

and sheltered homelessness, and (3) the request to add or modify a small number of questions in 2017 using a non-

substantive change request, to be responsive to emerging public policy issues. There is no cost to respondents

other than their time. The total estimated annualized burden hours are 7,318.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of responses	Number of responses per respondent	Average burden per response (in hrs)
Individual	Screening Interview	15,000	1	3/60
Individual	Female Interview	2,750	1	90/60
Individual	Male Interview	2,350	1	60/60
Individual	Screening Verification	1,500	1	2/60
Individual	Main Verification	510	1	5/60

Leroy A. Richardson,

Chief, Information Collection Review Office,
Office of Scientific Integrity, Office of the
Associate Director for Science, Office of the
Director, Centers for Disease Control and
Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[CFDA Number: 93.508]

Announcing the Award of Six Single- Source Expansion Supplement Grants Under the Tribal Maternal, Infant, and Early Childhood Home Visiting (Tribal MIECHV) Program

AGENCY: Office of Child Care, ACF,
HHS.

ACTION: Notice of the award of six
single-source program expansion
supplement grants to Tribal Maternal,
Infant, and Early Childhood Home
Visiting (Tribal MIECHV) grantees.

SUMMARY: The Administration for
Children and Families (ACF), Office of
Child Care (OCC), Tribal Maternal,
Infant, and Early Childhood Home
Visiting (Tribal MIECHV) Program,
announces the award of single-source
program expansion supplement grants
to the Confederated Salish and Kootenai
Tribes in Pablo, MT, Confederated
Tribes of Siletz Indians in Siletz, OR,
Inter-Tribal Council of Michigan in
Sault Ste. Marie, MI, Native American
Health Center, Inc. in Oakland, CA, Red
Cliff Band of Lake Superior Chippewa
in Bayfield, WI, and Riverside-San
Bernardino County Indian Health, Inc.
in Banning, CA.

The Fiscal Year 2015 single-source
program expansion supplement grants
will support the grantees' project
activities as they continue to implement
their Tribal MIECHV programs and will

allow for opportunities for enhanced, or
expanded, service delivery.

DATES: The period of support is July 1,
2015 through June 30, 2016 for the
Native American Health Center, Inc. and
the Riverside-San Bernardino County
Indian Health, Inc., and, September 30,
2015 through September 29, 2016 for
Confederated Salish and Kootenai
Tribes, the Confederated Tribes of Siletz
Indians, the Inter-Tribal Council of
Michigan, and the Red Cliff Band of
Lake Superior Chippewa.

FOR FURTHER INFORMATION CONTACT:

Rachel Schumacher, Director, Office of
Child Care, 901 D Street SW.,
Washington, DC 20447. Telephone:
(202) 401-6984; Email:
rachel.schumacher@acf.hhs.gov.

SUPPLEMENTARY INFORMATION: The Tribal
Maternal, Infant and Early Childhood
Home Visiting (MIECHV) Program,
funded from a 3 percent set-aside to the
Maternal, Infant, and Early Childhood
Home Visiting Program, is designed to
strengthen tribal capacity to support and
promote the health and well-being of
American Indian and Alaska Native
(AIAN) families; expand the evidence
base around home visiting in tribal
communities; and support and
strengthen cooperation and linkages
between programs that service AIAN
children and their families. Funds
under the Tribal MIECHV Program
support Indian tribes, consortia of
tribes, tribal organizations, and urban
Indian organizations to provide high-
quality, culturally relevant, voluntary,
evidence-based home visiting services
to families in at-risk communities;
conduct a needs and readiness
assessment of the at-risk community;
engage in collaborative planning and
capacity building efforts to address
identified needs; establish, measure,
and report on progress toward meeting
benchmark performance measures for
participating children and families; and
conduct rigorous local evaluations to
answer questions of importance to tribal

communities and examine the
effectiveness of home visiting programs
with AIAN populations.

A single-source supplemental grant of
\$45,000 was awarded to the
Confederated Salish and Kootenai
Tribes in Pablo, MT, to support the hire
of an additional home visitor. A single-
source supplemental grant of \$25,000
was awarded to Confederated Tribes of
Siletz Indians in Siletz, OR, to support
their goal of providing needed services
to families with children aged 3 to 5
years old. A single-source supplemental
grant of \$120,000 was awarded to Inter-
Tribal Council of Michigan in Sault Ste.
Marie, MI, to support appropriate
reflective supervision for its home
visitors and to expand services at a high
performing site where there is a waiting
list. A single-source supplemental grant
of \$50,000 was awarded to the Native
American Health Center, Inc. in
Oakland, CA, to provide enhanced
mental health support to high-risk
families and home visitors. A single-
source supplemental grant of \$50,000
was awarded to the Red Cliff Band of
Lake Superior Chippewa in Bayfield,
WI, to support provision of reflective
supervision for program staff, including
the development of culturally
appropriate strategies, and to support
enhanced dissemination of information
about the community's home visiting
program and its early childhood system
(e.g., digital storytelling). A single-
source supplemental grant of \$45,000
was awarded to Riverside-San
Bernardino County Indian Health, Inc.
in Banning, CA, to support the hire of
an additional home visitor.

Statutory Authority: Section 511(h)(2)(A)
of Title V of the Social Security Act, as added
by Section 2951 of the Patient Protection and
Affordable Care Act, Pub. L. 111-148, and

amended by the Protecting Access to Medicare Act of 2014, Pub. L. 113–93.

Christopher Beach,

Senior Grants Policy Specialist, Division of Grants Policy, Office of Administration.

[FR Doc. 2015–09074 Filed 4–20–15; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[OMB No.: 0970–0365]

Submission for OMB Review; Comment Request

Proposed Projects:

Title: Performance Measures for Community-Centered Healthy Marriage, Pathways to Responsible Fatherhood and Community-Centered Responsible Fatherhood Ex-Prisoner Reentry grant programs.

Description: The Office of Family Assistance (OFA), Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), intends to request approval from the Office of Management and Budget (OMB) to extend OMB Form 0970–0365 for the collection of performance measures from grantees for the Community-Centered Healthy Marriage, Pathways to Responsible Fatherhood and Community-Centered Responsible Fatherhood Ex-Prisoner Reentry discretionary grant programs. ACF offered a one year extension to all grants in an effort to increase the consistency and stability in program implementation, particularly in view of grantee progress toward achieving program goals. The performance measure data obtained from the grantees will be used by OFA to continue reporting on the overall performance of these grant programs.

Data will be collected from all 60 Community-Centered Healthy Marriage,

54 Pathways to Responsible Fatherhood and 5 Community-Centered Responsible Fatherhood Ex-Prisoner Reentry grantees in the OFA programs. Grantees will report on program and participant outcomes in such areas as participants' improvement in knowledge skills, attitudes, and behaviors related to healthy marriage and responsible fatherhood. Grantees will be asked to input data for selected outcomes for activities funded under the grants. Grantees will extract data from program records and will report the data twice yearly through an on-line data collection tool. Training and assistance will be provided to grantees to support this data collection process.

Respondents: Office of Family Assistance Funded Community-Centered Healthy Marriage, Pathways to Responsible Fatherhood and Community-Centered Responsible Fatherhood Ex-Prisoner Reentry Grantees.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total annual burden hours
Performance measure reporting form (for private sector affected public)	110	2	0.8	176
Performance measure reporting form (for State, local, and tribal government affected public)	9	2	0.8	14

Estimated Total Annual Burden Hours: 190.

Additional Information: Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 370 L'Enfant Promenade SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection. Email address: infocollection@acf.hhs.gov.

OMB Comment: OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Fax: 202–395–7285, Email: OIRA_SUBMISSION@OMB.EOP.GOV, Attn: Desk Officer for

the Administration for Children and Families.

Robert Sargis,

Reports Clearance Officer.

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BILLING CODE 4184–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Office of Refugee Resettlement Individual Development Accounts (ORR–IDA) Program.

OMB No.: New Collection.

Description: Description: The Office of Refugee Resettlement seeks OMB approval to develop three data collection tools for use in the ORR IDA Program.

The ORR IDA Program represents an anti-poverty strategy built on asset accumulation for low-income refugee individuals and families with the goal of promoting refugee economic independence.

IDAs are leveraged or matched, savings accounts. In the ORR Refugee IDA program, IDAs are matched with federal funds that have been allocated as “match funds” from at least 65 percent of the annual federal grant award. IDAs are established in insured accounts in qualified financial institutions. The funds are intended for the Asset Goals specified in this announcement. Although the refugee participant maintains control of all funds that the participant deposits in the IDA, including all interest that may accrue on the funds, the participant must sign a Savings Plan Agreement which specifies that the funds in the account will be used only for the participant's qualified Asset Goal(s) or for an emergency withdrawal.

The objectives of this program are to:

1. Establish IDAs for eligible participants;
2. Encourage regular saving habits among refugees;
3. Promote their participation in the financial institutions of this country;
4. Promote refugee acquisition of assets to build individual, family, and community resources;