Authority: Section 330(l) of the Public Health Service Act, as amended.

Justification

The Health Resources and Services Administration will be issuing a noncompetitive award for the State and Regional Primary Care Associations Cooperative Program. Approximately $13,378,721 will be made available in the form of a cooperative agreement to the above list of awardees to extend their April 1, 2016, to March 31, 2017, project and budget period by 3 months to end on June 30, 2017.

The program is authorized by section 330(l) of the Public Health Service (PHS) Act, as amended, to issue grants, cooperative agreements, and contracts to provide necessary technical and non-financial assistance to potential and existing section 330 health centers. Recipients of these cooperative agreements conduct statewide/regional training and technical assistance activities to assist potential and existing health centers in the identified state/region to meet Health Center Program requirements, improve organizational performance, and provide statewide/regional technical assistance.

Through this program, HRSA enters into cooperative agreements with state and regional organizations to provide training and technical assistance. The training and technical assistance activities are based on the identified statewide/regional needs as well as program assistance activities based on HRSA priorities.

FOR FURTHER INFORMATION CONTACT: Matt Kozar, Strategic Initiatives and Planning Division Director, Office of Policy and Program Development, Bureau of Primary Health Care, Health Resources and Services Administration, at *mkozar@hrsa.gov* or 301–443–1034.

Dated: May 17, 2016.

James Macrae,

Acting Administrator.

[FR Doc. 2016–12302 Filed 5–24–16; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the National Advisory Committee on Children and Disasters and the National Preparedness and Response Science Board

AGENCY: Office of the Secretary, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: As stipulated by the Federal Advisory Committee Act, the Department of Health and Human Services (HHS) is hereby giving notice that the National Advisory Committee on Children and Disasters (NACCD) and the National Preparedness and Response Science Board (NPRSB) will be holding a joint public teleconference.

DATES: The NACCD and NPRSB will hold a joint public meeting on June 17, 2016, from 1:00 p.m. to 2:00 p.m. EST. The agenda is subject to change as priorities dictate.

ADDRESSES: Individuals who wish to participate should send an email to *NACCD@HHS.GOV* and *NPRSB@HHS.GOV* with ''NACCD Registration'' or ''NPRSB Registration'' in the subject line. The meeting will occur by teleconference. To attend via teleconference and for further instructions, please visit the NACCD and NPRSB Web sites at *WWW.PHE.GOV/NACCD* or *WWW.PHE.GOV/NPRSB.*

FOR FURTHER INFORMATION CONTACT: Please submit an inquiry via the NPRSB Contact Form or the NACCD Contact Form located at *www.phe.gov/NACCDComments* or *www.phe.gov/NBSBComments.*

SUPPLEMENTARY INFORMATION: Pursuant to the Federal Advisory Committee Act (FACA) of 1972 (5 U.S.C., Appendix, as amended), and section 2811A of the Public Health Service (PHS) Act (42 U.S.C. 300hh–10a), as added by section 103 of the Pandemic and All Hazards Preparedness Reauthorization Act of 2013 (Pub. L. 113–5), the HHS Secretary, in consultation with the Secretary of the U.S. Department of Homeland Security, established the NACCD. The purpose of the NACCD is to provide advice and consultation to the HHS Secretary with respect to the medical and public health needs of children in relation to disasters. Pursuant to section 319M of the PHS Act (42 U.S.C. 247d–7f) and section 222 of the PHS Act (42 U.S.C. 217a), HHS established the NPRSB. The Board shall provide expert advice and guidance to the Secretary on scientific, technical, and other matters of special interest to HHS regarding current and future chemical, biological, nuclear, and radiological agents, whether naturally occurring, accidental, or deliberate. The NPRSB may also provide advice and guidance to the Secretary and/or the Assistant Secretary for Preparedness and Response (ASPR) on other matters related to public health emergency preparedness and response.

Background: This joint public meeting via teleconference will be dedicated to the NACCD and NPRSB's deliberation and vote on the youth leadership task letter received from the ASPR. Subsequent agenda topics will be added as priorities dictate. Any additional agenda topics will be available on the June 17, 2016, meeting Web pages of the NACCD and NPRSB, available at *WWW.PHE.GOV/NACCD* and *WWW.PHE.GOV/NPRSB.*

Availability of Materials: The joint meeting agenda and materials will be posted prior to the meeting on the June 17th meeting Web pages at *WWW.PHE.GOV/NACCD* and *WWW.PHE.GOV/NPRSB.*

Procedures for Providing Public Input: Members of the public are invited to attend by teleconference via a toll-free call-in phone number which is available on the NPRSB or NACCD Web sites at *WWW.PHE.GOV/NACCD* and *WWW.PHE.GOV/NPRSB.* All members of the public are encouraged to provide written comment to the NPRSB and NACCD. All written comments must be received prior to June 17, 2016, and should be sent by email to *NACCD@HHS.GOV* or *NPRSB@HHS.GOV* with ''NACCD Public Comment'' or ''NPRSB Public Comment'' as the subject line. Public comments received by close of business one week prior to the teleconference will be distributed to the NACCD or NPRSB in advance.

Dated: May 18, 2016.

Nicole Lurie,

Assistant Secretary for Preparedness and Response.

[FR Doc. 2016–12318 Filed 5–24–16; 8:45 am]

BILLING CODE P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Medical Professionals Recruitment and Continuing Education Program; Correction

AGENCY: Indian Health Service, HHS.

ACTION: Notice; correction.

SUMMARY: The Indian Health Service published a document in the **Federal Register** on April 27, 2016, for the Fiscal Year 2016 Medical Professionals Recruitment and Continuing Education Program. The notice contained incorrect dates.

FOR FURTHER INFORMATION CONTACT: Dr. Susan Karol, Chief Medical Officer, 5600 Fishers Lane, Mail Stop: 08E53, Rockville, MD 20857, Telephone 301–443–1083. (This is not a toll-free number.)

Correction

In the **Federal Register** of April 27, 2016, in FR Doc. 2016–09812, the following corrections are made:

1. On page 24828, in the first column, under the heading ''Key Dates'', the correct Earliest Anticipated Start Date should read as ''Earliest Anticipated Start Date: August 15, 2016''.

2. On page 24829, in the first column, under the heading ''Project Period'', the correct paragraph should read as ''The project period will be for three (3) years and will run consecutively from August 15, 2016 to August 14, 2019''.

Dated: May 11, 2016.

Elizabeth A. Fowler,

Deputy Director for Management Operations, Indian Health Service.

[FR Doc. 2016–12303 Filed 5–24–16; 8:45 am]

BILLING CODE 4165–16–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; 30-Day Comment Request; Surveys and Interviews To Support an Evaluation of the Innovative Molecular Analysis Technologies (IMAT) Program (NCI)

SUMMARY: Under the provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Cancer Institute, the National Institutes of Health, has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below. This proposed information collection was previously published in the **Federal Register** on March 23, 2016, Vol. 81, Page 15541 and allowed 60-days for public comment. The purpose of this notice is to allow an additional 30 days for public comment. The National Cancer Institute (NCI), National Institutes of Health, may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

Direct Comments to OMB: Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the: Office of Management and Budget, Office of Regulatory Affairs, *OIRA_submission@omb.eop.gov* or by fax to 202–395–6974, Attention: NIH Desk Officer.

Comment Due Date: Comments regarding this information collection are best assured of having their full effect if received within 30 days of the date of this publication.

FOR FURTHER INFORMATION CONTACT: To obtain a copy of the data collection plans and instruments, or request more information on the proposed project, contact: Anthony Dickherber, NCI Center for Strategic Scientific Initiatives, 31 Center Drive, Rm10A33, Bethesda, MD 20892 or call non-toll-free number 301–547–9980 or Email your request, including your address to: *dickherberaj@mail.nih.gov.* Formal requests for additional plans and instruments must be requested in writing.

Proposed Collection: Surveys and Interviews to Support an Evaluation of the Innovative Molecular Analysis Technologies (IMAT) Program (NCI), 0925–0720, Expiration Date 5/31/2016—EXTENSION, National Cancer Institute (NCI), National Institutes of Health (NIH).

Need and Use of Information Collection: The purpose of the proposed evaluation is to pursue a comprehensive process and outcome assessment of the 15-year old Innovative Molecular Analysis Technologies (IMAT) program. While the program consistently offers promising indicators of success, the full program has not been evaluated since 2008, and never in as comprehensive a manner as has been formulated in the current evaluation plan. An outcome evaluation of the long-standing National Cancer Institute's (NCI) IMAT program presents a rich and unique opportunity likely to serve institutes across the National Institutes of Health (NIH), and perhaps other federal agencies, considering the costs and benefits of directing resources towards supporting technology development. An award through the NIH Evaluation Set-Aside program to support this evaluation, for which NIH-wide relevance is a principle element of determining merit for support, is testament to this. The evaluation serves as an opportunity to gauge the impact of investments in technology development and also to assess the strengths and weaknesses of phased innovation award mechanisms. Prior approval from OMB allowed for extensive surveys and interviews already, and this extension is requested to accommodate unforeseen delays in collecting the remaining information.

Like all institutes and centers (ICs) of the NIH, NCI seeks opportunities for improving their programs' utility for the broad continuum of researchers, clinicians and ultimately patients. NCI Acting Director Douglas Lowy and other leadership across NCI, as well as the NCI Board of Scientific Advisors, will be the primary users of the evaluation results. Findings are primarily intended for considering the long-term strategy to support innovative technology development and how to more efficiently translate emerging capabilities through such technologies into the promised benefits for cancer research and clinical care. Interviews with grantees, program officers, review officers, and other NIH awardees make up a crucial component of the evaluation plan and will largely follow set survey protocols. Specific near-term aims include the use of this information to consider the utility of continued investment through existing solicitations and in strategic planning generally for institute support for innovative technology development.

OMB approval is requested for 1 year. There are no costs to respondents other than their time. The total estimated annualized burden hours are 233.

ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total annual burden (in hours)
Interview—IMAT Grantee	IMAT Awardees	18	1	1	18
Web-based Survey—Technology Grantees.	IMAT Awardees; Other NIH Awardees representing comparison group.	379	1	30/60	190
Interview—Tech End-Users	Technology End-Users	50	1	30/60	25
Totals		447	447		233