

Endocrinology and Metabolic Research; 93.848, Digestive Diseases and Nutrition Research; 93.849, Kidney Diseases, Urology and Hematology Research, National Institutes of Health, HHS)

Dated: March 8, 2017.

David Clary,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2017-04915 Filed 3-13-17; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Allergy and Infectious Diseases; Notice of Closed Meetings

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of the following meetings.

The meetings will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Institute of Allergy and Infectious Diseases Special Emphasis Panel; Partnerships for Countermeasures Against Select Pathogens (R01).

Date: March 31, 2017.

Time: 11:00 a.m. to 5:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, 5601 Fishers Lane, Rockville, MD 20892 (Telephone Conference Call).

Contact Person: Lynn Rust, Ph.D., Scientific Review Officer, Scientific Review Program, Division of Extramural Activities, Room 3G42A, National Institutes of Health/NIAID, 5601 Fishers Lane, MSC 9823, Bethesda, MD 20892-9823, (240) 669-5069, lrust@niaid.nih.gov.

Name of Committee: National Institute of Allergy and Infectious Diseases Special Emphasis Panel; NIAID Investigator Initiated Program Project Applications (P01).

Date: April 10, 2017.

Time: 11:00 a.m. to 3:30 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, 5601 Fishers Lane, Rockville, MD 20892 (Telephone Conference Call).

Contact Person: Tracy A. Shahan, Ph.D., MBA, Scientific Review Officer, Scientific Review Program, Division of Extramural

Activities, Room #3F31, National Institutes of Health/NIAID, 5601 Fishers Lane, MSC 79823, Bethesda, MD 20892-9823, (240) 669-5030, tshahan@niaid.nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.855, Allergy, Immunology, and Transplantation Research; 93.856, Microbiology and Infectious Diseases Research, National Institutes of Health, HHS)

Dated: March 7, 2017.

Natasha M. Copeland,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2017-04913 Filed 3-13-17; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (240) 276-1243.

Comments are invited on: (a) Whether the proposed collections of information are necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Project: Cooperative Agreements To Benefit Homeless Individuals (CABHI) Evaluation Client & Stakeholder Surveys (OMB No. 0930-0320)—Revision

SAMHSA is conducting a cross-site evaluation of the FY2016 cohort of the CABHI grant program. The CABHI Evaluation builds on a previous evaluation of SAMHSA's 2009-2012 homeless services grant programs (*i.e.*, Grants for the Benefit of Homeless

Individuals, Services in Supportive Housing, and CABHI), under which the approved client and stakeholder data collection tools were developed and implemented. SAMHSA is requesting approval from OMB to revise the burden inventory, which has been calculated based on the number of FY2016 CABHI grantees and potential future cohorts of grantees to be awarded in FY2017, and to revise some of the measures used on current tools. This collection was previously known as the Cross-Site Evaluation for the Grants for the Benefit of Homeless Individuals (GBHI), but is now known as the CABHI Evaluation Client & Stakeholder Surveys.

In 2016, SAMHSA awarded 30 CABHI grants across three levels: States (up to \$1.5 million per year), local governments (up to \$800,000 per year), and communities (up to \$400,000 per year). The grantees are united by the goal of enhancing and expanding infrastructure and capacity for mental health and substance abuse treatment and related support services for individuals experiencing chronic homelessness or veterans, families, or youth experiencing homelessness as a result of these conditions. This is accomplished through the provision of permanent supportive housing, behavioral health treatment, and recovery support services, and enrollment in health insurance, Medicaid, or other mainstream benefit programs. Potential grantees awarded in FY2017 will have the same funding options and grant requirements.

The primary task of the CABHI evaluation is to conduct a comprehensive process and outcome evaluation, addressing questions related to the implementation of the CABHI grant projects and the extent to which they were able to meet the program's goals. Process evaluation primarily represents what is done to and for the client (*e.g.*, services provided); this aspect of the evaluation will also include a focus on structure, or the resources available in the service delivery system, which represent the capacity to deliver quality care, but not the care itself. The outcome evaluation will focus on outputs, which are the most immediate or proximal results of project activities (*e.g.*, changes in partner collaboration, the number of clients enrolled in mainstream benefits), and client outcomes, particularly those related to behavioral health and homelessness and housing instability. Data collection efforts that will support the evaluation are described below.

The Client Interview—Baseline and the Client Interview—6-Month Follow-up have been developed to provide

descriptive information about clients, and assess changes in client outcomes and their association with project characteristics. The tools were developed based on review of the literature and consultation with a panel of national experts, grantees, and SAMHSA. The tools were successfully used with over 7,000 clients during the previous evaluation of SAMHSA's Homeless programs.

The Client Interview is comprised of questions (unique from SAMHSA's Government Performance and Results Act [GPRA] client-level tool) that measure the outcomes of interest and subpopulations of focus: Homelessness, housing, treatment history, trauma symptoms, housing and treatment choice, burden and satisfaction, and criminal justice involvement. For the CABHI Evaluation, the Client Interview Baseline and 6-Month Follow-up have been updated to (1) reflect changes to the GPRA client-level tool which allowed the questions on military service to be removed, (2) align with the newest version of the Diagnostic and Statistical Manual of Mental Disorders (DSM), (3) remove the Readiness to Change measure, and (4) add detailed housing and homelessness questions. For the 6-Month Follow-up only, questions documenting services and

evidence based practices received were added to improve data on client service receipt. Immediately following the SAMHSA-required administration of the GPRA client-level tools, which are completed by enrolled clients for each grantee project at baseline and 6-month follow-up, the paper and pencil Client Interview will be administered face-to-face by the GPRA interviewer.

Questions regarding perception of care and treatment coercion will be self-administered by participating clients and returned to the interviewer in a sealed envelope to be included in the full package mailed to the evaluation coordinating center. Client participation is voluntary; gift card incentives will be given at baseline worth a \$15 value and at 6-month follow-up worth a \$30 value. Clients will be assigned unique identifiers by local projects; responses will be recorded on a paper and pencil answer sheet, mailed by the grantee project to the evaluation coordinating center, and scanned into a secure dataset. This process will eliminate the need for data entry, thereby reducing cost and potential for data entry error, and ensuring privacy for evaluation data.

The Stakeholder Survey will be conducted with CABHI project stakeholders and partners via a web

survey to assess the types of stakeholder partnerships involved in the CABHI projects, the services provided, and the effectiveness of implementation and collaboration in the CABHI projects. For the CABHI Evaluation, the survey has been divided into three waves so that questions are relevant to the current phase of grant implementation (*e.g.*, wave 1 will be administered in year 1 of the project). Also, a section on healthcare services was added and the current section on collaboration was expanded to include new measures on collaboration. One wave of the survey will be administered each year of the three year grants. Each survey respondent will be issued a username and password to login to and complete the secure web-based survey. The web-based survey format will reduce burden on the respondent and minimize potential for measurement error.

Annual burden has increased from 4,006 to 5,098 hours per year as the response burden times have been revised to reflect real-world experience during the Homeless Programs evaluation and the number of respondents has been increased for the Stakeholder Survey.

ANNUALIZED BURDEN HOURS

Instrument/activity	Number of respondents	Responses per respondent	Total number of responses	Hours per response	Total burden hours
Baseline data collection (Clients)	5,827	1	5,827	0.42	2,447
6-month follow-up data collection (Clients)	4,662	1	4,662	0.5	2,331
Client Subtotal	^b 5,827		10,489		4,778
Stakeholder Survey	780	1	780	0.41	320
Total	^b 6,607		11,269		5,098

^a Total respondent cost is calculated as hourly wage × time spent on survey × total number of responses.

^b Estimated number of total unique respondents.

Send comments to Summer King, SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E57-B, Rockville, MD 20857 OR email a copy to summer.king@samhsa.hhs.gov. Written comments should be received by May 15, 2017.

Summer King,
Statistician.

[FR Doc. 2017-04914 Filed 3-13-17; 8:45 am]

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DEPARTMENT OF HOMELAND SECURITY

Coast Guard

[Docket No. USCG-2016-1091]

Certificate of Alternative Compliance for Gunderson Marine LLC HULL 115

AGENCY: Coast Guard, DHS.

ACTION: Notice.

SUMMARY: The Coast Guard announces that a Certificate of Alternative Compliance was issued for Gunderson Marine LLC HULL 115. We are issuing this notice because its publication is required by statute.

DATES: The Certificate of Alternative Compliance was issued on January 5, 2017.

FOR FURTHER INFORMATION CONTACT: If you have questions on this notice, call LCDR Patrick Drayer, Thirteenth Coast Guard District, Prevention Branch, U.S. Coast Guard, telephone 206-220-7275.

SUPPLEMENTARY INFORMATION:

Background and Purpose

A Certificate of Alternative Compliance, as allowed for under the provisions of the alternative compliance regulations in 33 CFR part 81, has been issued for the Gunderson Marine LLC HULL 115. The vessel's primary purpose is as an Oil Recovery Barge.