

Health Service (PHS) Act, was established by section 5508 of Public Law 111–148. Public Law 114–10, the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) provided continued funding for the THCGME Program. THCGME Program awards payment for both direct and indirect expenses to support training for primary care residents in community-based ambulatory patient care settings. THCGME Program Eligible Resident/Fellow FTE Chart, published in the THCGME Funding Opportunity Announcements (FOAs), is a means for determining the number of eligible resident/fellow full-time equivalents (FTEs) in an applicant’s primary care residency program. The current THCGME Program Eligible Resident/Fellow FTE Chart received OMB clearance on September 16, 2013. HRSA is revising the chart to provide clearer projections over a longer period of time.

Need and Proposed Use of the Information: The THCGME Program Eligible Resident/Fellow FTE Chart requires applicants to provide data related to the size and/or growth of the

residency program over previous academic years, the number of residents enrolled in the program during the baseline academic year, and a projection of the program’s proposed expansion over the next 5 academic years. It is imperative that applicants complete this chart and provide evidence of a planned expansion, as per the statute, THCGME funding may only be used to support an expanded number of residents in a residency program or to establish a new residency training program. Utilization of a chart to gather this important information has decreased the number of errors in the eligibility review process resulting in a more accurate review and funding process. In the proposed revisions, the content of the information collected has not changed; however, the order in which the information is presented on the chart has been modified to provide clearer projections over a longer period of time. This extended time frame would allow programs the flexibility to project the variations that occur during the natural expansion and scaling up of residency

programs. This would better equip HRSA to make more accurate future funding projections.

Likely Respondents: Teaching Health Centers applying for THCGME funding through a THCGME FOA, which may include new applicants and existing awardees.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Teaching Health Center GME Program Eligible Resident/Fellow FTE Chart	90	1	90	1	90
Total	90	90	90

Jackie Painter,
Senior Advisor, Division of the Executive Secretariat.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Neurological Disorders and Stroke; Notice of Closed Meetings

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 meetings.

The meetings will be closed to the public in accordance with the provisions set forth in sections 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 Neurological Disorders and Stroke Special Emphasis Panel; R21: Rapid Assessment of Zika Virus (ZIKV) Complications.

Date: August 15, 2016.

Time: 11:00 a.m. to 4:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, Neuroscience Center, 6001 Executive Boulevard, Rockville, MD 20852, (Telephone Conference Call).

Contact Person: Ana Olariu, Ph.D., Scientific Review Administrator, Scientific Review Branch, NINDS/NIH/DHHS, Neuroscience Center, 6001 Executive Blvd., Suite 3204, MSC 9529, Bethesda, MD 20892–9529, 301–496–9223, Ana.olariu@nih.gov.

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

Name of Committee: National Institute of Neurological Disorders and Stroke Special Emphasis Panel; FTD CWOV Review.

Date: August 23–24, 2016.

Time: 8:00 a.m. to 1:00 p.m.

Agenda: To review and evaluate grant applications.

Place: Bethesda North Marriott Hotel and Conference Center, 5701 Marinelli Road, Bethesda, MD 20852.

Contact Person: Ernest Lyons, Ph.D., Scientific Review Administrator, Scientific Review Branch, NINDS/NIH/DHHS, Neuroscience Center, 6001 Executive Blvd., Suite 3204, MSC 9529, Bethesda, MD 20892–9529, 301–496–4056, lyonse@ninds.nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.853, Clinical Research Related to Neurological Disorders; 93.854, Biological Basis Research in the Neurosciences, National Institutes of Health, HHS)

Dated: August 1, 2016.

Sylvia L. Neal,

Program Analyst, Office of Federal Advisory Committee Policy.

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