# DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

Agency Information Collection
Activities: Proposed Collection: Public
Comment Request; Reconciliation Tool
for the Teaching Health Center
Graduate Medical Education Program

**AGENCY:** Health Resources and Services Administration (HRSA), Department of Health and Human Services.

**ACTION:** Notice.

SUMMARY: In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, 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 May 26, 2017.

ADDRESSES: Submit your comments to paperwork@hrsa.gov or mail the HRSA Information Collection Clearance Officer, Room 14N39, 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

supplementary information: When submitting comments or requesting information, please include the information request collection title for reference, pursuant to Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995.

Information Collection Request Title: Reconciliation Tool for the Teaching Health Center Graduate Medical Education Program, OMB No. 0915– 0342—Extension.

Abstract: The Teaching Health Center Graduate Medical Education (THCGME) Program, as authorized by section 340H of the Public Health Service (PHS) Act, awards payment for both direct and indirect expenses to support training for primary care residents in communitybased ambulatory patient care settings. Payments for direct medical expenses are designed to compensate eligible teaching health centers for those expenses directly associated with resident training, while payments for indirect medical expenses are intended to compensate for the additional expenses of training residents in such programs.

Need and Proposed Use of the Information: THCGME Program

payments are prospective payments, and the statute provides for a reconciliation process through which overpayments may be recouped and underpayments may be adjusted at the end of the fiscal year. This data collection instrument gathers information relating to the number of full-time equivalents (FTEs) in THC training programs in order to reconcile payments for both direct and indirect expenses.

Likely Respondents: The likely respondents to the THCGME Reconciliation Tool are THCGME Program award recipients.

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 ICR 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
THCGME Reconciliation Tool	59	1	59	2.0	118
Total	59		59		118

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.

### Jason E. Bennett,

 $\label{eq:Director} Director, Division of the Executive Secretariat. \\ [\text{FR Doc. 2017-05960 Filed 3-24-17; 8:45 am}]$ 

BILLING CODE 4165-15-P

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

### **National Institutes of Health**

### National Institute of Diabetes and Digestive and Kidney Diseases; Notice of Closed Meeting

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 meeting.

The meeting 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 Diabetes and Digestive and Kidney Diseases Special Emphasis Panel; Clinical Trial Cooperative Agreement Grant Review Meeting.

Date: April 19, 2017.

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

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, Two Democracy Plaza, 6707 Democracy Boulevard, Bethesda, MD 20892 (Telephone Conference Call).

Contact Person: John F. Connaughton, Ph.D., Chief, Scientific Review Branch, Review Branch, DEA, NIDDK, National Institutes of Health, Room 7005, 6707 Democracy Boulevard, Bethesda, MD 20892– 5452, (301) 594–7797, connaughtonj@ extra.niddk.nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.847, Diabetes, Endocrinology and Metabolic Research; 93.848, Digestive Diseases and Nutrition Research; 93.849, Kidney Diseases, Urology and Hematology Research, National Institutes of Health, HHS)

Dated: March 21, 2017.

### David Clary,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2017–05910 Filed 3–24–17; 8:45 am]

BILLING CODE 4140-01-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### **National Institutes of Health**

# Center for Scientific Review; 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: Center for Scientific Review Special Emphasis Panel; Member Conflict: Glaucoma, Macular degeneration, and Other Eyes Diseases.

Date: April 18, 2017.

Time: 12:00 p.m. to 4:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892 (Telephone Conference Call).

Contact Person: Alessandra C Rovescalli, Ph.D., Scientific Review Officer, National Institutes of Health, Center for Scientific Review, 6701 Rockledge Drive, Rm 5205, MSC7846, Bethesda, MD 20892, (301) 435–1021, rovescaa@mail.nih.gov.

Name of Committee: Center for Scientific Review Special Emphasis Panel; Member Conflict: Radiation Therapeutics.

Date: April 25, 2017.

Time: 1:00 p.m. to 3:00 p.m. Agenda: To review and evaluate grant applications. Place: National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892 (Telephone Conference Call).

Contact Person: Malaya Chatterjee, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 6192, MSC 7804, Bethesda, MD 20892, (301) 806– 2515, chatterm@csr.nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.306, Comparative Medicine; 93.333, Clinical Research, 93.306, 93.333, 93.337, 93.393–93.396, 93.837–93.844, 93.846–93.878, 93.892, 93.893, National Institutes of Health. HHS)

Dated: March 21, 2017.

### Natasha M. Copeland,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2017–05909 Filed 3–24–17; 8:45 am]

BILLING CODE 4140-01-P

## DEPARTMENT OF HOMELAND SECURITY

### Federal Emergency Management Agency

[Docket ID: FEMA-2017-0004; OMB No. 1660-0046]

Agency Information Collection Activities: Submission for OMB Review; Comment Request; Emergency Management Institute (EMI) Independent Study Course Enrollment Application and Test Answer Sheet

**AGENCY:** Federal Emergency Management Agency, DHS.

**ACTION:** Notice.

SUMMARY: The Federal Emergency Management Agency (FEMA) will submit the information collection abstracted below to the Office of Management and Budget for review and clearance in accordance with the requirements of the Paperwork Reduction Act of 1995. The submission will describe the nature of the information collection, the categories of respondents, the estimated burden (i.e., the time, effort and resources used by respondents to respond) and cost, and the actual data collection instruments FEMA will use.

**DATES:** Comments must be submitted on or before April 26, 2017.

ADDRESSES: Submit written comments on the proposed information collection to the Office of Information and Regulatory Affairs, Office of Management and Budget. Comments should be addressed to the Desk Officer for the Department of Homeland Security, Federal Emergency Management Agency, and sent via electronic mail to oira.submission@omb.eop.gov.

#### FOR FURTHER INFORMATION CONTACT:

Requests for additional information or copies of the information collection should be made to Director, Records Management Division, 500 C Street SW., Washington, DC 20472–3100, or email address FEMA-Information-Collections-Management@fema.dhs.gov.

**SUPPLEMENTARY INFORMATION:** This information collection previously published in the **Federal Register** on January 19, 2017, 82 FR 6595, with a 60 day public comment period. FEMA received one public comment suggesting that the response time should be higher than .5 hours. The online course associated with this form uses a multiple choice format and varies in size from 10 to over 50 questions. Due to this difference, the time needed to complete a final exam varies greatly. Based on our most recent data, .5 hours is the mean time for a final exam completion, and FEMA believes that this is an accurate number for calculating the public burden associated with this form. The purpose of this notice is to notify the public that FEMA will submit the information collection abstracted below to the Office of Management and Budget for review and clearance.

#### **Collection of Information**

Title: Emergency Management Institute (EMI) Independent Study Course Enrollment Application and Test Answer Sheet.

Type of information collection: Revision of a currently approved information collection.

OMB Number: 1660–0046. Form Titles and Numbers: FEMA Form 064–0–9, Emergency Management Institute (EMI) Independent Study Course Enrollment Application.

Abstract: The Independent Study program office collects data from FEMA Form 064–0–9 to create and update student records and provide students with credit for training completion. The system also allows FEMA to track completions and failures of course exams. The data on the electronic form will be encrypted and sent to the server to be parsed into the Independent Study database.

Affected Public: Individuals and households, business or other for-profit, not for profit institutions, Farms, Federal government, State, local or Tribal government.

Estimated Number of Respondents: 689,980.

Estimated Total Annual Burden Hours: 1,034,970 hours.

Estimated Cost: The estimated annual cost to respondents for the hour burden