

ESTIMATE OF ANNUALIZED BURDEN HOURS

Type of respondent	Form	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Physician	CDC 4.422-1	200	1	10/60	33
Physician	CDC 4.422-1a or letter	200	1	20/60	67
Total .....	.....	.....	.....	.....	100

Leroy A. Richardson,
 Chief, Information Collection Review Office,
 Office of Scientific Integrity, Office of the
 Associate Director for Science, Office of the
 Director, Centers for Disease Control and
 Prevention.

[FR Doc. 2017-01742 Filed 1-25-17; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

[Document Identifier: 0990-0419-60D]

Agency Information Collection Activities; Proposed Collection; Public Comment Request

AGENCY: Office of the Secretary, HHS.

ACTION: 60-Day notice.

SUMMARY: In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). The ICR is for extending the use of the approved information collection assigned OMB control number 0990-

0419, which expires on June 30, 2017. Prior to submitting the ICR to OMB, OS seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on the ICR must be received on or before March 27, 2017.

ADDRESSES: Submit your comments to *Information.CollectionClearance@hhs.gov* or by calling (202) 690-5683.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the document identifier 0990-0419-60D for reference.

Information Collection Request Title: Acquisition Regulation Clause Patent Rights and Rights and Data.

OMB No.: 0990-0419.

Abstract: The Department of Health and Human Services; Office of the Assistant Secretary for Financial Resources and Office of Grants and Acquisition Policy and Accountability, Division of Acquisition, is requesting an approval by OMB for an extension of a previously approved information collection request, 0990-0419—Acquisition Regulation Clause Patent Rights and Rights in Data. HHS found that systematically, over a period of several years, when Determination of Exceptional Circumstances (DEC) were

executed, additional legal protection for the patent and data rights of third parties beyond those covered by FAR 27.306 were necessary. A DEC is executed consistent with the policy and objectives of the Bayh-Dole Act, 35 U.S.C. 200, *et seq.*, to ensure that subject inventions made under contracts and subcontracts (at all tiers) are used in a manner to promote free competition and enterprise without unduly encumbering future research and discovery; to encourage maximum participation of small business firms in federally supported research and development efforts; to promote collaboration between commercial concerns and nonprofit organizations including universities; to ensure that the Government obtains sufficient rights in federally supported inventions to meet its needs; to protect the public against nonuse or unreasonable use of inventions; and in the case of fulfilling the mission of the U.S. Department of Health and Human Services, to ultimately to benefit the public health.

Likely Respondents: Administrative, technical, legal and management personnel.

The total annual burden hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Information collection	Type of respondent and hours for each	Number of respondents	Number of responses per respondent	Average burden per response (hours)	Total burden hours
(a)	Technical (4)	63	1	8	504
	Legal (2)				
	Management (2)				
(b)	Technical (8)	63	1	12	756
	Legal (2)				
	Management (2)				
(c)	Technical (8)	63	3	12 (36)	2268
	Legal (3)				
	Management (1)				
(d)	Technical (8)	63	3	14 (42)	2646
	Legal (4)				
	Management (2)				
(e)	Technical (6)	63	1	10	630
	Legal (2)				
	Management (2)				

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS—Continued

Information collection	Type of respondent and hours for each	Number of respondents	Number of responses per respondent	Average burden per response (hours)	Total burden hours
(f)	Technical (4)	63	1	8	504
	Legal (2)				
	Management (2)				
(g)	Administrative (8)	63	3	8 (24)	1512
(h)	Administrative (2)	63	3	3 (9)	567
	Management (1)				
(i)	Technical (4)	63	3	8 (24)	1512
	Legal (2)				
	Management (2)				
Total ....	.....	63	19	83 (173)	10,899

OS specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions, (2) the accuracy of the estimated burden, (3) ways to enhance the quality, utility, and clarity of the information to be collected, and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Terry S. Clark,

Asst. Information Collection Clearance Officer.

[FR Doc. 2017-01759 Filed 1-25-17; 8:45 am]

BILLING CODE 4150-24-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

[Funding Announcement Number: HHS-2017-IHS-IPP-0001]

Injury Prevention Program Announcement; New Cooperative Agreement

Catalog of Federal Domestic Assistance Number: 93.284

Key Dates

Application Deadline Date: February 26, 2017.

Review Date: March 21-24, 2017.

Earliest Anticipated Start Date: April 15, 2017.

Signed Tribal Resolutions Due Date: February 26, 2017.

Proof of Non-Profit Status Due Date: February 26, 2017.

I. Funding Opportunity Description

Statutory Authority

The Indian Health Service (IHS), Division of Environmental Health Services is accepting competitive cooperative agreement (CA) applications

for the Injury Prevention Program (IPP) for American Indians and Alaska Natives (AI/AN). The program is authorized under 25 U.S.C. 13, Snyder Act, and 42 U.S.C., Section 301(a), Public Health Service Act, as amended. This program is described in the Catalog of Federal Domestic Assistance under 93.284.

Background

Injuries are the single leading cause of death for AI/AN between the ages of 1 and 44 years. (Indian Health Focus: Injuries 2015 Edition, IHS, Division of Program Statistics). Depending on the type of injury, AI/AN experience injury mortality rates that are 2.5 to 8.7 times higher than the U.S. all races rates. This funding opportunity was developed by the IHS IPP to address the disparity in injury rates by encouraging Tribes to implement injury prevention projects based on evidence-based, effective strategies.

Injury prevention evidence-based, effective strategies are prevention methods that have been scientifically proven to prevent injuries. Injury prevention programs and projects are most effective when based on these model practices. Though not repeatedly scientifically proven to be effective, the use of promising and innovative injury prevention strategies is also recommended. For more information on evidence-based injury prevention resources see: <http://www.healthy.ohio.gov/vipp/evidence/ebresource.aspx>.

Comprehensive injury prevention programs use a public health approach to employ strategies that address education, policy development with enforcement, and environmental modifications. Programs use various combinations of effective strategies to ensure they are effective and sustainable. A single focus with only education is not an effective strategy.

The IHS IPP priorities are prevention of (1) motor vehicle crash related injuries; and (2) unintentional fall injuries. For AI/AN, motor vehicle-related injuries and deaths are the leading cause of disability, years of potential life lost, and medical and societal costs. Unintentional elder fall-related injuries are a leading cause of hospitalizations in AI/AN communities. Among older adults, falls are the leading cause of both fatal and nonfatal injuries (<http://www.cdc.gov/HomeandRecreationalSafety/Falls/adultfalls.html>).

Purpose

The purpose of this IHS cooperative agreement is to promote the capability of Tribes, Indian organizations and urban Indian organizations to build and maintain sustainable, effective injury prevention programs:

(a) Increase the understanding of the injury problem by Tribes/Indian organizations/urban Indian organizations;

(b) promote Tribal capacity to implement effective strategies to prevent injuries in Tribal communities; and

(c) to improve the quality of life of AI/AN people.

This cooperative agreement opportunity is available to any applicant that does not have a current IHS injury prevention cooperative agreement. There is no IHS user population requirement.

Applicants will only be issued one award: Part II-IPP Effective Strategy Project. Applications should be sure to respond to the appropriate "Criteria" under Section V-Application Review Information.

II. Award Information

Type of Award

Cooperative Agreement.