

and analysis conducted by ORI in its oversight review, ORI found that Dr. Venkata Sudheer Kumar Ramadugu, former postdoctoral scientist in the Department of Chemistry, UM, engaged in research misconduct in research supported by NIGMS, NIH, grant R01 GM084018 and NIA, NIH, grant R01 AG048934.

ORI found that Respondent engaged in research misconduct by knowingly and intentionally falsifying and/or fabricating data reported in the following published papers and poster presentation:

- *Chemical Communications* 53(78):10824–10826, 2017 (hereafter referred to as “*Chem. Comm.* 2017”).
- *Angewandte Chemie-International Edition* 56(38):11466–11470, 2017 (hereafter referred to as “*Angewandte Chemie-International Edition* 2017”).
- *Angewandte Chemie-International Edition* 57(5):1342–1345, 2018 (hereafter referred to as “*Angewandte Chemie-International Edition* 2018”).
- Polymer macrodiscs for solid-state NMR structural studies on aligned lipid bilayers.” Presented at the 58th Experimental Nuclear Magnetic Resonance Conference in Pacific Grove (Asilomar), California, March 25–30, 2017 (hereafter referred to as the “ENMRC Poster 2017”).

ORI found that Respondent intentionally and knowingly falsified and/or fabricated NMR spectroscopy data for structure and dynamics of nanodiscs in thirteen (13) figure panels included in three (3) published papers and one (1) poster presentation by manipulating previously generated NMR data from unrelated experiments to falsely represent NMR spectra for completely different experiments. Specifically, Respondent falsified and/or fabricated NMR spectra in:

- *Chem. Comm.* 2017.
  - Figure 2A.
  - Figure 2B, top and bottom panels.
  - Figure 3, bottom two panels of the right most column.
  - Figure S4, second, third, and the bottom panels from the top.
- *Angewandte Chemie-International Edition* 2017.
  - Figures 4E and 4F.

- *Angewandte Chemie-International Edition* 2018.

- Figure 4B.
- ENMRC Poster 2017.
  - Figure labelled “Magnetic Alignment of Macrodiscs,” bottom two panels of the right most column.

Dr. Ramadugu entered into a Voluntary Exclusion Agreement (Agreement) and voluntarily agreed for a period of five (5) years, beginning on December 4, 2018:

- (1) Because he also made a false statement in his first admission that no other data were affected in his papers, to exclude himself from any contracting or subcontracting with any agency of the United States Government and from eligibility for or involvement in nonprocurement programs of the United States Government referred to as “covered transactions” pursuant to HHS’ Implementation (2 CFR part 376) of OMB Guidelines to Agencies on Governmentwide Debarment and Suspension, 2 CFR part 180 (collectively the “Debarment Regulations”); and
- (2) to exclude himself from serving in any advisory capacity to PHS including, but not limited to, service on any PHS advisory committee, board, and/or peer review committee, or as a consultant.

**Wanda K. Jones,**  
*Interim Director, Office of Research Integrity.*  
 [FR Doc. 2018–28139 Filed 12–27–18; 8:45 am]

**BILLING CODE 4150–31–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

[Document Identifier: OS–0990–0460]

**Agency Information Collection Request; 30-Day Public Comment Request**

**AGENCY:** Office of the Secretary, HHS.  
**ACTION:** Notice.

**SUMMARY:** In compliance with the requirement of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment.

**DATES:** Comments on the ICR must be received on or before January 28, 2019.

**ADDRESSES:** Submit your comments to *OIRA\_submission@omb.eop.gov* or via facsimile to (202) 395–5806.

**FOR FURTHER INFORMATION CONTACT:** Sherrette Funn, *Sherrette.Funn@hhs.gov* or (202) 795–7714. When submitting comments or requesting information, please include the document identifier 0990–0460–30D and project title for reference.

**SUPPLEMENTARY INFORMATION:** Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (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.

*Title of the Collection:* Office of Adolescent Health Pregnancy Assistance Fund (PAF) Performance Measures Data Collection, FY2018–FY2020.

*Type of Collection:* Revision.  
*OMB No.:* 0990–0460.

*Abstract:* The Office of Adolescent Health seeks a revision of the Pregnancy Assistance Fund (PAF) performance measures data collection. A new cohort of 23 PAF grantees was funded in 2018. PAF provides funding to States and Tribes to provide expectant and parenting teens, women, fathers and their families with a seamless network of supportive services to help them complete high school or postsecondary degrees; and to help states improve services to expectant females who experience intimate partner violence or stalking. Additional measures have been proposed for addition to the existing menu of approved measures. A 3 year clearance period is requested. The respondents would be the 23 state and tribal entities receiving PAF awards in 2018. Data would be collected annually.

**ESTIMATED ANNUALIZED BURDEN TABLE**

Type of respondent	Number of respondents	Number responses per respondent	Average burden per response (in hours)	Total burden hours
All PAF Grant Recipients (Training Form) .....	23	1	15/60	6
All PAF Grant Recipients (Partners Sustainability Form) .....	23	1	210/60	81
All PAF Grant Recipients (Reach Demographics Form) .....	23	1	637/60	244
All PAF Grant Recipients (Core Services) .....	23	1	9	207
All PAF Grant Recipients ( ) .....	23	1	5	115

## ESTIMATED ANNUALIZED BURDEN TABLE—Continued

Type of respondent	Number of respondents	Number responses per respondent	Average burden per response (in hours)	Total burden hours
PAF Grantees (Form for Grantees funding State Attorney General offices) ..	2	1	2	4
Total .....	23	1	.....	657

**Terry Clark,**

*Office of the Secretary, Asst. Paperwork Reduction Act Reports Clearance Officer.*

[FR Doc. 2018-28227 Filed 12-27-18; 8:45 am]

**BILLING CODE 4168-11-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Indian Health Service

#### Office of Urban Indian Health Programs; 4-in-1 Grant Programs

#### Key Dates

*Application Deadline Date:* February 15, 2019.

*Earliest Anticipated Start Date:* April 1, 2019.

*Proof of Non-Profit Status Due Date:* February 15, 2019.

#### I. Funding Opportunity Description

##### *Statutory Authority*

The Indian Health Service (IHS) Office of Urban Indian Health Programs (OUIHP) is accepting applications for competitive grants for the Fiscal Year (FY) 2019 4-in-1 for Urban Indian Organizations. This program is authorized under the Snyder Act, 25 U.S.C. 13, Public Law 67-85, and Title V of the Indian Health Care Improvement Act (IHCA), Public Law 94-437, as amended, specifically the provisions codified at 25 U.S.C. 1653(c)-(e) (authorizing grants for health promotion and disease prevention services, immunization services and mental health services), and § 1660a (authorizing grants for alcohol and substance abuse related services). This program is described in the Catalog of Federal Domestic Assistance (CFDA) under 93.193.

##### *Background*

In the late 1960s, Urban Indian community leaders began advocating at the local, State and Federal levels to address the unmet health care needs of Urban Indians, and requested health care services and programs. These efforts resulted in an increase of preventative, medical, and behavioral health services, but there was growing

recognition of challenges preventing Urban Indians in seeking health care services. To address these barriers, advocacy focused on the development of culturally appropriate activities that were unique to the social, cultural and spiritual needs of American Indians and Alaska Natives residing in urban settings. Programs developed at that time were staffed by volunteers in storefront settings with limited budgets offering primary care and outreach and referral-type services.

In response to efforts of the Urban Indian community leaders, Congress appropriated funds in 1966, through the IHS, for a pilot urban clinic in Rapid City, South Dakota. In 1973, Congress appropriated funds to study unmet Urban Indian health needs in Minneapolis, Minnesota. The findings of this study documented cultural, economic, and access barriers to health care and led to congressional appropriations under the Snyder Act to support emerging Urban Indian clinics in several Bureau of Indian Affairs relocation cities, e.g., Seattle, San Francisco, Tulsa, and Dallas. In 1976, Congress passed the IHCA, Public Law 94-437, establishing the Urban Indian health program under Title V. Congress reauthorized the IHCA in 2010 under Public Law 111-148 (2010). This law is considered health care reform legislation to improve the health and well-being of all American Indians and Alaska Natives, including Urban Indians. Title V-specific funding is authorized for the development of programs for Urban Indians residing in urban areas. These areas include health promotion and disease prevention (HP/DP) services, immunization services, alcohol and substance abuse related services, and mental health services, hereafter referred to as "4-in-1," health programs or services.

##### *Purpose*

The purpose of this IHS grant announcement is to award funding to Urban Indian Organizations to ensure the highest possible health status for Urban Indians. Funding will be used to support the 4-in-1 health program objectives. Specifically, the four health

programs are: (1) HP/DP services, (2) immunization services, (3) alcohol and substance abuse related services, and (4) mental health services. These programs are integral components of the IHS health care delivery system. Funds from this effort will ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to Urban Indians.

#### II. Award Information

##### *Type of Awards*

Grants.

##### *Estimated Funds Available*

The total amount of funding identified for FY 2019 is approximately \$8.3 million. Individual award amounts are anticipated to be between \$50,000 and \$650,000. Total funding available for competitive new and competing continuation awards issued under this announcement is subject to the availability of appropriations and budgetary priorities of the Agency. The IHS is under no obligation to make awards that are selected for funding under this announcement.

New applicants are eligible to apply for funding, up to \$200,000, under this funding announcement. Current 4-in-1 grantees are eligible to apply for competing continuation funding under this announcement and must demonstrate that they have complied with previous terms and conditions of the 4-in-1 grant in order to receive funding under this announcement. Current 4-in-1 grantees may request annual funds up to the total cost amount approved in the last noncompeting award.

##### *Anticipated Number of Awards*

Approximately 39 grants will be issued under this program announcement.

##### *Project Period*

The project period is for three years.