

regardless of whether microcephaly or other conditions are diagnosed prenatally or at birth. CDC has published clinical guidance for care of pregnant women with evidence of Zika infection and care of infants born to mothers who had Zika infection.

4. Improve Provider Capacity and Capability

We recognize that award recipients will have varying levels of infrastructure, provider capacity and capability, and other funding sources devoted to addressing Zika. Sufficient provider capacity and capability is critical to ensure successful implementation of an effective Zika prevention initiative in increasing access to contraceptives; reducing barriers to diagnostic testing, screening and counseling; and increasing access to appropriate specialized healthcare services.

This funding opportunity has been structured to ensure an effective Zika response that addresses the four critical components of a comprehensive response to Zika as quickly as possible. Accordingly, the single source emergency funding opportunity is solely available to the territorial and state health departments in American Samoa, Puerto Rico, the U.S. Virgin Islands, and Florida, based on their ability to quickly and efficiently expand their existing Zika response efforts and to further determine the most effective use and dissemination of funds in their respective jurisdictions. The health departments in American Samoa, Puerto Rico, U.S. Virgin Islands, and Florida are uniquely positioned to meet the goals of the emergency cooperative agreement based on their capacity, partnerships, resources, prior experience, and ability to begin implementing the project immediately. Immediate implementation is critical to successfully addressing this rapidly spreading public health threat.

The budget and project period under the specific funding opportunity will be 36 months. The total amount of federal funds available in the first round is up to \$66,100,000 as follows:

- American Samoa Government Department of Health: \$1,100,000
- Puerto Rico Health Department: \$60,600,000
- U.S. Virgin Islands Department of Health: \$2,100,000
- Florida Department of Health: \$2,300,000

A majority of the first round funds are being allocated to Puerto Rico based on the magnitude of infections and likely rates of infants born to mothers with maternal Zika infection. We expect to issue a second round of funds through an additional funding opportunity announcement in 2017. The initial funding opportunity seeks to issue funds to currently support areas of greatest need, while maintaining additional funds to prevent, detect, and respond to future Zika outbreaks.

III. Collection of Information Requirements

This notice establishes funding opportunities for health departments in areas with laboratory-confirmed active or local Zika virus transmission. Since we estimate fewer than ten respondents (American Samoa, Puerto Rico, the U.S. Virgin Islands, and Florida), any information collection requirements and burden are exempt (5 CFR 1320.3(c)) from the requirements of the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*).

Dated: November 30, 2016.

Andrew M. Slavitt,
Acting Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 2016-29492 Filed 12-8-16; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Provision of Child Support Services in IV-D Cases under the Hague

Child Support Convention; Federally Approved Forms.

OMB No.: 0970-0488.

On January 1, 2017, the 2007 Hague Convention on the International Recovery of Child Support and Other Forms of Family Maintenance will enter into force for the United States. In order to comply with the Convention, the U.S. must implement the Convention's case processing forms.

State and Federal law require states to use Federally-approved case processing forms. Section 311(b) of UIFSA 2008, which has been enacted by all 50 states, the District of Columbia, Guam, Puerto Rico and the Virgin Islands, requires States to use forms mandated by Federal law. 45 CFR 303.7 also requires child support programs to use federally-approved forms in intergovernmental IV-D cases unless a country has provided alternative forms as a part of its chapter in a Caseworker's Guide to Processing Cases with Foreign Reciprocating Countries.

OCSE received few comments on the burden estimate related to this proposed collection during the 60-day comment period, which started September 30, 2016 (**Federal Register** Volume 81, Number 190, page 67355). Therefore, we have not changed the burden estimate. Concurrent with this request, OCSE requested an emergency clearance, pursuant to section 1320.13 of the implementing rule of the Paperwork Reduction Act, so that States could begin using the forms by January 1, 2017, the effective date for the Hague Child Support Convention in the U.S. OMB granted emergency approval, which will expire on May 31, 2017.

Respondents: State, local, or Tribal agencies administering a child support enforcement program under title IV-D of the Social Security Act.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Annex I: Transmittal form under Article 12(2)	54	46	1	2,484
Annex II: Acknowledgment form under Article 12(3)	54	93	.5	2,511
Annex A: Application for Recognition and Enforcement, including restricted information on the applicant	54	19	.5	513
Annex A: Abstract of Decision	54	5	1	270
Annex A: Statement of Enforceability of Decision	54	19	0.17	174
Annex A: Statement of Proper Notice	54	5	.5	135

ANNUAL BURDEN ESTIMATES—Continued

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Annex A: Status of Application Report	54	37	.33	659
Annex B: Application for Enforcement of a Decision Made or Recognized in the Requested State, including restricted information on the applicant	54	19	.5	513
Annex B: Status of Application Report, Article 12	54	37	.33	659
Annex C: Application for Establishment of a Decision, including restricted information on the Applicant	54	5	.5	135
Annex C: Status of Application Report—Article 12	54	9	.33	160
Annex D: Application for Modification of a Decision, including Restricted Information on the Applicant	54	5	.5	135
Annex D: Status of Application Report—Article 12	54	9	.33	160
Annex E: Financial Circumstances Form	54	46	2	4,968

Estimated Total Annual Burden Hours: 13,478.

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.
 [FR Doc. 2016–29590 Filed 12–8–16; 8:45 am]
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request Proposed Projects:

Title: ADP & Services Conditions for FFP for ACF.

OMB No.: 0970–0417.

Description: State child support agencies are required to establish and operate a federally approved statewide automated data processing and information retrieval system to assist in child support enforcement. States are required to submit an initial advance automated data processing planning

document (APD) containing information to assist the Secretary of the Department of Health and Human Services in determining if the state computerized support enforcement system meets federal requirements and providing federal approval. States are also required to submit annually an updated APD for oversight purposes. Based on assessment of the information provided in the initial or updated APDs, states that do not meet federal requirement approval will need to complete an independent verification and validation.

The Advance Planning Document (APD) process, established in the rules at 45 CFR part 95, Subpart F, is the procedure by which States request and obtain approval for Federal financial participation in their cost of acquiring Automatic Data Processing (ADP) equipment and services. State agencies that submit APD requests provide the Department of Health and Human Services (HHS) with the following information necessary to determine the States' needs to acquire the requested ADP equipment and/or services:

Respondents: States.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
RFP and Contract	54	1.5	4	324
Emergency Funding Request	5	.1	2	1
Biennial Reports	54	1	1.50	81
Advance Planning Document	34	1.2	120	4,896
Operational Advance Planning Document	20	1	30	600
Independent Verification and Validation (ongoing)	3	4	10	120
Independent Verification and Validation (semiannually)	1	2	16	32
Independent Verification and Validation (quarterly)	1	4	30	120
System Certification	1	1	240	240

Estimated Total Annual Burden Hours: 6,414.

In compliance with the requirements of the Paperwork Reduction Act of 1995

(Pub. L. 104–13, 44 U.S.C. Chap 35), 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