

Chapter RV—HIV/AIDS Bureau*Section RV–10, Organization*

Delete the organization for the Office of Operations and Management (RV2) in its entirety and replace with the following:

The Office of Operations and Management (RV2) is directed by the Director/Executive Officer who reports directly to the Associate Administrator, HIV/AIDS Bureau (RV). The Associate Administrator, HIV/AIDS Bureau reports directly to the Administrator, Health Resources and Services Administration. The Office of Operations and Management include the following components:

- (1) Office of Operations and Management (RV2); and
- (2) Division of Administrative Operations (RV21).

Section RV–20, Functions

This notice reflects organizational changes in the Health Resources and Services Administration (HRSA), Office of Operations and Management (RV2). Specifically, this notice: (1) Establishes the Division of Administrative Operations (RV21).

Establish the functional statement for the Division of Administrative Operations (RV21) within the Office of Operations and Management (RV2).

Office of Operations and Management (RV2)

The Office of Operations and Management is directed by the Director/Executive Officer for the HIV/AIDS Bureau. The Office provides expertise guidance, leadership, and support in the areas of: Administration, fiscal operations, and contract administration. The Office of Operations and Management is responsible for providing direction on all budgetary, administrative, human resources, operations, facility management, contracting, organizational development, training and technological developments for the HIV/AIDS Bureau. The Office also oversees and coordinates all Bureau program integrity activities.

Division of Administrative Operations (RV21)

The Division of Administrative Operations is responsible for the administrative, human resources operations, facility management, contracting, organizational development/training functions and fiscal operations for the Bureau.

Delegations of Authority

All delegations of authority and re-delegations of authority made to HRSA

officials that were in effect immediately prior to this reorganization, and that are consistent with this reorganization, shall continue in effect pending further re-delegation.

This reorganization is effective upon date of signature.

Dated: February 17, 2016.

James Macrae,

Acting Administrator.

[FR Doc. 2016–04529 Filed 3–1–16; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Health Resources and Services Administration****Agency Information Collection Activities: Proposed Collection: Public Comment Request**

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice.

SUMMARY: In compliance with the requirement for opportunity for public comment on proposed data collection projects (Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995), the Health Resources and Services Administration (HRSA) announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on this Information Collection Request must be received no later than May 2, 2016.

ADDRESSES: Submit your comments to paperwork@hrsa.gov or mail the HRSA Information Collection Clearance Officer, Room 10–29, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email paperwork@hrsa.gov or call the HRSA Information Collection Clearance Officer at (301) 443–1984.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the information request collection title for reference.

Information Collection Request Title: Health Center Program Application Forms OMB No. 0915–0285—Revision

Abstract: Health Centers (those entities funded under Public Health

Service Act section 330 and Health Center Program Look-Alikes) deliver comprehensive, high quality, cost-effective primary health care to patients regardless of their ability to pay. Health centers have become an essential primary care provider for America's most vulnerable populations. Health centers advance the preventive and primary medical/health care home model of coordinated, comprehensive, and patient-centered care; providing a wide range of medical, dental, behavioral, and social services. More than 1,300 health centers operate more than 9,000 service delivery sites that provide care in every state, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Basin.

The Health Center Program is administered by HRSA's Bureau of Primary Health Care (BPHC). HRSA/BPHC uses the following application forms to oversee the Health Center Program.

Need and Proposed Use of the Information: BPHC Health Center Program-specific forms are critical to Health Center Program grant and non-grant award processes and for Health Center Program oversight. The purpose of these forms is to provide HRSA staff and objective review committee panels information essential for application evaluation, funding recommendation and approval, designation, and monitoring. These forms also provide HRSA staff with information essential for ensuring compliance with Health Center Program legislative and regulatory requirements. These application forms are used by existing health centers and other organizations to apply for various grant and non-grant opportunities, renew their grant or non-grant designation, and change their scope of project.

Most of the Health Center Program-specific forms do not require any changes with this revision. HRSA intends to revise some of the forms to streamline and clarify data already being requested (Form 1A, 1B, 2, 3, 5A, 5B, 6A, 8, Performance Measures, Project Work Plan) and change several form names (changing Form 3A to Look-Alike Budget Information, Form 10 to Emergency Preparedness Report, and Increased Demand for Services to Project Narrative). HRSA also intends to add six new forms. The Supplemental Information form and Summary Page will consolidate important application information that is usually found distributed throughout the application, including eligibility criteria and projected goals. These forms would require applicant confirmation that the information provided is accurate. Two

additional forms would include the Program Narrative Update, used to report progress for the renewal of Health Center Program awards, and the Substance Abuse Progress Report, used to report quarterly progress for award recipients of Substance Abuse Expansion supplemental funding. Two other forms, the Health Center Controlled Networks Work Plan and Progress Report, are forms that have been used in the past (under another OMB control number) to collect

application baseline data and progress metrics for grantees.

Likely Respondents: Health Center Program award recipients and look-alikes, state and national technical assistance organizations, and other organizations seeking funding.

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
Form 1A: General Information Worksheet	1,700	1	1,700	1.0	1,700
Form 1B: BPHC Funding Request Summary	450	1	450	0.75	337.5
Form 1C: Documents on File	1,000	1	1,000	0.5	500
Form 2: Staffing Profile	1,700	1	1,700	1.0	1,700
Form 3: Income Analysis	1,900	1	1,900	2.5	4,750
Form 3A: FQHC Look-Alike Budget Information	100	1	100	1.0	100
Form 4: Community Characteristics	1,000	1	1,000	1.0	1,000
Form 5A: Services Provided	1,700	1	1,700	1.0	1,700
Form 5B: Service Sites	1,200	1	1,200	0.75	900
Form 5C: Other Activities/Locations	1,000	1	1,000	0.5	500
Form 6A: Current Board Member Characteristics	1,000	1	1,000	0.5	500
Form 6B: Request for Waiver of Governance Requirements	100	1	100	1.0	100
Form 8: Health Center Agreements	600	1	600	0.75	450
Form 9: Need for Assistance Worksheet	500	1	500	4.5	2,250
Form 10: Annual Emergency Preparedness Report	1,000	1	1,000	1.0	1,000
Form 12: Organization Contacts	1,000	1	1,000	0.5	500
Clinical Performance Measures	1,000	1	1,000	2	2,000
Financial Performance Measures	1,000	1	1,000	1	1,000
Implementation Plan	900	1	900	3.0	2,700
Project Work Plan	200	1	200	4.0	800
Proposal Cover Page	400	1	400	1.0	400
Project Cover Page	400	1	400	1.0	400
Equipment List	400	1	400	1.0	400
Other Requirements for Sites	400	1	400	0.5	200
Funding Sources	400	1	400	0.5	200
Project Qualification Criteria	400	1	400	1.0	400
O&E Supplemental	1,200	1	1,200	1.0	1,200
O&E Progress Report	1,200	1	1,200	1.0	1,200
Checklist for Adding a New Service Delivery Site	700	1	700	2.0	1,400
Checklist for Deleting Existing Service Delivery Site	700	1	700	2.0	1,400
Checklist for Adding New Service	700	1	700	2.0	1,400
Checklist for Deleting Existing Service	700	1	700	2.0	1,400
Checklist for Replacing Existing Service Delivery Site	700	1	700	2.0	1,400
Checklist for Adding a New Target Population	50	1	50	1.0	50
Increased Demand for Services	1,400	1	1,400	1	1,400
Supplemental Information (NEW)	2,000	1	2,000	0.5	1,000
Summary Page (NEW)	1,700	1	1,700	0.25	425
Program Narrative Update (NEW)	900	1	900	1	900
Substance Abuse Progress Report (NEW)	300	4	1,200	1	1,200
Health Center Controlled Networks Progress Report (NEW)	93	1	93	25	2,325
Health Center Controlled Networks Work Plan (NEW)	93	1	93	5	465
Total	33,886		34,786		43,652.5

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.

Jackie Painter,

Director, Division of the Executive Secretariat.

[FR Doc. 2016-04535 Filed 3-1-16; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Advisory Council on the National Health Service Corps; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), notice is hereby given of the following meeting:

Name: National Advisory Council on the National Health Service Corps (NACNHSC).

Dates and Times: March 21–22, 2016, 8:30 a.m.–4:30 p.m. EST.

Place: U.S. Department of Health and Human Services, Health Resources and Services Administration, Conference Room #5E29, 5600 Fishers Lane, Rockville, Maryland 20857, In-Person Meeting and Conference Call Format.

Status: This advisory council meeting will be open to the public.

Purpose: The NACNHSC provides advice and recommendations to the Secretary of the U.S. Department of Health and Human Services and, by designation, the Administrator of the Health Resources and Services Administration, on a range of issues including identifying the priorities for NHSC, and policy revisions.

Agenda: The NACNHSC will continue its discussion on clinician recruitment and retention and explore questions on diversity and workforce analysis. The Council will draft potential policy recommendations for the National Health Service Corps scholarship and loan repayment programs with respect to clinician retention in underserved communities. The content of the agenda is subject to change prior to the meeting. The NACNHAC final agenda will be available on the NACNHSC Web site 3 days in advance of the meeting.

SUPPLEMENTARY INFORMATION: Further information regarding the NACNHSC including the roster of members, past meetings summaries is available at the following Web site: <http://nhsc.hrsa.gov/corpsexperience/aboutus/nationaladvisorycouncil/index.html>. Members of the public and interested parties may request to participate in the meeting by contacting Ashley Carothers via email at ACarothers@hrsa.gov to obtain access information. Access will be granted on a first-come, first-served basis. Space is limited. Public participants may submit written statements in advance of the scheduled meeting. If you would like to provide oral public comment during the meeting, please register with the Ashley Carothers. Public comment will be limited to 3 minutes per speaker. Statements and comments can be addressed to Ashley Carothers by emailing her at ACarothers@hrsa.gov. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the contact person listed above at least 10 days prior to the meeting. In addition, please be advised that committee members are given copies of all written statements submitted from the public. Any further public participation will be solely at the discretion of the Chair, with approval of the Designated Federal Official. Registration through the designated contact for the public comment session is required.

FOR FURTHER INFORMATION CONTACT:

Anyone requesting information regarding the NACNHSC should contact Ashley Carothers, Bureau of Health Workforce, Health Resources and Services Administration, in one of three ways: (1) Send a request to the following address: Ashley Carothers, Bureau of Health Workforce, Health Resources and Services Administration, Room 14N108, 5600 Fishers Lane, Rockville, Maryland 20857; (2) call (301) 443-7229; or (3) send an email to ACarothers@hrsa.gov.

Jackie Painter,

Director, Division of the Executive Secretariat.

[FR Doc. 2016-04534 Filed 3-1-16; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria

AGENCY: Office of the Secretary, Office of the Assistant Secretary for Health,

Department of Health and Human Services.

ACTION: Notice.

SUMMARY: As stipulated by the Federal Advisory Committee Act, the Department of Health and Human Services (HHS) is hereby giving notice that a meeting is scheduled to be held for the Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria (the Advisory Council). The meeting will be open to the public; a public comment session will be held during the meeting. Pre-registration is required for members of the public who wish to attend the meeting and who wish to participate in the public comment session. Individuals who wish to attend the meeting and/or send in their public comment via email should send an email to CARB@hhs.gov. Registration information is available on the Web site <http://www.hhs.gov/ash/carb/> and must be completed by March 21, 2016; all in-person attendees must pre-register by this date. Additional information about registering for the meeting and providing public comment can be obtained at <http://www.hhs.gov/ash/carb/> on the Meetings page.

DATES: The meeting is scheduled to be held on March 30, 2016, from 10:00 a.m. to 5:00 p.m. ET, and March 31, 2016, from 9:00 a.m. to 4:00 p.m. ET (times are tentative and subject to change). The confirmed times and agenda items for the meeting will be posted on the Web site for the Advisory Council at <http://www.hhs.gov/ash/carb/> when this information becomes available. Pre-registration for attending the meeting in person is required to be completed no later than March 21, 2016; public attendance at the meeting is limited to the available space.

ADDRESSES: U.S. Department of Health and Human Services, Hubert H. Humphrey Building, Great Hall, 200 Independence Avenue SW., Washington, DC 20201.

The meeting also can be accessed through a live webcast on the day of the meeting. For more information, visit <http://www.hhs.gov/ash/carb/>.

FOR FURTHER INFORMATION CONTACT:

Bruce Gellin, Designated Federal Officer, Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria, Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services, Room 715H, Hubert H. Humphrey Building, 200 Independence Avenue SW., Washington, DC 20201. Phone: (202) 260-6638; email: CARB@hhs.gov.

SUPPLEMENTARY INFORMATION: Under Executive Order 13676, dated