

Dated: April 15, 2016.

**David C. Horn,**

*Director, Office of Financial Policy and Reporting.*

[FR Doc. 2016-09758 Filed 4-26-16; 8:45 am]

**BILLING CODE 4150-04-P**

## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **Indian Health Service**

#### **Office of Human Resources; Medical Professionals Recruitment and Continuing Education Programs**

*Announcement Type:* New Limited

Competition Cooperative Agreement

*Funding Announcement Number:* HHS-2016-IHS-HPR-0001

*Catalog of Federal Domestic Assistance Number:* 93.970

#### **Key Dates**

Application Deadline Date: June 27, 2016

Review Date: July 5-8, 2016

Earliest Anticipated Start Date: July 15, 2016

Proof of Non-Profit Status Due Date: June 27, 2016

#### **I. Funding Opportunity Description**

##### *Statutory Authority*

The Indian Health Service (IHS) is accepting competitive cooperative agreement applications for the Medical Professionals Recruitment and Continuing Education Program. This program is authorized under: The Snyder Act, 25 U.S.C. 13. This program is described in the Catalog of Federal Domestic Assistance (CFDA) under 93.970.

##### *Background*

The mission of the IHS is to raise the physical, mental, social and spiritual health of American Indians and Alaska Natives (AI/AN) to the highest level. The IHS, an agency within the Department of Health and Human Services (HHS), is responsible for providing Federal health services to AI/AN. The provision of health services to members of Federally-recognized Tribes grew out of the special government-to-government relationship between the Federal Government and Indian Tribes. The IHS is the principal Federal health care provider and health advocate for Indian people and its mission is to raise their health status to the highest possible level. The IHS provides a comprehensive health service delivery system for approximately 2.3 million AI/AN who belong to 567 Federally recognized Tribes in 35 states.

##### *Purpose*

The purpose of this IHS cooperative agreement is to enhance medical professional recruitment and continuing education programs, services and activities for AI/AN people. The agency wants to facilitate continuing medical education for AI/AN physicians, through annual meetings and other venues that are culturally competent and sensitive. Another purpose is to recruit AI/AN health professionals to pursue jobs that serve AI/AN people and improve the health care delivery system. A third purpose is to provide opportunities for AI/AN youth to learn about the various Federal agencies and possible careers within the Federal Government that will result in a national mentoring program and creation of a pipeline for AI/AN youth into health careers. IHS will provide funds in the amount of \$105,000 in the first year (Fiscal Year 2016 only) to be used to complete the following Fiscal Year 2016 activities:

- To support a national Native American youth conference, designed to expose high school students to health care careers, as well as prepare them for college with the goal of becoming health care providers.
- To offer freshman and sophomore undergraduate students educational workshops to help them explore and prepare them for health education and careers in health care and/or research.
- To offer junior and senior undergraduate students, preparing to apply for medical and health professions schools, educational opportunities designed to provide guidance regarding personal statement reviews, mock interviews, and mentorship on the admission process.

The purpose of the activities listed above is to increase the number of AI/AN youth pursuing careers in the health professions, thereby increasing the number of AI/AN medical professionals available to manage the chronic health challenges of AI/AN patients, including diabetes, hypertension, heart disease, and obesity.

##### *Limited Competition Justification*

Competition is limited to organizations with expertise in advancing the health of AI/AN people. This limitation is necessary in order for IHS to ensure that the training, education, and outreach provided through this award are provided in a culturally competent manner. Additionally, applicants must have experience hosting healthcare forums and meetings combining modern medicine and traditional health

practices to enhance health care delivery to AI/AN communities. Through such experience, applicants should have existing relationships with stakeholders that will encourage attendance at the meeting funded through this award. Applicants must offer educational programs, services and activities specifically tailored to motivating AI/AN students to remain in the academic pipeline and to pursue a career in the health professions and/or biomedical research. Finally, applicants must have experience in providing leadership and programs in various care arenas affecting AI/AN, such as diabetes mellitus, human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), domestic violence, and methamphetamine use, in order to address the most pressing healthcare needs of AI/AN communities.

**Pre-Conference Grant Requirements:** The awardee is required to comply with the "HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meeting Space, Food, Promotional Items, and Printing and Publications," dated December 16, 2013 ("Policy"), as applicable to conferences funded by grants and cooperative agreements. The Policy is available at <http://www.hhs.gov/grants/contracts/contract-policies-regulations/conference-spending/>

The awardee is required to: Provide a separate detailed budget justification and narrative for each conference anticipated. The cost categories to be addressed are as follows: (1) Contract/Planner, (2) Meeting Space/Venue, (3) Registration Web site, (4) Audio Visual, (5) Speakers Fees, (6) Non-Federal Attendee Travel, (7) Registration Fees, (8) Other (explain in detail and cost breakdown). For additional questions please contact Nannette Bellini on 301-443-0049 or email at [Nannette.bellini@ihs.gov](mailto:Nannette.bellini@ihs.gov)

#### **II. Award Information**

##### *Type of Award*

Cooperative Agreement.

##### *Estimated Funds Available*

The total amount of funding identified for the current fiscal year (FY) 2016 is approximately \$105,000. Individual award amounts are anticipated to be between \$25,000 and \$105,000. The amount of funding available for competing and continuation awards issued under this announcement are subject to the availability of appropriations and budgetary priorities of the Agency. The

IHS is under no obligation to make awards that are selected for funding under this announcement.

The funding amounts per FY for this three-year cooperative agreement are as follows:

- FY 2016 \$105,000 (\$80,000 to support activities to promote AI/AN youth in pursuing health related careers)
- FY 2017 \$25,000
- FY 2018 \$25,000

The total amount of funding for this three-year project period is \$155,000.

#### *Anticipated Number of Awards*

One limited competition award will be issued under this program announcement.

#### *Project Period*

The project period will be for three (3) years and will run consecutively from June 15, 2016 to June 14, 2019.

#### *Cooperative Agreement*

Cooperative agreements awarded by the HHS are administered under the same policies as a grant. The funding agency (IHS) is required to have substantial programmatic involvement in the project during the entire award segment. Below is a detailed description of the level of involvement required for both IHS and the grantee. IHS will be responsible for activities listed under section A and the grantee will be responsible for activities listed under section B as stated:

#### *Substantial Involvement Description for Cooperative Agreement*

##### **A. IHS Programmatic Involvement**

(1) The IHS would like to support an annual meeting of AI/AN physicians and other health professionals. At least two IHS staff will be part of the planning committee for any meetings or training. They will work closely with the planning staff on all aspects of the meeting and training including development of the agenda, keynote speakers, and special educational sessions, etc. The IHS will also provide links to the applicant's Web site from the IHS Web site.

(2) IHS staff will also participate in any Federal meetings with HHS and AI/AN youth to help facilitate information about the various agencies and to encourage youth to consider careers within HHS. This will assist youth to become more knowledgeable about Federal programs and resources available to AI/AN communities.

(3) IHS Clinical Support Center (CSC) will provide a process for offering continuing education (CE) credits for the annual meeting participants. The

CSC is accredited as a sponsor of CE by various medical professional organizations.

(4) IHS Division of Health Professions Support will share information on recruitment strategies and current program information with applicant's staff and members. This sharing and dialogue will enhance communications and improve efforts to reach out to more AI/AN physicians and medical professionals.

##### **B. Grantee Cooperative Agreement Award Activities**

(1) Provide overall coordination and management of the annual meeting of AI/AN physicians and other health professionals, including hosting the planning committee and setting up conference calls and meetings in preparation of the annual meeting.

- (i) Manage registration and logistics for annual meeting.
- (ii) Distribute flyers and brochures to promote the annual meeting.
- (iii) Finalize the agenda and all materials.
- (iv) Provide meeting information on applicant's Web site with links to IHS Web site.

(2) Implement a national Native American youth health careers conference, including organizing the planning committee and setting up conference calls and meetings in preparation for the conference.

- (i) Manage registration and logistics for the conference.
- (ii) Distribute flyers and brochures to promote the conference.
- (iii) Finalize the agenda and all materials.

(3) Coordinate and implement educational workshops for freshman and sophomore undergraduate students to help them explore and prepare for careers in health care and/or research.

(4) Coordinate and implement educational workshops for junior and senior undergraduate students preparing to apply for medical and health professions schools. This workshop should help students with writing personal statements, conducting mock interviews, and providing mentorship on the admission process.

### **III. Eligibility Information**

#### *1. Eligibility*

This new limited competition funding opportunity is limited to 501(c)(3) non-profit organizations. Proof of 501(c)(3) status must be provided. In addition, applicant organizations must meet the following criteria:

- Have as a core goal improving the health of AI/AN.

- Be committed to pursuing excellence in Native American health care by promoting education in the medical disciplines, honoring traditional health principles and restoring the balance of mind, body, and spirit.

- Offer educational programs, services, and activities that motivate AI/AN students to remain in the academic pipeline and to pursue a career in the health professions and/or biomedical research.

- Foster forums where modern medicine combines with traditional healing to enhance health care delivery to AI/AN communities.

- Provide leadership in various care arenas affecting AI/AN, such as diabetes mellitus, HIV/AIDS, domestic violence and methamphetamine use.

**Note:** Please refer to Section IV.2 (Application and Submission Information/ Subsection 2, Content and Form of Application Submission) for additional proof of applicant status documents required such as Tribal resolutions, proof of non-profit status, etc.

#### *2. Cost Sharing or Matching*

The IHS does not require matching funds or cost sharing for grants or cooperative agreements.

#### *3. Other Requirements*

If application budgets exceed the highest dollar amount outlined under the "Estimated Funds Available" section within this funding announcement, the application will be considered ineligible and will not be reviewed for further consideration. If deemed ineligible, IHS will not return the application. The applicant will be notified by email by the Division of Grants Management (DGM) of this decision.

#### *Proof of Non-Profit Status*

Organizations claiming non-profit status must submit proof. A copy of the 501(c)(3) Certificate must be received with the application submission by the Application Deadline Date listed under the Key Dates section on page one of this announcement.

Applicants submitting any of the above additional documentation after the initial application submission due date are required to ensure the information was received by the IHS by obtaining documentation confirming delivery (*i.e.*, FedEx tracking, postal return receipt, etc.).

#### IV. Application and Submission Information

##### 1. Obtaining Application Materials

The application package and detailed instructions for this announcement can be found at <http://www.Grants.gov> or <http://www.ihs.gov/dgm/funding/>.

Questions regarding the electronic application process may be directed to Mr. Paul Gettys at (301) 443-2114 or (301) 443-5204.

##### 2. Content and Form Application Submission

The applicant must include the project narrative as an attachment to the application package. Mandatory documents for all applicants include:

- Table of contents.
- Abstract (one page) summarizing the project.
- Application forms:
  - SF-424, Application for Federal Assistance.
  - SF-424A, Budget Information—Non-Construction Programs.
  - SF-424B, Assurances—Non-Construction Programs.
- Budget Justification and Narrative (must be single spaced and not exceed five pages).
- Project Narrative (must be single spaced and not exceed ten pages).
- Background information on the organization.
- Proposed scope of work, objectives, and activities that provide a description of what will be accomplished, including a one-page Timeframe Chart.
- 501(c)(3) Certificate (if applicable).
- Biographical sketches for all key personnel.
- Contractor/Consultant resumes or qualifications and scope of work.
- Disclosure of Lobbying Activities (SF-LLL).
- Certification Regarding Lobbying (GG-Lobbying Form).
- Copy of current Negotiated Indirect Cost (IDC) rate agreement (required) in order to receive IDC.
- Documentation of current Office of Management and Budget (OMB) Audit as required by 45 CFR part 75, subpart F or other required Financial Audit (if applicable).

Acceptable forms of documentation include:

- Email confirmation from Federal Audit Clearinghouse (FAC) that audits were submitted; or
- Face sheets from audit reports. These can be found on the FAC Web site: <http://harvester.census.gov/sac/dissemin/accessoptions.html?submit=Go+To+Database>.

##### Public Policy Requirements:

All Federal-wide public policies apply to IHS grants and cooperative agreements with exception of the discrimination policy.

##### Requirements for Project and Budget Narratives

A. Project Narrative: This narrative should be a separate Word document that is no longer than ten pages and must: Be single-spaced, be type written, have consecutively numbered pages, use black type not smaller than 12 characters per one inch, and be printed on one side only of standard size 8½" x 11" paper.

Be sure to succinctly address and answer all questions listed under the narrative and place them under the evaluation criteria (refer to Section V.1, Evaluation criteria in this announcement) and place all responses and required information in the correct section (noted below), or they will not be considered or scored. These narratives will assist the Objective Review Committee (ORC) in becoming familiar with the applicant's activities and accomplishments prior to this cooperative agreement award. If the narrative exceeds the page limit, only the first ten pages will be reviewed. The ten-page limit for the narrative does not include the work plan, standard forms, table of contents, budget, budget justifications, and/or other appendix items.

There are three parts to the narrative: Part A—Program Information; Part B—Program Planning and Evaluation; and Part C—Program Report. See below for additional details about what must be included in the narrative.

##### Part A: Program Information (4 Page Limitation)

Section 1: Needs.  
Describe the applicant's organizational commitment and administrative infrastructure to support this agreement. Explain the previous planning activities for any conferences, annual meetings and other forums or programs for AI/AN physicians and other health professionals. Describe the relationship with the IHS and the capacity to support this work.

##### Part B: Program Planning and Evaluation (3 Page Limitation)

Section 1: Program Plans.  
Describe any conferences, annual meetings and other forums or program plans for AI/AN physicians and health professionals in clear detail including the proposed timelines and activities. The purpose of the meeting would be to provide continuing education for

physicians and other health professionals on topics to improve the health of AI/AN patients, families and communities. Describe the anticipated impact of the meeting as it relates to improving the health services for AI/AN. In addition, describe plans to develop a mentoring program and pipeline for recruiting more AI/AN youth into the medical professions. Describe the target audience and goals of such programs to increase the number of AI/AN physicians and health care professionals providing health services to the Native American population.

##### Section 2: Program Evaluation.

Describe fully and clearly the plans for evaluating the impact of an annual meeting of AI/AN physicians and other health care professionals with anticipated results. Describe the plans for mentoring programs and preparing more AI/AN youth to enter the medical professionals in the workforce.

##### Part C: Program Report (3 Page Limitation)

Section 1: Describe major accomplishments over the last 24 months as it relates to recruiting more AI/AN youth into the medical professions and continuing to provide continuing education opportunities (meetings, conferences) for AI/AN physicians and other medical professionals. Please identify and describe significant program achievements associated with improving the health of the AI/AN population. Provide a comparison of the actual accomplishments to the goals established for the project.

B. Budget Narrative: This narrative must include a line item budget with a narrative justification for all expenditures identifying reasonable and allowable costs necessary to accomplish the goals and objectives as outlined in the project narrative. Budget should match the scope of work described in the project narrative. The budget narrative should not exceed five pages.

##### 3. Submission Dates and Times

Applications must be submitted electronically through Grants.gov by 11:59 p.m. Eastern Daylight Time (EDT) on the Application Deadline Date listed in the Key Dates section on page one of this announcement. Any application received after the application deadline will not be accepted for processing, nor will it be given further consideration for funding. Grants.gov will notify the applicant via email if the application is rejected.

If technical challenges arise and assistance is required with the electronic application process, contact

Grants.gov Customer Support via email to [support@grants.gov](mailto:support@grants.gov) or at (800) 518-4726. Customer Support is available to address questions 24 hours a day, 7 days a week (except on Federal holidays). If problems persist, contact Mr. Paul Gettys ([Paul.Gettys@ihs.gov](mailto:Paul.Gettys@ihs.gov)), DGM Grant Systems Coordinator, by telephone at (301) 443-2114 or (301) 443-5204. Please be sure to contact Mr. Gettys at least ten days prior to the application deadline. Please do not contact the DGM until you have received a Grants.gov tracking number. In the event you are not able to obtain a tracking number, call the DGM as soon as possible.

If the applicant needs to submit a paper application instead of submitting electronically through Grants.gov, a waiver must be requested. Prior approval must be requested and obtained from Mr. Robert Tarwater, Director, DGM, (see Section IV.6 below for additional information). The waiver must: (1) Be documented in writing (emails are acceptable), *before* submitting a paper application, and (2) include clear justification for the need to deviate from the required electronic grants submission process. A written waiver request must be sent to [GrantsPolicy@ihs.gov](mailto:GrantsPolicy@ihs.gov) with a copy to [Robert.Tarwater@ihs.gov](mailto:Robert.Tarwater@ihs.gov). Once the waiver request has been approved, the applicant will receive a confirmation of approval email containing submission instructions and the mailing address to submit the application. A copy of the written approval *must* be submitted along with the hardcopy of the application that is mailed to DGM. Paper applications that are submitted without a copy of the signed waiver from the Director of the DGM will not be reviewed or considered for funding. The applicant will be notified via email of this decision by the Grants Management Officer of the DGM. Paper applications must be received by the DGM no later than 5:00 p.m., EDT, on the Application Deadline Date listed in the Key Dates section on page one of this announcement. Late applications will not be accepted for processing or considered for funding.

#### 4. Intergovernmental Review

Executive Order 12372 requiring intergovernmental review is not applicable to this program.

#### 5. Funding Restrictions

- Pre-award costs are not allowable.
- The available funds are inclusive of direct and appropriate indirect costs.
- Only one grant/cooperative agreement will be awarded per applicant.

- IHS will not acknowledge receipt of applications.

#### 6. Electronic Submission Requirements

All applications must be submitted electronically. Please use the <http://www.Grants.gov> Web site to submit an application electronically and select the "Find Grant Opportunities" link on the homepage. Download a copy of the application package, complete it offline, and then upload and submit the completed application via the <http://www.Grants.gov> Web site. Electronic copies of the application may not be submitted as attachments to email messages addressed to IHS employees or offices.

If the applicant receives a waiver to submit paper application documents, they must follow the rules and timelines that are noted below. The applicant must seek assistance at least ten days prior to the Application Deadline Date listed in the Key Dates section on page one of this announcement.

Applicants that do not adhere to the timelines for System for Award Management (SAM) and/or <http://www.Grants.gov> registration or that fail to request timely assistance with technical issues will not be considered for a waiver to submit a paper application.

Please be aware of the following:

- Please search for the application package in <http://www.Grants.gov> by entering the CFDA number or the Funding Opportunity Number. Both numbers are located in the header of this announcement.
- If you experience technical challenges while submitting your application electronically, please contact Grants.gov Support directly at: [support@grants.gov](mailto:support@grants.gov) or (800) 518-4726. Customer Support is available to address questions 24 hours a day, 7 days a week (except on Federal holidays).
- Upon contacting Grants.gov, obtain a tracking number as proof of contact. The tracking number is helpful if there are technical issues that cannot be resolved and a waiver from the agency must be obtained.
- If it is determined that a waiver is needed, the applicant must submit a request in writing (emails are acceptable) to [GrantsPolicy@ihs.gov](mailto:GrantsPolicy@ihs.gov) with a copy to [Robert.Tarwater@ihs.gov](mailto:Robert.Tarwater@ihs.gov). Please include a clear justification for the need to deviate from the standard electronic submission process.
- If the waiver is approved, the application should be sent directly to the DGM by the Application Deadline Date listed in the Key Dates section on page one of this announcement.

- Applicants are strongly encouraged not to wait until the deadline date to begin the application process through Grants.gov as the registration process for SAM and Grants.gov could take up to fifteen working days.

- Please use the optional attachment feature in Grants.gov to attach additional documentation that may be requested by the DGM.

- All applicants must comply with any page limitation requirements described in this Funding Announcement.

- After electronically submitting the application, the applicant will receive an automatic acknowledgment from Grants.gov that contains a Grants.gov tracking number. The DGM will download the application from Grants.gov and provide necessary copies to the appropriate agency officials. Neither the DGM nor the Office of Human Resources will notify the applicant that the application has been received.

- Email applications will not be accepted under this announcement.

#### Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS)

All IHS applicants and grantee organizations are required to obtain a DUNS number and maintain an active registration in the SAM database. The DUNS number is a unique 9-digit identification number provided by D&B which uniquely identifies each entity. The DUNS number is site specific; therefore, each distinct performance site may be assigned a DUNS number. Obtaining a DUNS number is easy, and there is no charge. To obtain a DUNS number, please access it through <http://fedgov.dnb.com/webform>, or to expedite the process, call (866) 705-5711.

All HHS recipients are required by the Federal Funding Accountability and Transparency Act of 2006, as amended ("Transparency Act"), to report information on sub-awards.

Accordingly, all IHS grantees must notify potential first-tier sub-recipients that no entity may receive a first-tier sub-award unless the entity has provided its DUNS number to the prime grantee organization. This requirement ensures the use of a universal identifier to enhance the quality of information available to the public pursuant to the Transparency Act.

#### System for Award Management (SAM)

Organizations that were not registered with Central Contractor Registration and have not registered with SAM will need to obtain a DUNS number first and then access the SAM online registration

through the SAM home page at <https://www.sam.gov> (U.S. organizations will also need to provide an Employer Identification Number from the Internal Revenue Service that may take an additional 2–5 weeks to become active). Completing and submitting the registration takes approximately one hour to complete and SAM registration will take 3–5 business days to process. Registration with the SAM is free of charge. Applicants may register online at <https://www.sam.gov>.

Additional information on implementing the Transparency Act, including the specific requirements for DUNS and SAM, can be found on the IHS Grants Management, Grants Policy Web site: <http://www.ihs.gov/dgm/policytopics/>.

## V. Application Review Information

The instructions for preparing the application narrative also constitute the evaluation criteria for reviewing and scoring the application. Weights assigned to each section are noted in parentheses. The ten page narrative should include only the first year of activities; information for multi-year projects should be included as an appendix. See “Multi-year Project Requirements” at the end of this section for more information. The narrative section should be written in a manner that is clear to outside reviewers unfamiliar with prior related activities of the applicant. It should be well organized, succinct, and contain all information necessary for reviewers to understand the project fully. Points will be assigned to each evaluation criteria adding up to a total of 100 points. A minimum score of 75 points is required for funding. Points are assigned as follows:

### 1. Criteria

#### A. Introduction and Need for Assistance (30 points)

This section should include an understanding of the need for assistance and collaboration for any meetings or trainings. Applicant should demonstrate demographic and health status of the AI/AN people; geographic and social factors including availability of health providers and access to care; funding streams and available resources and partners that can support this work; and organizational structure of the Indian health system. Applicant should also describe the current and projected demand for AI/AN providers.

#### B. Project Objective(s), Work Plan and Approach (40 points)

This section should demonstrate the soundness and effectiveness of the applicant’s proposal. Describe how the planning will be managed and the role of all organizations.

#### C. Program Evaluation (10 points)

This section should show how the progress on this project will be assessed and how the success of the recruitment program will be evaluated. Specifically, list and describe the outcomes by which the program will be evaluated. Identify the individuals responsible for evaluation of the annual meeting and their qualifications.

#### D. Organizational Capabilities, Key Personnel and Qualifications (10 points)

This section outlines the broader capacity of the organization to complete the project outlined in the work plan. It includes the identification of personnel responsible for completing tasks and the chain of responsibility for successful completion of the program outlined in the work plan.

(1) Describe the structure of the organization.

(2) Describe the ability of the organization to manage the proposed projects.

(3) List key personnel who will work on the projects and annual meeting. In the Appendix, include position descriptions and resumes of key staff and their duties and experience. Describe who will be writing progress reports.

#### E. Categorical Budget and Budget Justification (10 points)

This section should provide a clear estimate of the program costs and justification for expenses for the cooperative agreement period. The budget and budget justification should be consistent with the tasks identified in the work plan. If indirect costs are claimed, indicate and apply the current negotiated rate to the budget. Include a copy of the rate agreement in the appendix. Categorical budget (Form SF 424A) should be completed for each of the budget periods requested.

#### Multi-Year Project Requirements

Projects requiring a second, third, fourth, and/or fifth year must include a brief project narrative and budget (one additional page per year) addressing the developmental plans for each additional year of the project.

Additional Documents Can Be Uploaded as Appendix Items in Grants.gov

- Work plan, logic model and/or time line for proposed objectives.
- Position descriptions for key staff.
- Resumes of key staff that reflect current duties.
- Consultant or contractor proposed scope of work and letter of commitment (if applicable).
- Current Indirect Cost Agreement.
- Additional documents to support narrative (*i.e.* data tables, key news articles, etc.).

### 2. Review and Selection

Each application will be prescreened by the DGM staff for eligibility and completeness as outlined in the funding announcement. Applications that meet the eligibility criteria shall be reviewed for merit by the ORC based on evaluation criteria in this funding announcement. The ORC could be composed of both Tribal and Federal reviewers appointed by the IHS program to review and make recommendations on these applications. The technical review process ensures selection of quality projects in a national competition for limited funding. Incomplete applications and applications that are non-responsive to the eligibility criteria will not be referred to the ORC. The applicant will be notified via email of this decision by the Grants Management Officer of the DGM. Applicants will be notified by DGM, via email, to outline minor missing components (*i.e.*, budget narratives, audit documentation, key contact form) needed for an otherwise complete application. All missing documents must be sent to DGM on or before the due date listed in the email of notification of missing documents required.

To obtain a minimum score for funding by the ORC, applicants must address all program requirements and provide all required documentation.

## VI. Award Administration Information

### 1. Award Notices

The Notice of Award (NoA) is a legally binding document signed by the Grants Management Officer and serves as the official notification of the grant award. The NoA will be initiated by the DGM in our grant system, GrantSolutions (<https://www.grantsolutions.gov>). Each entity that is approved for funding under this announcement will need to request or have a user account in GrantSolutions in order to retrieve their NoA. The NoA is the authorizing document for which

funds are dispersed to the approved entities and reflects the amount of Federal funds awarded, the purpose of the grant, the terms and conditions of the award, the effective date of the award, and the budget/project period.

#### Disapproved Applicants

Applicants who received a score less than the recommended funding level for approval (75) and were deemed to be disapproved by the ORC, will receive an Executive Summary Statement from the IHS program office within 30 days of the conclusion of the ORC outlining the strengths and weaknesses of their application submitted. The IHS program office will also provide additional contact information as needed to address questions and concerns as well as provide technical assistance if desired.

#### Approved But Unfunded Applicants

Approved but unfunded applicants that met the minimum scoring range and were deemed by the ORC to be "Approved", but were not funded due to lack of funding, will have their applications held by DGM for a period of one year. If additional funding becomes available during the course of FY 2016 the approved but unfunded application may be re-considered by the awarding program office for possible funding. The applicant will also receive an Executive Summary Statement from the IHS program office within 30 days of the conclusion of the ORC.

**Note:** Any correspondence other than the official NoA signed by an IHS Grants Management Official announcing to the project director that an award has been made to their organization is not an authorization to implement their program on behalf of IHS.

## 2. Administrative Requirements

Cooperative agreements are administered in accordance with the following regulations, policies, and OMB cost principles:

A. The criteria as outlined in this program announcement.

B. Administrative Regulations for Grants: CFR.

• Uniform Administrative Requirements HHS Awards, located at 45 CFR part 75.

C. Grants Policy:

• HHS Grants Policy Statement, Revised 01/07.

D. Cost Principles:

• Uniform Administrative Requirements for HHS Awards, "Cost Principles," located at 45 CFR part 75, subpart E.

E. Audit Requirements:

• Uniform Administrative Requirements for HHS Awards, "Audit

Requirements," located at 45 CFR part 75, subpart F.

### 3. Indirect Costs

This section applies to all grant recipients that request reimbursement of indirect costs (IDC) in their grant application. In accordance with HHS Grants Policy Statement, Part II-27, IHS requires applicants to obtain a current IDC rate agreement prior to award. The rate agreement must be prepared in accordance with the applicable cost principles and guidance as provided by the cognizant agency or office. A current rate covers the applicable grant activities under the current award's budget period. If the current rate is not on file with the DGM at the time of award, the IDC portion of the budget will be restricted. The restrictions remain in place until the current rate is provided to the DGM.

Generally, IDC rates for IHS grantees are negotiated with the Division of Cost Allocation (DCA) <https://rates.psc.gov/> and the Department of Interior (Interior Business Center) <https://www.doi.gov/ibc/services/finance/indirect-Cost-Services/indian-tribes>. For questions regarding the IDC policy, please call the Grants Management Specialist listed under "Agency Contacts" or the main DGM office at (301) 443-5204.

### 4. Reporting Requirements

The grantee must submit required reports consistent with the applicable deadlines. Failure to submit required reports within the time allowed may result in suspension or termination of an active grant, withholding of additional awards for the project, or other enforcement actions such as withholding of payments or converting to the reimbursement method of payment. Continued failure to submit required reports may result in one or both of the following: (1) The imposition of special award provisions; and (2) the non-funding or non-award of other eligible projects or activities. This requirement applies whether the delinquency is attributable to the failure of the grantee organization or the individual responsible for preparation of the reports. Per DGM policy, all reports are required to be submitted electronically by attaching them as a "Grant Note" in GrantSolutions. Personnel responsible for submitting reports will be required to obtain a login and password for GrantSolutions. Please see the Agency Contacts list in section VII for the systems contact information.

The reporting requirements for this program are noted below.

#### A. Progress Reports

Program progress reports are required semi-annually, within 30 days after the budget period ends. These reports must include a brief comparison of actual accomplishments to the goals established for the period, a summary of progress to date or, if applicable, provide sound justification for the lack of progress, and other pertinent information as required. A final report must be submitted within 90 days of expiration of the budget/project period.

The final report for budget/project year one (FY 2016 only) should include:

- The date of the national Native American youth conference; number of high school student attendees; basic information regarding the agenda; and a summary of the results of attendee evaluations.

- The total number of workshops conducted for freshman and sophomore undergraduate students to help them explore and prepare for health education and careers in health care and/or research; number of attendees at each workshop; basic information regarding the agenda; and a summary of the results of attendee evaluations.

- The total number of workshops conducted for junior and senior undergraduate students preparing to apply to medical and health professions schools; number of attendees at each workshop; basic information regarding the agenda; and a summary of the results of attendee evaluations.

#### 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 being reported on all required reports: The Progress Reports and Federal Financial Report (FFR).

#### C. Post Conference Grant Reporting

The following requirements were enacted in Section 3003 of the Consolidated Continuing Appropriations Act, 2013, and Section 119 of the Continuing Appropriations Act, 2014; *Office of Management and Budget Memorandum M-12-12*: All HHS/IHS awards containing grants funds allocated for conferences will be

required to complete a mandatory post award report for all conferences. Specifically: The total amount of funds provided in this award/cooperative agreement that were spent for "Conference X", must be reported in final detailed actual costs *within 15 days of the completion of the conference*. Cost categories to address should be: (1) *Contract/Planner*, (2) *Meeting Space/Venue*, (3) *Registration Web site*, (4) *Audio Visual*, (5) *Speakers Fees*, (6) *Non-Federal Attendee Travel*, (7) *Registration Fees*, (8) *Other*.

#### D. Federal Sub-Award Reporting System (FSRS)

This award may be subject to the Transparency Act sub-award 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 sub-awards 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. This IHS Term of Award is applicable to all IHS grant and cooperative agreements issued on or after October 1, 2010, with a \$25,000 sub-award obligation dollar threshold met for any specific reporting period. Additionally, all new (discretionary) IHS awards (where the project period is made up of more than one budget period) and where: (1) The project period start date was October 1, 2010 or after and (2) the primary awardee will have a \$25,000 sub-award obligation dollar threshold during any specific reporting period will be required to address the FSRS reporting. For the full IHS award term implementing this requirement and additional award applicability information, visit the DGM Grants Policy Web site at: <http://www.ihs.gov/dgm/policytopics/>.

#### E. Compliance With Executive Order 13166 Implementation of Services Accessibility Provisions for All Grant Application Packages and Funding Opportunity Announcements

Recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights law. This means that recipients of HHS funds must ensure equal access to their

programs without regard to a person's race, color, national origin, disability, age and, in some circumstances, sex and religion. This includes ensuring your programs are accessible to persons with limited English proficiency. HHS provides guidance to recipients of FFA on meeting their legal obligation to take reasonable steps to provide meaningful access to their programs by persons with limited English proficiency. Please see <http://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/guidance-federal-financial-assistance-recipients-title-VI/>.

The HHS Office for Civil Rights also provides guidance on complying with civil rights laws enforced by HHS. Please see <http://www.hhs.gov/civil-rights/for-individuals/section-1557/index.html>; and <http://www.hhs.gov/civil-rights/index.html>. Recipients of FFA also have specific legal obligations for serving qualified individuals with disabilities. Please see <http://www.hhs.gov/civil-rights/for-individuals/disability/index.html>. Please contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws at <http://www.hhs.gov/civil-rights/for-individuals/disability/index.html> or call 1-800-368-1019 or TDD 1-800-537-7697. Also note it is an HHS Departmental goal to ensure access to quality, culturally competent care, including long-term services and supports, for vulnerable populations. For further guidance on providing culturally and linguistically appropriate services, recipients should review the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care at <http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>.

Pursuant to 45 CFR 80.3(d), an individual shall not be deemed subjected to discrimination by reason of his/her exclusion from benefits limited by federal law to individuals eligible for benefits and services from the Indian Health Service.

Recipients will be required to sign the HHS-690 Assurance of Compliance form which can be obtained from the following Web site: <http://www.hhs.gov/sites/default/files/forms/hhs-690.pdf>, and send it directly to the: U.S. Department of Health and Human Services, Office of Civil Rights, 200 Independence Ave. SW., Washington, DC 20201.

#### F. Federal Awardee Performance and Integrity Information System (FAPIIS)

The IHS is required to review and consider any information about the

applicant that is in the Federal Awardee Performance and Integrity Information System (FAPIIS) before making any award in excess of the simplified acquisition threshold (currently \$150,000) over the period of performance. An applicant may review and comment on any information about itself that a federal awarding agency previously entered. IHS will consider any comments by the applicant, in addition to other information in FAPIIS in making a judgment about the applicant's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants as described in 45 CFR 75.205.

As required by 45 CFR part 75 Appendix XII of the Uniform Guidance, non-federal entities (NFEs) are required to disclose in FAPIIS any information about criminal, civil, and administrative proceedings, and/or affirm that there is no new information to provide. This applies to NFEs that receive federal awards (currently active grants, cooperative agreements, and procurement contracts) greater than \$10,000,000 for any period of time during the period of performance of an award/project.

#### Mandatory Disclosure Requirements

As required by 2 CFR part 200 of the Uniform Guidance, and the HHS implementing regulations at 45 CFR part 75, effective January 1, 2016, the IHS must require a non-federal entity or an applicant for a federal award to disclose, in a timely manner, in writing to the IHS or pass-through entity all violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award.

Submission is required for all applicants and recipients, in writing, to the IHS and to the HHS Office of Inspector General all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. 45 CFR 75.113

Disclosures must be sent in writing to: U.S. Department of Health and Human Services, Indian Health Service, Division of Grants Management, ATTN: Robert Tarwater, Director, 5600 Fishers Lane, Mail Stop 09E70, Rockville, Maryland 20857.

(Include "Mandatory Grant Disclosures" in subject line)

Ofc: (301) 443-5204

Fax: (301) 594-0899

Email: [Robert.Tarwater@ihs.gov](mailto:Robert.Tarwater@ihs.gov)

AND

U.S. Department of Health and Human Services, Office of Inspector General, ATTN: Mandatory Grant

Disclosures, Intake Coordinator, 330 Independence Avenue SW., Cohen Building, Room 5527, Washington, DC 20201. URL: <http://oig.hhs.gov/fraud/report-fraud/index.asp>.

(Include "Mandatory Grant Disclosures" in subject line)

Fax: (202) 205-0604 (Include "Mandatory Grant Disclosures" in subject line) or.

Email:

[MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov).

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371 Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376 and 31 U.S.C. 3321).

## VII. Agency Contacts

1. Questions on the programmatic issues may be directed to: Susan Karol, M.D., Chief Medical Officer, 5600 Fishers Lane, Mail Stop: 08E53, Rockville, MD 20857, Phone: 301-443-1083, Fax: 301-443-4794, Email: [Susan.Karol@ihs.gov](mailto:Susan.Karol@ihs.gov).

2. Questions on grants management and fiscal matters may be directed to: Ms. Cherron Smith, Grants Management Specialist, 5600 Fishers Lane, Mail Stop: 09E70, Rockville, MD 20857, Phone: 301-443-5204, Fax: 301-443-9602, Email: [Cherron.Smith@ihs.gov](mailto:Cherron.Smith@ihs.gov).

3. Questions on systems matters may be directed to: Paul Gettys, Grant Systems Coordinator, 5600 Fishers Lane, Mail Stop: 09E70, Rockville, MD 20857, 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: April 20, 2016.

**Elizabeth A. Fowler,**

*Deputy Director for Management Operations, Indian Health Service.*

[FR Doc. 2016-09812 Filed 4-26-16; 8:45 am]

**BILLING CODE 4165-16-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Institute of Diabetes and Digestive and Kidney Diseases; Notice of Closed Meetings

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 meetings.

The meetings 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 the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* National Institute of Diabetes and Digestive and Kidney Diseases Special Emphasis Panel; Time-Sensitive Obesity.

*Date:* June 1, 2016.

*Time:* 10:00 a.m. to 2:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, Two Democracy Plaza, 6707 Democracy Boulevard, Bethesda, MD 20892 (Telephone Conference Call).

*Contact Person:* Michele L. Barnard, Ph.D., Scientific Review Officer, Review Branch, DEA, NIDDK, National Institutes of Health, Room 7353, 6707 Democracy Boulevard, Bethesda, MD 20892-2542, (301) 594-8898, [barnardm@extra.niddk.nih.gov](mailto:barnardm@extra.niddk.nih.gov).

*Name of Committee:* National Institute of Diabetes and Digestive and Kidney Diseases Special Emphasis Panel; RFA-DK-15-019: Research using Biosamples and Subjects from Type 1 Diabetes Clinical Studies—Complications (DP3).

*Date:* June 3, 2016.

*Time:* 11:00 a.m. to 3:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, Two Democracy Plaza, 6707 Democracy Boulevard, Bethesda, MD 20892 (Telephone Conference Call).

*Contact Person:* Dianne Camp, Ph.D., Scientific Review Officer, Review Branch, DEA, NIDDK, National Institutes of Health, Room 7013, 6707 Democracy Boulevard, Bethesda, MD 20892-2542, 301-594-7682, [campd@extra.niddk.nih.gov](mailto:campd@extra.niddk.nih.gov).

*Name of Committee:* National Institute of Diabetes and Digestive and Kidney Diseases Special Emphasis Panel; Roles of Brown and Beige Adipose Tissue in Humans (R01).

*Date:* June 22, 2016.

*Time:* 11:00 a.m. to 3:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, Two Democracy Plaza, 6707 Democracy

Boulevard, Bethesda, MD 20892 (Telephone Conference Call).

*Contact Person:* Jian Yang, Ph.D., Scientific Review Officer, Review Branch, DEA, NIDDK, National Institutes of Health, Room 7111, 6707 Democracy Boulevard, Bethesda, MD 20892-5452, (301) 594-7799, [yangj@extra.niddk.nih.gov](mailto:yangj@extra.niddk.nih.gov).

(Catalogue of Federal Domestic Assistance Program Nos. 93.847, Diabetes, Endocrinology and Metabolic Research; 93.848, Digestive Diseases and Nutrition Research; 93.849, Kidney Diseases, Urology and Hematology Research, National Institutes of Health, HHS)

Dated: April 21, 2016.

**David Clary,**

*Program Analyst, Office of Federal Advisory Committee Policy.*

[FR Doc. 2016-09740 Filed 4-26-16; 8:45 am]

**BILLING CODE 4140-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### Center for Scientific Review; Notice of Closed Meetings

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 meetings.

The meetings 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 the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* Center for Scientific Review Special Emphasis Panel; Program Project: Automated Explanation and Hypothesis Generation at the Genome Scale.

*Date:* May 25, 2016.

*Time:* 1:00 p.m. to 4:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892 (Virtual Meeting).

*Contact Person:* Mark Caprara, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 5156, MSC 7844, Bethesda, MD 20892, 301-435-1042, [caprarang@mail.nih.gov](mailto:caprarang@mail.nih.gov).

*Name of Committee:* Cell Biology Integrated Review Group; Nuclear and Cytoplasmic Structure/Function and Dynamics Study Section.

*Date:* May 26-27, 2016.

*Time:* 8:00 a.m. to 5:00 p.m.

*Agenda:* To review and evaluate grant applications.