain Territories.  
 300x-32(e)—Waiver amendment for 1922, 1923, 1924 and 1927.  
 Waivers—MHBG:  
 300x-2(a)(2)—Allocations for Systems Integrated Services for Children.  
 300x-6(b)—Waiver for Certain Territories.  
 Recordkeeping:  
 300x-23—Waiting list.  
 300x-25—Group Homes for Persons in Recovery from Substance Use Disorders.  
 300x-65—Charitable Choice.

TABLE 2—ESTIMATES OF APPLICATION AND REPORTING BURDEN FOR YEAR 2

	Number of respondent	Number of responses per year	Number of hours per response	Total hours
Reporting:				
SABG .....	60	1	187	11,220
MHBG .....	59	1	187	11,033
Recordkeeping .....	60/59	1	40	2,360
Combined Burden .....				24,613

The total annualized burden for the application and reporting is 33,493 hours (42,373 + 24,613 = 66,986/2 years = 33,493).

Link for the application: <http://www.samhsa.gov/grants/block-grants>.

Send comments to Carlos Graham, SAMHSA Reports Clearance Officer, 5600 Fisher Lane, Room 15E57A, Rockville, MD 20852 OR email him a copy at [carlos.graham@samhsa.hhs.gov](mailto:carlos.graham@samhsa.hhs.gov). Written comments should be received by February 27, 2023.

**Alicia Broadus,**  
Public Health Advisor.

[FR Doc. 2022-28403 Filed 12-28-22; 8:45 am]

BILLING CODE 4162-20-P

**DEPARTMENT OF HOMELAND SECURITY**

**U.S. Citizenship and Immigration Services**

[OMB Control Number 1615-0029]

**Agency Information Collection Activities; Revision of a Currently Approved Collection: Application for Waiver of Grounds of Inadmissibility**

**AGENCY:** U.S. Citizenship and Immigration Services, Department of Homeland Security.

**ACTION:** 60-Day notice.

**SUMMARY:** The Department of Homeland Security (DHS), U.S. Citizenship and Immigration (USCIS) invites the general public and other Federal agencies to comment upon this proposed extension of a currently approved collection of information. In accordance with the Paperwork Reduction Act (PRA) of 1995, the information collection notice is published in the **Federal Register** to obtain comments regarding the nature of the information collection, the categories of respondents, the estimated burden (i.e. the time, effort, and resources used by the respondents to respond), the estimated cost to the respondent, and the actual information collection instruments.

**DATES:** Comments are encouraged and will be accepted for 60 days until February 27, 2023.

**ADDRESSES:** All submissions received must include the OMB Control Number 1615-0029 in the body of the letter, the agency name and Docket ID USCIS-2007-0042. Submit comments via the Federal eRulemaking Portal website at <http://www.regulations.gov> under e-Docket ID number USCIS-2007-0042.

**FOR FURTHER INFORMATION CONTACT:** USCIS, Office of Policy and Strategy, Regulatory Coordination Division, Samantha Deshommes, Chief, telephone number (240) 721-3000 (This is not a toll-free number. Comments are not accepted via telephone message). Please note contact information provided here is solely for questions regarding this notice. It is not for individual case status inquiries. Applicants seeking information about the status of their individual cases can check Case Status Online, available at the USCIS website at <https://www.uscis.gov>, or call the USCIS Contact Center at 800-375-5283 (TTY 800-767-1833).

**SUPPLEMENTARY INFORMATION:**

**Comments**

You may access the information collection instrument with instructions, or additional information by visiting the Federal eRulemaking Portal site at: <http://www.regulations.gov> and enter USCIS-2007-0042 in the search box. All submissions will be posted, without change, to the Federal eRulemaking Portal at <http://www.regulations.gov>, and will include any personal information you provide. Therefore, submitting this information makes it public. You may wish to consider limiting the amount of personal information that you provide in any voluntary submission you make to DHS. DHS may withhold information provided in comments from public viewing that it determines may impact the privacy of an individual or is offensive. For additional information, please read the Privacy Act notice that is available via the link in the footer of <http://www.regulations.gov>.

Written comments and suggestions from the public and affected agencies should address one or more of the following four points:

(1) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

(2) Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(3) Enhance the quality, utility, and clarity of the information to be collected; and

(4) Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses.

**Overview of This Information Collection**

(1) *Type of Information Collection:* Revision of a currently approved collection.

(2) *Title of the Form/Collection:* Application for Waiver of Grounds of Inadmissibility.

(3) *Agency form number, if any, and the applicable component of the DHS sponsoring the collection:* Form I-601; USCIS.

(4) *Affected public who will be asked or required to respond, as well as a brief abstract: Primary:* Individuals and households. Form I-601 is necessary for USCIS to determine whether the applicant is eligible for a waiver of inadmissibility under section 212 of the Act. Furthermore, this information collection is used by individuals who are seeking for Temporary Protected Status (TPS).

(5) *An estimate of the total number of respondents and the amount of time estimated for an average respondent to respond:* The estimated total number of respondents for the information