

Branch, Division of Extramural Activities, National Cancer Institute, NIH, 9609 Medical Center Drive, Room 7W602, Bethesda, MD 20892-9750, 240-276-6456, tangd@mail.nih.gov.

Name of Committee: National Cancer Institute Special Emphasis Panel; Cancer Epidemiology Cohorts—Infrastructure and Research.

Date: June 6, 2018.

Time: 12:00 p.m. to 3:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Cancer Institute, Shady Grove, 9609 Medical Center Drive, Room 7W612, Rockville, MD 20850 (Telephone Conference Call).

Contact Person: Shari W. Campbell, DPM, Scientific Review Officer, Research Programs Review Branch, Division of Extramural Activities, National Cancer Institute, NIH, 9609 Medical Center Drive, Room 7W612, Bethesda, MD 20892-9750, 240-276-7381, shari.campbell@nih.gov.

Name of Committee: National Cancer Institute Special Emphasis Panel; SEP-8A: NCI Clinical and Translational R21.

Date: June 12, 2018.

Time: 10:00 a.m. to 5:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Cancer Institute, Shady Grove, 9609 Medical Center Drive, Room 7W238, Rockville, MD 20850 (Telephone Conference Call).

Contact Person: Jeffrey E. DeClue, Ph.D., Scientific Review Officer, Research Programs Review Branch, Division of Extramural Activities, National Cancer Institute, NIH, 9609 Medical Center Drive, Room 7W238, Bethesda, MD 20892-9750, 240-276-6371, decluej@mail.nih.gov.

Name of Committee: National Cancer Institute Special Emphasis Panel; SEP-8B: NCI Omnibus R03.

Date: June 19, 2018.

Time: 10:00 a.m. to 5:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Cancer Institute, Shady Grove, 9609 Medical Center Drive, Room 7W238, Rockville, MD 20850 (Telephone Conference Call).

Contact Person: Jeffrey E. DeClue, Ph.D., Scientific Review Officer, Research Programs Review Branch, Division of Extramural Activities, National Cancer Institute, NIH 9609, Medical Center Drive, Room 7W238, Bethesda, MD 20892-9750, 240-276-6371, decluej@mail.nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.392, Cancer Construction; 93.393, Cancer Cause and Prevention Research; 93.394, Cancer Detection and Diagnosis Research; 93.395, Cancer Treatment Research; 93.396, Cancer Biology Research; 93.397, Cancer Centers Support; 93.398, Cancer Research Manpower; 93.399, Cancer Control, National Institutes of Health, HHS)

Dated: April 3, 2018.

Melanie J. Pantoja,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2018-07058 Filed 4-5-18; 8:45 am]

BILLING CODE 4140-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

The National Institutes of Health (NIH) Sexual & Gender Minority Research Office Request for Letters of Intent for Inaugural Investigator Award Program

AGENCY: National Institutes of Health, HHS.

ACTION: Notice; call for Letters of Intent.

SUMMARY: The National Institutes of Health (NIH) Sexual & Gender Minority Research Office (SGMRO) is requesting letters of intent for an inaugural Investigator Award Program. The NIH Sexual and Gender Minority (SGM) Investigator Award Program was developed to recognize early-stage investigators who have made substantial, outstanding research contributions in areas related to SGM health and who are poised to become future leaders or are already leading the field of SGM health research. The NIH SGMRO is currently soliciting nominations for the 2018 NIH SGM Investigator Awards.

DATES: Notices of intent to apply due April 20, 2018 and final nominations due May 18, 2018.

FOR FURTHER INFORMATION CONTACT:

Karen Parker, Ph.D., Director, Sexual & Gender Minority Research Office (SGMRO), 1 Center Drive, Building 1, Room 257, Bethesda, MD 20892, klparker@mail.nih.gov, 301-451-2055.

SUPPLEMENTARY INFORMATION: “Sexual and gender minority” is an umbrella term that encompasses lesbian, gay, bisexual, and transgender populations as well as those whose sexual orientation, gender identity and expressions, or reproductive development varies from traditional, societal, cultural, or physiological norms.

The Sexual and Gender Minority Research Office (SGMRO) coordinates sexual and gender minority (SGM)-related research and activities by working directly with the NIH Institutes, Centers, and Offices. The Office was officially established in September 2015 within the NIH Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI).

The SGMRO has the following research-related goals: (1) Expand the knowledge base of SGM health and well-being through NIH-supported research; (2) Remove barriers to planning, conducting, and reporting NIH-supported research about SGM health and well-being; (3) Strengthen the community of researchers and scholars who conduct research relevant to SGM health and well-being; and (4) Evaluate progress on advancing SGM research.

2018 Award Details

Two non-monetary awards of recognition will be offered to early stage investigators who demonstrate both contemporary achievement in and a commitment to an area of SGM-related health research. The award winners will be invited, with all travel expenses covered (limited to reimbursement based on Federal Travel Regulations and HHS and NIH guidance), to give a lecture at the NIH on September 6, 2018. This event will be webcast live and the presentations will be archived and available for future viewing.

Eligibility Criteria

The following individuals are not eligible to be nominated: Federal employees and interns; federal contractors; and members of the NIH SGM Research Working Group.

- At the time of the nomination due date, May 11, the candidate must meet the NIH’s definitions of an early stage investigator (ESI) (<https://grants.nih.gov/grants/guide/notice-files/NOT-OD-17-101.html>).

Letters of Intent

A Letter of Intent (LOI) to submit a nomination is required (nominees may self-nominate and submit their own LOIs). The LOI should be a 1-page, single-spaced Word or PDF document and include:

1. Nominee’s name, title, affiliation, and date of terminal degree.

2. eRA Commons ID.

a. Before submitting the LOI, researchers should confirm ESI status is correctly marked in their eRA Commons (<https://era.nih.gov/>) profile. If the status is incorrect, please contact the NIH eRA Service Desk (<https://grants.nih.gov/support/index.html>) to resolve the issue before submitting an LOI.

3. SGM research focus of nominee’s work.

Attach the LOI (as a Word or PDF document) to an email and send it to sgmhealthresearch@od.nih.gov with the subject line “2018 SGM Investigator

Award Letter of Intent” no later than 11:59 p.m. on April 20, 2018.

Nominations

Nomination packages may be submitted by the nominee or a nominee’s mentor or colleague. Nomination packages must be a single PDF file that includes:

1. NIH Biosketch including a link (URL) to the nominee’s *My Bibliography* in PubMed.

a. If you do not have a *My Bibliography* in PubMed, refer to these simple step-by-step instructions to save your citations in PubMed to a “My Bibliography.”

b. Use the URL that PubMed automatically generates when you change your “My Bibliography” sharing setting to public.

2. Letter of nomination (1,000 words or less) from a mentor or colleague familiar with the nominee’s work, addressing the nominee’s innovative contribution to the field of SGM health research, crosscutting and collaborative nature of that research, trajectory of career development, and leadership strengths. The strongest letters will demonstrate the lasting significance and impact of the nominee’s work to date.

3. Two letters of endorsement from other mentors or colleagues. Letters of endorsement may be less encompassing than the letter of nomination, but should address similar themes.

4. A PDF of a key, peer-reviewed article published in the past 24-month period, which is first-authored by the nominee. If in press, please provide the accepted paper and the letter of acceptance from the journal.

After compiling all the above elements into a single PDF file, attach the PDF to an email, and send it to sgmhealthresearch@od.nih.gov with the subject line header “2018 SGM Investigator Award Nomination” no later than 11:59 p.m. on May 18, 2018.

Review and Selection Process

- *Stage 1:* The SGMRO will assemble a review panel composed of NIH staff with relevant expertise. This panel will provide recommendations to the SGMRO Director and the DPCPSI Director on awardees.

- *Stage 2:* The SGMRO and DPCPSI Directors will review the recommendations and select the final awardees.

Dated: March 8, 2018.

Lawrence A. Tabak,
Deputy Director, National Institutes of Health.
[FR Doc. 2018-07066 Filed 4-5-18; 8:45 am]

BILLING CODE 4140-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (240) 276-1243.

Project: Networking Suicide Prevention Hotlines—Evaluation of Imminent Risk (OMB No. 0930-0333)—REVISION

The Substance Abuse and Mental Health Services Administration’s (SAMHSA), Center for Mental Health Services (CMHS) funds a National Suicide Prevention Lifeline Network (“Lifeline”), consisting of a toll-free telephone number that routes calls from anywhere in the United States to a network of local crisis centers. In turn, the local centers link callers to local emergency, mental health, and social service resources. This project is a revision of the Evaluation of Imminent Risk and builds on previously approved data collection activities [Evaluation of Networking Suicide Prevention Hotlines Follow-Up Assessment (OMB No. 0930-0274) and Call Monitoring of National Suicide Prevention Lifeline Form (OMB No. 0930-0275)]. The extension data collection is an effort to advance the understanding of crisis hotline utilization and its impact.

The overarching purpose of the proposed Evaluation of Imminent Risk data collection is to evaluate hotline counselors’ management of imminent risk callers and third party callers concerned about persons at imminent risk, assess counselor adherence to the *Lifeline Policies and Guidelines for Helping Callers at Imminent Risk of Suicide*, and identify the types of interventions implemented with imminent risk callers. Specifically, the Evaluation of Imminent Risk will collect data, using the Imminent Risk Form-Revised, to inform the network’s knowledge of the extent to which counselors are aware of and being guided by Lifeline’s imminent risk guidelines; counselors’ definitions of imminent risk; the rates of active rescue of imminent risk callers; the types of rescue and non-rescue interventions used; barriers to intervention; and the

circumstances in which active rescue is initiated, including the caller’s agreement to receive the intervention. To capture differences across centers, the form also collects information on counselors’ employment status and hours worked/volunteered, level of education, license status, training status, source of safety planning protocols, and responsibility for follow up.

Clearance is being requested for *one activity* to assess the knowledge, actions, and practices of counselors to aid callers who are determined to be at imminent risk for suicide and who may require active rescue. This evaluation will allow researchers to examine and understand the actions taken by counselors to aid imminent risk callers, the need for active rescue, the types of interventions used, and, ultimately, improve the delivery of crisis hotline services to imminent risk callers. A total of seven centers will participate in this evaluation. Thus, SAMHSA is requesting OMB review and approval of the Imminent Risk Form-Revised.

Crisis counselors at seven participating centers will record information discussed with imminent risk callers on the Imminent Risk Form-Revised, which does not require direct data collection from callers. As with previously approved evaluations, callers will maintain anonymity. Participating counselors will be asked to complete the form for 100% of their imminent risk calls. At centers with high call volumes, data collection may be limited to designated shifts. This form requests information in 15 content areas, each with multiple sub-items and response options. Response options include open-ended, yes/no, Likert-type ratings, and multiple choice/check all that apply. The form also requests demographic information on the caller, the identification of the center and counselor submitting the form, and the date of the call. Specifically, the form is divided into the following sections: (1) Counselor information, (2) center information, (3) call characteristics (*e.g.*, line called, language spoken, participation of third party), (4) suicidal desire, (5) suicidal intent, (6) suicidal capability, (7) buffers to suicide, (8) interventions agreed to by caller or implemented by counselor without caller’s consent, (9) whether imminent risk was reduced enough such that active rescue was not needed, (10) interventions for third party callers calling about a person at imminent risk, (11) whether supervisory consultation occurred during or after the call, (12) barriers to getting needed help to the person at imminent risk, (13) steps taken to confirm whether emergency