

and sheltered homelessness, and (3) the request to add or modify a small number of questions in 2017 using a non-

substantive change request, to be responsive to emerging public policy issues. There is no cost to respondents

other than their time. The total estimated annualized burden hours are 7,318.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of responses	Number of responses per respondent	Average burden per response (in hrs)
Individual .....	Screener Interview .....	15,000	1	3/60
Individual .....	Female Interview .....	2,750	1	90/60
Individual .....	Male Interview .....	2,350	1	60/60
Individual .....	Screener Verification .....	1,500	1	2/60
Individual .....	Main Verification .....	510	1	5/60

**Leroy A. Richardson,**  
*Chief, Information Collection Review Office,  
 Office of Scientific Integrity, Office of the  
 Associate Director for Science, Office of the  
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 Prevention.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

[CFDA Number: 93.508]

**Announcing the Award of Six Single-Source Expansion Supplement Grants Under the Tribal Maternal, Infant, and Early Childhood Home Visiting (Tribal MIECHV) Program**

**AGENCY:** Office of Child Care, ACF, HHS.

**ACTION:** Notice of the award of six single-source program expansion supplement grants to Tribal Maternal, Infant, and Early Childhood Home Visiting (Tribal MIECHV) grantees.

**SUMMARY:** The Administration for Children and Families (ACF), Office of Child Care (OCC), Tribal Maternal, Infant, and Early Childhood Home Visiting (Tribal MIECHV) Program, announces the award of single-source program expansion supplement grants to the Confederated Salish and Kootenai Tribes in Pablo, MT, Confederated Tribes of Siletz Indians in Siletz, OR, Inter-Tribal Council of Michigan in Sault Ste. Marie, MI, Native American Health Center, Inc. in Oakland, CA, Red Cliff Band of Lake Superior Chippewa in Bayfield, WI, and Riverside-San Bernardino County Indian Health, Inc. in Banning, CA.

The Fiscal Year 2015 single-source program expansion supplement grants will support the grantees' project activities as they continue to implement their Tribal MIECHV programs and will

allow for opportunities for enhanced, or expanded, service delivery.

**DATES:** The period of support is July 1, 2015 through June 30, 2016 for the Native American Health Center, Inc. and the Riverside-San Bernardino County Indian Health, Inc., and, September 30, 2015 through September 29, 2016 for Confederated Salish and Kootenai Tribes, the Confederated Tribes of Siletz Indians, the Inter-Tribal Council of Michigan, and the Red Cliff Band of Lake Superior Chippewa.

**FOR FURTHER INFORMATION CONTACT:** Rachel Schumacher, Director, Office of Child Care, 901 D Street SW., Washington, DC 20447. Telephone: (202) 401-6984; Email: [rachel.schumacher@acf.hhs.gov](mailto:rachel.schumacher@acf.hhs.gov).

**SUPPLEMENTARY INFORMATION:** The Tribal Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program, funded from a 3 percent set-aside to the Maternal, Infant, and Early Childhood Home Visiting Program, is designed to strengthen tribal capacity to support and promote the health and well-being of American Indian and Alaska Native (AIAN) families; expand the evidence base around home visiting in tribal communities; and support and strengthen cooperation and linkages between programs that service AIAN children and their families. Funds under the Tribal MIECHV Program support Indian tribes, consortia of tribes, tribal organizations, and urban Indian organizations to provide high-quality, culturally relevant, voluntary, evidence-based home visiting services to families in at-risk communities; conduct a needs and readiness assessment of the at-risk community; engage in collaborative planning and capacity building efforts to address identified needs; establish, measure, and report on progress toward meeting benchmark performance measures for participating children and families; and conduct rigorous local evaluations to answer questions of importance to tribal

communities and examine the effectiveness of home visiting programs with AIAN populations.

A single-source supplemental grant of \$45,000 was awarded to the Confederated Salish and Kootenai Tribes in Pablo, MT, to support the hire of an additional home visitor. A single-source supplemental grant of \$25,000 was awarded to Confederated Tribes of Siletz Indians in Siletz, OR, to support their goal of providing needed services to families with children aged 3 to 5 years old. A single-source supplemental grant of \$120,000 was awarded to Inter-Tribal Council of Michigan in Sault Ste. Marie, MI, to support appropriate reflective supervision for its home visitors and to expand services at a high performing site where there is a waiting list. A single-source supplemental grant of \$50,000 was awarded to the Native American Health Center, Inc. in Oakland, CA, to provide enhanced mental health support to high-risk families and home visitors. A single-source supplemental grant of \$50,000 was awarded to the Red Cliff Band of Lake Superior Chippewa in Bayfield, WI, to support provision of reflective supervision for program staff, including the development of culturally appropriate strategies, and to support enhanced dissemination of information about the community's home visiting program and its early childhood system (e.g., digital storytelling). A single-source supplemental grant of \$45,000 was awarded to Riverside-San Bernardino County Indian Health, Inc. in Banning, CA, to support the hire of an additional home visitor.

**Statutory Authority:** Section 511(h)(2)(A) of Title V of the Social Security Act, as added by Section 2951 of the Patient Protection and Affordable Care Act, Pub. L. 111-148, and

amended by the Protecting Access to Medicare Act of 2014, Pub. L. 113–93.

**Christopher Beach,**

Senior Grants Policy Specialist, Division of Grants Policy, Office of Administration.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

[OMB No.: 0970–0365]

**Submission for OMB Review; Comment Request**

*Proposed Projects:*

*Title:* Performance Measures for Community-Centered Healthy Marriage, Pathways to Responsible Fatherhood and Community-Centered Responsible Fatherhood Ex-Prisoner Reentry grant programs.

*Description:* The Office of Family Assistance (OFA), Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), intends to request approval from the Office of Management and Budget (OMB) to extend OMB Form 0970–0365 for the collection of performance measures from grantees for the Community-Centered Healthy Marriage, Pathways to Responsible Fatherhood and Community-Centered Responsible Fatherhood Ex-Prisoner Reentry discretionary grant programs. ACF offered a one year extension to all grants in an effort to increase the consistency and stability in program implementation, particularly in view of grantee progress toward achieving program goals. The performance measure data obtained from the grantees will be used by OFA to continue reporting on the overall performance of these grant programs.

Data will be collected from all 60 Community-Centered Healthy Marriage,

54 Pathways to Responsible Fatherhood and 5 Community-Centered Responsible Fatherhood Ex-Prisoner Reentry grantees in the OFA programs. Grantees will report on program and participant outcomes in such areas as participants’ improvement in knowledge skills, attitudes, and behaviors related to healthy marriage and responsible fatherhood. Grantees will be asked to input data for selected outcomes for activities funded under the grants. Grantees will extract data from program records and will report the data twice yearly through an on-line data collection tool. Training and assistance will be provided to grantees to support this data collection process.

*Respondents:* Office of Family Assistance Funded Community-Centered Healthy Marriage, Pathways to Responsible Fatherhood and Community-Centered Responsible Fatherhood Ex-Prisoner Reentry Grantees.

**ANNUAL BURDEN ESTIMATES**

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total annual burden hours
Performance measure reporting form (for private sector affected public) .....	110	2	0.8	176
Performance measure reporting form (for State, local, and tribal government affected public) .....	9	2	0.8	14

*Estimated Total Annual Burden Hours:* 190.

*Additional Information:* Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 370 L’Enfant Promenade SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection. Email address: [infocollection@acf.hhs.gov](mailto:infocollection@acf.hhs.gov).

*OMB Comment:* OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Fax: 202–395–7285, Email: [OIRA\\_SUBMISSION@OMB.EOP.GOV](mailto:OIRA_SUBMISSION@OMB.EOP.GOV), Attn: Desk Officer for

the Administration for Children and Families.

**Robert Sargis,**

Reports Clearance Officer.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Submission for OMB Review; Comment Request**

*Title:* Office of Refugee Resettlement Individual Development Accounts (ORR–IDA) Program.

*OMB No.:* New Collection.

*Description:* Description: The Office of Refugee Resettlement seeks OMB approval to develop three data collection tools for use in the ORR IDA Program.

The ORR IDA Program represents an anti-poverty strategy built on asset accumulation for low-income refugee individuals and families with the goal of promoting refugee economic independence.

IDAs are leveraged or matched, savings accounts. In the ORR Refugee IDA program, IDAs are matched with federal funds that have been allocated as “match funds” from at least 65 percent of the annual federal grant award. IDAs are established in insured accounts in qualified financial institutions. The funds are intended for the Asset Goals specified in this announcement. Although the refugee participant maintains control of all funds that the participant deposits in the IDA, including all interest that may accrue on the funds, the participant must sign a Savings Plan Agreement which specifies that the funds in the account will be used only for the participant’s qualified Asset Goal(s) or for an emergency withdrawal.

The objectives of this program are to:

1. Establish IDAs for eligible participants;
2. Encourage regular saving habits among refugees;
3. Promote their participation in the financial institutions of this country;
4. Promote refugee acquisition of assets to build individual, family, and community resources;