

Document Format (PDF) only and be submitted via email to nvpo@hhs.gov. The name(s) of all PDF files uploaded should begin with "NVPO_RFI_MODEL" followed by the organization name and the sequential number of the file, if more than one file is submitted. All submissions responsive to this RFI must be made as indicated above. Mailed paper submissions will not be reviewed.

FOR FURTHER INFORMATION CONTACT: National Vaccine Program Office, Office of the Assistant Secretary for Health, Department of Health and Human Services; telephone (202) 690-5566; email: nvpo@hhs.gov.

SUPPLEMENTARY INFORMATION: Responses to this RFI should include the organization's full name and headquarters location. They should also include the name of a point-of-contact and his/her email and conventional mailing addresses. Companies are invited to respond to the following request for information:

1. Description of the business model, existing, under development or planned, and how it addresses any of the following:
 - a. Purchase of vaccines for privately-insured/private pay patients
 - b. Bill private insurers for vaccines and vaccine administration
 - c. Proper storage and handling of privately-purchased vaccines
 - d. Management of private vaccine inventories separate from public vaccine inventories
 - e. Report vaccine administration to IIS, including models for populating IIS directly/automatically from EHRs
 - f. Forecast vaccine demand
 - g. Quality improvement efforts to improve vaccination coverage
 - h. Ability to conduct mass vaccination clinics as part of an emergency response
 - i. Implementation of vaccination as part of occupational health clinics (including federally-sponsored occupational health clinics).
2. Description of the practices served, or planned to be served, including geographic locations, patients served (e.g., pediatrics, specialists, health care providers serving adults, etc.), and practice types (e.g., large health system, private practices, group practices, etc.).
3. Summary of any evaluations of the business model's effectiveness in expanding accessibility to vaccines for privately-insured patients to new groups of health care providers who did not previously provide immunizations or to existing health care providers to expand their immunization services and/or improvements in vaccination coverage

for patients served by participating practices.

This request for information is for informational purposes only and shall not be construed as a solicitation for funding applications/proposals or as creating an obligation on the part of the government. The government will not pay for the preparation costs of any information submitted in response to this RFI. Responses to any of the above areas are welcome; respondents should not feel compelled to address all the issues identified in the request. Responses will be compiled without company identifiers and shared with HHS Operating Divisions (e.g., the Centers for Disease Control and Prevention) and advisory committees as appropriate. Public release of the data submitted is governed by the Freedom of Information Act (<https://www.hhs.gov/foia/>). Response to the RFI will not be returned.

Information collection sponsored by the NVPO required for the purposes of informing the National Vaccine Program and the National Vaccine Plan is not subject to Chapter 35 of title 44, United States Code [the Paperwork Reduction Act] as indicated in 42 U.S.C. 300aa-1 note (section 321 of Pub. L. 99-660).

Dated: January 4, 2017.

Roula K. Sweis,

*Chief of Operations and Management,
National Vaccine Program Office.*

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Request for Public Comment: 30 Day Proposed Information Collection: Environmental Health Assessment of Tribal Child Care Centers in the Pacific Northwest

AGENCY: Indian Health Service, HHS.

ACTION: Notice and request for comments.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, the Indian Health Service (IHS) is submitting to the Office of Management and Budget (OMB) a request for an extension of a previously approved collection of information titled, "Indian Health Service Environmental Health Assessment of Tribal Child Care Centers in the Pacific Northwest" (OMB Control Number 0917-NEW), which expired September 23, 2016. This proposed information collection project was recently published in the **Federal**

Register (81 FR 48437) on July 25, 2016, and allowed 60 days for public comment. The IHS received no comments regarding this collection. The purpose of this notice is to allow 30 days for public comment to be submitted directly to OMB.

A copy of the supporting statement is available at www.regulations.gov (see Docket ID IHS-2015-0003).

DATES: February 9, 2017. Your comments regarding this information collection are best assured of having full effect if received within 30 days of the date of this publication.

ADDRESSES: Send your written comments, requests for more information on the collection, or requests to obtain a copy of the data collection instrument and instructions to Ms. Celeste Davis by one of the following methods:

- *Mail:* Ms. Holly Thompson Duffy, Environmental Protection Specialist, Division of Environmental Health Services/Emergency Management Coordinator, U.S. DHHS/Indian Health Service, 1414 NW Northrup St., 800, Portland, OR 97209.
- *Phone:* 509-455-3539.
- *Email:* Holly.Thompsonduffy@ihs.gov.
- *Fax:* 503-414-7776.

SUPPLEMENTARY INFORMATION: The Indian Health Service is submitting the proposed information collection to OMB for review, as required by section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995. This notice is soliciting comments from members of the public and affected agencies as required by 44 U.S.C. 3506(c)(2)(A) concerning the proposed collection of information to: (1) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (2) Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information; (3) Enhance the quality, utility, and clarity of the information to be collected; and (4) Minimize the burden of the collection of information on those who are to respond; including through the use of appropriate automated collection techniques of other forms of information technology, e.g., permitting electronic submission of responses.

Title of Proposal: Environmental Health Assessment of Tribal Child Care Centers in the Pacific Northwest.

OMB Control Number: To be assigned.
Need for the Information and Proposed Use: The Portland Area Indian Health Service (IHS) and Environmental

Protection Agency (EPA) seek to conduct an environmental health assessment of Tribal child care centers in Portland Area Indian Country (in the states of Washington, Oregon, and Idaho). There is a significant data gap regarding the levels of lead, allergens, pesticides, and polychlorinated biphenyls (PCBs) in child care centers within Portland Area Indian Country. This research will help us understand the potential for exposure to these chemicals among children who attend. For example, *Eliminating Childhood Lead Poisoning: A Federal Strategy Targeting Lead Paint Hazards*, produced by the President’s Task Force on Environmental Health Risks and Safety Risks to Children, discusses the need for more data on lead levels in licensed child care facilities. Also, data is limited on the interrelationships between exposure factors, building factors, and community factors and their combined impact on children’s exposures from chemical agents in child care environments. Non-chemical stressors,

such as noise, number of windows in the child care center, tree cover, and shade cover in play area, will be included in data collection. Community factors, such as mapping the locations of the child care facilities, roads, and agricultural operations, will be included in data collection in order to evaluate the relationship between indoor air quality and the outdoor environment. IHS and EPA will also incorporate follow-up outreach and education with facilities to explain results and suggest corrective actions to remediate or reduce exposures from lead, allergens, pesticides, and PCBs that are detected in the facilities. The principal purpose of this project is to provide valuable data about the levels of lead, allergens, pesticides, and PCBs in child care facilities located in Portland Area Indian Country. This project will help prioritize services and funding based on known needs and risks in order to help facilities obtain needed services. This data may help Tribes secure funding from the Federal Head Start program

and other funding sources for repairs, rehabilitations or other corrective action. This study may also provide Federal Head Start and Tribal programs with data to improve standards and initiate policy changes, if necessary. IHS will also provide indoor air quality kits to the facilities and environmental health training to center staff to provide methods and practices for preventing and controlling indoor environmental hazards. This project may be replicated in other IHS areas.
Agency Form Numbers: None.
Members of Affected Public: Operators of Tribal child care facilities and pesticide applicators who work in child care facilities.
Status of the Proposed Information Collection: New request.
The table below provides: Types of data collection instruments, Estimated number of respondents, Number of responses per respondent, Annual number of responses, Average burden hour per response, and Total annual burden hours.

Data collection instrument	Type of respondent	Number of respondents	Number responses per respondent	Average burden per response (hours)	Estimated burden hours
Child Care Center Director Questionnaire.	Child Care Center Director	45	1	1.5	67.5
Pesticide Applicator Questionnaire ...	Pesticide Applicator	30	1	0.5	15
Total	75	82.5

There are no direct costs to respondents other than time to voluntarily complete the forms and submit them for consideration.

Dated: December 14, 2016.
Mary Smith,
Principal Deputy Director, Indian Health Service.
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BILLING CODE 4165–16–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Indian Health Professions Preparatory, Indian Health Professions Pre-Graduate and Indian Health Professions Scholarship Programs

Announcement Type: Initial CFDA Numbers: 93.971, 93.123, and 93.972

Key Dates

Application Deadline: February 28, 2017, for continuing students
Application Deadline: March 28, 2017, for new students

Application Review: May 8–22, 2017
Continuation Award Notification Deadline: June 5, 2017
New Award Notification Deadline: July 5, 2017
Award Start Date: August 1, 2017
Acceptance/Decline of Awards Deadline: August 15, 2017

I. Funding Opportunity Description

The Indian Health Service (IHS) is committed to encouraging American Indians and Alaska Natives to enter the health professions and to assuring the availability of Indian health professionals to serve Indians. The IHS is committed to the recruitment of students for the following programs:

- The Indian Health Professions Preparatory Scholarship authorized by Section 103 of the Indian Health Care Improvement Act, Public Law 94–437 (1976), as amended (IHCA), codified at 25 U.S.C. 1613(b)(1).
- The Indian Health Professions Pre-graduate Scholarship authorized by Section 103 of the IHCA, codified at 25 U.S.C. 1613(b)(2).
- The Indian Health Professions Scholarship authorized by Section 104

of the IHCA, codified at 25 U.S.C. 1613a.
 Full-time and part-time scholarships will be funded for each of the three scholarship programs.
 The scholarship award selections and funding are subject to availability of funds appropriated for the scholarship program.
II. Award Information
Type of Award
 Scholarship.
Estimated Funds Available
 An estimated \$13.7 million will be available for fiscal year (FY) 2017 awards. The IHS Scholarship Program (IHSSP) anticipates, but cannot guarantee, due to possible funding changes, student scholarship selections from any or all of the approved disciplines in the Preparatory, Pre-graduate or Health Professions Scholarship Programs for the scholarship period 2017–2018. Due to the rising cost of education and the decreasing number of scholars who can be funded by the IHSSP, the IHSSP has