

priorities for the CDC/ATSDR, public health capacity in Indian Country, AI/AN public health concerns, budget and funding opportunities, and programmatic highlights, among other topics. The discussion topics are subject to revision as priorities change.

Tribes also will have an opportunity to present testimony about tribal health issues during the Tribal Consultation Session. All tribal leaders are encouraged to submit written testimony by 5:00 p.m. (EDT) Friday, July 7, 2017, to Captain Carmen Clelland, Associate Director for the Tribal Support Unit, OSTLTS, via mail to 4770 Buford Highway NE., MS E-70, Atlanta, GA 30341-3717, or email to TribalSupport@cdc.gov. Tribal leaders can find guidance to assist in developing tribal testimony for CDC/ATSDR at www.cdc.gov/tribal/consultation/index.html.

Based on the number of tribal leaders giving testimony and the time available, it may be necessary to limit the time for each presenter. However, all submitted and written testimony will be entered in to the record.

Information about the TAC, CDC/ATSDR's Tribal Consultation Policy, and previous meetings can be found at www.cdc.gov/tribal.

Contact person for more information: Captain Carmen Clelland, Associate Director, Tribal Support Unit, at ccllland@cdc.gov or 404.498.2205.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities for both the

Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Elaine L. Baker,
Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects

Title: Information Comparison with Insurance Data.

OMB No.: 0970-0342.

Description: The Deficit Reduction Act of 2005 amended Section 452 of the Social Security Act (the Act) to authorize the Secretary, through the Federal Parent Locator Service (FPLS), to conduct comparisons of information concerning individuals owing past-due child support with information maintained by insurers (or their agents) concerning insurance claims, settlements, awards, and payments. 42 U.S.C. 652(m)(1).

An insurer may choose to participate in the data comparison using one of the following methods:

- An insurer submits information concerning claims, settlements, awards, and payments to the federal Office of Child Support and Enforcement (OCSE).

OCSE compares the information with parents who owe past-due support.

- OCSE sends a file containing information about parents who owe past-due support to the insurer, or their agent to compare with their claims, settlements, awards, and payments. The insurer or their agent sends the matches to OCSE.

On a daily basis, OCSE sends the results of the comparison in the Insurance Match Response Record to child support agencies responsible for collecting past-due support. Child support agencies use the matches to collect past-due support from the insurance proceeds.

The information collection activities pertaining to the information comparison with insurance data are authorized by:

(1) 42 U.S.C. 652(a)(9) which requires the federal Office of Child Support Enforcement (OCSE) to operate the FPLS established by 42 U.S.C. 653(a)(1); and

(2) 42 U.S.C. 652(m) which authorizes OCSE, through the FPLS, to compare information concerning individuals owing past-due support with information maintained by insurers (or their agents) concerning insurance claims, settlements, awards, and payments, and to furnish information resulting from the data matches to the state child support agencies responsible for collecting child support from the individuals.

Respondents: Insurers or their agents, including the U.S. Department of Labor and state agencies administering workers' compensation programs, and the Insurance Services Office (ISO).

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Insurance Match File: Monthly Reporting Electronically	22	12	0.083	22
Insurance Match File: Weekly Reporting Electronically	7	52	0.083	30
Insurance Match File: Daily Reporting Electronically	2	251	0.083	42
Match File: Daily Reporting Manually	80	251	0.1	2,008
Total	2,102

Estimated Total Annual Burden Hours: 2,102 hours.

In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above.

Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Administration, Office of Planning, Research and Evaluation, 330 C Street SW., Washington, DC 20201, Attn: ACF Reports Clearance Officer. Email address infocollection@acf.hhs.gov. All

requests should be identified by the title of the information collection.

The department specifically requests comments on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the

proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; and, (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Robert Sargis,

Report Clearance Officer.

[FR Doc. 2017-11589 Filed 6-5-17; 8:45 am]

BILLING CODE 4184-41-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Nurse Education, Practice, Quality and Retention—Veteran's Bachelor of Science Degree in Nursing Program

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

ACTION: Notice of single-source awards for Nurse Education, Practice, Quality and Retention—Veteran's Bachelor of Science Degree in Nursing Program.

SUMMARY: HRSA is providing single-source awards to two cohorts of current Nurse Education, Practice, Quality and Retention (NEPQR)—Veteran's Bachelor of Science Degree in Nursing (VBSN) Program recipients. The purpose of the NEPQR-VBSN program is to provide training to veterans and equip them with the tools necessary to successfully transition into civilian nurse professional careers. These awards will enable NEPQR-VBSN grantees to continue to train the 672 veteran students who are in the middle of their degree studies. Of this number, approximately 120 students are expected to graduate in 2018, take the NCLEX-RN licensing exam, and transition as highly skilled BSN nurses into the civilian workforce. Approximately \$6.2 million is available for single-source awards to these NEPQR-VBSN grantees.

FOR FURTHER INFORMATION CONTACT:

Kasey Farrell, Nursing Education and Practice Branch Chief, Division of Nursing and Public Health, Bureau of Health Workforce, Health Resources and Services Administration, 5600 Fishers Lane, 11N110, Rockville, Maryland 20857, Phone: (301) 443-0188, Email: kfarrell@hrsa.gov.

SUPPLEMENTARY INFORMATION:

Intended Recipients of the Awards:

University of Alabama, Birmingham
Florida International University (will receive two awards)
University of South Florida
Jacksonville University
Davenport University
Research Foundation of State University of New York, Stony Brook
University of Texas at Arlington
Hampton University
Shenandoah University
National University
George Washington University
University of Hawaii, Manoa
University of Kentucky, Lexington
University of Michigan, Flint
University of Southern Mississippi
University of North Carolina, Greensboro
Excelsior University
Duquesne University
Francis Marion University

Amount of Awards: \$6,243,412.

Project Period: July 1, 2017, to June 30, 2018 OR September 1, 2017, to August 31, 2018.

CFDA Number: 93.359.

Authority: Sections 831 and 831A of the Public Health Service (PHS) Act.

Justification: One-year awards for NEPQR-VBSN Program recipients will enable grant recipients to support the 672 veterans enrolled in the program. For the proposed 1-year budget period, the program funds shall be used for the same purposes as the grant recipients' current statement of work (e.g., supporting, teaching and graduating veteran students and developing models for preparing faculty members and other personnel to work with and teach veteran students). This single-source award will help grantees support the current veteran students enrolled in the program and align all NEPQR-VBSN grantee project periods to end in 2018.

Dated: May 30, 2017.

George Sigounas,

Administrator.

[FR Doc. 2017-11708 Filed 6-5-17; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Ryan White HIV/AIDS Program, Part C Early Intervention Services Grant Under the Ryan White HIV/AIDS Program

AGENCY: Health Resources and Services Administration, Department of Health and Human Services.

ACTION: Notice of Noncompetitive Single-source Award: Fiscal Year 2017

Ryan White HIV/AIDS Program (RWHAP) Part C Early Intervention Services Program Existing Geographic Service Area (EISEGA).

SUMMARY: To prevent a lapse in comprehensive HIV primary care services for persons living with HIV, HRSA will provide one-time noncompetitive single-source award to Staywell Health Care, Inc. The purpose of the RWHAP Part C EISEGA is to provide HIV primary care in the outpatient setting to targeted low income, underinsured, and uninsured people living with HIV. Pending the availability of appropriated funds, the amount of the fiscal year (FY) 2017 award will be based on the amount of the FY 2016 RWHAP Part C EISEGA award to the relinquishing recipient.

FOR FURTHER INFORMATION CONTACT: CAPT Mahyar Mofidi, DMD, Ph.D., Director, Division of Community HIV/AIDS Programs, HIV/AIDS Bureau, Health Resources and Services Administration, 5600 Fishers Lane, 09N09, Rockville, MD 20857, Phone: (301) 443-2075, Email: mmofidi@hrsa.gov. For media inquiries, contact HRSA's Office of Communications at (301) 443-3376.

SUPPLEMENTARY INFORMATION:

Intended Recipient of the Award: Staywell Health Care, Inc.

Amount of Non-Competitive Award: \$426,543.

Period of Funding: April 1, 2017 through March 31, 2018, and pre-award costs from January 1, 2017–March 31, 2017.

CFDA Number: 93.918.

Authority: Section 2651-2667 of the Public Health Service Act, (42 U.S.C. 300ff-51 through 67) and section 2693 of the Public Health Service Act, as amended by the Ryan White HIV/AIDS Treatment Act of 2009 (P.L. 111-87).

Justification: Greater Waterbury Health Network, including Waterbury Hospital Health Center, recently sold all assets to Prospect Medical Holdings. This sale was approved by state regulators and resulted in the organization becoming a for-profit entity on October 1, 2016. The for-profit Waterbury Hospital Health Center is no longer eligible to receive RWHAP Part C EISEGA funds (per Section 2652(a) of the Public Health Service Act). Staywell Health Care, Inc. is recognized by the National Committee for Quality Assurance as a Patient-Centered Medical Home. They provide primary medical care; chronic disease management, including HIV care and treatment, counseling, and mental health; lab work; and dental care to