

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Retail food personnel .....	NEARS Data Recording (paper form) .....	1,400	1	30/60	700
	NEARS Data Reporting (web entry) .....	1,400	1	30/60	700
	NEARS Manager Interview .....	5,600	1	20/60	1,867
Total .....	.....	.....	.....	.....	20,067

**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.

[FR Doc. 2016-02175 Filed 2-4-16; 8:45 am]

BILLING CODE 4163-18-P

**DEPARTMENT OF HEALTH AND  
 HUMAN SERVICES**

**Centers for Disease Control and  
 Prevention**

[60Day-16-0106; Docket No. CDC-2016-0017]

**Proposed Data Collection Submitted  
 for Public Comment and  
 Recommendations**

**AGENCY:** Centers for Disease Control and  
 Prevention (CDC), Department of Health  
 and Human Services (HHS).

**ACTION:** Notice with comment period.

**SUMMARY:** The Centers for Disease  
 Control and Prevention (CDC), as part of  
 its continuing efforts to reduce public  
 burden and maximize the utility of  
 government information, invites the  
 general public and other Federal  
 agencies to take this opportunity to  
 comment on proposed and/or  
 continuing information collections, as  
 required by the Paperwork Reduction  
 Act of 1995. This notice invites  
 comment on a proposed revision of the  
 information collection project entitled  
 “Preventive Health and Health Services  
 Block Grant”.

**DATES:** Written comments must be  
 received on or before April 5, 2016.

**ADDRESSES:** You may submit comments,  
 identified by Docket No. CDC-2016-  
 0017 by any of the following methods:

- *Federal eRulemaking Portal:*

Regulation.gov. Follow the instructions  
 for submitting comments.

- *Mail:* Leroy A. Richardson,  
 Information Collection Review Office,  
 Centers for Disease Control and  
 Prevention, 1600 Clifton Road NE., MS-  
 D74, Atlanta, Georgia 30329.

**Instructions:** All submissions received  
 must include the agency name and  
 Docket Number. All relevant comments  
 received will be posted without change  
 to Regulations.gov, including any  
 personal information provided. For  
 access to the docket to read background  
 documents or comments received, go to  
 Regulations.gov.

**Please note:** All public comment should be  
 submitted through the Federal eRulemaking  
 portal (Regulations.gov) or by U.S. mail to the  
 address listed above.

**FOR FURTHER INFORMATION CONTACT:** To  
 request more information on the  
 proposed project or to obtain a copy of  
 the information collection plan and  
 instruments, contact the Information  
 Collection Review Office, Centers for  
 Disease Control and Prevention, 1600  
 Clifton Road NE., MS-D74, Atlanta,  
 Georgia 30329; phone: 404-639-7570;  
 Email: omb@cdc.gov.

**SUPPLEMENTARY INFORMATION:** Under the  
 Paperwork Reduction Act of 1995 (PRA)  
 (44 U.S.C. 3501-3520), Federal agencies  
 must obtain approval from the Office of  
 Management and Budget (OMB) for each  
 collection of information they conduct  
 or sponsor. In addition, the PRA also  
 requires Federal agencies to provide a  
 60-day notice in the **Federal Register**  
 concerning each proposed collection of  
 information, including each new  
 proposed collection, each proposed  
 extension of existing collection of  
 information, and each reinstatement of  
 previously approved information  
 collection before submitting the  
 collection to OMB for approval. To  
 comply with this requirement, we are  
 publishing this notice of a proposed  
 data collection as described below.

Comments are invited on: (a) Whether  
 the proposed collection of information  
 is necessary for the proper performance  
 of the functions of the agency, including  
 whether the information shall have  
 practical utility; (b) the accuracy of the  
 agency’s estimate of the burden of the  
 proposed collection of information; (c)  
 ways to enhance the quality, utility, and  
 clarity of the information to be  
 collected; (d) ways to minimize the  
 burden of the collection of information

on respondents, including through the  
 use of automated collection techniques  
 or other forms of information  
 technology; and (e) estimates of capital  
 or start-up costs and costs of operation,  
 maintenance, and purchase of services  
 to provide information. Burden means  
 the total time, effort, or financial  
 resources expended by persons to  
 generate, maintain, retain, disclose or  
 provide information to or for a Federal  
 agency. 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.

**Proposed Project**

Preventive Health and Health Services  
 Block Grant (OMB Control No. 0920-  
 0106, exp. 8/31/2016)—Revision—  
 Office for State, Tribal, Local and  
 Territorial Support (OSTLTS), Centers  
 for Disease Control and Prevention  
 (CDC).

*Background and Brief Description*

The management of the Preventive  
 Health and Health Services (PHHS)  
 Block Grant program has transitioned  
 from the National Center for Chronic  
 Disease Prevention and Health  
 Promotion to the Office for State, Tribal,  
 Local and Territorial Support (OSTLTS).  
 The Program continues to provide  
 awardees with a source of flexible  
 funding for health promotion and  
 disease prevention programs. Currently,  
 61 awardees (50 states, the District of  
 Columbia, two American Indian Tribes,  
 and eight U.S. territories) receive Block  
 Grants to address locally-defined public  
 health needs in innovative ways. Block  
 Grants allow awardees to prioritize the  
 use of funds and to fill funding gaps in  
 programs that deal with the leading  
 causes of death and disability. Block

Grant funding also provides awardees with the ability to respond rapidly to emerging health issues, including outbreaks of diseases or pathogens. The PHHS Block Grant program is authorized by sections 1901–1907 of the Public Health Service Act.

CDC currently collects information from Block Grant awardees to monitor their objectives and activities (Preventive Health and Health Services Block Grant, OMB No. 0920–0106, exp. 8/31/2016). Each awardee is required to submit an annual application for funding (Work Plan) that describes its objectives and the populations to be addressed, and an Annual Report that describes activities, progress toward objectives, and Success Stories which highlight the improvements Block Grant programs have made and the value of program activities. Information is submitted electronically through the web-based Block Grant Information Management System (BGMIS).

CDC PHHS Block Grant program has benefited from this system by efficiently collecting mandated information in a format that allows data to be easily retrieved in standardized reports. The electronic format verifies completeness of data at data entry prior to submission to CDC, reducing the number of re-submissions that are required to provide concise and complete information.

The Work Plan and Annual Report are designed to help Block Grant awardees attain their goals and to meet reporting requirements specified in the program’s authorizing legislation. Each Work Plan objective is defined in SMART format (Specific, Measurable, Achievable, Realistic and Time-based), and includes a specified start date and end date. Block Grant activities adhere to the Healthy People (HP) framework established by the Department of Health and Human Services (HHS). The current version of the BGMIS associates each awardee-defined activity with a specific HP National Objective, and identifies the location where funds are applied. Although there are no substantive changes to the information collected (Attachment 4A), the Work Plan guidance document for users (Attachments 4B) has been updated to improve their usability and the clarity of instructions provided to BGMIS users. These changes are summarized in Attachments 4C.

There are no changes to the number of Block Grant awardees (respondents), or the estimated burden per response for the Work Plan or the Annual Report. At this time, the BGMIS does not collect data related to performance measures, but a future information collection request may outline additional reporting requirements related to performance measures.

The PHHS Block Grant program must continue to collect data in order to remain in compliance with legislative mandates. The system allows CDC and Grantees to measure performance, identifying the extent to which objectives were met and identifying the most highly successful program interventions. CDC requests OMB approval to continue the Block Grant information collection for three years. CDC will continue to use the BGMIS to monitor awardee progress, identify activities and personnel supported with Block Grant funding, conduct compliance reviews of Block Grant awardees, and promote the use of evidence-based guidelines and interventions. There are no changes to the number of respondents or the estimated annual burden per respondent. The Work Plan and the Annual Report will be submitted annually. The estimated burden per response for the Work Plan is 20 hours and the estimated burden per response for the Annual Report is 15 hours.

Participation in this information collection is required for Block Grant awardees. There are no costs to respondents other than their time. Awardees continue to submit Success Stories with their Annual Progress reports through BGMIS, without changes.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Block Grant Awardees .....	Work Plan .....	61	1	20	1,220
	Annual Report .....	61	1	15	915
Total .....	.....	.....	.....	.....	2,135

**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**

**Centers for Medicare & Medicaid Services**

**[Document Identifier: CMS–10406 and CMS–10599]**

**Agency Information Collection Activities: Proposed Collection; Comment Request**

**AGENCY:** Centers for Medicare & Medicaid Services, HHS.

**ACTION:** Notice.

**SUMMARY:** The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS’ intention to collect

information from the public. Under the Paperwork Reduction Act of 1995 (the PRA), federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information (including each proposed extension or reinstatement of an existing collection of information) and to allow 60 days for public comment on the proposed action. Interested persons are invited to send comments regarding our burden estimates or any other aspect of this collection of information, including any of the following subjects: (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,