

**ACTION:** Notice.

**SUMMARY:** This is 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 (NIH), Department of Health and Human Services, is contemplating the grant of co-exclusive worldwide licenses to practice the inventions embodied in: E-005-2012/0, /1, /2; U.S. Provisional Patent Application 61/602,139 filed February 23, 2012, U.S. Provisional Patent Application 61/732,460 filed December 3, 2012, and International Patent Application PCT/US2013/27413 filed February 22, 2013 to Andor Technology PLC. having a principle place of business in Belfast, Northern Ireland, and to Vutara, Inc. having a principle place of business in Salt Lake City, Utah.

The United States of America is an assignee to the patent rights of these inventions.

The contemplated co-exclusive license may be in a field of use directed to microscopy devices and systems.

**DATES:** Only written comments and/or applications for a license that are received by the NIH Office of Technology Transfer on or before August 2, 2013 will be considered.

**ADDRESSES:** Requests for a copy of the patent application, inquiries, comments and other materials relating to the contemplated license should be directed to: Michael Shmilovich, Esq., CLP, Senior Licensing and Patent Manager, Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, MD 20852-3804; Telephone: (301) 435-5019; Facsimile: (301) 402-0220; Email: [shmilovm@od.nih.gov](mailto:shmilovm@od.nih.gov). A signed confidential disclosure agreement may be required to receive copies of the patent application assuming it has not already been published under either the publication rules of either the U.S. Patent and Trademark Office or World Intellectual Property Organization.

**SUPPLEMENTARY INFORMATION:** The invention pertains to a system and method for digital confocal microscopy that rapidly processes enhanced images. In particular, the invention is a method for digital confocal microscopy that includes a digital mirror device or a swept-field confocal unit to produce a plurality of excitation foci that are imaged to resulting emissions from a sample mounted on a conventional microscope onto an array detector. Computer software detects each confocal spot and provides two times the image resolution of the diffraction limit. In addition, the software

implements an optical sectioning technique using a variable “digital” pinhole for each confocal spot. Since the variable pinhole is digital (e.g., created by the software), there is no loss in image signal due to additional optical arrangements and tightly closed pinholes used in conventional confocal microscopes.

The prospective co-exclusive licenses will be royalty-bearing and comply with the terms and conditions of 35 U.S.C. 209 and 37 CFR 404.7. The prospective co-exclusive license may be granted unless, within 60 days from the date of this published notice, NIH 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 404.7.

Properly filed competing applications for a license filed in response to this notice will be treated as objections to the contemplated license. Comments and objections submitted in response to this notice will not be made available for public inspection, and, to the extent permitted by law, will not be released under the Freedom of Information Act, 5 U.S.C. 552.

Dated: May 28, 2013.

**Richard U. Rodriguez,**

*Director, Division of Technology Development and Transfer, Office of Technology Transfer, National Institutes of Health.*

[FR Doc. 2013-12967 Filed 5-31-13; 8:45 am]

**BILLING CODE 4140-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Substance Abuse and Mental Health Administration

#### Announcement of Requirements and Registration for “Continuity of Care and Follow-Up App Challenge”

**AGENCY:** Substance Abuse and Mental Health Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The “Continuity of Care and Follow-Up App Challenge” challenges individuals and organizations with the development of an application for a mobile handheld device that will provide continuity of care and follow-up care linkages for a person at risk for suicide who was discharged from an inpatient unit or emergency department. Proposed activities can include but are not limited to: live chatting via the National Suicide Prevention Lifeline Web site, safety planning, SMS [you need to spell this out] functionality, scheduling functionality and

appointment reminders, and mapping/transportation functionality showing locations of health care resources. At a minimum, entrants must include safety planning and utilize two resources to provide users with access to services through the crisis centers within the National Suicide Prevention Lifeline and the SAMHSA treatment locator. SAMHSA is not looking for an application that simply connects a user to a crisis line via a single button, as functionality is found in a number of other suicide prevention applications. Innovation is highly encouraged.

The statutory authority for this challenge competition is Section 105 of the America COMPETES Reauthorization Act of 2010 (Pub. L. 111-358), and Title V, Section 501 of the Public Health Service Act (42 U.S.C. 290aa).

**FOR FURTHER INFORMATION CONTACT:** James Wright, (240) 276-1854; Richard McKeon, (240) 276-1873.

#### SUPPLEMENTARY INFORMATION:

##### Subject of Challenge Competition

The Substance Abuse and Mental Health Services Administration (SAMHSA), an operating division of the U.S. Department of Health and Human Services (DHHS), is announcing an opportunity for individuals and organizations to help solve a critical problem in today’s health environment: the need for ongoing mental health follow up treatment after hospitalization or inpatient services for individuals who were suicidal. SAMHSA is seeking the development of a mobile handheld device application that will provide linkages for a person at risk for suicide who was discharged from an inpatient unit or emergency department.

Many people who attempt suicide end up in the emergency room. From 2005-2009 there was a 55 percent increase in emergency department visits for drug related suicide attempts by men age 21-34 and a 49 percent increase by women age 50 and over. While treatment at an emergency department is critical, experience and research have shown that people are still at risk after discharge. Evidence shows that the period following inpatient and emergency department discharge is one of heightened risk for suicide, particularly in the following 30 days. Approximately 10 percent of individuals who died by suicide had been discharged from an emergency department within the previous 60 days and 8.6 percent of people hospitalized for suicidal tendencies are predicted to eventually die by suicide. The problem is the lack of coordinated care

transition, follow-up treatment and continued connection. Evidence shows that efforts to maintain this connection with persons at risk during a high risk period can help prevent suicidal behavior.

This challenge aligns with SAMHSA's mission to reduce the impact of substance use and mental disorders on America's communities. SAMHSA would like this to be a tool that will be utilized to connect health care providers/suicide crisis and support organizations to an at-risk individual who was recently discharged from an inpatient unit or emergency department. Functions of the application may include but are not limited to: live chatting, safety planning, SMS functionality, scheduling functionality and appointment reminders, and mapping functionality showing locations of health care resources. At a minimum, entrants must include safety planning and utilize two resources to provide contact and/or linkages to: the crisis centers within the National Suicide Prevention Lifeline via 1-800-273-TALK (8255) and the SAMHSA treatment locator. The SAMHSA treatment locator is found at <http://findtreatment.samhsa.gov/>.

#### Eligibility Rules for Participating in the Competition

To be eligible to win a prize under this challenge, an individual or entity participating in the competition ("entrant"):

(1) Shall have registered to participate in the competition under the rules promulgated by the Substance Abuse and Mental Health Administration;

(2) Shall have complied with all the requirements under this section;

(3) In the case of a private entity, shall be incorporated in and maintain a primary place of business in the United States, and in the case of an individual, whether participating singly or in a group, shall be a citizen or permanent resident of the United States;

(4) May not be a Federal entity or Federal employee acting within the scope of their employment;

(5) Shall not be an HHS employee working on their entries or submissions during assigned duty hours;

(6) Shall not be an employee of the Substance Abuse and Mental Health Administration;

(7) Must warrant that the entrant is the sole author and owner of the submission, that the submission is wholly original with this entrant (or is an improved version of an existing app that the entrant has sufficient rights to use—including the substantial improvement of existing open-source

apps), and that the submission does not infringe any copyright or other third-party rights of which the entrant is aware;

(8) Must warrant that the app is free of malware;

(9) Must demonstrate compliance with Section 508 of the Rehabilitation Act (29 U.S.C. 794d);

(10) Must not use the HHS logo, symbol, or seal, or any SAMHSA logo, and must not claim endorsement by HHS or SAMHSA;

(11) Must submit the object and source code of the app, as well as a detailed description of the app, including at least (i) instructions on how to install and operate the app, (ii) system requirements for running the app, and (iii) a user's manual or guide. Entrants may submit additional software documentation, if they believe it provides a more complete description of the app, as part of the app submission; and

(12) Must provide SAMHSA with continuous access to the app during the judging period defined above.

An app submission may be disqualified if, in SAMHSA's sole judgment, (i) the app fails to function as expressed in the detailed description, (ii) the detailed description is significantly inaccurate or incomplete, or (iii) malware or other security threats are present. Entrants agree that SAMHSA may conduct testing on the app to determine whether malware or other security threats may be present such that they may damage the equipment or operating environments of the Federal Government or those acting on its behalf.

Federal grantees may not use Federal funds to develop COMPETES Act challenge applications unless consistent with the purpose of their grant award.

Federal contractors may not use Federal funds from a contract to develop COMPETES Act challenge applications or to fund efforts in support of a COMPETES Act challenge submission.

Registered entrants shall be required to agree to assume any and all risks and waive claims against the Federal Government and its related entities for any injury, death, damage, or loss of property, revenue, or profits, whether direct, indirect, or consequential, arising from their participation in a competition, whether the injury, death, damage, or loss arises through negligence or otherwise.

All entrants are required to provide written assurance to comply with the challenge rules and abide by SAMHSA's and the judging panel's decisions upon or before submitting an entry.

Applicable Federal law will apply to all disputes arising from this challenge.

#### DATES:

Submission Period Begins: June 03, 2013.

Submission Period Ends: August 09, 2013.

Judging Period begins: August 12, 2013.

Judging Period ends: August 23, 2013.

#### Registration Process for Entrants

To register for this challenge entrants should:

- Access the [www.challenge.gov](http://www.challenge.gov) Web site and search for the "Continuity of Care and Follow-Up App Challenge".
  - A registration link for the challenge can be found on the landing page under the challenge description.

#### Prize

- First Prize: \$50,000
- Second Prize: \$30,000
- Third Prize: \$20,000

Awards may be subject to Federal income taxes and HHS will comply with IRS withholding and reporting requirements, where applicable.

#### Winner Selection and Judging

Following the deadline for submissions, a panel will judge the entries for accuracy of the information presented and compliance with the challenge requirements described above. The panel of expert judges will choose the top seven entries submitted. The panel will then select the top three winners from these seven entries. There will be one grand prize award of \$50,000 and two additional awards of \$30,000 and \$20,000 given to winning entrants. The expert panel of judges, qualified by training and experience, will evaluate the submissions on the criteria identified below. Judges will be fair and impartial, may not have a personal or financial interest in, or be an employee, officer, director, or agent of, any entity that is a registered participant in the competition, and may not have a familial or financial relationship with an individual who is a registered contestant. The panel will provide expert advice on the merits of each submission to SAMHSA officials responsible for final selections for award. Awardees will be notified on or around September 01, 2013.

#### Panel:

(1) James Wright, M.S., LCPC, Public Health Advisor, CMHS, Suicide Prevention Branch, SAMHSA.

(2) Ashley Womble, Online Communications Manager, National Suicide Prevention Lifeline.

(3) Maureen Boyle, Team Lead, Health Information Technology, CSAT,

Division of State and Community Assistance, SAMHSA.

The Administrator of SAMHSA will make the final decision based on the top seven entries.

#### Basis Upon Which Winners Will Be Selected

The judging panel will make selections based upon the following criteria (100 points total):

1. Ease in which a user can navigate different mobile device interfaces (20 points).
2. Ability to initiate and sustain relevant information according to user need and location (20 points).
3. Demonstration of creative and innovative uses of multiple platforms over mobile devices (20 points).
4. Impact on suicide prevention: Each entry will be rated on the strength of its perceived potential to help individuals identified at risk of suicide during emergency room or psychiatric facility discharge link to outpatient treatment or immediate help. Examples of potential strengths will include, but are not limited to: the likelihood of increased usage of application, use of safety planning to maintain safety, and potential for multiple successful connections with mental health, substance abuse and Lifeline crisis center services. (40 points).

Entrants will be expected to demonstrate in real time the functional features of their apps to assist the judging panel's evaluations according to the selection criteria. Demonstrations must be accomplished remotely during this designated time during the judging period.

#### Additional Information

##### *Intellectual Property Rights*

■ All entries are required to be submitted under a Creative Commons license that permits adaptations and commercial uses but does not require share-alike distribution (e.g., CC Attribution 3.0). Details about Creative Commons licenses can be found at <http://creativecommons.org>.

■ Each entrant hereby irrevocably grants to the Federal Government and those acting on its behalf a nonexclusive, paid-up, irrevocable license to practice or have practiced for or on behalf of the United States any invention throughout the world that, if patented, would cover the app submission or its use.

■ Each entrant hereby acknowledges that SAMHSA has the right to distribute the software (source and object code) under the Creative Commons license used to transfer the software to

SAMSHA and under SAMSHA's own trademark or service mark. SAMSHA agrees to include the license notice required by the Creative Commons license with each copy.

**Authority:** 15 U.S.C. 3719.

#### Summer King,

*Statistician, Substance Abuse and Mental Health Administration.*

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**BILLING CODE P**

## DEPARTMENT OF THE INTERIOR

### Bureau of Land Management

[LLNV912000 L10100000.PH0000  
LXSS0006F0000 241A; 12-08807; MO#  
4500051236;-TAS:14X1109]

#### Notice of Public Meetings: Northeastern Great Basin Resource Advisory Council, Nevada

**AGENCY:** Bureau of Land Management, Interior.

**ACTION:** Notice of public meetings.

**SUMMARY:** In accordance with the Federal Land Policy and Management Act (FLPMA) and the Federal Advisory Committee Act of 1972 (FACA), the U.S. Department of the Interior, Bureau of Land Management (BLM) Nevada Northeastern Great Basin Resource Advisory Council (RAC), will hold two meetings in Nevada in 2013. All meetings are open to the public.

**DATES AND TIMES:** A June 27 meeting in Elko will be held via video conference and can be viewed at the BLM Ely, Elko or Battle Mountain district offices. A September 12 meeting will be held at the Ely District Office. Meeting times will be published in local and regional media sources at least 14 days before each meeting. All meetings will include a public comment period.

#### ADDRESSES:

- Elko District Office, 3900 E. Idaho Street, Elko, Nevada.
- Ely District Office, 702 North Industrial Way, HC 33, Ely, Nevada.
- Battle Mountain District Office, 50 Bastian Road, Battle Mountain, Nevada.

#### FOR FURTHER INFORMATION CONTACT:

Lesli Ellis-Wouters, Public Affairs Officer, Elko District Office, 3900 E. Idaho St., Elko, NV 89801. Telephone: (775) 753-0386. Email: [lellis@blm.gov](mailto:lellis@blm.gov).

**SUPPLEMENTARY INFORMATION:** The 15-member Council advises the Secretary of the Interior, through the BLM, on a variety of planning and management issues associated with public land management in Nevada. Topics for discussion at each meeting will include, but are not limited to:

- June 27 (Elko)—mine water management and an overview of oil and gas development on public lands.
- September 12 (Ely)—overview of draft sub-regional Greater Sage-grouse Environment Impact Statement.

Managers' reports of field office activities will be given at each meeting. The Council may raise other topics at any of the three planned meetings.

Final agendas will be posted on-line at the BLM Northeastern Great Basin Resource Advisory Council Web site at [http://www.blm.gov/nv/st/en/res/resource\\_advisory.html](http://www.blm.gov/nv/st/en/res/resource_advisory.html) and will be published in local and regional media sources at least 10 days before each meeting.

Individuals who need special assistance such as sign language interpretation or other reasonable accommodations, or who wish to receive a copy of each agenda, may contact Lesli Ellis-Wouters no later than 10 days prior to each meeting.

**Erica Haspiel-Szlosek,**

*Chief, Office of Communications.*

[FR Doc. 2013-13007 Filed 5-31-13; 8:45 am]

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## DEPARTMENT OF THE INTERIOR

### Bureau of Land Management

[CACA-052537, LLCAD05000,  
L51010000.LVRWB11B4520.FX0000]

#### Notice of Availability of the Record of Decision for the Alta East Wind Project, Kern County, California

**AGENCY:** Bureau of Land Management, Interior.

**ACTION:** Notice of Availability.

**SUMMARY:** The Bureau of Land Management (BLM) announces the availability of the Record of Decision (ROD) to grant a right-of-way (ROW) and amend the California Desert Conservation Area Plan (CDCA Plan) for the Alta East Wind Project (AEWP). The Acting Assistant Secretary for Land and Minerals Management approved the ROD on May 23, 2013, which constitutes the final decision of the Department.

**ADDRESSES:** Copies of the ROD/ Approved Amendment to the CDCA Plan are available upon request from the Field Manager, Ridgecrest Field Office, 300 South Richmond Road, Ridgecrest, CA 93555, and the California Desert District Office, 22835 Calle San Juan de Los Lagos, Moreno Valley, CA 92553-9046, or via the Internet at: [http://www.blm.gov/ca/st/en/fo/ridgecrest/alta\\_east\\_wind\\_project.html](http://www.blm.gov/ca/st/en/fo/ridgecrest/alta_east_wind_project.html).