

consumer perspectives and/or social and community aspects of immunization programs. Federal employees will not be considered for membership. Members may be invited to serve for four-year terms.

The next cycle of selection of candidates will begin in the summer of 2016, for selection of potential nominees to replace members whose terms will end on June 30, 2017.

Selection of members is based on candidates' qualifications to contribute to the accomplishment of ACIP objectives (<http://www.cdc.gov/vaccines/acip/index.html>). The U.S. Department of Health and Human Services policy stipulates that committee membership be balanced in terms of professional training and background, points of view represented, and the committee's function. Consideration is given to a broad representation of geographic areas within the U.S., with equitable representation of the sexes, ethnic and racial minorities, and persons with disabilities. Nominees must be U.S. citizens, and cannot be full-time employees of the U.S. Government. Candidates should submit the following items:

- Current *curriculum vitae*, including complete contact information (telephone numbers, mailing address, email address)
- At least one letter of recommendation from person(s) not employed by the U.S. Department of Health and Human Services*

The deadline for receipt of all application materials (for consideration for term beginning July 1, 2017) is June 30, 2016. All files must be submitted electronically as email attachments to: Ms. Stephanie Thomas, c/o ACIP Secretariat, Email: SThomas5@cdc.gov.

Nominations may be submitted by the candidate him- or herself, or by the person/organization recommending the candidate.

* Candidates may submit letter(s) from current HHS employees if they wish, but at least one letter must be submitted by a person *not* employed by HHS (e.g., CDC, NIH, FDA, etc.).

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities for both CDC and

the Agency for Toxic Substances and Disease Registry.

Elaine L. Baker,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 2016-12222 Filed 5-23-16; 8:45 am]

BILLING CODE 4163-18-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 June 23, 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) 443-1984.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: Corps Community Month Event Form OMB No. 0915-0362—Extension

Abstract: Corps Community Month, formerly Corps Community Day, was created in 2011 and celebrates the National Health Service Corps (NHSC) every October. The NHSC is a program administered by the Bureau of Health Workforce (BHW) within HRSA. The goals of Corps Community Month

encompass the following: Increase awareness of the NHSC to potential applicants and the greater primary health community; create a sense of community and connectedness among NHSC program participants, alumni, partners and staff; and underscore the NHSC's role in bringing primary health care services to the nation's neediest communities. Current program participants, alumni, NHSC Ambassadors, sites, primary care organizations, and professional associations plan events and report the details of their events to BHW so that they can be added to the state-by-state map of events. To avoid duplication of effort, eliminate confusion regarding allowable event dates, avoid data entry errors, and implement a brief post-event satisfaction survey, BHW would like to continue to use the standard form that event planners use to report to BHW. The fillable form is available online and has 26 fields for event planners to populate to submit for inclusion on the map. There are also approximately five fields to populate following the event to measure satisfaction. Both the pre-event and post-event data fields are held in one form.

Need and Proposed Use of the Information: The information collected is used and needed to highlight the impact of BHW and the NHSC programs in underserved and rural areas as part of outreach initiatives. Event information is captured and tracked to ensure that each HHS region is highlighted.

Likely Respondents: Current program participants, alumni, NHSC Ambassadors, sites, primary care organizations, and professional associations

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
Corps Community Month Event Planning Form	300	1	300	.066	19.8
Corps Community Month Event Satisfaction	300	1	300	.033	9.9
Total	* 300	* 300	29.7

* The same individuals complete both of the forms for a total of 300 respondents and responses.

Jason E. Bennett,

Director, Division of the Executive Secretariat.

[FR Doc. 2016–12146 Filed 5–23–16; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Human Genome Research Institute; Notice of Closed Meetings

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 meetings.

The meetings 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 Human Genome Research Institute Special Emphasis Panel; Gabriella Miller Kids First Sequencing Center.

Date: June 14, 2016.

Time: 1:00 p.m. to 4:00 p.m.

Agenda: To review and evaluate grant applications.

Place: NHGRI, 5635FL, Twinbrook 4th Floor Conf. Rm., Twinbrook, Rockville, MD 20852 (Telephone Conference Call).

Contact Person: Rudy O. Pozzatti, Ph.D., Scientific Review Officer, Scientific Review Branch, National Human Genome Research Institute, 5635 Fishers Lane, Suite 4076, MSC 9306, Rockville, MD 20852, (301) 402–0838, pozattir@mail.nih.gov.

Name of Committee: National Human Genome Research Institute Special Emphasis Panel; ENCODE MAPPING.

Date: June 21, 2016.

Time: 8:00 a.m. to 5:00 p.m.

Agenda: To review and evaluate grant applications.

Place: Washington Dulles Airport Marriott, 45020, Dulles View, Aviation Drive, Dulles, VA 20166.

Contact Person: Ken D. Nakamura, Ph.D., Scientific Review Officer, Scientific Review Branch, National Human Genome Research Institute, National Institutes of Health, 5635 Fishers Lane, Suite 4076, MSC 9306, Rockville, MD 20852, 301–402–0838, nakamurk@mail.nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.172, Human Genome Research, National Institutes of Health, HHS).

Dated: May 17, 2016.

Sylvia L. Neal,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2016–12139 Filed 5–23–16; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Prospective Grant of Exclusive Patent License: Development of Adeno-Associated Virus Vectors for the Treatment of Glycogen Storage Disease Type Ia

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: This 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 (HHS), is contemplating the grant of an exclusive license to practice the inventions embodied in the following Patent Applications to Dimension Therapeutics, Inc. (“Dimension”) located in Cambridge, Massachusetts, USA:

Intellectual Property

United States Provisional Patent Application No. 61/908,861, filed November 26, 2013, titled “Adeno-Associated Virus Vectors for the Treatment of Glycogen Storage Disease” [HHS Reference No. E–552–2013/0–US–01]; International Patent Application No. PCT/US2014/067415 filed November 25, 2014 titled “Adeno-Associated Virus Vectors for the

Treatment of Glycogen Storage Disease” [HHS Reference No. E–552–2013/0–PCT–02] and continuation applications, divisional applications and foreign counterpart applications claiming priority to the US provisional application No. 61/908,861.

With respect to persons who have an obligation to assign their right, title and interest to the Government of the United States of America, the patent rights in these inventions have been assigned to the Government of the United States of America.

The prospective exclusive licensed territory may be worldwide and the field of use may be limited to: “Development and commercialization of gene therapy using adeno-associated viral vectors for the treatment of Glycogen Storage Disease Type Ia.”

DATES: Only written comments and/or applications for a license which are received by the NIH Office of Technology Transfer on or before June 8, 2016 will be considered.

ADDRESSES: Requests for copies of the patent application, inquiries, comments, and other materials relating to the contemplated exclusive license should be directed to: Surekha Vathyam, Ph.D., Senior Licensing and Patenting Manager, National Cancer Institute Technology Transfer Center, 9609 Medical Center Drive, Rm. 1E–530, MSC9702, Rockville, MD 20850–9702, Email: vathyams@mail.nih.gov.

SUPPLEMENTARY INFORMATION: The subject technologies disclose novel adeno-associated virus (AAV) vectors expressing human glucose-6-phosphatase-alpha (G6Pase-alpha or G6PC) for the treatment of glycogen storage disease, particularly glycogen storage disease type Ia (GSD-Ia). GSD-Ia is an inherited disorder of metabolism associated with life-threatening hypoglycemia, hepatic malignancy, and renal failure caused by the deficiency of G6Pase-alpha, a key enzyme in maintaining blood glucose homeostasis between meals. The two novel gene therapy vectors of the invention, rAAV-GPE-G6PC and rAAV-GPE-co-G6PC are recombinant AAV vectors expressing