

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.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

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 meetings and Tribal Consultation Session:

Name: Tribal Caucus, CDC/ATSDR Tribal Advisory Committee (TAC) Meeting and 16th Biannual Tribal Consultation Session

Times and Dates:

8:00 a.m.–5:00 p.m., EST, February 14, 2017 (Tribal Caucus)

8:00 a.m.–5:00 p.m., EST, February 15, 2017 (TAC Meeting and 16th Biannual Tribal Consultation Session)

Place: The Tribal Caucus, TAC Meeting and Tribal Consultation Session will be held at CDC, Global Communications Center, Building 19, Auditorium B3, 1600 Clifton Road NE., Atlanta, Georgia 30329.

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 Friday, January 13, 2017, 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 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 advancing CDC's tribal budget consultation process, connecting cultural and traditional practices to evidence-based interventions, and expanding disease prevention efforts throughout 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., EST, Friday, January 13, 2017, 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.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: ACF Program Instruction—Children's Justice Act.

OMB No.: 0970–0425.

Description: The Program Instruction, prepared in response to the enactment of the Children's Justice Act (CJA), Title II of Public Law 111–320, Child Abuse Prevention and Treatment Act Reauthorization of 2010, provides direction to the States and Territories to accomplish the purposes of assisting States in developing, establishing and operating programs designed to improve: (1) The assessment and investigation of suspected child abuse and neglect cases, including cases of suspected child sexual abuse and exploitation, in a manner that limits additional trauma to the child and the child's family; (2) the assessment and investigation of cases of suspected child abuse-related fatalities and suspected child neglect-related fatalities; (3) the investigation and prosecution of cases of child abuse and neglect, including child sexual abuse and exploitation; and (4) the assessment and investigation of cases involving children with disabilities or serious health-related problems who are suspected victims of child abuse or neglect. This Program Instruction contains information collection requirements that are found in Public Law 111–320 at Sections 107(b) and 107(d), and pursuant to receiving a grant award. The information being collected is required by statute to be submitted pursuant to receiving a grant award. The information submitted will be used by the agency to ensure compliance with the statute; to monitor, evaluate and measure grantee achievements in addressing the investigation and prosecution of child abuse and neglect; and to report to Congress.

Respondents: State governments

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Application and Annual Report	52	1	60	3,120

Estimated Total Annual Burden Hours: 3,120.

Additional Information

Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 330 C Street SW., Washington, DC 20201. Attention Reports Clearance Officer. All requests should be identified by the title of the information collection. Email address: infocollection@acf.hhs.gov.

OMB Comment

OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Email: OIRA_SUBMISSION@OMB.EOP.GOV. Attn: Desk Officer for the Administration for Children and Families.

Robert Sargis,

Reports Clearance Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: State Abstinence Education Program.

OMB No.: 0970-0381.

Description: Section 510 of the Social Security Act (42 U.S.C. 710), as amended by section 214 of the Medicare Access and Children’s Health Insurance Program Reauthorization Act of 2015 (Pub. L. 114-10) extended funding through FY 2017 for the State Abstinence Program.

The Family and Youth Services Bureau (FYSB) of the Administration for Children and Families’ (ACF) Administration on Children, Youth and Families (ACYF) 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.

Additional Information: Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 330 C Street SW., Washington, DC 20201. Attention Reports Clearance Officer. All requests should be identified by the title of the information collection. Email address: infocollection@acf.hhs.gov.

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SUBMISSION@OMB.EOP.GOV, Attn: Desk Officer for the Administration for Children and Families.

Robert Sargis,

Reports Clearance Officer.

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