[39] Legislative history (H.R. Report No. 95–1021) to Pub. L.95–375, Extension of Federal Benefits to Pascua Yaqui Indians, Arizona, expresses congressional intent that lands conveyed to the Pascua Yaqui Tribe of Arizona pursuant to Act of October 8, 1964. (Pub. L. 88–350) shall be deemed a Federal Indian Reservation.

[40] The Maine Indian Claims Settlement Act of 1980 (Pub. L. 96–420; H. Rept. 96–1353) includes the intent of Congress to fund and provide contract health services to the Passamaquoddy Tribe and the Penobscot Nation.

[41] The Passamaquoddy Tribe has two reservations. The PRC SDA for the Passamaquoddy Tribe of Indian Township, ME, is Aroostook County, ME, and Washington County, ME. The PRC SDA for the Passamaquoddy Tribe of Pleasant Point, ME, is Aroostook County ME, and Washington County, ME, south of State Route 9.

[42] Counties in the Service Unit designated by Congress for the Poarch Band of Creek Indians (see H. Rept. 98–886, June 29, 1984; Cong. Record, October 10, 1984, Pg. H11929).

[43] Pub. L. 103–323 restored Federal recognition to the Pokagon Band of Potawatomi Indians, Michigan and Indiana, in 1994 and identified counties to serve as the SDA.

[44] The Ponca Restoration Act, Pub. L. 101–484, recognized members of the Ponca Tribe of Nebraska in Boyd, Douglas, Knox, Madison or Lancaster counties of Nebraska or Charles Mix county of South Dakota as residing on or near a reservation. Pub. L. 104–109 made technical corrections to laws relating to Native Americans and added Burt, Hall, Holt, Platte, Sarpy, Stanton, and Wayne counties of Nebraska and Pottawatomie and Woodbury counties of Iowa to the Ponca Tribe of Nebraska SDA.

[45] Special programs have been established by Congress irrespective of the eligibility regulations. Eligibility for services at these facilities is based on the legislative history of the appropriation of funds for the particular facility, rather than the eligibility regulations. Historically services have been provided at Rapid City (S. Rept. No. 1154, FY 1967 Interior Approp. 89th Cong. 2d Sess.).

[46] Historically part of Isabella Reservation Area for the Saginaw Chippewa Indian Tribe of Michigan and the Eastern Michigan Service Unit population since 1979.

[47] The Samish Indian Tribe Nation was Federally acknowledged in April 1996 as documented at 61 FR 15825, April 9, 1996. The counties listed were designated administratively as the SDA, to function as a CHSDA, for the purposes of operating a CHS program pursuant to the ISDEAA, Pub. L. 93–638.

[48] CHSDA counties for the Sault Ste. Marie Tribe of Chippewa Indians, Michigan, were designated by regulation (42 CFR 136.22(a)(4)).

[49] The Shinnecock Indian Nation was Federally acknowledged in June 2010 as documented at 75 FR 34760, June 18, 2010. The counties listed were designated administratively as the SDA, to function as a CHSDA, for the purposes of operating a CHS program pursuant to the ISDEAA, Pub. L. 93–638.

[50] Lemhi County, ID, has historically been a part of the Fort Hall Service Unit population since 1979.

[51] The Snoqualmie Indian Tribe was Federally acknowledged in August 1997 as documented at 62 FR 45864, August 29, 1997. The counties listed were designated administratively as the SDA, to function as a CHSDA, for the purposes of operating a CHS program pursuant to the ISDEAA, Pub. L. 93–638.

[52] On December 30, 2011 the Office of Assistant Secretary-Indian Affairs reaffirmed the Federal recognition of the Tejon Indian Tribe. The county listed was designated administratively as the SDA, to function as a CHSDA, for the purposes of operating a CHS program pursuant to the ISDEAA, Pub. L. 93–638.

[53] The Secretary acting through the Service is directed to provide contract health services to Turtle Mountain Band of Chippewa Indians that reside in Trenton Service Unit, North Dakota and Montana, in Divide, Mackenzie, and Williams counties in the state of North Dakota and the adjoining counties of Richland, Roosevelt, and Sheridan in the state of Montana (Sec. 815, Pub. L. 94–437).

[54] Rapides County, LA, has historically been a part of the Tunica Biloxi Service Unit population since 1982.

[55] According to Pub. L. 100–95, Sec. 12, members of the Wampanoag Tribe of Gay Head (Aquinnah) residing on Martha's Vineyard are deemed to be living on or near an Indian reservation for the purposes of eligibility for Federal services.

[56] The counties listed are designated administratively as the SDA, to function as a PRC SDA, for the purposes of operating a PRC program pursuant to the ISDEAA, Pub. L. 93–638.

[57] The Wilton Rancheria, California had Federal recognition restored in July 2009 as documented at 74 FR 33468, July 13, 2009. Sacramento County, CA, was designated administratively as the SDA, to function as a CHSDA. Sacramento County was not covered when Congress originally established the State of California as a CHSDA excluding certain counties including Sacramento County (25 U.S.C. 1680).

Dated: March 31, 2016.

Elizabeth A. Fowler,

Deputy Director for Management Operations, Indian Health Service.

[FR Doc. 2016–07951 Filed 4–6–16; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Notification of a Public Teleconference on American Indian/Alaska Native Lesbian, Gay, Bisexual, Transgender and Two-Spirit Health Issues

AGENCY: Indian Health Service.

ACTION: Notice of meeting.

SUMMARY: In 2015, the Indian Health Service (IHS) sought public input in writing and in person through a Notice of Request for Information (80 FR 32167) and two meetings in the Washington, DC area to gather feedback on best practices to advance and promote the health needs of the American Indian/Alaska Native (AI/AN) Lesbian, Gay, Bisexual, Transgender and Two-Spirit (LGBT2S) community (80 FR 43447 and 80 FR 51824). IHS is continuing to seek feedback from the LGBT2S community by holding a series of public teleconferences. In these teleconferences, participants will be asked to comment on several key dimensions of the health needs of the AI/AN LGBT2S community, including but not limited to the following questions:

a. Are there effective models and best practices surrounding the health care of the LGBT2S community that should be considered for replication?

b. What are the specific measures that could be used to track progress in improving the health of LGBT2S persons?

c. How can IHS better engage with stakeholders around the implementation of improvements?

d. Are there gaps or disparities in existing IHS services offered to LGBT2S persons?

e. What additional information should the agency consider while developing plans to improve health care for the LGBT2S community?

DATES: The first public teleconference will be held on May 5, 2016 from 3:00 p.m. to 5:00 p.m. (Eastern Standard Time).

ADDRESSES: The teleconference will be conducted by telephone only. Please see **SUPPLEMENTARY INFORMATION** for the call-in information.

FOR FURTHER INFORMATION CONTACT: Members of the public who wish to obtain further information regarding this public teleconference may contact Lisa Neel, MPH, Program Coordinator, Office of Clinical and Preventive Services, Indian Health Service, 5600 Fishers Lane, Mailstop 08N34A, Rockville, MD 20857, Telephone 301–443–4305. (This is not a toll-free number.)

SUPPLEMENTARY INFORMATION: This meeting is open to the public. The virtual meeting is available via teleconference line and will accommodate 200 people. Join the meeting by calling the toll free phone number at 800–857–9744 and providing the public participant passcode number: 3618057. Participants should call and connect 15 minutes prior to the meeting in order for logistics to be set up. Call

301–443–4305 or send an email to *lisa.neel@ihs.gov* with questions. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the contact person listed below at least 10 days prior to the meeting. Members of the public may make statements during the teleconference to the extent time permits and file written statements with the agency for its consideration. In general, individuals or groups requesting to present an oral statement at a public teleconference will be limited to three minutes per speaker. Written statements should be submitted to Lisa Neel, MPH, Program Coordinator, Office of Clinical and Preventive Services, Indian Health Service, 5600 Fishers Lane, Mailstop 08N34A, Rockville, MD 20857.

Dated: March 25, 2016.

Elizabeth A. Fowler,

Deputy Director for Management Operations, Indian Health Service.

[FR Doc. 2016–07952 Filed 4–6–16; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Office of Direct Service and Contracting Tribes; Tribal Management Grant Program

Announcement Type: New and Competing Continuation.

Funding Announcement Number: HHS–2016–IHS–TMD–0001.

Catalog of Federal Domestic Assistance Number: 93.228.

Key Dates

Application Deadline Date: June 8, 2016.

Review Date: June 20–24, 2016.

Earliest Anticipated Start Date: September 1, 2016.

Signed Tribal Resolutions Due Date: June 8, 2016.

Proof of Non-Profit Status Due Date: June 8, 2016.

I. Funding Opportunity Description

Statutory Authority

The Indian Health Service (IHS) is accepting competitive grant applications for the Tribal Management Grant (TMG) program. This program is authorized under 25 U.S.C. 450h(b)(2) and 25 U.S.C. 450h(e) of the Indian Self-Determination and Education Assistance Act (ISDEAA), Public Law (Pub. L.) 93–638, as amended. This program is described in the Catalog of Federal Domestic Assistance (CFDA) under 93.228.

Background

The TMG Program is a competitive grant program that is capacity building and developmental in nature and has been available for Federally-recognized Indian Tribes and Tribal organizations (T/TO) since shortly after the passage of the ISDEAA in 1975. It was established to assist T/TO to prepare for assuming all or part of existing IHS programs, functions, services, and activities (PFSAs) and further develop and improve their health management capability. The TMG Program provides competitive grants to T/TO to establish goals and performance measures for current health programs; assess current management capacity to determine if new components are appropriate; analyze programs to determine if T/TO management is practicable; and develop infrastructure systems to manage or organize PFSAs.

Purpose

The purpose of this IHS grant announcement is to announce the availability of the TMG Program to enhance and develop health management infrastructure and assist T/TO in assuming all or part of existing IHS PSFAs through a Title I contract and assist established Title I contractors and Title V compactors to further develop and improve their management capability. In addition, TMGs are available to T/TO under the authority of 25 U.S.C. 450h(e) for (1) obtaining technical assistance from providers designated by the T/TO (including T/TO that operate mature contracts) for the purposes of program planning and evaluation, including the development of any management systems necessary for contract management and the development of cost allocation plans for indirect cost rates; and (2) planning, designing, monitoring, and evaluating Federal programs serving the T/TO, including Federal administrative functions.

II. Award Information

Type of Award

Grant.

Estimated Funds Available

The total amount of funding identified for the current fiscal year (FY) 2017Mi is approximately $2,412,000. Individual award amounts are anticipated to be between $50,000 and $100,000. The amount of funding available for new and competing continuation awards issued under this announcement is subject to the availability of appropriations and budgetary priorities of the Agency. The IHS is under no obligation to make awards that are selected for funding under this announcement.

Anticipated Number of Awards

Approximately 16–18 awards will be issued under this program announcement.

Project Period

The project periods vary based on the project type selected. Project periods could run from one, two, or three years and will run consecutively from the earliest anticipated start date of September 1, 2016 through August 31, 2017 for one year projects; September 1, 2016 through August 31, 2018 for two year projects; and September 1, 2016 through August 31, 2019 for three year projects. Please refer to ''Eligible TMG Project Types, Maximum Funding Levels and Project Periods'' below for additional details. State the number of years for the project period and include the exact dates.

III. Eligibility Information

1. Eligibility

Eligible Applicants: ''Indian Tribes'' and ''Tribal organizations'' (T/TO) as defined by the ISDEAA are eligible to apply for the TMG Program. The definitions for each entity type are outlined below. Only one application per T/TO is allowed.

Definitions: ''Indian Tribe'' means any Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688) [43 U.S.C. 1601 *et seq.*], which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians. 25 U.S.C. 450b(e).

''Tribal organization'' means the recognized governing body of any Indian tribe; any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities. 25 U.S.C. 450b(l).

Tribal organizations must provide proof of non-profit status.

Eligible TMG Project Types, Maximum Funding Levels and Project Periods

The TMG Program consists of four project types: (1) Feasibility study; (2)