other than their time. The total estimated annualized burden hours are 16,100.

ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total annual burden hours
Customer satisfaction surveys	Private Sector	25,000	1	30/60	12,500
In-Depth Interviews (IDIs) or Small Discussion Groups.	Private Sector	500	1	90/60	750
Individual Brief Interviews	Private Sector	200	1	15/60	50
Focus Groups	Private Sector	1,000	1	2	2,000
Pilot testing surveys	Private Sector	200	1	30/60	100
Conferences and Training Pre- and Post-surveys.	Private Sector	1,000	1	30/60	500
Web site or Software Usability Tests	Private Sector	100	1	2	200
Total		28,000			16,100

Dated: September 25, 2015.

Dione Washington,

Project Clearance Liaison, NIAID, NIH.

[FR Doc. 2015–25005 Filed 9–30–15; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

The National Institutes of Health FY 2016–2020 Strategic Plan To Advance Research on the Health and Well-Being of Sexual and Gender Minorities (SGM) Request for Comments

SUMMARY: The National Institutes of Health (NIH) is developing a strategic plan to guide the agency's efforts and priorities in SGM research over the next five years (2016–2020). The purpose of this notice is to seek input from researchers in academia and industry, health care professionals, patient advocates and health advocacy organizations, scientific or professional organizations, public agencies, and other interested members of the public about proposed goals and objectives for advancing research and other research-related activities with SGM populations. Specific organizations, such as advocacy or professional groups are encouraged to submit a single response that reflects the views of their organization and membership as a whole.

DATES: To ensure consideration of your comments, responses must be received by November 2, 2015.

ADDRESSES: Responses to this notice must be submitted electronically by email to *sgmhealthresearch@od.nih.gov.*

FOR FURTHER INFORMATION CONTACT: Dr. Karen Parker, Division of Program Coordination, Planning, and Strategic Initiatives, Office of the Director, NIH, Building 1, Room 257, 1 Center Drive, Bethesda, MD 20892, Telephone: 301–451–2055, Email: *karen.parker@nih.gov.*

SUPPLEMENTARY INFORMATION:

Background

The NIH developed this Strategic Plan to Advance Research on the Health and Wellbeing of Sexual and Gender Minorities (SGM) (*http://edi.nih.gov/sgm/research/sgm-strategic-plan.pdf*) after substantive analysis and integration of portfolio analyses, community input, inter- and intra-agency collaborations, and recommendations from the NIH-commissioned Institute of Medicine report, *The Health of Lesbian, Gay, Bisexual, and Transgender (LGBT) People: Building a Foundation for Better Understanding,* released in 2011.

The NIH SGM Strategic Research Plan promotes and supports the advancement of basic, clinical, and behavioral and social sciences research to improve the health of people whose sexual orientations, gender identities/expressions, and/or reproductive development vary from traditional, societal, cultural, or physiological norms. In each of these areas, the NIH will coordinate with the NIH intramural and extramural program directors and researchers to ensure the advancement of SGM-focused research efforts.

The NIH anticipates that this 5 year plan, which will cover the years 2016–2020, will provide the NIH with a framework for progress in this area, and that the research that results from this plan will lay a foundation for improved health and well-being amongst a group of diverse SGM individuals whose health needs have not traditionally received strong attention from the research community.

Information Requested

This notice invites public comment and input on the proposed goals and objectives of the strategic plan. We ask that you consider cross-cutting research opportunities, and/or needs that could have the greatest benefit for advancing SGM health.

To inform implementation of the SGM strategic plan, input is being sought on each of the areas identified below.

(1) Specific priority areas of research in SGM populations.

(2) Goals and objectives outlined in the plan.

(3) Any additional comments or information you think would be useful to the NIH about the proposed 2016–2020 Strategic Plan to Advance Research on the Health and Well-being of Sexual and Gender Minorities.

To ensure consideration of your comments, responses must be received by November 2, 2015.

General Information

All of the following fields in the response are optional and voluntary. Any personal identifiers will be removed when responses are compiled. Proprietary, classified, confidential, or sensitive information should not be included in your response. This notice is for planning purposes only and is not a solicitation for applications or an obligation on the part of the United States (U.S.) government to provide support for any ideas identified in response to it. Please note that the U.S. government will not pay for the preparation of any comment submitted or for its use of that comment.

Please indicate if you are one of the following: Grantee, administrator, student, patient advocate, Dean/or Institutional administrator, NIH employee, or other. If you are an

investigator, please indicate your career level and main area of research interest, including whether the focus is clinical or basic. If you are a member of a particular advocacy or professional organization, please indicate the name and primary focus of the organization (*e.g.,* research support, patient care, etc.) and whether you are responding on behalf of your organization (if yes, please indicate your position within the organization). Please provide your name and email address.

Privacy Act Notification Statement: We are requesting your comments for the 2016–2020 National Institutes of Health Sexual and Gender Minority Strategic Plan. The information you provide may be disclosed to the NIH senior staff and those serving on the SGM Research Coordinating Committee and to contractors working on our behalf. Submission of this information is voluntary. However, the information you provide will help to categorize responses by scientific area of expertise, organizational entity or professional affiliation.

Collection of this information is authorized under 42 U.S.C. 203, 24 1, 2891–1 and 44 U.S.C. 310 I and Section 30 l and 493 of the Public Health Service Act regarding the establishment of the National Institutes of Health, its general authority to conduct and fund research and to provide training assistance, and its general authority to maintain records in connection with these and its other functions.

Dated: September 24, 2015.

Lawrence A. Tabak,

Deputy Director, National Institutes of Health.

[FR Doc. 2015–25026 Filed 9–30–15; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Allergy and Infectious Diseases; Notice of Closed Meetings

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of the following meetings.

The meetings will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Institute of Allergy and Infectious Diseases Special Emphasis Panel; NIAID Peer Review Meeting.

Date: October 23, 2015.

Time: 10:00 a.m. to 2:00 p.m.

Agenda: To review and evaluate contract proposals.

Place: National Institutes of Health, Room 3F21A, 5601 Fishers Lane, Rockville, MD 20892 (Telephone Conference Call).

Contact Person: Maja Maric, Ph.D., Scientific Review Officer Scientific Review Program, Division of Extramural Activities, Room # 3F21A National Institutes of Health, NIAID, 5601 Fishers Lane, MSC 9823, Bethesda, MD 20852, (240) 669–5025, *maja.maric@nih.gov*.

Name of Committee: National Institute of Allergy and Infectious Diseases Special Emphasis Panel; Global Infectious Disease Research Administration Development Award for Low- and Middle-Income Country Institutions (G11).

Date: October 28, 2015.

Time: 11:00 a.m. to 12:30 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health Room 3C100, 5601 Fishers Lane, Rockville, MD 20892 (Telephone Conference Call).

Contact Person: Louis A. Rosenthal, Ph.D., Scientific Review Officer, Scientific Review Program, Division of Extramural Activities, Rm 3G42B, National Institutes of Health/NIAID, 5601 Fishers Lane, MSC–79823, Bethesda, MD 20892–9823, (240) 669–5070, *rosenthalla@niaid.nih.gov.*

(Catalogue of Federal Domestic Assistance Program Nos. 93.855, Allergy, Immunology, and Transplantation Research; 93.856, Microbiology and Infectious Diseases Research, National Institutes of Health, HHS)

Dated: September 24, 2015.

David Clary,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2015–24824 Filed 9–30–15; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Current List of HHS-Certified Laboratories and Instrumented Initial Testing Facilities Which Meet Minimum Standards To Engage in Urine Drug Testing for Federal Agencies

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

ACTION: Notice.

SUMMARY: The Department of Health and Human Services (HHS) notifies federal agencies of the laboratories and Instrumented Initial Testing Facilities (IITF) currently certified to meet the standards of the Mandatory Guidelines for Federal Workplace Drug Testing Programs (Mandatory Guidelines). The Mandatory Guidelines were first published in the **Federal Register** on April 11, 1988 (53 FR 11970), and subsequently revised in the **Federal Register** on June 9, 1994 (59 FR 29908); September 30, 1997 (62 FR 51118); April 13, 2004 (69 FR 19644); November 25, 2008 (73 FR 71858); December 10, 2008 (73 FR 75122); and on April 30, 2010 (75 FR 22809).

A notice listing all currently HHS-certified laboratories and IITFs is published in the **Federal Register** during the first week of each month. If any laboratory or IITF certification is suspended or revoked, the laboratory or IITF will be omitted from subsequent lists until such time as it is restored to full certification under the Mandatory Guidelines.

If any laboratory or IITF has withdrawn from the HHS National Laboratory Certification Program (NLCP) during the past month, it will be listed at the end and will be omitted from the monthly listing thereafter.

This notice is also available on the Internet at *http://www.samhsa.gov/workplace.*

FOR FURTHER INFORMATION CONTACT: Giselle Hersh, Division of Workplace Programs, SAMHSA/CSAP, Room 7–1051, One Choke Cherry Road, Rockville, Maryland 20857; 240–276–2600 (voice), 240–276–2610 (fax).

SUPPLEMENTARY INFORMATION: The Mandatory Guidelines were initially developed in accordance with Executive Order 12564 and section 503 of Pub. L. 100–71. The ''Mandatory Guidelines for Federal Workplace Drug Testing Programs,'' as amended in the revisions listed above, requires strict standards that laboratories and IITFs must meet in order to conduct drug and specimen validity tests on urine specimens for federal agencies.

To become certified, an applicant laboratory or IITF must undergo three rounds of performance testing plus an on-site inspection. To maintain that certification, a laboratory or IITF must participate in a quarterly performance testing program plus undergo periodic, on-site inspections.

Laboratories and IITFs in the applicant stage of certification are not to be considered as meeting the minimum requirements described in the HHS Mandatory Guidelines. A HHS-certified laboratory or IITF must have its letter of certification from HHS/SAMHSA (formerly: HHS/NIDA), which attests that it has met minimum standards.