

disabilities are available upon request. Requests for such accommodations should be submitted via email to fcc504@fcc.gov or by calling the Consumer & Governmental Affairs Bureau at (202) 418-0530 (voice), (202) 418-0432 (TTY). Such requests should include a detailed description of the accommodation needed. In addition, please include a way for the FCC to contact the requester if more information is needed to fill the request. Please allow at least five days' advance notice; last minute requests will be accepted but may not be possible to accommodate.

Proposed Agenda: At this meeting, the BDAC Working Groups will report on their progress in developing recommendations for the BDAC's consideration. The BDAC also will continue its discussions on how to accelerate the deployment of broadband by reducing and/or removing regulatory barriers to infrastructure investment. This agenda may be modified at the discretion of the BDAC Chair and the DFO.

Federal Communications Commission.

Daniel Kahn,

Chief, Competition Policy Division, Wireline Competition Bureau.

[FR Doc. 2017-13687 Filed 6-29-17; 8:45 am]

BILLING CODE 6712-01-P

FEDERAL RESERVE SYSTEM

Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The applications will also be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the

nonbanking company complies with the standards in section 4 of the BHC Act (12 U.S.C. 1843). Unless otherwise noted, nonbanking activities will be conducted throughout the United States.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than July 28, 2017.

A. Federal Reserve Bank of Atlanta (Chapelle Davis, Assistant Vice President) 1000 Peachtree Street NE., Atlanta, Georgia 30309. Comments can also be sent electronically to Applications.Comments@atl.frb.org:

1. *WB&T Bankshares, Inc.*, Waycross, Georgia; to acquire 100 percent of the outstanding shares of Pelham Banking Company, Pelham, Georgia.

Board of Governors of the Federal Reserve System, June 27, 2017.

Yao-Chin Chao,

Assistant Secretary of the Board.

[FR Doc. 2017-13788 Filed 6-29-17; 8:45 am]

BILLING CODE 6210-01-P

FEDERAL RESERVE SYSTEM

Formations of, Acquisitions by, and Mergers of Savings and Loan Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Home Owners' Loan Act (12 U.S.C. 1461 *et seq.*) (HOLA), Regulation LL (12 CFR part 238), and Regulation MM (12 CFR part 239), and all other applicable statutes and regulations to become a savings and loan holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a savings association and nonbanking companies owned by the savings and loan holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The application also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the HOLA (12 U.S.C. 1467a(e)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 10(c)(4)(B) of the HOLA (12 U.S.C. 1467a(c)(4)(B)). Unless otherwise noted, nonbanking activities will be conducted throughout the United States.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than July 28, 2017.

A. Federal Reserve Bank of Atlanta (Chapelle Davis, Assistant Vice President) 1000 Peachtree Street NE., Atlanta, Georgia 30309. Comments can also be sent electronically to Applications.Comments@atl.frb.org:

1. *Charter Financial Corporation*, West Point, Georgia; to become a bank holding company by merging with Resurgens Bancorp, and thereby acquiring Resurgens Bank, both of Tucker, Georgia.

In connection with this proposal, Charter Financial will retain ownership of its savings association subsidiary, CharterBank, West Point, Georgia, and thereby engage in operating a savings association, pursuant to section 225.28(b)(4)(ii). Finally, Charter Financial will revert to savings and loan holding company status after the merger of Resurgens Bank with and into CharterBank.

Board of Governors of the Federal Reserve System, June 27, 2017.

Yao-Chin Chao,

Assistant Secretary of the Board.

[FR Doc. 2017-13787 Filed 6-29-17; 8:45 am]

BILLING CODE 6210-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-17-17CA]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The notice for the proposed information collection is published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (a) 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; (b) Evaluate the accuracy of the agencies estimate of the

burden of the proposed collection of information, including the validity of the methodology and assumptions used; (c) Enhance the quality, utility, and clarity of the information to be collected; (d) Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and (e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639-7570 or send an email to omb@cdc.gov. Written comments and/or suggestions regarding the items contained in this notice should be directed to the Attention: CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

Proposed Project

Positive Health Check Evaluation Trial—New—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

HIV transmission continues to be an urgent public health challenge in the United States. According to the Centers for Disease Control and Prevention (CDC), approximately 1.2 million people are living with HIV, with close to 50,000 new cases each year. Antiretroviral therapy (ART) suppresses the plasma HIV viral load (VL) and people living with HIV (PLWH) who are treated with ART—compared with those who are not—have enhanced clinical outcomes and a substantially reduced risk of transmitting HIV sexually, through drug sharing, or from mother to child. However, it is estimated that only 30% of people who are infected with HIV in the United States have an undetectable

HIV VL. To enhance HIV prevention efforts, implementable, effective, scalable interventions are needed that focus on enhancing prevention and care to improve the health of and reduce HIV transmission risk among PLWH. The Positive Health Check (PHC) intervention is based on earlier computer-based interventions that were proven efficacious for HIV prevention.

The PHC intervention approach is innovative in multiple ways. First, it uses an interactive video doctor to deliver tailored messages that meet specific patient needs related to ART initiation, adherence, sexual risk reduction, engagement in care, mother-to-child transmission, and drug use. Second, this intervention is designed specifically to support improved health outcomes by providing useful behavior-change tips for patients to practice between clinic visits. These tips are generated by the tool and selected by the patient and populated on a handout that is delivered to the patient upon completing the PHC intervention. The handout has no patient-identifying information. Third, PHC supports patient-provider communication by also generating a set of questions that patients may select to ask their provider. These PHC behavior-change tips and questions are populated on a Patient Handout to guide patients' conversations with their providers and if desired, patients may choose to share their handout with their provider. As such, PHC supports the interactions between patients and their providers during their clinical encounter and is intended to improve communication. Finally, the PHC intervention has been designed from the onset for wide-scale dissemination. This web-based intervention can be easily updated and is accessible on multiple mobile devices and platforms. This approach makes PHC an important intervention strategy to improve public health in communities that have a high incidence of HIV infection.

The PHC Evaluation Trial has four primary aims: (1.) Implement a randomized trial to test the effectiveness

of the PHC intervention for improving clinical health outcomes, specifically viral load and retention in care; (2.) Conduct a feasibility assessment to determine strategies to facilitate implementation and integration of PHC into the workflow of HIV primary care clinics; (3.) Collect and document data on the cost of PHC intervention implementation; and (4.) Document the standard of care at each participating clinic. The awardee of this cooperative agreement—Research Triangle International (RTI)—has subcontracted with four clinical sites to implement the trial (Atlanta VA Medical Center (Atlanta, GA), Hillsborough County Health Department (Tampa, FL), Rutgers Infectious Disease Clinic (Newark, NJ) and Crescent Care (New Orleans, LA). The four clinical sites are well suited for this work, given the high rates of patients with elevated viral loads.

During the 36-month study period, 1,010 patients will be enrolled into the trial (505 intervention arm and 505 control arm) across the four clinics to evaluate the effectiveness of the PHC intervention. Upon enrollment, participants will be asked their date of diagnosis. To assess the effectiveness of the PHC intervention (Aim 1), patients randomized to the intervention arm will provide their responses to the patient tailoring questions embedded within the intervention and all enrolled patients will consent to have their de-identified clinical values be made available via passive data collection via the electronic medical record (EMR). In addition to the main trial, three to five key staff at each clinic site will be selected to participate in the PHC feasibility assessment (Aim 2) which includes an online survey and qualitative interviews. Clinic staff will provide data on the cost of implementing the PHC intervention (Aim 3). Finally, the medical director of each clinic will collect data on their clinic's standard of care (Aim 4).

OMB approval is requested for three years. Participation in this study is voluntary. The total estimated annualized burden hours are 419.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Patients Enrolled in the PHC Evaluation Trial	Date of diagnosis question	337	1	1/60
	PHC tailoring questions	168	3	5/60
Staff in PHC Evaluation Clinics	Electronic Medical Record (EMR) ...	4	4	16
	Online clinic staff survey	20	4	15/60
	Clinic staff qualitative interview	20	4	40/60
	Non-research labor cost questionnaire.	4	1	1.5

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
	PHC labor cost questionnaire	4	1	1.5
	Standard of Care Questionnaire	4	1	1.5
	PHC non-labor cost questionnaire ..	4	12	30/60

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. 2017-13735 Filed 6-29-17; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Medicare & Medicaid Services**

[CMS-2431-N2]

Medicaid Program: Zika Health Care Services Program—Round 2

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice.

SUMMARY: This notice announces the April 7, 2017 posting of a funding opportunity for Round Two of the Zika Health Care Services Program which provides up to \$6.45 million to support prevention activities and treatment services for health conditions related to the Zika virus for entities that meet the eligibility requirements of the Zika Health Care Services Program, but that did not receive an award under the Round One Funding Opportunity. The Round Two Funding Opportunity provides two application due dates, May 8, 2017 and July 10, 2017. Entities eligible to apply for this funding opportunity are states, territories, tribes or tribal organizations, with active or local transmission of the Zika virus, as confirmed by the Centers for Disease Control and Prevention (CDC).

DATES: The project period of performance for the Cooperative Agreement will be 36 months from the date of award.

FOR FURTHER INFORMATION CONTACT: Elizabeth Garbarczyk, 410-786-0426.

SUPPLEMENTARY INFORMATION:**I. Background**

The Zika Response and Preparedness Act (Pub. L. 114-223) provides \$387,000,000 in funding to prevent, prepare for, and respond to the Zika

virus. Of the funds appropriated by Public Law (Pub. L.) 114-223, Congress designated \$75 million to support states, territories, tribes, or tribal organizations with active or local transmission cases of the Zika virus, as confirmed by the Centers for Disease Control and Prevention (CDC), to reimburse the costs of health care for health conditions related to the Zika virus not covered by private insurance. No less than \$60 million of this funding is for territories with the highest rates of Zika transmission.

The Zika Health Care Services Program funding opportunities solicit single source emergency applications for a cooperative agreement aimed at supporting prevention activities and treatment services for women (including pregnant women), children, and men adversely or potentially impacted by the Zika virus.

On January 18, 2017, CMS issued \$66.1 million in awards to eligible entities that applied for Round One of the Zika Health Care Services Program (American Samoa, Puerto Rico, U.S. Virgin Islands, and Florida). The Round One Funding Opportunity sought to issue funds to areas of greatest need, while maintaining additional funds to prevent, detect, and respond to future Zika outbreaks.

II. Provisions of the Notice

In accordance with the Zika Response and Preparedness Act (Pub. L. 114-223), entities eligible to apply for this funding opportunity include states, territories, tribes or tribal organizations with active or local transmission of the Zika virus, as confirmed by the Centers for Disease Control and Prevention (CDC). Recipients who previously received a Notice of Award under Round One of the Zika Health Care Services Program, Funding Opportunity Number CMS-1Q1-17-001, are not eligible to apply. As of the first application due date, May 8, 2017, the CDC reports that Texas is the only new area with laboratory-confirmed active or local transmission of the Zika virus; and therefore, this is the only state currently eligible to receive funding as authorized under the legislation.

This funding opportunity has been structured to ensure a comprehensive response to Zika as quickly as possible. Accordingly, the single-source emergency funding opportunity is solely available to the state health department in Texas, based on its ability to quickly and efficiently expand its existing Zika response efforts and to further determine the most effective use and dissemination of funds in its respective jurisdictions. The health department in Texas is uniquely positioned to meet the goals of the emergency cooperative agreement based on its 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 Round Two, for both the May 8, 2017 and July 10, 2017 due dates, is up to \$6.45 million. The Texas Department of State Health Services submitted their application, and was the only entity eligible for an award as of the May 8, 2017 application due date. The proposed award amount is \$1,800,000.

The second application due date for the Round Two Funding Opportunity is July 10, 2017. Eligibility for the second Round Two application due date is based on the state, territory, tribe, or tribal organization meeting all of the following criteria:

- Has active or local transmission cases of the Zika virus, as confirmed by the CDC.
- Did not receive an award in Round One.
- Has not received a response to an application submitted by the first application due date (May 8, 2017).

III. Collection of Information Requirements

This notice establishes funding opportunities for health departments in areas with laboratory-confirmed active or local Zika virus transmission. The funding opportunity application process constitutes an information collection request. Specifically, this notice