of the event for those attending in person. The meeting will take place at the Hubert Humphrey Building, 200 Independence Avenue, Room 800, Washington, DC 20201. In-person attendees should allow time to get through security and will be personally escorted. In order to participate by webinar, please register at the following link: *https://www3.gotomeeting.com/register/769306734.*

After registering, individuals will receive a confirmation email containing information about joining the webinar on the day of the event.

Background Information

As the lead federal agency charged with providing health and human services to all Americans, the challenges facing HHS are tremendous. We are working every day to give Americans the building blocks they need to live healthy and successful lives. In the last few years, the use of mobile health as a tool to improve individual and family health as well as improve patient-provider communication has grown tremendously. Personalized tools and the ability to get instant access to information have empowered individuals to be more engaged in managing their health. According to a Pew Charitable Trusts study conducted in 2012, approximately 85 percent of American adults own a cell phone and 53 percent of these individuals have a smart phone, allowing them access to their email, the internet, and health care applications from any location. Research shows that one in three cell phone users have used their phone to look up health information and, among those with smartphones, more than half report using their cell phone to gather health information. The use of cell phones for health information is highest among those who self identify as caregivers and those of childbearing age. Research conducted by the AAP in 2011 indicated that many parents of young children would value timely information related to nutrition and physical activity and agree that having this information transmitted via their mobile device would be desirable. A group of physicians who participated in a focus group with the AAP indicated that they would consider referring parents and caregivers to a resource that could provide reliable, trust-worthy information on healthy eating and physical activity for young children. Other modalities besides mobile text messaging to communicate health information can include, but are not limited to, video games addressing children's health, online games and programs around childhood health, online communities focused on pediatric health, email and/or phone reminders, personalized information on patient portals, mobile health applications, and physician tear pads.

This RFI builds on efforts to engage stakeholders in the integration of innovative health education strategies. The intent is to build upon existing platforms and outreach models for pediatric health, and support parents and caregivers of young children ages 1–5 years.

The complete message library will be made available to the public on February 20. Below are some examples of the messages contained within the library:

Nutrition

1. We know you're a family on the go, but try to only eat fast food once a week. If eating fast food today, try grilled chicken or pick fruit as a side.

2. 100% fruit juice has sugar that damages teeth as much as soda. Limit to 4–6 oz daily. Try water with fruit slices instead.

3. Fighting a picky eater can be a real challenge, have your picky eater help you make the meal. Let them set the table or stir the vegetables.

Snacking

1. Snacking on the run? Keep cheese sticks, apple slices, and whole grain crackers on hand. 2–3 snacks a day prevent hunger temper tantrums.

2. You are a great role model. Show your preschooler the healthy choices you make by snacking on fruits and veggies together.

3. Let your child pick healthy snacks at the grocery store. Watch this video for a fun idea to do with snacks after the store: bit.ly/sUClvM.

Physical Activity

1. Activity idea! Play freeze dance. Put on your child's favorite music and take turns turning it off and on!

2. Activity idea! Play Follow The Leader! Let your child be the leader too—march, crawl, or dance for fun.

3. Being a parent is a busy job. Try adding exercise to your day by taking the stairs or parking the car away from the store entrance.

Information Requested

In addition to the general solicitation of comments above, we are also asking the following questions for the public to consider in the context of the preceding discussion within this document:

1. What are potential vehicles of communication for disseminating the TXT4Tots message library?

2. How could the TXT4Tots library of messages be integrated into current or new programs or platforms?

3. How could the TXT4Tots library of messages be incorporated into public and private (national, state, local, and tribal) programs and products?

4. How could HHS work with partners to leverage the message library?

5. What are situational opportunities for engaging stakeholders that might lead to behavior change as a result of incorporating the TXT4Tots library into current or new programs?

Dated: January 23, 2013.

Mary K. Wakefield,

Administrator.

[FR Doc. 2013–01728 Filed 1–28–13; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Office of Clinical and Preventive Services Indigenous Child Health—Strong Communities, Healthy Children; Single Source Cooperative Agreement; Funding

Announcement Number: HHS–2013–IHS–HPDP–0001; *Catalog of Federal Domestic Assistance Number:* 93.443.

Key Dates

Application Deadline Date: February 25, 2013.

Review Date: March 4, 2013.

Earliest Anticipated Start Date: March 15, 2013.

Proof of Non-Profit Status Due Date: February 25, 2013.

I. Funding Opportunity Description

Statutory Authority

The Indian Health Service (IHS) Office of Clinical and Preventive Services (OCPS) is announcing a single source cooperative agreement application for support of the 5th International Meeting on Indigenous Child Health. This program is authorized under: the Snyder Act, 25 U.S.C. 13. This program is described in the Catalog of Federal Domestic Assistance under 93.443.

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 1.9 million AI/AN who belong to 566 Federally recognized Tribes in 35 states. The IHS Maternal and Child Health Program evaluates and improves the quality and access to care for AI/AN women and children.

Purpose

The purpose of this IHS cooperative agreement is to work closely with the American Academy of Pediatrics (AAP) and jointly sponsor the 5th International Meeting on Indigenous Child Health which will take place April 19–21, 2013 in Portland, Oregon. This partnership will also include the Canadian Pediatric Society and the First Nations Inuit Health Branch, Health Canada. This meeting will bring together child health providers and researchers dedicated to working with AI/AN, First Nations, Inuit, and Metis children and families. The purpose of the meeting is to better understand the social and health needs of indigenous children internationally and to provide the opportunity for indigenous researchers and health professionals to share their experiences and findings. Best and promising community practices provide opportunities for multi-level engagements. The overall goal is to improve quality, outcomes and access to health care services for indigenous children.

Single Source Justification

The mission of the AAP is to attain optimal physical, mental and social health and well-being for all infants, children, adolescents and young adults. There are no other organizations in the United States (US) that have a mission focused on all aspects of child health, including the health of indigenous children. The AAP Committee on Native American Child Health (CONACH) develops policies and programs that improve the health of Native American children. The CONACH members are committed to increasing awareness of the major health problems facing Native American children. The CONACH also conducts pediatric consultation visits to IHS and Tribal health facilities and works to strengthen ties with Tribes throughout the US. The CONACH has a long history of working with the IHS. The AAP has also developed a Reach Out and Read program that includes a focus on AI/AN children. The AAP and the IHS have sponsored four international conferences on child health over the past nine years. These meetings bring together leading experts on indigenous child health issues and cultural understanding. There are no other conferences focused specifically on indigenous child health that include both the US and Canada at the present time. AI/AN infants, children and youth benefit from this longstanding relationship with AAP. Based on this understanding of each other's mission and the alignment of their work, AAP is uniquely qualified for this partnership. AAP has also created an Indian Health Special Interest Group as a forum for pediatricians and other licensed health care professionals serving AI/AN children to share successes and strategies, sponsor education programs that highlight aspects of providing care to AI/AN children, support the work of the CONACH by disseminating information, and link members to address problems specific to local or regional care of AI/AN children.

II. Award Information

Type of Award

Cooperative Agreement.

Estimated Funds Available

The total amount of funding identified for the current fiscal year FY 2013 is approximately $100,000. Individual award amounts are anticipated to be between $95,000 and $100,000. Any award issued under this announcement is subject to the availability of funds. In the absence of funding, the IHS is under no obligation to make awards that are selected for funding under this announcement.

Anticipated Number of Awards

One single source award will be issued under this program announcement.

Project Period

The project period will be for 7 months and will run from February 15, 2013 to September 14, 2013.

Cooperative Agreement

In the HHS, a cooperative agreement is 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) At least two IHS staff will be part of the planning committee for the 5th International Meeting on Indigenous Child Health and will work closely with the AAP staff on all aspects of the meeting including development of the agenda, keynote speakers, etc.

(2) Participate on all planning conference calls thus ensuring involvement in all aspects of the conference and follow-up work with this partnership.

(3) Identify and work closely with potential presenters. The IHS staff is familiar with AI/AN pediatricians, nurses and others that have clinical and programmatic expertise.

(4) IHS Clinical Support Center (CSC) will assist with continuing education (CE) process for participants. The CSC is accredited as a sponsor of CE by the Accreditation Council for Continuing Medical Education, the American Nurses Credentialing Center Commission on Accreditation and the American Council on Pharmaceutical Education. The purpose of these CE activities is to improve the healthcare for all AI/AN.

(5) Provide meeting information on the IHS Web site as well as links to other collaborations with AAP. The Web site provides a communication tool that is viewed by the Tribes as well as health care professionals.

B. Grantee Cooperative Agreement Award Activities

(1) Overall coordination and management of the meeting.

(2) Host the planning committee and set up conference calls and meetings in preparation of the meeting.

(3) Manage registration and logistics for meeting. The AAP will subcontract with an organization to assist with these tasks.

(4) Award CE credits.

(5) Distribute flyers and brochures to promote the meeting.

(6) Finalize the agenda and all materials.

(7) Provide meeting information on the AAP Web site.

(8) Provide meeting follow-up that impacts the health of AI/AN children. The impact of this meeting will generate opportunities to benefit children and their families and communities.

III. Eligibility Information

1. Eligibility

The AAP is a 501(c)(3) non-profit organization. AAP must provide proof of 501(c)(3) status.

Note: Please refer to Section IV.2 (Application and Submission Information/ Subsection 2, Content and Form of Application Submission) for additional poof of applicant status documents required such as 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 of this decision.

Proof of Non-Profit Status

An applicant submitting any of the above additional documentation after the initial application submission due date is 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/NonMedicalPrograms/gogp/index.cfm?module=gogp_funding.*

Questions regarding the electronic application process may be directed to Paul Gettys at (301) 443–2114.

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.
- Disclosure of Lobbying Activities (SF–LLL).
- Certification Regarding Lobbying (GG-Lobbying Form).
- Copy of current Negotiated Indirect Cost rate (IDC) agreement (required) in order to receive IDC.
- Organizational Chart.
- Documentation of current OMB A–133 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/dissem/accessoptions.html?submit=Go+To+Database.*

Public Policy Requirements

All Federal-wide public policies apply to IHS grants 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 answer all questions listed 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 more familiar with the grantee's activities and accomplishments prior to this grant award. If the narrative exceeds the page limit, only the first ten pages will be reviewed. The 10-page limit for the narrative does not include the work plan, standard forms, table of contents, budget, budget justifications, narratives, 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 (3-Page Limitation)

Section 1: Needs

Describe how the AAP has the organizational commitment and administrative infrastructure to support this international indigenous health meeting. Explain the previous planning activities for this meeting. 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 the conference plans in clear detail including the proposed timelines and activities for this meeting. Describe the anticipated impact of the meeting as it relates to improving the health services for AI/AN children and youth.

Section 2: Program Evaluation

Describe fully and clearly the plans for evaluating the impact of this meeting and anticipated results.

Part C: Program Report (3-Page Limitation)

Section 1: Describe major accomplishments over the last 24 months. Describe major accomplishments over the last 24 months of AAP and its CONACH as it relates to the health of AI/AN children and youth.

Please identify and describe significant program achievements associated with the delivery of quality health services. Provide a comparison of the actual accomplishments to the goals established for the project period.

B. Budget Narrative: This narrative must describe the budget requested and match the scope of work described in the project narrative. The budget narrative should not exceed 5 pages.

3. Submission Dates and Times

Applications must be submitted electronically through Grants.gov by 12:00 a.m., midnight Eastern Standard Time (EST) 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.

The applicant will be notified by the Division of Grants Management (DGM) via email of this decision.

If technical challenges arise and assistance is required with the electronic application process, contact Grants.gov Customer Support via email to *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 Paul Gettys, DGM (*Paul.Gettys@ihs.gov*) at (301) 443–2114. 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 via Grants.gov, prior approval must be requested and obtained (see Section IV.6 below for additional information). The waiver must be documented in writing (emails are acceptable), before submitting a paper application. A copy of the written approval must be submitted along with the hardcopy that is mailed to the DGM. Once the waiver request has been approved, the applicant will receive a confirmation of approval and the mailing address to submit the application. Paper applications that are submitted without a waiver from the Acting Director of DGM will not be reviewed or considered further for funding. The applicant will be notified via email of this decision by the Grants Management Officer of DGM. Paper applications must be received by the DGM no later than 5:00 p.m., EST, 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 10 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* 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 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* with a copy to *Tammy.Bagley@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.
- An applicant is 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 15 working days.
- Please use the optional attachment feature in Grants.gov to attach additional documentation that may be requested by the DGM.
- An applicant 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 OCPS will notify AAP 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 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 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: *http://www.ihs.gov/NonMedicalPrograms/gogp/index.cfm?module=gogp_policy_topics.*

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 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 by IHS in the 5th International Meeting on Indigenous Child Health. Applicant should describe demographic and health status of the AI/AN child health population; geographic and social factors including availability of health providers and access to care; funding streams and available resources and partners that can support AI/AN health care; and organizational structure of the Indian health system.

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

This section should demonstrate the soundness and effectiveness of the AAP's proposal. Describe how the planning will be managed and the specific role of AAP. Describe the AAP's program objectives as they relate to the proposed work plan and IHS program involvement.

C. Program Evaluation (10 Points)

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

(3) List key personnel who will work on the project/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.

2. Review and Selection

The applicant will be prescreened by the DGM staff for eligibility and completeness as outlined in the funding announcement. An incomplete application and/or an application that is non-responsive to the eligibility criteria will not be referred to the ORC. The applicant will be notified by DGM, via email, to outline minor missing components (i.e., signature on the SF–424, 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, the applicant must address all program requirements and provide all required documentation. If the applicant receives less than a minimum score, it will be considered to be ''Disapproved'' and will be informed via email by the IHS Program Office of their application's deficiencies. A summary statement outlining the strengths and weaknesses of the application will be provided to each disapproved applicant. The summary statement will be sent to the Authorized Organizational Representative (AOR) that is identified on the face page (SF–424) of the application within 30 days of the completion of the Objective Review.

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 the grant system, 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

An applicant who receives a score less than the recommended funding level for approval (75) and are 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 weaknesses and strengths of the submitted application. 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

An approved but unfunded applicant that met the minimum scoring range and was deemed by the ORC to be ''Approved'', but was not funded due to lack of funding, will have their application held by DGM for a period of one year. If additional funding becomes available during the course of FY 2013, the approved 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 Office of Management and Budget (OMB) cost principles:

A. The criteria as outlined in this Program Announcement.

B. Administrative Regulations for Grants:

• 45 CFR part 92, Uniform Administrative Requirements for Grants and Cooperative Agreements to State, Local and Tribal Governments. 45 CFR part 74, Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, and other Non-profit Organizations.

C. Grants Policy:

• HHS Grants Policy Statement, Revised 01/07.

D. Cost Principles:

• 2 CFR part 225—Cost Principles for State, Local, and Indian Tribal Governments (OMB Circular A–87).

• 2 CFR part 230 —Cost Principles for Non-Profit Organizations (OMB Circular A–122).

E. Audit Requirements:

• OMB Circular A–133, Audits of States, Local Governments, and Non-profit Organizations.

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 (National Business Center) *http://www.aqd.nbc.gov/services/ICS.aspx.* For questions regarding the indirect cost policy, please call (301) 443–5204 to request assistance.

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. Reports must be submitted electronically via 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, 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.

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 Division of Payment Management, 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 applicant's organization.

Grantees are responsible and accountable for accurate information being reported on all required reports: the Progress Reports and Federal Financial Report.

C. Federal Subaward Reporting System (FSRS)

This award may be subject to the Transparency Act subaward 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 subawards 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 subaward 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 subaward 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 Grants Management Grants Policy Web site at: *http://www.ihs.gov/NonMedicalPrograms/gogp/index.cfm?module=gogp_policy_topics.*

Telecommunication for the hearing impaired is available at: TTY (301) 443–6394.

VII. Agency Contacts

1. Questions on the programmatic issues may be directed to: CAPT Candace Jones, Administrative Officer, Improving Patient Care Program, 5300 Homestead Rd. NE., Albuquerque, NM 87110, Phone: 505–248–4861, Fax: 505–248–4873, Email: *Candace.Jones@ihs.gov.*

2. Questions on grants management and fiscal matters may be directed to: Ms. Cherron Smith, Grants Management Specialist, 801 Thompson Avenue, TMP Suite 360, Rockville, MD 20852, Phone: 301–443–5204, Fax: 301–443–9602, Email: *Cherron.Smith@ihs.gtov.*

3. Questions on systems matters may be directed to: Paul Gettys, Grant Systems Coordinator, 801 Thompson Avenue, TMP Suite 360, Rockville, MD 20852, Phone: 301–443–2114; or the DGM main line 301–443–5204, Fax: 301–443–9602, Email: *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: January 18, 2013.

Yvette Roubideaux,

Director, Indian Health Service.

[FR Doc. 2013–01876 Filed 1–28–13; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; Comment Request: National Institutes of Health Information Collection Forms To Support Genomic Data Sharing for Research Purposes

AGENCY: PHS, DHHS, National Institutes of Health (NIH).

ACTION: Request for comments

SUMMARY: Under the provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request to review and approve the information collection listed below. This proposed information collection was previously published in the **Federal Register** on October 5, 2012 (77 FR 61008), and allowed 60 days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment. NIH 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.

Proposed Collection: Title: National Institutes of Health Information Collection Forms to Support Genomic Data Sharing for Research Purposes; *Type of Information Collection Request:* New; *Need and Use of Information Collection:* The NIH mission is to seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce the burdens of illness and disability. The sharing of research data supports this mission and is essential to facilitate the translation of research results into knowledge, products, practices, and procedures that improve human health.

By enabling secondary research questions to be addressed, data sharing maximizes the public benefit achieved through research investments. NIH's *Policy for Sharing of Data Obtained in NIH Supported or Conducted Genome-Wide Association Studies (GWAS)* was established to enable the full value of GWAS data to be realized. GWAS data are maintained in a central data repository, the database of Genotypes and Phenotypes (dbGaP), which is administered by the National Center for Biotechnology Information (NCBI), part of the National Library of Medicine at NIH.

As stipulated in the NIH GWAS Policy, all principal investigators (PIs) who receive NIH funding to conduct genomic research are expected to register studies with genomic data in dbGaP. The nature of the genomic, phenotypic, and other associated data generated through large-scale human genomic studies requires responsible stewardship throughout research and data sharing activities. Since the data being collected and shared are from human research participants, the protection of participant interests is paramount. PIs submitting data to dbGaP must describe any limitations on sharing the data, as defined in the informed consent provided by the participants from whom the data were originally collected. PIs must also provide basic study information such as the type of data that will be submitted to dbGaP and a description of the study.

Researchers interested in using dbGaP data for secondary research must submit a request through dbGaP and be granted permission from the relevant NIH Data Access Committees to access the data. As part of the request process, researchers must provide information such as a description of the proposed research use of the dbGaP datasets, a data security plan, and a Data Use Certification, in which the researcher agrees to the terms and conditions for use of the data. NIH has developed online forms, which will be available through dbGaP, in an effort to reduce the burden for researchers to complete the study registration, data submission, and data access processes.

Frequency of Response: As necessary.

Description of Respondents: PIs and senior officials from their institutions.

Estimate of Burden: The burden associated with this information collection is calculated in two parts: (1) the burden associated with registering genomic studies and submitting data to dbGaP and (2) the burden associated with applying for genomic data in dbGaP. The annual reporting burden for study registration and data submission is as follows: *Estimated Number of Respondents:* 100; *Estimated Number of Responses per Respondent:* 1; and *Estimated Total Annual Burden Hours Requested:* 63. The annual cost to respondents is estimated at $2,506. The annual reporting burden for applying for genomic data in dbGaP is as follows: *Estimated Number of Respondents:* 1, 266; *Estimated Number of Responses per Respondent:* 2; and *Estimated Total Annual Burden Hours Requested:* 1,583. The annual cost to respondents is estimated at $63,452. There are no capital, operating, or maintenance costs to the respondents.

Type of respondent	Estimated number of respondents	Estimated number of responses per respondent	Average burden per response (in hours)	Estimated total annual burden hours
Study Registration and Data Submission:				
PI	50	1	45/60	38
Senior Official	50	1	30/60	25
Total	100			63
Data Access Request:				
PI	633	2	45/60	950
Senior Official	633	2	30/60	633
Total	1,266			1,583