

by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

### Proposed Project

Community-Based Organization Outcome Monitoring Projects for CBO HIV Prevention Services Clients—New—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

### Background and Brief Description

The Community-based Organization (CBO) Outcome Monitoring Projects for CBO-HPS Clients (CBO-OMP) will collect information on HIV prevention services provided to HIV-positive clients and high-risk HIV-negative clients. CBOs are funded through CBO-HPS to provide HIV prevention activities.

CBOs play an essential role in reaching persons at high risk of transmitting and acquiring HIV infection. Through CBO-HPS, CDC funds 90 CBOs to provide

comprehensive HIV prevention services to HIV-positive persons and high-risk HIV-negative persons. However, the CBO-HPS awardees are not required to monitor or report on critical outcomes such as whether HIV-positive persons who are linked to HIV medical care were retained in care or prescribed ART, and whether high-risk HIV-negative persons who were referred to PrEP initiated its use. Also, CBO-HPS CBOs are not required to collect and report data about clients' perceived barriers to accessing HIV prevention services.

The goal of these projects is to fund a subset of CBO-HPS awardees to collect and report data to CDC about the utilization and outcomes of the HIV prevention and support services. This will increase understanding of HIV prevention and support services received by CBO-HPS clients, the outcomes of these services, and successes and challenges related to service provision and utilization. Awardees will collect and report data that are aligned with the Updated NHAS

indicators. These projects will help address the Updated NHAS's call for developing improved mechanisms for monitoring and reporting results of efforts to reduce new HIV infections and improve health outcomes to chart progress over time at both the local and national levels.

The purpose of CBO-OMP is to collect data to monitor critical HIV prevention service outcomes of CBO-HPS clients over time. These data will increase understanding of (a) HIV prevention and support services received by CBO-HPS clients, (b) the outcomes of these services, (c) and successes and challenges related to service provision and utilization. Ultimately, these data will improve performance of CBO-HPS CBOs and contribute to reducing HIV infections, increasing access to care, and improving health outcomes for clients.

There are no additional costs to respondents other than their time. The total estimated annual burden hours are 1,266.

### ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden response (hours)
General public .....	Screener Participant Interview Category 1 .....	175	1	3/60
Facility office staff .....	Medical records abstraction Category 1 .....	150	3	3/60
CBO-HPS grantees .....	CBO-HPS Referrals Category 1 .....	150	3	3/60
General public .....	Baseline Interview Category 1 .....	150	1	40/60
General public .....	3,6,9, and 15 Month Follow-up Interview Category 1 .....	150	4	30/60
General public .....	Screener Focus Group Category 1 .....	150	1	3/60
General public .....	Focus Group Questionnaire Category 1 .....	90	1	2/60
General public .....	Focus Group Category 1 .....	90	1	1.5
CBO-HPS grantees .....	Staff Interview Category 1 .....	30	1	2.5
CBO-OMP CBOs .....	Data submission Category 1 and 2 .....	18	12	10/60
General public .....	Screener Participant Interview Category 2 .....	225	1	3/60
Facility office staff .....	Medical records abstraction Category 2 .....	210	2	3/60
CBO-HPS grantees .....	CBO-HPS Referrals Category 2 .....	210	2	3/60
General public .....	Baseline Interview Category 2 .....	210	1	40/60
General public .....	3,6, and 9 Month Follow-up Interview Category 2 .....	210	3	30/60
General public .....	Screener Focus group Category 2 .....	30	1	3/60
General public .....	Focus Group Questionnaire Category 2 .....	18	1	2/60
General public .....	Focus Group Category 2 .....	18	1	1.5
CBO-HPS grantees .....	Staff Interview Category 2 .....	6	1	2.5

Leroy A. Richardson,

Chief, Information Collection Review Office,  
Office of Scientific Integrity, Office of the  
Associate Director for Science, Office of the  
Director, Centers for Disease Control and  
Prevention.

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### DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### Centers for Disease Control and Prevention

#### Multi-Agency Informational Meeting Concerning Compliance With the Federal Select Agent Program; Public Webcast

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

**ACTION:** Notice of public webcast.

**SUMMARY:** The HHS/CDC's Division of Select Agents and Toxins (DSAT) and the U.S. Department of Agriculture's Animal and Plant Health Inspection Service, Agriculture Select Agent Services (AgSAS) are jointly charged with the oversight of the possession, use and transfer of biological agents and toxins that have the potential to pose a severe threat to public, animal or plant health or to animal or plant products (select agents and toxins). This joint

effort constitutes the Federal Select Agent Program. The purpose of the webcast is to provide guidance related to the Federal Select Agent Program for interested individuals.

**DATES:** The webcast will be held on Wednesday, November 9, 2016 from 12 p.m. to 4 p.m. EST. All who wish to join the webcast should register by November 4, 2016. Registration instructions can be found on the Web site <http://www.selectagents.gov>.

**ADDRESSES:** The webcast will be broadcast from CDC, 1600 Clifton Road NE., Atlanta, GA 30329. This will only be produced as a webcast; therefore, no accommodations will be provided for in-person participation.

**FOR FURTHER INFORMATION CONTACT:** CDC: Ms. Diane Martin, DSAT, Office of Public Health Preparedness and Response, CDC, 1600 Clifton Road NE., MS A-46, Atlanta, GA 30329; phone: 404-718-2000; email: [lrsat@cdc.gov](mailto:lrsat@cdc.gov).  
APHIS: Dr. Keith Wiggins, AgSAS, APHIS, 4700 River Road, Unit 2, Riverdale, MD 20737; phone: 301-851-3300 (option 3); email: [AgSAS@aphis.usda.gov](mailto:AgSAS@aphis.usda.gov).

**SUPPLEMENTARY INFORMATION:** The public webcast is an opportunity for the affected community (*i.e.*, registered entity responsible officials, alternate responsible officials, and entity owners) and other interested individuals to obtain specific regulatory guidance and information concerning biosafety, security and incident response issues related to the Federal Select Agent Program.

Representatives from the Federal Select Agent Program will be present during the webcast to address questions and concerns from the web participants.

Individuals who want to participate in the webcast should complete their registration online by November 4, 2016. The registration instructions are located on this Web site: <http://www.selectagents.gov>.

Dated: August 24, 2016.

**Sandra Cashman,**  
*Executive Secretary, Centers for Disease Control and Prevention.*  
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Administration for Children and Families**

**Proposed Information Collection Activity, Comment Request Proposed Project**

*Title:* State Abstinence Education Program  
*OMB No.:* 0970-0381  
*Description:* Section 215 of the Medicare Access and CHIP Reauthorization Act of 2015 (Pub. L. 114-10) 42 U.S.C. 1305 extended funding through FY 2017 for the State Abstinence Program.

The Family and Youth Services Bureau (FYSB) is accepting applications from States and Territories for the development and implementation of the

State Abstinence Program. The purpose of this program is to support decisions to abstain from sexual activity by providing abstinence programming as defined by Section 510(b) of the Social Security Act (42 U.S.C. 710(b)) with a focus on those groups that are most likely to bear children out-of-wedlock, such as youth in or aging out of foster care and other vulnerable populations.

States are encouraged to develop flexible, medically accurate and effective abstinence-based plans responsive to their specific needs and inclusive of vulnerable populations. These plans must provide abstinence education, and at the option of the State, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity, with a focus on those groups which are most likely to bear children out-of-wedlock. An expected outcome for all programs is to promote abstinence from sexual activity. OMB approval is requested to solicit comments from the public on paperwork reduction as it relates to ACYF's receipt of the following documents from applicants and awardees:

State Plan  
Performance Progress Report

*Respondents:* 50 States and 9 Territories, to include, District of Columbia, Puerto Rico, Virgin Islands, Guam, American Samoa, Northern Mariana Islands, the Federated States of Micronesia, the Marshall Islands and Palau.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
State Plan .....	59	1	40	2,360
Performance Progress Reports .....	59	2	30	3,540
Estimated Total Annual Burden Hours: .....	.....	.....	.....	5,900

In compliance with the requirements of section 506 (c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 330 C St. SW., Washington, DC 20201, Attn: Reports Clearance Officer, email address: [infocollection@acf.hhs.gov](mailto:infocollection@acf.hhs.gov). All request

should be identified by the title of the information collection.

The Department specifically request 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 agencies estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; (d) ways to minimize the burden information to be collected; and (e) 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.*  
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