

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Refugee Data Submission for Formula Funds Allocations .....	50	1	22	1,100

## Annual Burden Estimates

*Estimated Total Annual Burden Hours:*

In compliance with the requirements of the Paperwork Reduction Act of 1995 (Pub. L. 104–13, 44 U.S.C. Chapter 35), 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 Planning, Research and Evaluation, 330 C Street SW., Washington DC 20201. Attn: ACF Reports Clearance Officer. Email address: [infocollection@acf.hhs.gov](mailto: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,***Reports Clearance Officer.*

[FR Doc. 2017–14032 Filed 7–3–17; 8:45 am]

BILLING CODE 4184–01–P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Health Resources and Services Administration****Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request; Information Collection Request Title: Small Health Care Provider Quality Improvement Program, OMB No. 0915–0387—Extension**

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

**ACTION:** Notice.

**SUMMARY:** In compliance with the Paperwork Reduction Act of 1995, HRSA has submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. OMB will accept comments from the public during the review and approval period.

**DATES:** Comments on this ICR should be received no later than August 4, 2017.

**ADDRESSES:** Submit your comments, including the ICR Title, to the desk officer for HRSA, either by email to [OIRA\\_submission@omb.eop.gov](mailto:OIRA_submission@omb.eop.gov) or by fax to 202–395–5806.

**FOR FURTHER INFORMATION CONTACT:** To request a copy of the clearance requests submitted to OMB for review, email the HRSA Information Collection Clearance Officer at [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or call (301) 443–1984.

**SUPPLEMENTARY INFORMATION:** When submitting comments or requesting information, please include the information request collection title for reference, in compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995.

*Information Collection Request Title:* Small Health Care Provider Quality Improvement Program, OMB No. 0915–0387 – Extension

*Abstract:* This program is authorized by Title III, Public Health Service Act, Section 330A(g) (42 U.S.C. 254c(g)), as amended by Section 201, Public Law 107–251, and Section 4, Public Law 110–355. This authority directs the Federal Office of Rural Health Policy (FORHP) to support grants that expand access to, coordinate, contain the cost

of, and improve the quality of essential health care services, including preventive and emergency services, through the development of health care networks in rural and frontier areas and regions. The authority allows HRSA to provide funds to rural and frontier communities to support the direct delivery of health care and related services, expand existing services, or enhance health service delivery through education, promotion, and prevention programs.

The purpose of the Small Health Care Provider Quality Improvement Grant (Rural Quality) Program is to provide support to rural primary care providers for implementation of quality improvement activities. The program promotes the development of an evidence-based culture and delivery of coordinated care in the primary care setting. Additional objectives of the program include improved health outcomes for patients, enhanced chronic disease management, and better engagement of patients and their caregivers. Organizations participating in the program are required to use an evidence-based quality improvement model; develop, implement and assess effectiveness of quality improvement initiatives; and use health information technology (HIT) to collect and report data. HIT may include an electronic patient registry or an electronic health record, and is a critical component for improving quality and patient outcomes. With HIT, it is possible to generate timely and meaningful data, which helps providers track and plan care.

*Need and Proposed Use of the Information:* FORHP collects this information to quantify the impact of grant funding on access to health care, quality of services, and improvement of health outcomes. FORHP uses the data for program improvement, and grantees use the data for performance tracking. No changes are proposed from the current data collection effort. A 60-day notice was published in the **Federal Register** (81 FR 95621, (December 28, 2016)). There were no public comments.

*Likely Respondents:* Grantees of the Small Health Care Provider Quality Improvement Program.

*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. Burden is decreasing from 480 to 256 hours due to a decrease in number of respondents, while the amount of time per respondent (8 hours) remains the same. 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
Small Health Care Provider Quality Improvement Program Performance Improvement and Measurement System Measures .....	32	1	32	8	256
Total .....	32	.....	32	.....	256

**Jason E. Bennett,**  
 Director, Division of the Executive Secretariat.  
 [FR Doc. 2017-14038 Filed 7-3-17; 8:45 am]  
**BILLING CODE 4165-15-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**National Institute of Mental Health; 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/or proposals 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 and/or proposals, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* National Institute of Mental Health Special Emphasis Panel Center for Genomic Studies on Mental Disorders (U24).

*Date:* July 21, 2017.

*Time:* 2:00 p.m. to 3:00 p.m.

*Agenda:* To review and evaluate grant applications and/or proposals.

*Place:* National Institutes of Health, Neuroscience Center, 6001 Executive Boulevard, Rockville, MD 20852, (Telephone Conference Call).

*Contact Person:* David M. Armstrong, Ph.D., Scientific Review Officer, Division of Extramural Activities,

National Institute of Mental Health, NIH, Neuroscience Center/Room 6138/ MSC 9608, 6001 Executive Boulevard, Bethesda, MD 20892-9608, 301-443-3534, [armstrda@mail.nih.gov](mailto:armstrda@mail.nih.gov).

(Catalogue of Federal Domestic Assistance Program No. 93.242, Mental Health Research Grants; 93.281)

Dated: June 28, 2017.

**Melanie J. Pantoja,**  
 Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2017-14012 Filed 7-3-17; 8:45 am]

**BILLING CODE 4140-01-P**

**ADVISORY COUNCIL ON HISTORIC PRESERVATION**

**Notice of Advisory Council on Historic Preservation Quarterly Business Meeting**

**AGENCY:** Advisory Council on Historic Preservation.

**ACTION:** Notice of Advisory Council on Historic Preservation Quarterly Business Meeting.

**SUMMARY:** Notice is hereby given that the Advisory Council on Historic Preservation (ACHP) will hold its next quarterly meeting on Friday, July 21, 2017. The meeting will be held in Room SR325 at the Russell Senate Office Building at Constitution and Delaware Avenues NE., Washington, DC, starting at 8:30 a.m. EST.

**DATES:** The quarterly meeting will take place on Friday, July 21, 2017, starting at 8:30 a.m.

**ADDRESSES:** The meeting will be held in Room SR325 at the Russell Senate Office Building at Constitution and Delaware Avenues NE., Washington, DC.

**FOR FURTHER INFORMATION CONTACT:** Cindy Bienvenue, 202-517-0202, [cbienvenue@achp.gov](mailto:cbienvenue@achp.gov).

**SUPPLEMENTARY INFORMATION:** The Advisory Council on Historic Preservation (ACHP) is an independent federal agency that promotes the preservation, enhancement, and sustainable use of our nation's diverse historic resources, and advises the President and the Congress on national historic preservation policy. The goal of the National Historic Preservation Act (NHPA), which established the ACHP in 1966, is to have federal agencies act as responsible stewards of our nation's resources when their actions affect historic properties. The ACHP is the only entity with the legal responsibility to encourage federal agencies to factor historic preservation into their decision making. For more information on the ACHP, please visit our Web site at [www.achp.gov](http://www.achp.gov).

The agenda for the upcoming quarterly meeting of the ACHP is the following:

- I. Chairman's Welcome
- II. Presentation of Joint ACHP-HUD Award
- III. Section 106 Issues
  - A. Administration Infrastructure Initiatives
  - B. ACHP Report to the President Pursuant to Executive Order 13287
  - C. Administration Regulatory and Organizational Reform Initiatives and Their Impact on Historic Preservation
- IV. Historic Preservation Policy and Programs
  - A. Building a More Inclusive Preservation Program: Youth Initiatives
  - B. Building a More Inclusive Preservation Program: Implementation of Recommendations
  - C. ACHP Recommendations for the Future of the National Historic Preservation Program
  - D. Historic Preservation Legislation in the 115th Congress
- V. New Business
- VI. Adjourn