

90 days of expiration of the annual budget/project period.

#### B. Financial Reports

Federal Financial Report FFR (SF-425), Cash Transaction Reports are due 30 days after the close of every calendar quarter to the Payment Management Services, HHS, at <http://www.dpm.psc.gov>. It is recommended that the applicant also send a copy of the FFR (SF-425) report to the Grants Management Specialist. Failure to submit timely reports may cause a disruption in timely payments to the organization.

Grantees are responsible and accountable for accurate information reported on all required reports.

#### C. Federal Subaward Reporting System (FSRS)

This award may be subject to the Transparency Act subaward and executive compensation reporting requirements of 2 CFR part 170.

The Transparency Act requires the OMB to establish a single searchable database, accessible to the public, with information on financial assistance awards made by Federal agencies. The Transparency Act also includes a requirement for recipients of Federal grants to report information about first-tier subawards and executive compensation under Federal assistance awards.

IHS has implemented a Term of Award into all IHS Standard Terms and Conditions, NOAs, and funding announcements regarding the FSRS reporting requirement. The IHS Term of Award is applicable to all IHS grants and cooperative agreements issued on or after October 1, 2010, with a \$25,000 subaward obligation dollar threshold for any specific reporting period. Additionally, all new discretionary IHS awards where the project period is made up of more than one budget period, the project period state date was October 1, 2010 or after, and the primary awardee will have a \$25,000 subaward obligation dollar threshold during any specific reporting period will be required to address the FSRS reporting requirement. For the full IHS award term implementing this requirement and additional award applicability information, visit the DGM Grants Policy Web site at [https://www.ihs.gov/dgm/index.cfm?module=dsp\\_dgm\\_policy\\_topics](https://www.ihs.gov/dgm/index.cfm?module=dsp_dgm_policy_topics).

Telecommunication for the hearing impaired is available at: TTY (301) 443-6394.

#### VII. Agency Contacts

1. Questions on programmatic issues may be directed to:

Patrick Blahut, DDS, MPH, Deputy Director, IHS DOH, 801 Thompson Ave., Suite 332, Rockville, MD 20852, Phone: (301) 443-4323, Email: [patrick.blahut@ihs.gov](mailto:patrick.blahut@ihs.gov).

2. Questions on grants management and fiscal matter may be directed to:

John Hoffman, Senior Grants Management Specialist, 801 Thompson Ave., Suite TMP 360, Rockville, MD 20852, Phone: (301) 443-2116, Fax: (301) 443-9602, Email: [john.hoffman@ihs.gov](mailto:john.hoffman@ihs.gov).

3. Questions on systems matters may be directed to:

Paul Gettys, Grant Systems Coordinator, 801 Thompson, Suite TMP 360, Rockville, MD 20852, 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.

Dated: May 22, 2015.

**Robert G. McSwain,**

*Acting Director, Indian Health Service.*

[FR Doc. 2015-13775 Filed 6-4-15; 8:45 am]

**BILLING CODE 4165-16-P**

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

##### Indian Health Service

##### Notice of Request for Information

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

**ACTION:** Notice.

**SUMMARY:** The Indian Health Service (IHS) is seeking broad public input as it begins efforts to advance and promote the health needs of the American Indian/Alaska Native (AI/AN) Lesbian, Gay, Bisexual, and Transgender (LGBT) community.

**DATES:** To be assured consideration, comments must be received at one of

the addresses provided below, no later than 5:00 p.m. Eastern Daylight Time on July 6, 2015.

**ADDRESSES:** Electronic responses are encouraged and may be addressed to [lisa.neel@ihs.gov](mailto:lisa.neel@ihs.gov). Written responses should be addressed to: Indian Health Service, 801 Thompson Avenue, Suite 300, Rockville, MD 20852. Attention: LGBT Feedback.

**FOR FURTHER INFORMATION CONTACT:** Lisa Neel, MPH, Indian Health Service HIV/AIDS Program, (301) 443-4305.

**SUPPLEMENTARY INFORMATION:** In the summer of 2015, the IHS will hold a public meeting to garner information from individuals on AI/AN LGBT health issues. The goal of this meeting will be to gain a better understanding of the health care needs of AI/AN LGBT individuals so that IHS can implement health policy and health care delivery changes to advance the health care needs of the AI/AN LGBT community. The agency is seeking to increase community access to and engagement with IHS leadership and secure a legacy of transparent, accountable, fair, and inclusive decision-making specific to AI/AN LGBT people.

This request for information seeks public comment on several key dimensions of the health needs of the AI/AN LGBT community, including but not limited to the following questions:

a. Are there effective models and best practices surrounding the health care of the LGBT community that should be considered for replication? Please include rationale for their use in the IHS service population.

b. What are the specific measures that could be used to track progress in improving the health of LGBT persons?

c. How can IHS better engage with stakeholders around the implementation of improvements?

d. Are there gaps or disparities in existing IHS services offered to LGBT persons?

e. What additional information should the agency consider while developing plans to improve health care for the LGBT community?

Dated: May 22, 2015.

**Robert G. McSwain,**

*Acting Director, Indian Health Service.*

[FR Doc. 2015-13774 Filed 6-4-15; 8:45 am]

**BILLING CODE 4165-16-P**