

age and, in some circumstances, sex and religion. This includes ensuring your programs are accessible to persons with limited English proficiency. HHS provides guidance to recipients of FFA on meeting their legal obligation to take reasonable steps to provide meaningful access to their programs by persons with limited English proficiency. Please see <http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html>. The HHS Office for Civil Rights also provides guidance on complying with civil rights laws enforced by HHS. Please see <http://www.hhs.gov/ocr/civilrights/understanding/section1557/index.html>; and <http://www.hhs.gov/ocr/civilrights/understanding/index.html>. Recipients of FFA also have specific legal obligations for serving qualified individuals with disabilities. Please see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>. Please contact the HHS Office for Civil Rights for more information about obligations and prohibitions under Federal civil rights laws at <http://www.hhs.gov/ocr/office/about/rgn-hqaddresses.html> or call 1-800-368-1019 or TDD 1-800-537-7697. Also note it is an HHS Departmental goal to ensure access to quality, culturally competent care, including long-term services and supports, for vulnerable populations. For further guidance on providing culturally and linguistically appropriate services, recipients should review the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care at <http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>.

Applicants will be required to sign the HHS-690 Assurance of Compliance form located at <http://www.hhs.gov/sites/default/files/forms/hhs-690.pdf> and send the original form to: U.S. Department of Health and Human Services, Office of Civil Rights, 200 Independence Ave. SW., Washington, DC 20201.

#### F. Federal Awardee Performance and Integrity Information System (FAPIS)

The IHS is required to review and consider any information about the applicant that is in the Federal Awardee Performance and Integrity Information System (FAPIS) before making any award in excess of the simplified acquisition threshold (currently \$150,000) over the period of performance. An applicant may review and comment on any information about itself that a Federal awarding agency previously entered. IHS will consider any comments by the applicant, in addition to other information in FAPIS

in making a judgment about the applicant's integrity, business ethics, and record of performance under Federal awards when completing the review of risk posed by applicants as described in 45 CFR 75.205.

As required by 45 CFR part 75 Appendix XII of the Uniform Guidance, non-federal entities (NFEs) are required to disclose in FAPIS any information about criminal, civil, and administrative proceedings, and/or affirm that there is no new information to provide. This applies to NFEs that receive Federal awards (currently active grants, cooperative agreements, and procurement contracts) greater than \$10,000,000 for any period of time during the period of performance of an award/project.

#### Mandatory Disclosure Requirements

As required by 2 CFR part 200 of the Uniform Guidance, and the HHS implementing regulations at 45 CFR part 75, effective January 1, 2016, the IHS must require a non-federal entity or an applicant for a Federal award to disclose, in a timely manner, in writing to the IHS or pass-through entity all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award.

Submission is required for all applicants and recipients, in writing, to the IHS and to the HHS Office of Inspector General all information related to violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. 45 CFR 75.113.

Disclosures must be sent in writing to: U.S. Department of Health and Human Services, Indian Health Service, Division of Grants Management, ATTN: Mr. Robert Tarwater, Director, 5600 Fishers Lane, Mailstop 09E70, Rockville, Maryland 20857, (Include "Mandatory Grant Disclosures" in subject line), Ofc: (301) 443-5204, Fax: (301) 594-0899, Email: [Robert.Tarwater@ihs.gov](mailto:Robert.Tarwater@ihs.gov).

AND

U.S. Department of Health and Human Services, Office of Inspector General, ATTN: Mandatory Grant Disclosures, Intake Coordinator, 330 Independence Avenue SW., Cohen Building, Room 5527, Washington, DC 20201, URL: <http://oig.hhs.gov/fraud/reportfraud/index.asp>, (Include "Mandatory Grant Disclosures" in subject line), Fax: (202) 205-0604 (Include "Mandatory Grant Disclosures" in subject line) or Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov).

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 & 376 and 31 U.S.C. 3321).

#### VII. Agency Contacts

1. Questions on the programmatic issues may be directed to: Mr. Mose Herne, MPH, MS, IHS Research Director, 5600 Fishers Lane, Mailstop 09E10D, Rockville, Maryland 20857, Telephone: (301) 443-1549, Fax: (301) 443-0114, Email: [mose.herne@ihs.gov](mailto:mose.herne@ihs.gov).

2. Questions on grants management and fiscal matters may be directed to: Ms. Patience Musikikongo, DGM, Grants Management Specialist, 5600 Fishers Lane, Mailstop 09E70, Rockville, Maryland 20857, Telephone: (301) 443-2059, Fax: (301) 443-9602, Email: [Patience.Musikikongo@ihs.gov](mailto:Patience.Musikikongo@ihs.gov).

3. Questions on systems matters may be directed to: Mr. Paul Gettys, Grant Systems Coordinator, 5600 Fishers Lane, Mail Stop 09E70, Rockville, MD 20857, Phone: (301) 443-2114; or the DGM main line (301) 443-5204, Fax: (301) 443-9602, Email: [Paul.Gettys@ihs.gov](mailto:Paul.Gettys@ihs.gov).

#### VIII. Other Information

The Public Health Service strongly encourages all cooperative agreement and contract recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. In addition, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of the facility) in which regular or routine education, library, day care, health care, or early childhood development services are provided to children. This is consistent with the HHS mission to protect and advance the physical and mental health of the American people.

**Elizabeth A. Fowler,**

*Deputy Director for Management Operations, Indian Health Service.*

[FR Doc. 2016-21049 Filed 8-31-16; 8:45 am]

BILLING CODE 4165-16-P

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

##### Indian Health Service

[OMB Control Number 0917-0006]

**Request for Public Comment: 30-Day Proposed Information Collection: Application for Participation in the IHS Scholarship Program**

**AGENCY:** Indian Health Service, HHS.

**ACTION:** Notice.

**SUMMARY:** In compliance with section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, which requires 30 days for public comment on proposed information collection projects, the Indian Health Service (IHS) is submitting to the Office of Management and Budget (OMB) a request for an extension for this collection, titled, "Application for Participation in the IHS Scholarship Program (OMB Control Number 0917-0006)," with an expiration date of September 30, 2016. This proposed information collection project was previously published in the **Federal Register** (81 FR 44030) on July 6, 2016, and allowed 60 days for public comment, as required by 3506(c)(2)(A). The IHS received no comments regarding this collection. The purpose of

this notice is to allow 30 days for public comment to be submitted directly to OMB.

*Proposed Collection: Title:* "Application for Participation in the IHS Scholarship Program," OMB Control No. 0917-0006. *Type of Information Collection Request:* Extension of the currently approved information collection "Application for Participation in the IHS Scholarship Program," OMB Control No. 0917-0006. *Form Number(s):* IHS-856-3, IHS-856-5 through 856-19, IHS-856-21 through 856-24, IHS-817, and IHS-818 are retained for use by the IHS Scholarship Program (IHSSP) as part of this current information collection request. Reporting forms are found on the IHS Web site at [www.ihs.gov/scholarship](http://www.ihs.gov/scholarship). *Need and Use of Information Collection:* The IHS Scholarship Branch needs this

information for program administration and uses the information to: solicit, process, and award IHS Pre-graduate, Preparatory, and/or Health Professions Scholarship recipients; monitor the academic performance of recipients; and to place recipients at payback sites. The IHSSP application is electronically available on the internet at the IHS Web site at: <https://www.ihs.gov/scholarship/applynow/>. *Affected Public:* Individuals, not-for-profit institutions and State, local or Tribal Governments. *Type of Respondents:* Students pursuing health care professions.

The table below provides: Types of data collection instruments, Estimated number of respondents, Number of responses per respondent, Annual number of responses, Average burden hour per response, and Total annual burden hours.

Data collection instrument(s)	Number of respondents	Responses per respondent	Total annual response	Burden hour per response *	Annual burden hours
Faculty/Employer Evaluation (IHS-856-3) .....	1,500	2	3,000	0.42 (25 min) ....	1250
Delinquent Federal Debt (IHS-856-5) .....	1,500	1	1,500	0.13 (8 min) .....	200
Course Curriculum Verification (IHS-856-6) .....	1,500	1	1,500	0.70 (42 min) ....	1,050
Verification of Acceptance or Decline of Award (IHS-856-7) .....	500	1	500	0.13 (8 min) .....	67
Recipient's Initial Program Progress Report (IHS-856-8) .....	1,200	1	1,200	0.13 (8 min) .....	160
Notification of Academic Problem (IHS-856-9) .....	50	1	50	0.13 (8 min) .....	7
Change of Status (IHS-856-10) .....	50	1	50	.045 (25 min) ....	21
Request for Approval of Deferment (IHS-856-11) .....	20	1	20	0.13 (8 min) .....	3
Preferred Placement (IHS-856-12) .....	150	1	150	0.50 (30 min) ....	75
Notice of Impending Graduation (IHS-856-13) .....	170	1	170	0.17 (10 min) ....	28
Notification of Deferment Program (IHS-856-14) .....	20	1	20	0.13 (8 min) .....	3
Placement Update (IHS-856-15) .....	170	1	170	0.18 (11 min) ....	31
Annual Status Report (IHS-856-16) .....	200	1	200	0.25 (15 min) ....	50
Extern Site Preference Request (IHS-856-17) .....	300	1	300	0.13 (8 min) .....	40
Request for Extern Travel Reimbursement (IHS-856-18) .....	150	1	150	0.10 (6 min) .....	15
Lost Stipend Payment (IHS-856-19) .....	50	1	50	0.13 (8 min) .....	7
Summer School Request (IHS-856-21) .....	100	1	100	0.10 (6 min) .....	10
Change of Name or Address (IHS-856-22) .....	20	1	20	0.13 (8 min) .....	3
Request for Credit Validation (IHS-856-23) .....	30	1	30	0.10 (6 min) .....	3
Faculty/Advisor Evaluation (IHS-856-24) .....	1,500	2	3,000	0.42 (25 min) ....	1,250
Scholarship Program Agreement (IHS-817) .....	175	1	175	0.16 (10 min) ....	29
Health Professions Contract (IHS-818) .....	225	1	225	0.16 (10 min) ....	38
<b>Total</b> .....			<b>12,580</b>		<b>4,340</b>

\* For ease of understanding, burden hours are also provided in actual minutes.

There are no direct costs to respondents other than their time to voluntarily complete the forms and submit them for consideration. The estimated cost in time to respondents, as a group, is \$46,386 [4,303 burden hours × \$10.78 per hour (2016 GS-3 hourly base pay rate)]. This total dollar amount is based upon the number of burden hours per data collection instrument, rounded to the nearest dollar.

*Request for Comments:* Your written comments and/or suggestions are invited on one or more of the following points: (a) Whether the information

collection activity is necessary to carry out an agency function; (b) whether the agency processes the information collected in a useful and timely fashion; (c) the accuracy of public burden estimate (the estimated amount of time needed for individual respondents to provide the requested information); (d) whether the methodology and assumptions used to determine the estimate are logical; (e) ways to enhance the quality, utility, and clarity of the information being collected; and (f) ways to minimize the public burden through the use of automated,

electronic, mechanical, or other technological collection techniques or other forms of information technology.

*Send Requests for Further Information:* For the proposed collection, or requests to obtain a copy of the data collection instrument(s) and instructions, send to: Robert E. Pittman, BPharm, MPH, Acting Chief, Scholarship Branch Director, Division of Health Professions Support, Indian Health Service, 5600 Fishers Lane, Mail Stop: OHR 11E53A, Rockville, MD 20857. Rockville, MD 20852, Call non-toll free (301) 443-6622, send via

facsimile to (301) 443-6622, send via facsimile to (301) 443-6048, or send your email requests, and return address to: [Robert.Pittman@ihhs.gov](mailto:Robert.Pittman@ihhs.gov).

**Direct Your Comments to OMB:** Send your comments and suggestions regarding the proposed information collection contained in this notice, especially regarding the estimated public burden and associated response time to: Office of Management and Budget, Office of Regulatory Affairs, New Executive Office Building, Room 10235, Washington, DC 20503, Attention: Desk Officer for IHS.

**Comment Due Date:** Comments regarding this information collection are best assured of having full effect if received within 30 days of the date of this publication.

Dated: August 24, 2016.

**Elizabeth A. Fowler,**  
Deputy Director for Management Operations,  
Indian Health Service.

[FR Doc. 2016-21048 Filed 8-31-16; 8:45 am]

BILLING CODE 4165-16-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Institute on Deafness and Other Communication Disorders Draft 2017-2021 Strategic Plan

**AGENCY:** National Institutes of Health.

**ACTION:** Request for comment.

**SUMMARY:** The National Institute on Deafness and Other Communication Disorders (NIDCD), National Institutes of Health (NIH) is requesting public comment on the draft 2017-2021 NIDCD Strategic Plan. The Strategic Plan serves as a guide to the NIDCD in prioritizing its research investment, illustrates the current state-of-the-science, and highlights recent advances in the communication sciences. The draft Plan presents a series of goals and objectives that represent the most promising research needs within the NIDCD's mission areas.

**DATES:** Comments will be accepted through September 30, 2016.

**ADDRESSES:** The draft Plan is available for download at: <https://www.nidcd.nih.gov/about/strategic-plan/2017-2021/public-comment>. Comments must be submitted electronically via the web-based form at: <https://www.nidcd.nih.gov/about/strategic-plan/2017-2021/public-comment>. The web-based form accepts text but cannot accept attachments. You will receive an electronic confirmation acknowledging receipt of your response,

but will not receive individualized feedback from NIDCD on any comments.

**FOR FURTHER INFORMATION CONTACT:** Specific questions regarding the NIDCD draft Strategic Plan should be directed to: [NIDCDStrategicPlan@mail.nih.gov](mailto:NIDCDStrategicPlan@mail.nih.gov).

**SUPPLEMENTARY INFORMATION:** The NIDCD mission is to conduct and support biomedical research, behavioral research, and research training in the normal and disordered processes of hearing, balance, taste, smell, voice, speech, and language. The institute also conducts and supports research and research training related to disease prevention and health promotion; addresses special biomedical and behavioral problems associated with people who have communication impairments or disorders; and supports efforts to create devices that substitute for lost and impaired sensory and communication function. To accomplish these goals, the NIDCD manages a broad portfolio of both basic and clinical research. The portfolio is organized into three program areas: Hearing and balance; taste and smell; and voice, speech, and language. The three program areas seek to answer fundamental scientific questions about normal function and disorders and to identify patient-oriented scientific discoveries for preventing, screening, diagnosing, and treating disorders of human communication.

The draft 2017-2021 NIDCD Strategic Plan has been developed over the past 12 months by NIDCD staff in consultation with scientific experts and the National Deafness and Other Communication Disorders Advisory Council. (Details of the development process are included in Appendix B of the draft Plan.) The goals listed in the draft Plan are an assessment of research areas that present the greatest scientific opportunities and public health needs over the next five years for the three program areas: Hearing and balance; taste and smell; and voice, speech and language.

The NIDCD has identified four Priority Areas that have the potential to increase our understanding of the normal and disordered processes of hearing, balance, taste, smell, voice, speech, and language and to further our knowledge in human communication sciences. They are:

- **Priority Area 1—Understanding Normal Function:** Deepen our understanding of the mechanisms underlying normal function of the systems of human communication. By defining what is normal in both animal models and humans, we can better understand mechanisms of disease.

- **Priority Area 2—Understanding Diseases and Disorders:** Increase our knowledge of the mechanisms of diseases, disorders, and dysfunctions that impair human communication and health. Understanding mechanisms that underlie diseases and disorders is an important step in developing better prevention and treatment strategies.

- **Priority Area 3—Improving Diagnosis, Treatment, and Prevention:** Develop, test, and improve diagnosis, treatment, and prevention of diseases, disorders, and dysfunctions of human communication and health. Diagnosis considers normal function and provides targets for prevention and treatment. Improvements in prevention and treatment lead to better outcomes with fewer side effects.

- **Priority Area 4—Improving Outcomes for Human Communication:** Accelerate the translation of research discoveries into practice; increase access to health care; and enhance the delivery, quality, and effectiveness of care to improve personal and public health. Scientifically-validated prevention and treatment models will lead to better personal and public health only if they are translated effectively into routine practice.

The goals presented in the Plan are a guide for:

- **Scientists:** To better understand the directions that NIDCD research may take in the future;

- **The NIDCD:** To assist in developing funding opportunity announcements and to identify projects for high program priority nomination; and

- **The Public:** To understand the state of communication sciences and to discover the scientific breakthroughs that are possible with sustained investments in biomedical research.

Responses to this request for comments are voluntary. Any personal identifiers (e.g., names, addresses, email addresses, etc.) will be removed when responses are compiled. Only the de-identified comments will be made publicly available. Proprietary, classified, confidential, or sensitive information should not be included in your response. The Government reserves the right to use any non-proprietary technical information in any resultant solicitation(s).

This request for comment is for information and planning purposes only and should not be construed as a solicitation or as an obligation on the part of the Federal Government, or the NIH. The NIH does not intend to award a grant or contract to pay for the preparation of any information submitted or for the NIH's use of such information. No basis for claims against