under the Agreement) and Certifications of Exemption.

DESCRIPTION OF RECORDS TO BE USED IN THE MATCHING PROGRAM:

The matching program is conducted with data maintained by CMS in the Health Insurance Exchanges System (HIX), CMS System No. 09–70–0560, as amended, published at 78 FR 8538 (Feb. 6, 2013), 78 FR 32256 (May 29, 2013) and 78 FR 63211 (October 23, 2013).

The matching program is also conducted with data maintained by SSA in the following SORs:

- Master Files of SSN Holders and SSN Applications, SSA/OEEAS, 60–0058, 75 FR 82121 (December 29, 2010), as amended 78 FR 40542 (July 5, 2013);
- Prisoner Update Processing System (PUPS), SSA/OPB, 60–0269, 64 FR 11076 (March 8, 1999), as amended 72 FR 69723 (December 10, 2007) and 78 FR 40542 (July 5, 2013);
- Master Beneficiary Record, SSA/ORSIS, 60–0090, 71 FR 1826 (January 11, 2006), as amended 72 FR 69723 (December 10, 2007) and 78 FR 40542 (July 5, 2013);
- Earnings Recording and Self-Employment Income System, SSA/OEEAS, 60–0059, 71 FR 1819 (January 11, 2006), as amended 78 FR 40542 (July 5, 2013).

INCLUSIVE DATES OF THE MATCH:

The modifications to the CMP shall become effective no sooner than 40 days after the report of the modifications to the matching program is sent to OMB and Congress, or 30 days after publication in the **Federal Register**, whichever is later. The modifications to the existing matching program will continue for the duration of the Agreement and may be extended for an additional 12 months thereafter, if certain conditions are met.

[FR Doc. 2014–13249 Filed 6–5–14; 8:45 am]

BILLING CODE 4120–03–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; 60-Day Comment Request; State and Community Tobacco Control Research Initiative Evaluation (NCI)

SUMMARY: In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data collection projects, the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Written comments and/or suggestions from the public and affected agencies are invited to address one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) 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) 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 the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

To submit comments in writing, request more information on the proposed project, or to obtain a copy of the data collection plans and instruments, contact Elizabeth M. Ginexi, Ph.D., Tobacco Control Research Branch, Behavioral Research Program, Division of Cancer Control and Population Sciences, National Cancer Institute, 9609 Medical Center Drive, Room 3E564 MSC 9761, Bethesda, Maryland 20892–9761 or call non-toll-free number 240–276–6765 or Email your request, including your address to: *LGinexi@mail.nih.gov.*

Comments regarding this information collection are best assured of having their full effect if received within 60 days of the date of this publication.

Proposed Collection: State and Community Tobacco Control Research Initiative Evaluation (SCTC), 0925, NEW submission, National Cancer Institute (NCI), National Institutes of Health (NIH).

Need and Use of Information Collection: The National Cancer Institute State and Community Tobacco Control Research Initiative is a program within the Tobacco Control Research Branch in the Behavioral Research Program of the Division of Cancer Control and Population Sciences. The program targets 4 high-priority tobacco control research areas at the state and community level in the United States: (1) Secondhand smoke policies, (2) Tobacco tax and pricing policies, (3) Mass media countermeasures and community and social norms, and (4) Tobacco industry practices. The initiative supports innovative research to yield rapid and actionable findings for state and community tobacco control programs. The purpose of the evaluation is to assess the dissemination, implementation, and community collaboration processes of the grantees and their respective state and community partners and stakeholders. The evaluation will utilize archival grant project data and archival data collected from the scientists in the first two years of the initiative. The evaluation also will collect new data to: (1) Determine relationships, interactions, and connectedness among different network partnerships over time and with policy makers; (2) assess the utility of research tools, interventions, products, and findings from the perspective of key tobacco control stakeholders; and (3) determine key indicators for broad adoption of research products. Results will address research-to-practice gaps by providing a critical window into the process of disseminating evidence-based research tools, products, and science findings in community public health settings. Intended audiences include staff at NIH Institutes and Centers interested in supporting translation/dissemination and implementation science.

OMB approval is requested for one year. There are no costs to respondents other than their time. The total estimated annualized burden hours are 112.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Data collection type	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total annual burden hours
SCTC Scientist	Web Survey	60	1	20/60	20
Affiliated Partner	Web Survey	71	1	20/60	24

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondent	Data collection type	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total annual burden hours
	Telephone Interview	21	1	40/60	14
	Script to Schedule Telephone Interview.	7	1	5/60	1
Pilot Project	Telephone Interview	6	1	40/60	4
Working Group	Telephone Interview	6	1	40/60	4
Coordinating Center	Telephone Interview	2	1	40/60	1
PI/Co-PI	Expert Panel	18	1	1.5	27
	Consent Form	18	1	5/60	2
	Telephone Script to Schedule Interview.	6	1	5/60	1
	Telephone Interview	21	1	40/60	14
Total					112

Dated: June 2, 2014.

Karla Bailey,

NCI Project Clearance Liaison, NCI, NIH.

[FR Doc. 2014–13271 Filed 6–5–14; 8:45 am]

BILLING CODE 4140–01–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 writing to the indicated licensing contact at the Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, Maryland 20852–3804; telephone: 301–496–7057; fax: 301–402–0220. A signed Confidential Disclosure Agreement will be required to receive copies of the patent applications.

SUPPLEMENTARY INFORMATION: Technology descriptions follow.

RNA Splicing Inhibitors To Treat Cancers

Description of Technology: Vemurafenib is a B-Raf enzyme inhibitor that causes cell death in melanoma tumor cells that possess a mutated B-Raf protein (V600E BRAF mutation); however, patients rapidly develop resistance. One mechanism for acquired resistance of these patients to BRAF inhibitors has been found to be mediated by the existence of BRAF (V600E) splicing variants that possess structural changes in BRAF that confer insensitivity to BRAF inhibitors.

Researchers at the National Cancer Institute have discovered that RNA splicing inhibitors can block the growth of vemurafenib-resistant tumors. Further, the researchers have also found that other types of tumors that possess BRAF splicing isoforms are susceptible to RNA splicing inhibitors.

Available for licensing are methods of using RNA splicing inhibitors to treat tumors, including melanomas, and methods to detect tumors that possess certain BRAF splicing isoforms susceptible to RNA splicing inhibitors.

Potential Commercial Applications: Therapeutic agents to treat tumors.

Competitive Advantages: No discernible toxicity in mice.

Development Stage: Early-stage; In vitro data available; In vivo data available (animal).

Inventors: Thomas A. Misteli and Maayan Salton-Morgenstern (NCI).

Intellectual Property: HHS Reference No. E–065–2014/0—U.S. Application No. 61/974,378 filed 02 Apr 2014.

Licensing Contact: Patrick McCue, Ph.D.; 301–435–5560; *mccuepat@od.nih.gov.*

Collaborative Research Opportunity: The National Cancer Institute is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate or commercialize the development of RNA splicing modulators as therapeutic agents in cancer. For collaboration opportunities, please contact John D. Hewes, Ph.D. at *hewesj@mail.nih.gov.*

Treatment of Chronic Kidney Disease With Synthetic Amphipathic Peptides

Description of Technology: The invention is directed to treatment of chronic kidney disease by administering a synthetic, amphipathic helical peptide known as 5A–37pA, and novel derivatives thereof. Scientists at NIDDK have demonstrated that invention peptides antagonize activity of a particular scavenger receptor known as CD36. Using an in vivo model, NIDDK scientists have shown that invention peptides slowed progression of chronic kidney disease and can potentially be utilized as a therapeutic treatment.

Additionally, certain invention peptides bind selectively to CD36 with high specificity over other homologous scavenger receptors. Thus, invention peptides can be utilized as a research tool to further evaluate the complex etiology of chronic kidney disease.

5A–37pA, and derivatives thereof, are peptide mimetic of apolipoprotein A–1. These peptides have been described in NIH owned patents and/or patent applications (see, for example, U.S. Patent Nos. 7,572,771 and 8,071,746 and 8,148,323). Use of these peptides, as well as the novel peptides of this invention, for the treatment of kidney diseases is currently available for licensing.

Potential Commercial Applications: Therapeutic; Research Tool.

Competitive Advantages: Selective antagonist of CD36 activity; Specific binding to CD36 over other scavenger receptors.

Development Stage: Early-stage; In vitro data available; In vivo data available (animal).