individuals with TBI in their work roles. In addition to providing uniform data across these grant programs, the data will help determine what efforts might improve outreach and provision of services for future projects. Grantees will report the data to HRSA in an annual summary report.

Likely Respondents: Individuals with TBI, their family members, and professional providers in various settings will be the likely respondents for these surveys. Recipients of both the State Implementation Partnership Grants and the Protection and Advocacy Grants programs will be the respondents for the summary report.

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 Information Collection Request 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
INITIAL Survey for Individuals with TBI and/or their Family Members Receiving Information and Referral Services from Grant Recipients	7850	1	7850	0.25	1963
FOLLOW-UP Survey for Individuals with TBI and/or their Family Members receiving Information and Referral Services from Grant Recipients	3925	1	3925	0.25	981
INITIAL Survey for Participants in Training Sessions provided by Grant Recipients	13370	1	13370	0.25	3343
FOLLOW-UP Survey for Participants in Training Sessions Provided by Grant Recipients	6685	1	6685	0.25	1671
Summary Report from Grant Recipients	77	1	77	16	1232
Total	31,907		31,907		9190

HRSA specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions, (2) the accuracy of the estimated burden, (3) ways to enhance the quality, utility, and clarity of the information to be collected, and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Dated: July 28, 2014.

Jackie Painter,

Acting Director, Division of Policy and Information Coordination.

[FR Doc. 2014–18551 Filed 8–5–14; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Area Health Education Centers (AHEC) Program: Request for Single-Case Deviation

AGENCY: Health Resources and Services Administration (HRSA), HHS.

ACTION: Notice of Exception from Competition Requirements to Extend Duration of Grant for Remaining Project Period.

SUMMARY: The Health Resources and Services Administration (HRSA)'s Bureau of Health Workforce is issuing a single-case deviation from competition requirements for the Virginia Health Workforce Development Authority (VHWDA) Area Health Education Center (AHEC) Point of Service Maintenance and Enhancement (POSME) Award (Grant #U77HP26289) to extend the duration of the grant, through August 31, 2017.

SUPPLEMENTARY INFORMATION:

Intended Recipient of the Award: Virginia Health Workforce Development Authority (VHWDA).

Amount of Funding Requested through Remaining 3-Year Project Period: $2,640,543. The estimated award for fiscal year 2014 is approximately $800,000.

Authority: Section 751 of the Public Health Service Act (42 U.S.C. 294a), as amended by Section 5403 of the Patient Protection and Affordable Care Act, Public Law 111–148.

CFDA Number: 93.107.

Remaining Project Period: September 1, 2014, through August 31, 2017.

Justification: The VHWDA is uniquely qualified to carry out the programmatic activities as described in the approved AHEC work plan for Virginia.

The mission of the VHWDA, as defined in the Code of Virginia, is ''to facilitate the development of a statewide health professions pipeline that identifies, educates, recruits, and retains a diverse, appropriately geographically distributed and culturally competent quality workforce.[1] The mission of the Authority is accomplished by: (i) Providing the statewide infrastructure required for health workforce needs assessment and planning that maintains engagement by health professions training programs in decision making and program implementation; (ii) serving as the advisory board and setting priorities for the Virginia Area Health Education Centers Program . . .'' The VHWDA's authorizing legislation also includes specific language allowing it to serve as a consortium of medical schools in order to meet the AHEC Program eligibility requirement as outlined in Section 751(b) of the Public Health Service Act.[2]

There will be no significant change in the scope or objectives of the originally approved project. The same geographic area and population will be served as stated in the original grant. This project timeline is consistent with all other AHEC Program awardees. A full

[1] VA. CODE ANN. § 32.1–122.7:2 (2010).

[2] 42 U.S.C. 294a(b).

competitive application process for the remaining project period for only one applicant would be a waste of very limited federal resources, and an inefficient and cumbersome process. Additionally, competing a grant to serve the state of Virginia would interrupt and jeopardize the Virginia AHEC Program's approved work plan that has been in progress for almost 2 years. Disrupting this plan would affect the currently established partnerships with medical schools and community partners, which could impact the ability to place students in medically underserved communities, offer health careers enrichment programs, and carryout ongoing data collection and reporting activities.

FOR FURTHER INFORMATION CONTACT: Jamie Weng, MPH, Project Officer, AHEC Branch, Health Resources and Services Administration, Division of Public Health and Interdisciplinary Education, 5600 Fishers Lane, Room 9C–05, Rockville, Maryland 20857, phone: (301) 443–0186, or email: *jweng@hrsa.gov.*

Dated: July 29, 2014.

Mary K. Wakefield,

Administrator.

[FR Doc. 2014–18549 Filed 8–5–14; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Office of Direct Service and Contracting Tribes; National Indian Health Outreach and Education II

Announcement Type: New Limited Competition.

Funding Announcement Number: HHS–2014–IHS–NIHOE–0002.

Catalog of Federal Domestic Assistance Number: 93.933.

Key Dates

Application Deadline Date: August 30, 2014.

Review Date: September 8, 2014.

Earliest Anticipated Start Date: September 30, 2014.

Proof of Non-Profit Status Due Date: August 30, 2014.

I. Funding Opportunity Description

Statutory Authority

The Indian Health Service (IHS) is accepting competitive applications for two limited competition cooperative agreements under the National Indian Health Outreach and Education (NIHOE) program: The Behavioral Health—Methamphetamine and Suicide Prevention Intervention (MSPI)/ Domestic Violence Prevention Initiative (DVPI) outreach and education award and the Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) outreach and education award. The Behavioral Health—MSPI/DVPI outreach and education award is funded by IHS and is authorized under the Snyder Act, codified at 25 U.S.C. 13; the Transfer Act, codified at 42 U.S.C. 2001; the Consolidated Appropriations Act, 2014, Public Law 113–76. The HIV/AIDS outreach and education award is funded by the Office of the Secretary (OS), Department of Health and Human Services (HHS). Funding for the HIV/ AIDS award will be provided by OS via an Intra-Departmental Delegation of Authority dated May, 29, 2014 to IHS to permit obligation of funding appropriated by the Consolidated Appropriations Act, 2014, Public Law 113–76. Each award is funded through a separate funding stream by each respective Agency's appropriations. The awardee is responsible for accounting for each of the two awards separately and must provide two separate financial reports (one for each award), as indicated below. This program is described in the Catalog of Federal Domestic Assistance under 93.933.

Background

The NIHOE program carries out health program objectives in the American Indian/Alaska Native (AI/AN) community in the interest of improving Indian health care for all 566 Federally-recognized Tribes including Tribal governments operating their own health care delivery systems through Indian Self-Determination and Education Assistance Act (ISDEAA) contracts and compacts with the IHS and Tribes that continue to receive health care directly from the IHS. This program addresses health policy and health programs issues and disseminates educational information to all AI/AN Tribes and villages. The NIHOE MSPI/DVPI and HIV/AIDS awards require that public forums be held at Tribal educational consumer conferences to disseminate changes and updates in the latest health care information. These awards also require that regional and national meetings be coordinated for information dissemination as well as for the inclusion of planning and technical assistance and health care recommendations on behalf of participating Tribes to ultimately inform IHS and the Department of Health and Human Services (HHS) based on Tribal input through a broad based consumer network.

Purpose

The purpose of these cooperative agreements is to further IHS health program objectives in the AI/AN community with expanded outreach and education efforts for the MSPI/DVPI and HIV/AIDS programs on a national scale and in the interest of improving Indian health care. This announcement includes two separate awards, each of which will be awarded as noted below. The purpose of the MSPI/DVPI award is to further the goals of the national MSPI and national DVPI programs. The MSPI is a national demonstration project aimed at addressing the dual problems of methamphetamine use and suicide in Indian Country. The MSPI supports the use and development of evidence-based and practice-based models which are culturally appropriate prevention and treatment approaches to methamphetamine abuse and suicide in a community driven context. The six goals of the MSPI are to effectively prevent, reduce, or delay the use and/ or spread of methamphetamine abuse; build on the foundation of prior methamphetamine and suicide prevention and treatment efforts in order to support the IHS, Tribes, and urban Indian health organizations in developing and implementing Tribal and/or culturally appropriate methamphetamine and suicide prevention and early intervention strategies; increasing access to methamphetamine and suicide prevention services; improving services for behavioral health issues associated with methamphetamine use and suicide prevention; promoting the development of new and promising services that are culturally and community relevant; and demonstrating efficacy and impact.

The DVPI is a nationally coordinated community-driven initiative that includes a total of 65 awarded projects. The DVPI promotes the development and implementation of evidence-based and practice-based models of domestic violence prevention that are also culturally competent. The goals of the DVPI are to: Support national and local efforts by the IHS, Tribes, and urban Indian health programs to address domestic and sexual violence (DSV) within AI/AN communities; promote the development and enhancement of culturally appropriate evidence-based and practice-based prevention, treatment, and educational models addressing DSV within AI/AN communities; coordinate services and provide resources for communities to respond to local DSV crises; and