

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
Direct Financial Support Program .....	618	1	618	3.117	1,926
Infrastructure Program .....	149	1	149	4.57	681
Multipurpose or Hybrid Program .....	790	1	790	4.285	3,385
<b>Total .....</b>	<b>1,557</b>	<b>.....</b>	<b>1,557</b>	<b>.....</b>	<b>5,992</b>

**Jackie Painter,**  
 Director, Division of the Executive Secretariat.  
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**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 within 60 days of this notice.

**ADDRESSES:** Submit your comments to [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or mail the HRSA Information Collection Clearance Officer, Room 14N39, 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](mailto: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:* Organ Procurement and Transplantation Network and Scientific Registry of Transplant Recipients Data System OMB No. 0915-0157—Revision.

*Abstract:* Section 372 of the Public Health Service (PHS) Act, as amended, requires that the Secretary, by contract, provide for the establishment and operation of an Organ Procurement and Transplantation Network (OPTN). This is a request for revisions to current OPTN data collection forms associated with an individual’s clinical characteristics at the time of registration, transplant, and follow-up after the transplant. These specific data elements of the OPTN data system are collected from transplant hospitals. The information is used to indicate the disease severity of transplant candidates, to monitor compliance of member organizations with OPTN rules and requirements, to report periodically on the clinical and scientific status of organ donation and transplantation and other purposes consistent with the law. Data are used to: (1) Facilitate organ placement and match donor organs with recipients; (2) monitor compliance of member organizations with federal laws and regulations and with OPTN requirements; (3) review and report

periodically to the public on the status of organ donation and transplantation in the United States; (4) provide data to researchers and government agencies to study the scientific and clinical status of organ transplantation; and (5) perform transplantation-related public health surveillance including possible transmission of donor disease. The practical utility of the data collection is further enhanced by requirements that the OPTN data must be made available, consistent with applicable laws, for use by OPTN members, the Scientific Registry of Transplant Recipients, the Department of Health and Human Services, and members of the public for evaluation, research, patient information, and other important purposes.

*Likely Respondents:* Transplant programs, medical and scientific organizations, and public organizations.

*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: (1) Review instructions; 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; (2) train personnel to respond to a request for collection of information; (3) search data sources; (4) complete and review the collection of information; and (5) 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

Section/activity	Number of respondents	Average number of responses per respondent	Total number of responses	Average burden per response (in hours)	Total burden hours
Deceased Donor Registration .....	58	158.2	9175.6	1.1	10093.2
Living Donor Registration .....	307	20.6	6324.2	1.8	11383.6
Living Donor Follow-up .....	307	60.7	18634.9	1.3	24225.4
Donor Histocompatibility .....	154	96.7	14891.8	0.2	2978.4
Recipient Histocompatibility .....	154	173.5	26719	0.4	10687.6
Heart Candidate Registration .....	132	30.5	4026	0.9	3623.4
<b>Heart Recipient Registration</b> .....	132	19.9	2626.8	1.2	3152.2
Heart Follow Up (6 Month) .....	132	17	2244	0.4	897.6
Heart Follow Up (1–5 Year) .....	132	73.9	9754.8	0.9	8779.3
Heart Follow Up (Post 5 Year) .....	132	115.2	15206.4	0.5	7603.2
Heart Post-Transplant Malignancy Form .....	132	11	1452	0.9	1306.8
Lung Candidate Registration .....	70	39.6	2772	0.9	2494.8
<b>Lung Recipient Registration</b> .....	70	28.3	1981	1.2	2377.2
<b>Lung Follow Up (6 Month)</b> .....	70	26.2	1834	0.5	917.0
<b>Lung Follow Up (1–5 Year)</b> .....	70	99.4	6958	1.1	7653.8
Lung Follow Up (Post 5 Year) .....	70	65.6	4592	0.6	2755.2
Lung Post-Transplant Malignancy Form .....	70	1.5	105	0.4	42.0
Heart/Lung Candidate Registration .....	69	0.7	48.3	1.1	53.1
<b>Heart/Lung Recipient Registration</b> .....	69	0.4	27.6	1.3	35.9
<b>Heart/Lung Follow Up (6 Month)</b> .....	69	0.3	20.7	0.8	16.6
<b>Heart/Lung Follow Up (1–5 Year)</b> .....	69	1.5	103.5	1.1	113.9
Heart/Lung Follow Up (Post 5 Year) .....	69	3.1	213.9	0.6	128.3
Heart/Lung Post-Transplant Malignancy Form .....	69	0.2	13.8	0.4	5.5
Liver Candidate Registration .....	141	89.2	12577.2	0.8	10061.8
<b>Liver Recipient Registration</b> .....	141	48.8	6880.8	1.2	8257.0
Liver Follow-up (6 Month—5 Year) .....	141	231.1	32585.1	1	32585.1
Liver Follow-up (Post 5 Year) .....	141	256.5	36166.5	0.5	18083.3
Liver Recipient Explant Pathology Form .....	141	12.3	1734.3	0.6	1040.6
Liver Post-Transplant Malignancy .....	141	13.2	1861.2	0.8	1489.0
Intestine Candidate Registration .....	40	4.4	176	1.3	228.8
<b>Intestine Recipient Registration</b> .....	40	3.4	136	1.8	244.8
Intestine Follow Up (6 Month—5 Year) .....	40	13.3	532	1.5	798.0
Intestine Follow Up (Post 5 Year) .....	40	13.5	540	0.4	216.0
Intestine Post-Transplant Malignancy Form .....	40	0.6	24	1	24.0
Kidney Candidate Registration .....	238	162.6	38698.8	0.8	30959.0
<b>Kidney Recipient Registration</b> .....	238	71.8	17088.4	1.2	20506.1
Kidney Follow-Up (6 Month—5 Year) .....	238	379.5	90321	0.9	81288.9
Kidney Follow-up (Post 5 Year) .....	238	346.7	82514.6	0.5	41257.3
Kidney Post-Transplant Malignancy Form .....	238	18.1	4307.8	0.8	3446.2
<b>Pancreas Candidate Registration</b> .....	141	3.4	479.4	0.6	287.6
<b>Pancreas Recipient Registration</b> .....	141	1.8	253.8	1.2	304.6
<b>Pancreas Follow-up (6 Month—5 Year)</b> .....	141	8.2	1156.2	0.5	578.1
Pancreas Follow-up (Post 5 Year) .....	141	13.5	1903.5	0.5	951.8
Pancreas Post-Transplant Malignancy Form .....	141	0.8	112.8	0.6	67.7
<b>Kidney/Pancreas Candidate Registration</b> .....	141	9.6	1353.6	0.6	812.2
<b>Kidney/Pancreas Recipient Registration</b> .....	141	5.2	733.2	1.2	879.8
<b>Kidney/Pancreas Follow-up (6 Month—5 Year)</b> .....	141	26.9	3792.9	0.5	1896.5
Kidney/Pancreas Follow-up (Post 5 Year) .....	141	48.2	6796.2	0.6	4077.7
Kidney/Pancreas Post-Transplant Malignancy Form .....	141	1.6	225.6	0.4	90.2
VCA Candidate Registration .....	23	1.7	39.1	0.4	15.6
VCA Recipient Registration .....	23	1.7	39.1	1.3	50.8
VCA Recipient Follow Up .....	23	1.7	39.1	1	39.1
<b>Total</b> .....	<b>* 457</b>		<b>471411.4</b>		<b>359889.5</b>

\* Total number of OPTN transplant hospitals as of October 23, 2015. Number of respondents for transplant candidate or recipient forms is based on number of organ specific programs associated with each form.

\*\* **Bold** entries represent those forms being modified during this submission.

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.*  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Office of the Secretary**

[Document Identifier: HHS-OS-0990-new-60D]

**Agency Information Collection Activities; Proposed Collection; Public Comment Request**

**AGENCY:** Office of the Secretary, HHS.  
**ACTION:** Notice.

**SUMMARY:** In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, announces plans to submit a new Information Collection

Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, OS seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

**DATES:** Comments on the ICR must be received on or before May 13, 2016.

**ADDRESSES:** Submit your comments to *Information.CollectionClearance@hhs.gov* or by calling (202) 690-6162.

**FOR FURTHER INFORMATION CONTACT:** Information Collection Clearance staff, *Information.CollectionClearance@hhs.gov* or (202) 690-6162.

**SUPPLEMENTARY INFORMATION:** When submitting comments or requesting information, please include the document identifier HHS-OS-0990-new-60D for reference.

Information Collection Request Title: Sustainability study of federally-funded programs designed to prevent or delay teen pregnancy (TPP Sustainability Study).

Abstract: The Office of Adolescent Health (OAH), U.S. Department of Health and Human Services (HHS) is requesting approval by OMB on a new collection. The TPP Sustainability Study is a key piece of OAH's broad and ongoing effort to comprehensively evaluate all of its teen pregnancy prevention funding efforts which consist of: (1) The Teen Pregnancy Prevention Program (TPP); the (2) Pregnancy Assistance Fund (PAF); and the Communitywide program funded

through OAH and the Centers for Disease Control (CDC).

The proposed information request includes instruments that will collect data on: (1) Whether and how federally-funded programs have been sustained; (2) factors affecting program sustainability; (3) methods and strategies employed by grantees to sustain programs; (4) support and technical assistance that grantees received related to sustaining the programs; and (5) key lessons learned based on the outcomes of these efforts. The data will be analyzed and incorporated into study deliverables that clearly describe grantees' sustainability efforts for all audiences and highlight key challenges, successes, and lessons learned for future funding and program implementation.

The data will be used for the study team to identify key factors in program sustainability, the strategies that either worked or did not work in sustaining programs over time, and the types of support and assistance grantees required in order to sustain programs. Collecting this data is crucial to closing an existing gap in OAH knowledge about how to support the sustainability efforts of current and future grantees, including the 2015-2020 TPP grantee cohort and the 2013-2016 PAF cohort.

Likely Respondents: Program administrators at 117 grantee organizations.

**TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS**

Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Grantee Survey .....	39	1	0.41	16.0
In-Depth Interview Master Topic Guide .....	17	2	1.5	51.0
<b>Total</b> .....	<b>56</b>	.....	.....	<b>66.0</b>

OS 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.

**Terry S. Clark,**  
*Asst Collection Clearance Officer.*  
 [FR Doc. 2016-05603 Filed 3-11-16; 8:45 am]  
**BILLING CODE 4168-11-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Indian Health Service**

**Office of Urban Indian Health Programs; 4-in-1 Grant Programs; Announcement Type: New and Competing Continuation Funding Announcement Number: HHS-2016-IHS-UIHP2-0001; Catalogue of Federal Domestic Assistance Number: 93.193**

**Key Dates**

*Application Deadline Date:* May 15, 2016.  
*Review Period:* May 23, 2016–May 27, 2016.

*Earliest Anticipated Start Date:* June 1, 2016.

**I. Funding Opportunity Description**

*Statutory Authority*

The Indian Health Service (IHS) is accepting competitive grant applications for the FY 2016 4-in-1 Title V Programs. This program is authorized under the Snyder Act, 25 U.S.C. 13, Public Law 67-85, and Title V of the Indian Health Care Improvement Act (IHCA), Public Law 94-437, as amended, specifically the provisions codified at 25 U.S.C. 1652, 1653, and 1660a. This program is described in the Catalog of Federal