

Topics to be discussed during this conference call include potential recommendations to the Deputy Assistant Secretary for Minority Health related to delivery system reform, research supporting the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care, and the availability of administrative Medicaid data for academic research on vulnerable populations.

This call will be limited to 125 participants. The OMH will make every effort to accommodate persons with special needs. Individuals who have special needs for which special accommodations may be required should contact Professional and Scientific Associates at (703) 234-1700 and reference this meeting. Requests for special accommodations should be made at least ten (10) business days prior to the meeting.

Members of the public will have an opportunity to provide comments at the meeting. Public comments will be limited to two minutes per speaker during the time allotted. Individuals who would like to submit written statements should email, mail, or fax their comments to the designated contact at least seven (7) business days prior to the meeting.

Any members of the public who wish to have electronic or printed material distributed to ACMH members should email OMH-ACMH@hhs.gov or mail their materials to the Designated Federal Officer, ACMH, Tower Building, 1101 Wootton Parkway, Suite 600, Rockville, Maryland 20852, prior to close of business on May 26, 2015.

Dated: April 30, 2015.

Rashida Dorsey,

Designated Federal Officer, ACMH, Office of Minority Health, U.S. Department of Health and Human Services.

[FR Doc. 2015-11377 Filed 5-11-15; 8:45 am]

BILLING CODE 4150-29-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Office of Direct Service and Contracting Tribes; Tribal Management Grant Program; Correction

AGENCY: Indian Health Service, HHS.

ACTION: Notice; correction.

SUMMARY: The Indian Health Service published a document in the **Federal Register** on March 19, 2015, for the FY 2015 Office of Direct Service and Contracting Tribes; Tribal Management

Grant Program. The notice contained incorrect guidance and an incorrect date.

FOR FURTHER INFORMATION CONTACT: Ms. Patricia Spotted Horse, Program Analyst, Office of Direct Service and Contracting Tribes, Indian Health Service, 801 Thompson Avenue, Suite 220, Reyes Building, Rockville, MD 20852, Telephone (301) 443-1104. (This is not a toll-free number.)

Corrections

In the **Federal Register** of March 19, 2015, in FR Doc. 2015-06353, on page 14395, in the first column, under the heading "FUNDING PRIORITIES," "PRIORITY I," the "March 2009" date should read "March 2010."

Also in the **Federal Register** of March 19, 2015, in FR Doc. 2015-06353, on page 14398, in the first column, from the heading "Universal Entity Identifier (UEI) Numbering System," to just before "V. Application Review Information," the correct language should read as follows:

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 subawards. Accordingly, all IHS grantees must notify potential first-tier subrecipients that no entity may receive a first-tier subaward 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 (CCR) 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: https://www.ihs.gov/dgm/index.cfm?module=dsp_dgm_policy_topics.

Dated: May 4, 2015.

Robert G. McSwain,

Acting Director, Indian Health Service.

[FR Doc. 2015-11435 Filed 5-11-15; 8:45 am]

BILLING CODE 4165-16-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Request for Public Comment: 30-Day Notice for Extension of Fast Track Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery: IHS Customer Service Satisfaction and Similar Surveys

AGENCY: Indian Health Service, HHS.

ACTION: Notice and request for comments. Request for extension of approval.

SUMMARY: As part of a Federal Government-wide effort to streamline the process to seek feedback from the public on service delivery, Indian Health Service (IHS) has submitted a Generic Information Collection Request (Generic ICR): "Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery: IHS Customer Service Satisfaction and Similar Surveys" to the Office of Management and Budget (OMB) for approval under the Paperwork Reduction Act (PRA) (44 U.S.C. 3501 et. seq.).

DATES: Comments must be submitted June 11, 2015.

Direct Your Comments to OMB: Send your comments and suggestions regarding the proposed information collection contained in this notice, especially regarding the estimated public burden and associated response time to: Office of Management and Budget, Office of Regulatory Affairs, New Executive Office Building, Room 10235, Washington, DC 20503, Attention: Desk Officer for IHS.

FOR FURTHER INFORMATION CONTACT: To request additional information, please contact Tamara Clay by one of the following methods:

- *Mail:* Tamara Clay, Information Collection Clearance Officer, Indian Health Service 801 Thompson Avenue, TMP, STE 450-30, Rockville, MD 20852.

- Phone: 301-443-4750.
- Email: Tamara.Clay@ihs.gov.
- Fax: 301-443-4750.

SUPPLEMENTARY INFORMATION:

Title: OMB Control No. 0917-0036, Fast Track Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery: IHS Customer Service Satisfaction and Similar Surveys. *Abstract:* The IHS will be engaging in information collection activities that will garner qualitative customer and stakeholder feedback in an efficient, timely manner, in accordance with the Administration's commitment to improving service delivery within Federal Agencies. Qualitative feedback is information that provides useful insights on perceptions and opinions, but are not statistical surveys that yield quantitative results that can be generalized to the population of study. This feedback will provide insight into customer or stakeholder perceptions, opinions, experiences and expectations, and provide an early warning of issues with service. Also, the collection of qualitative feedback will assist IHS to focus its attention on areas where communication, training, or changes in operations might improve delivery of products or services. These collections will allow for ongoing, collaborative and actionable communications between the Agency and its customers and stakeholders. Furthermore, the collection activity will allow feedback to contribute directly to the improvement of program management.

Feedback or information collected under this generic clearance will provide useful information, but it will not yield data that can be generalized to the overall population. This type of generic clearance for qualitative collection will not be used for quantitative information collections that are designed to yield reliably actionable results, such as monitoring trends over time or documenting program performance. Such data uses require more rigorous designs that address: The target population to which generalizations will be made, sampling frame, sample design (including stratification and clustering), precision requirements or power calculations that justify the proposed sample size, the expected response rate, methods for assessing potential non-response bias, protocols for data collection, and any testing procedures that were or will be undertaken prior fielding the study. Depending on the degree of influence the results are likely to have, such collections may still be eligible for submission for other generic

mechanisms that are designed to yield quantitative results.

The Agency received zero (0) comments in response to the 60-day notice published in the **Federal Register** of March 2, 2015 (80 FR 11206).

Below are provided Indian Health Services projected average estimates for the next three years:¹

Current Actions: Extension of approval for a collection of information.

Type of Review: Extension.

Affected Public: Individuals and households, businesses and organizations, and Tribal Government.

Average expected annual number of activities: 100.

Respondents: 105,000.

Annual responses: 105,000.

Frequency of response: Once per request.

Average minutes per response: 10.

Burden hours: 17,500.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Dated: May 4, 2015.

Robert G. McSwain,

Acting Director, Indian Health Service.

[FR Doc. 2015-11364 Filed 5-11-15; 8:45 am]

BILLING CODE 4160-16-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Injury Prevention Program; Announcement; New and Competing Continuation Cooperation Agreement; Correction

AGENCY: Indian Health Service, HHS.

ACTION: Notice; correction.

SUMMARY: The Indian Health Service published a document in the **Federal Register** on April 14, 2015 for the FY 2015 New and Competing Continuation Cooperative Agreement Funding Announcement. The notice contained an incorrect statement.

FOR FURTHER INFORMATION CONTACT: Nancy Bill, Injury Prevention Program Manager, Indian Health Service, 801

¹ The 60-day notice included the following estimate of the aggregate burden hours for this generic clearance for IHS federal-wide:

Average expected annual number of activities: 100.

Average number of respondents per activity: 1,050.

Annual responses: 105,000.

Frequency of response: Once per request.

Average minutes per response: 10.

Burden hours: 17,500.

Thompson Avenue, TMP Suite 610, Rockville, MD 20852, Telephone (301) 443-0105. (This is not a toll-free number.)

Corrections

In the **Federal Register** of April 14, 2015, 80 FR 19994, on page 19995, in the first column, under the heading "Anticipated Number of Awards," insert the word "Year" in the last sentence in that column to read: "Part II—Five-Year Effective Strategy Projects: Up to \$20,000, for each of the five years, will be awarded to successful applicants (up to 15 awards)."

Dated: May 5, 2015.

Robert G. McSwain,

Acting Director, Indian Health Service.

[FR Doc. 2015-11424 Filed 5-11-15; 8:45 am]

BILLING CODE 4165-16-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Eunice Kennedy Shriver National Institute of Child Health and Human Development; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in section 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 Child Health and Human Development Special Emphasis Panel, Use of 3-D Printers for the Production of Medical Devices.

Date: June 30, 2015.

Time: 1:00 p.m. to 3:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, 6100 Executive Boulevard, Rockville, MD 20852, (Telephone Conference Call).

Contact Person: Sathasiva B. Kandasamy, Ph.D., Scientific Review Officer, Scientific Review Branch, Eunice Kennedy Shriver National Institute of Child Health and Human Development, NIH, 6100 Executive Boulevard, Room 5B01, Bethesda, MD 20892-9304, (301) 435-6680, skandasa@mail.nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.864, Population Research;