placement of approximately 50,258 cubic yards of suitable oyster reef substrate through the use of barges and high-pressure water. Areas to be restored would be marked with buoys or clearly marked stakes. Following the completion of the planting, oyster density sampling would be conducted and analyzed at a minimum of six months, one year and two years after clutching at each restoration site.

Ecological benefits associated with the Project would be realized through an array of ecological services in the form of increased fishery and wildlife habitat; increased biodiversity and trophic dynamics; increased filtering capacity to improve water quality and recycle nutrients; increased structural stability to reduce coastal erosion and to protect near shore resources; protection of water quality; and the protection of healthy, diverse and sustainable living coastal marine resources. Beyond the fact that oysters and oyster reef communities represent important food sources for many species of commercially important fish and invertebrates, functioning oyster reefs are also recognized as critical structural and community components which stabilize and sustain a broad array of ecological relationships. Additional outcomes include economic benefits through harvesting, processing, and marketing fishery products locally and regionally by all who enjoy high-quality seafood.

Additional information on this Project, including metrics of success, response to science reviews and more is available in an activity-specific appendix to the FPL, which can be found here: *https://www.restorethegulf.gov.* (Please see the table on page 24 of the FPL and click on *Apalachicola Bay Oyster Restoration,* Implementation.)

Justin R. Ehrenwerth,

Executive Director, Gulf Coast Ecosystem Restoration Council.

[FR Doc. 2016–13356 Filed 6–6–16; 8:45 am]

BILLING CODE 6560–58–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Request for Nominations of Candidates To Serve on the Clinical Laboratory Improvement Advisory Committee (CLIAC) and Request for Suggested Meeting Topics for CLIAC

The Centers for Disease Control and Prevention (CDC) is soliciting nominations for membership on CLIAC and soliciting suggestions for topics to be considered for future Committee deliberation. CLIAC provides scientific and technical advice and guidance to the Secretary, Department of Health and Human Services (HHS); the Assistant Secretary for Health, HHS; the Director, Centers for Disease Control and Prevention (CDC); the Commissioner, Food and Drug Administration (FDA); and the Administrator, Centers for Medicare & Medicaid Services (CMS). The advice and guidance pertain to general issues related to improvement in clinical laboratory quality and laboratory medicine. In addition, the Committee provides advice and guidance on specific questions related to possible revision of the CLIA standards. Examples include providing guidance on studies designed to improve safety, effectiveness, efficiency, timeliness, equity, and patient-centeredness of laboratory services; revisions to the standards under which clinical laboratories are regulated; the impact of proposed revisions to the standards on medical and laboratory practice; and the modification of the standards and provision of non-regulatory guidelines to accommodate technological advances, such as new test methods, the electronic transmission of laboratory information, and mechanisms to improve the integration of public health and clinical laboratory practices.

CLIAC consists of 20 members including the Chair, and represents a diverse membership across laboratory specialties, professional roles (laboratory management, technical specialists, physicians, nurses) and practice settings (academic, clinical, public health), and includes a consumer representative. In addition, the Committee includes three ex officio members (or designees), including the Director, CDC; the Administrator, CMS; and the Commissioner, FDA. A nonvoting representative from the Advanced Medical Technology Association (AdvaMed) serves as the industry liaison. The Designated Federal Officer (DFO) or their designee and the Executive Secretary are present at all meetings to ensure meetings are within applicable statutory, regulatory and HHS General Administration manual directives.

Request for Candidates: Nominations are being sought for individuals who have expertise and qualifications necessary to contribute to accomplishing CLIAC's objectives. Nominees will be selected by the HHS Secretary or designee from authorities knowledgeable across the fields of microbiology (including bacteriology, mycobacteriology, mycology, parasitology, and virology), immunology (including histocompatibility), chemistry, hematology, pathology (including histopathology and cytology), or genetic testing (including cytogenetics); representatives from the fields of medical technology, public health, and clinical practice; and consumer representatives. Members may be invited to serve for terms of up to four years.

The U.S. Department of Health and Human Services policy stipulates that Committee membership be balanced in terms of professional training and background, points of view represented, and the committee's function. Consideration is given on the basis of geographic, ethnic and gender representation. Nominees must be U.S. citizens, and cannot be full-time employees of the U.S. Government. Current participation on federal workgroups or prior experience serving on a federal advisory committee does not disqualify a candidate; however, HHS policy is to avoid excessive individual service on advisory committees and multiple committee memberships. Committee members are Special Government Employees, requiring the filing of financial disclosure reports at the beginning and annually during their terms. CDC reviews potential candidates for CLIAC membership each year, and provides a slate of nominees for consideration to the Secretary of HHS for final selection. HHS notifies selected candidates of their appointment near the start of the term in July, or as soon as the HHS selection process is completed. Note that the need for different expertise and individuals to maintain the appropriate demographic balance varies from year to year and a candidate who is not selected in one year may be reconsidered in a subsequent year.

Candidates should submit the following items to be considered for nomination. The deadline for receipt of materials for the 2017 term is August 1, 2016:

- Current *curriculum vitae,* including complete contact information (name, affiliation, mailing address, telephone number, email address).
- Letter(s) of recommendation from person(s) not employed by the U.S. Department of Health and Human Services.

Request for Suggested Meeting Topics: Consideration of topics for meeting agendas begins approximately four months prior to each meeting. The agendas are developed by CDC in collaboration with CMS, FDA, and the CLIAC Chair. Topics within the scope of

the Committee's charge are selected and questions for CLIAC deliberation are developed to align with the agenda. The agenda is published in the **Federal Register** not less than 15 days before the meeting date and is posted on the CLIAC Web site (*http://wwwn.cdc.gov/cliac/default.aspx*). Suggested meeting topics are invited at any time for consideration at future meetings.

Submission of Candidate Information or Suggestions for Meeting Topics: Candidate suggestions and potential meeting topics may be submitted by:

- Email in care of the CLIAC Secretariat at *CLIAC@cdc.gov*.
- U.S. Postal Service: Attention: CLIAC Secretariat, 1600 Clifton Road NE., Mailstop F–11, Atlanta, GA 30329.

Contact Person for Additional Information: Nancy Anderson, Chief, Laboratory Practice Standards Branch, Division of Laboratory Systems, Center for Surveillance, Epidemiology and Laboratory Services, Office of Public Health Scientific Services, Centers for Disease Control and Prevention, 1600 Clifton Road NE., Mailstop F–11, Atlanta, Georgia 30329–4018; telephone (404) 498–2741; or via email at *NAnderson@cdc.gov.* 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.

[FR Doc. 2016–13438 Filed 6–6–16; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention (CDC)

Office for State, Tribal, Local and Territorial Support (OSTLTS)

In accordance with Presidential Executive Order No. 13175, November 6, 2000, and the Presidential Memorandum of November 5, 2009, and September 23, 2004, Consultation and Coordination with Indian Tribal Governments, CDC/Agency for Toxic Substances and Disease Registry (ATSDR), announces the following meeting and Tribal Consultation Session:

Name: Tribal Advisory Committee (TAC) Meeting and 15th Biannual Tribal Consultation Session.

Times and Dates:

8:00 a.m.–6:30 p.m., August 2, 2016, (TAC Meeting)

8:00 a.m.–12:00 p.m., PDT, August 3, 2016, PDT (TAC Meeting & 15th Biannual Tribal Consultation Session)

Place: The TAC Meeting and Tribal Consultation Session will be held at Rincon's Harrah, 77 Harrah's Rincon Way, Valley Center, California 92082, telephone (760) 362–8990.

Status: The meetings are being hosted by CDC/ATSDR in-person only and are open to the public. Attendees must pre-register for the event by Wednesday, July 13, 2016, at the following link: *http://www.cdc.gov/tribal/meetings.html.*

Purpose: The purpose of these recurring meetings is to advance CDC and ATSDR support for and collaboration with American Indian and Alaska Native (AI/AN) tribes, and to improve the health of AI/AN tribes by pursuing goals that include assisting in eliminating the health disparities faced by AI/AN tribes; ensuring that access to critical health and human services and public health services is maximized to advance or enhance the social, physical, and economic status of AI/ANs; and promoting health equity for all Indian people and communities. To advance these goals, CDC and ATSDR conducts government-to-government consultations with elected tribal officials or their authorized representatives. Consultation is an enhanced form of communication that emphasizes trust, respect, and shared responsibility. It is an open and free exchange of information and opinion among parties that leads to mutual understanding and comprehension.

Matters for Discussion: The Summer 2016 TAC Meeting and Biannual Tribal Consultation Session will provide opportunities for tribal leaders to speak openly about the public health issues affecting their tribes. These meetings will include, but are not limited to, discussions about building tribal public health capacity, intimate partner violence, and reducing opioid dependence and overdose in Indian country.

Tribes will also have an opportunity to present testimony about tribal health issues. All Tribal leaders are encouraged to submit written testimony by 5:00 p.m., EDT, Wednesday, July 13, 2016, to LCDR Jessica Damon, Public Health Advisor for the Tribal Support Unit, OSTLTS, via mail to 4770 Buford Highway NE., MS E–70, Atlanta, Georgia 30341–3717 or email to *TribalSupport@cdc.gov.*

Based on the number of tribal leaders giving testimony and the time available, it may be necessary to limit the time for each presenter.

The agenda is subject to change as priorities dictate. Information about the TAC, CDC/ATSDR's Tribal Consultation Policy, and previous meetings can be found at *http://www.cdc.gov/tribal.*

Contact person for more information: LCDR Jessica Damon, Public Health Advisor, CDC/OSTLTS, 4770 Buford Highway NE., MS E–70, Atlanta, Georgia 30341–3717; email: *TribalSupport@cdc.gov* or telephone (404) 498–0563.

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.

[FR Doc. 2016–13439 Filed 6–6–16; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–16–0770; Docket No. CDC–2016–0047]

Proposed Data Collection Submitted for Public Comment and Recommendations

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice with comment period.

SUMMARY: The Centers for Disease Control and Prevention (CDC), as part of its continuing efforts to reduce public burden and maximize the utility of government information, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995. This notice invites comment on the National HIV Behavioral Surveillance (NHBS) system. CDC is requesting a 3-year approval for revision to the previously approved project to continue collecting standardized HIV-related behavioral data from persons at risk for HIV systematically selected from 25 Metropolitan Statistical Areas (MSAs) throughout the United States.

DATES: Written comments must be received on or before August 8, 2016.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2016–0047 by any of the following methods:

- *Federal eRulemaking Portal: Regulations.gov*. Follow the instructions for submitting comments.
- *Mail:* Leroy A. Richardson, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE., MS–D74, Atlanta, Georgia 30329.