0830V
23. Alice Chavez, Rio Rancho, New Mexico, Court of Federal Claims No: 26–0831V
24. Katie Sparks, Encinitas, California, Court of Federal Claims No: 26–0832V
25. Robert Hodson, Staten Island, New York, Court of Federal Claims No: 26–0833V
26. Meredith Crowley, Brooklyn, New York, Court of Federal Claims No: 26–0834V
27. Yoonjin Shu, Los Angeles, California, Court of Federal Claims No: 26–0835V
28. Hamilton Lombard, Charlottesville, Virginia, Court of Federal Claims No: 26–0836V
29. April Moses, Kernersville, North Carolina, Court of Federal Claims No: 26–0837V
30. Skye Padilla, Sun City, Arizona, Court of Federal Claims No: 26–0838V
31. Erica Jesters on behalf of M.V., Towson, Maryland, Court of Federal Claims No: 26–0839V
32. Justin Malecki on behalf of A.M., Denton, Maryland, Court of Federal Claims No: 26–0840V
33. Mark Burton, New York, New York, Court of Federal Claims No: 26–0841V
34. Anne Guinane, Chicago, Illinois, Court of Federal Claims No: 26–0850V
35. Marie Therese Boylan, Seminole, Florida, Court of Federal Claims No: 26–0851V
36. Brenda Nevins, Appleton, Wisconsin, Court of Federal Claims No: 26–0852V
37. Kristopher Leitzinger, Manitowoc, Wisconsin, Court of Federal Claims No: 26–0854V
38. Keely Hess, Washington, District of Columbia, Court of Federal Claims No: 26–0856V
39. Erika Ecdao, Washington, District of Columbia, Court of Federal Claims No: 26–0857V
40. Sara Smith, San Diego, California, Court of Federal Claims No: 26–0859V
41. Andrea McQuarrie, Swansea, Massachusetts, Court of Federal Claims No: 26–0860V
42. Carol Sample, Austin, Texas, Court of Federal Claims No: 26–0862V
43. Gulrukh Urunova, Philadelphia, Pennsylvania, Court of Federal Claims No: 26–0865V
44. Victoria Anthony, Dresher, Pennsylvania, Court of Federal Claims No: 26–0868V
45. Lisa Sackie, Signal Hill, California, Court of Federal Claims No: 26–0869V
46. Margarita Harrington, Woodridge, Illinois, Court of Federal Claims No: 26–0871V
47. Paul Montalto, Fairfax, Virginia, Court of Federal Claims No: 26–0872V
48. Sue Santavicca, Washington, District of Columbia, Court of Federal Claims No: 26–0873V
49. Amanda Weiss, Mundelein, Illinois, Court of Federal Claims No: 26–0874V
50. Sandra Yelle, Washington, District of Columbia, Court of Federal Claims No: 26–0875V
51. Mary Whitten, Louisville, Kentucky, Court of Federal Claims No: 26–0876V
52. Sheila Tripp, Englewood, New Jersey, Court of Federal Claims No: 26–0877V
53. Melissa Sosa, Raymondville, Texas, Court of Federal Claims No: 26–0879V
54. Hailee Toney, Spring Hill, Tennessee, Court of Federal Claims No: 26–0881V
55. Jessica De La Torre, Chicago, Illinois, Court of Federal Claims No: 26–0882V
56. Sissie Hasaio, Chicago, Illinois, Court of Federal Claims No: 26–0883V
57. Alma Gonzalez, Dresher, Pennsylvania, Court of Federal Claims No: 26–0884V
58. Korey Hunsinger, Aventura, Florida, Court of Federal Claims No: 26–0888V
59. Lindsay Alberti, Woodridge, Illinois, Court of Federal Claims No: 26–0889V
60. Masika Bryce, Altamonte Springs, Florida, Court of Federal Claims No: 26–0890V
61. Edward Hennessy, Washington, District of Columbia, Court of Federal Claims No: 26–0891V
62. Yosan Kubrom, New York, New York, Court of Federal Claims No: 26–0893V
63. Tonja Boehm Morse, Revere, Massachusetts, Court of Federal Claims No: 26–0895V
64. William Harrington, Pineville, Louisiana, Court of Federal Claims No: 26–0896V
65. Justin Sowders on behalf of the estate of W.S., Deceased, Middleburg Heights, Ohio, Court of Federal Claims No: 26–0897V
66. Samantha Miller, Dresher, Pennsylvania, Court of Federal Claims No: 26–0902V
67. Valerie Mirwaldt, Fort Wayne, Indiana, Court of Federal Claims No: 26–0904V
68. Tanya Burnam, Nashville, Tennessee, Court of Federal Claims No: 26–0905V
69. Wendy Doney, Chicago, Illinois, Court of Federal Claims No: 26–0910V
70. Leigh-Anne Marie Rockower, Glens Falls, New York, Court of Federal Claims No: 26–0912V
71. Shareef Childs, Stanley, Wisconsin, Court of Federal Claims No: 26–0913V
72. Socorro Alvarado-Silva, Milwaukee, Wisconsin, Court of Federal Claims No: 26–0914V
73. Arvindh Kanagasundram, Nashville, Tennessee, Court of Federal Claims No: 26–0915V,
74. Stacy Jean, Coral Springs, Florida, Court of Federal Claims No: 26–0920V
75. Tamara Dobbins, Chicago, Illinois, Court of Federal Claims No: 26–0921V

[FR Doc. 2026–14099 Filed 7–13–26; 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 National Institute of Allergy and Infectious Diseases (NIAID), an institute of the National Institutes of Health (NIH), Department of Health and Human Services (HHS), is giving notice of the invention listed below, which 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: Inquiries related to this licensing opportunity should be directed to: Yogikala Prabhu at 202–365–4785, or *yogikala.prabhu@nih.gov.* Licensing information may be obtained by communicating with 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 information related to the invention.

SUPPLEMENTARY INFORMATION: Technology description follows:

Characterization of Novel Pan Anti-HLA Antibodies That Block LILR Inhibitory Receptors and Activate Anti-Tumor Immunity

Description of Technology

Cancer immunotherapy has transformed treatment for some patients, but many tumors still do not respond well to current options, including checkpoint inhibitors. Researchers at NIAID's Laboratory of Immune System Biology (LISB) have developed new antibodies designed to help the immune system fight tumors. These lab-made antibodies, called pan-anti-HLA monoclonal antibodies, block signals that can limit immune cell activity.

These signals are part of a pathway that regulates immune responses. In this pathway, inhibitory receptors in the leukocyte immunoglobulin-like receptor (LILR) family, found on many immune cells like natural killer (NK) cells and T cells, act like a brake when they interact with molecules called MHC–I. The antibodies are designed to block this interaction and release that brake. Earlier studies showed that antibodies targeting this interaction could activate both innate immunity, the body's first line of defense, and adaptive immunity, the part of the immune system that builds more targeted responses and immune memory.

The new pan anti-HLA antibodies 3C10 and 15B1 block LILR interactions by binding to a different site on MHC–I than previously developed antibodies DX17 and W6/32. They also bind more than 50 times better and activate human NK and T cells for tumor control. To support development of next-generation checkpoint therapies, researchers will

further evaluate the 3C10 and 15B1 antibodies in animal and tissue-based models.

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:

- An antibody-based cancer immunotherapy that helps release immune ''brakes'' on tumor-fighting cells.
- A next-generation checkpoint therapy that could be used alone or with other immunotherapies, including CAR-T or CAR-NK cells.
- A potential immune-based treatment strategy for chronic infections such as TB, HIV, and hepatitis B or C.

Competitive Advantages:

- Target a broad immune ''brake'' pathway rather than just individual LILR receptors.
- Bind to a different site on MHC–I and does so over 50 times more strongly than earlier antibodies.
- Activates human natural killer (NK) cells and T cells for tumor control.
- Builds on earlier findings showing that blocking this pathway can trigger anti-tumor immune responses.

Development Stage:

- Pre-Clinical.

Inventors: Dr. David Margulies, Dr. Abir Panda, Dr. Ethan Shevach, Dr. Kannan Natarajan, and Ms. Patricia Korty, all of NIAID.

Intellectual Property: HHS Reference No. E–005–2026–0. Provisional Patent Application No. 64/053,946, filed on April 30, 2026.

Licensing Contact: To license this technology, please contact Yogikala Prabhu at 202–365–4785, or *yogikala.prabhu@nih.gov,* and reference E–005–2026–0.

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 this technology. For collaboration opportunities, please contact Yogikala Prabhu at 202–365–4785, or *yogikala.prabhu@nih.gov.*

Dated: July 10, 2026.

Surekha Vathyam,

Director, Technology Transfer and Intellectual Property Office, National Institute of Allergy and Infectious Diseases.

[FR Doc. 2026–14133 Filed 7–13–26; 8:45 am]

BILLING CODE 4167–05–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Refugee Resettlement

Federal Register Notice: Change in Eligibility Period for Refugee Cash Assistance and Refugee Medical Assistance

AGENCY: Office of Refugee Resettlement (ORR), Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS).

ACTION: Notice of change of eligibility period.

SUMMARY: The Office of Refugee Resettlement (ORR) announces a change to the eligibility period for Refugee Cash Assistance (RCA) and Refugee Medical Assistance (RMA). Pursuant to ORR regulations at 45 CFR 400.211(b), the ORR Director (hereinafter ''the Director'') has determined that the RCA and RMA eligibility period will be increased from 4 months to 8 months. This change is intended to support the effective resettlement of refugees and other ORR-eligible populations and assist them in achieving economic self-sufficiency, consistent with the requirements of the Refugee Act of 1980, while maintaining efficient use of federal resources.

DATES: The changes described in this **Federal Register** notice are effective upon the date of publication. States should begin implementing the expanded RCA and RMA eligibility period as soon as possible and will have up to 30 days to complete any necessary system or operational changes, consistent with 45 CFR 400.211(b).

FOR FURTHER INFORMATION CONTACT: Miro Marinovich, Office of Refugee Resettlement, Administration for Children and Families, by phone at (240) 856–2610, and email at *Miro.Marinovich@acf.hhs.gov.*

SUPPLEMENTARY INFORMATION: Under the Refugee Act of 1980 (8 U.S.C. 1522), ORR provides for the effective resettlement of refugees and supports their transition to economic self-sufficiency as quickly as possible. The Act also authorizes the Director to provide RCA and RMA during a defined period not to exceed 36 months following arrival in the United States (8 U.S.C. 1522(e)(1)). RCA and RMA are time-limited benefits available to eligible individuals who do not qualify for certain mainstream assistance programs.

ORR's regulations at 45 CFR 400.211 authorize the Director to determine the appropriate eligibility period for RCA and RMA each fiscal year using a methodology based on factors including available appropriations, and projected arrivals. The regulations also require that any change to the eligibility period currently in effect be announced through publication in the **Federal Register** (45 CFR 400.211(b)). Prior to 1993, ORR amended its regulations each time it changed the eligibility period. In 1993, ORR revised its approach by removing the specific duration from the regulatory text and establishing a methodology for determining the eligibility period annually (58 FR 64499, Dec. 8, 1993). Under this framework, the methodology is set in regulation, while annual determinations of the eligibility period are issued as interpretive rules.

The eligibility period for RCA and RMA has changed over time in response to funding levels and program needs. Initially, ORR provided these benefits for up to 36 months after arrival. Due to funding constraints, the eligibility period was subsequently reduced to 18 months, then 12 months, and to 8 months in FY 1992. The 8-month eligibility period remained in place for 30 years until FY 2022, when ORR expanded eligibility to 12 months. In FY 2025, ORR reduced the eligibility period to 4 months due to limited funding availability (90 FR 13370, March 31, 2025).

Consistent with regulations, the Director has considered arrival trends, available appropriations, participation rates and projected expenditures in determining the appropriate eligibility period at this time. ORR received a full-year appropriation at the FY 2024 enacted level, resulting in greater available funding than previously anticipated. In addition, actual arrival trends are lower than earlier projections. These factors will allow ORR to increase the months of assistance. But, at the same time, recent legislative changes have limited access to certain government benefits for some ORR-eligible populations, increasing reliance on ORR-funded assistance during the initial resettlement period. These changes are expected to increase participation in ORR benefits, including RMA, as more individuals who might otherwise enroll in other programs, instead access ORR-funded services and thus limits the number of months by which ORR can increase benefits.

In light of these factors, the Director has determined that the RCA and RMA eligibility period will be increased to 8 months. This change will also help ensure that participants have sufficient time to engage in employment services, access needed supports and health services, and move toward economic self-sufficiency, while maintaining the