marketing authority, WAPA needs to obtain information from interested entities who desire an allocation of Federal power using the APD form. The Paperwork Reduction Act of 1995 requires WAPA to obtain a clearance from OMB before collecting this information through the APD form.[9]

II. This Process Determines the Format of the APD and Is Not a Call for Applications

This public process and the associated **Federal Register** notice only determine the information that WAPA will collect from an entity desiring to apply for a Federal power allocation. This public process is a legal requirement that WAPA must comply with before WAPA can request information from potential preference customers. This public process is not the process whereby interested parties request an allocation of Federal power. The actual allocation of power is outside the scope of this proceeding. Please do not submit a request for Federal power in this process. Later, through a separate process, WAPA will issue a call for applications, as part of its project-specific marketing plans. When WAPA issues a call for applications, the information WAPA proposes to collect is voluntary. WAPA will use the information collected, in conjunction with its project-specific marketing plans, to determine an entity's eligibility and ultimately which entity will receive an allocation of Federal power.

III. Invitation for Comments

WAPA intends to extend and reuse the APD form under the OMB control number to September 30, 2020. Comments are invited on: (1) Whether the extended collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (2) the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including the use of automated electronic, mechanical or other collection techniques or other forms of information technology.

[9] *See,* 44 U.S.C. 3501, *et seq.*

Dated: April 21, 2017.

Mark A. Gabriel,

Administrator.

[FR Doc. 2017–10046 Filed 5–17–17; 8:45 am]

BILLING CODE 6450–01–P

FEDERAL DEPOSIT INSURANCE CORPORATION

Sunshine Act Meeting

Pursuant to the provisions of the ''Government in the Sunshine Act'' (5 U.S.C. 552b), notice is hereby given that at 10:11 a.m. on Tuesday, May 16, 2017, the Board of Directors of the Federal Deposit Insurance Corporation met in closed session to consider matters related to the Corporation's supervision, corporate, and resolution activities.

In calling the meeting, the Board determined, on motion of Vice Chairman Thomas M. Hoenig, seconded by Director Richard Cordray (Director, Consumer Financial Protection Bureau), concurred in by Director Keith A. Noreika (Acting Comptroller of the Currency), and Chairman Martin J. Gruenberg, that Corporation business required its consideration of the matters which were to be the subject of this meeting on less than seven days' notice to the public; that no earlier notice of the meeting was practicable; that the public interest did not require consideration of the matters in a meeting open to public observation; and that the matters could be considered in a closed meeting by authority of subsections (c)(2), (c)(4), (c)(6), (c)(8), (c)(9)(A)(ii), (c)(9)(B), and (c)(10) of the ''Government in the Sunshine Act'' (5 U.S.C. 552b(c)(2), (c)(4), (c)(6), (c)(8), (c)(9)(A)(ii), (c)(9)(B), and (c)(10).

Dated: May 16, 2017.

Federal Deposit Insurance Corporation.

Robert E. Feldman,

Executive Secretary.

[FR Doc. 2017–10196 Filed 5–16–17; 4:15 pm]

BILLING CODE 6714–01–P

FEDERAL RESERVE SYSTEM

Change in Bank Control Notices; Acquisitions of Shares of a Bank or Bank Holding Company

The notificants listed below have applied under the Change in Bank Control Act (12 U.S.C. 1817(j)) and § 225.41 of the Board's Regulation Y (12 CFR 225.41) to acquire shares of a bank or bank holding company. The factors that are considered in acting on the notices are set forth in paragraph 7 of the Act (12 U.S.C. 1817(j)(7)).

The notices are available for immediate inspection at the Federal Reserve Bank indicated. The notices also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing to the Reserve Bank indicated for that notice or to the offices of the Board of Governors. Comments must be received not later than June 6, 2017.

A. *Federal Reserve Bank of San Francisco* (Gerald C. Tsai, Director, Applications and Enforcement) 101 Market Street, San Francisco, California 94105–1579:

1. *Basswood Capital Management, LLC; Basswood Opportunity Partners, LP, Basswood Financial Fund, LP, and Basswood Financial Long Only Fund, LP, funds for which Basswood Partners, LLC, serves as General Partner and Basswood Capital Management, LLC, serves as Investment Manager; Basswood Opportunity Fund, Inc., and Basswood Financial Fund, Inc., funds for which Basswood Capital Management, LLC, serves as Investment Manager; Basswood Capital Management, LLC, as investment adviser to three managed accounts; and Bennett Lindenbaum and Matthew Lindenbaum, as Managing Members of Basswood Partners, LLC, and of Basswood Capital Management, LLC; all of New York, New York;* to acquire voting shares of CommerceWest Bank, Irvine, California.

Board of Governors of the Federal Reserve System, May 15, 2017.

Yao-Chin Chao,

Assistant Secretary of the Board.

[FR Doc. 2017–10069 Filed 5–17–17; 8:45 am]

BILLING CODE 6210–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Supplemental Evidence and Data Request on Noninvasive, Nonpharmacological Treatment for Chronic Pain

AGENCY: Agency for Healthcare Research and Quality (AHRQ), HHS.

ACTION: Request for supplemental evidence and data submissions.

SUMMARY: The Agency for Healthcare Research and Quality (AHRQ) is seeking scientific information submissions from the public. Scientific information is being solicited to inform our review of *Noninvasive, Nonpharmacological*

Treatment for Chronic Pain, which is currently being conducted by the AHRQ's Evidence-based Practice Centers (EPC) Program. Access to published and unpublished pertinent scientific information will improve the quality of this review.

DATES: *Submission Deadline* on or before June 19, 2017.

ADDRESSES: *Email submissions: SEADS@epc-src.org.*

Print submissions:

Mailing Address: Portland VA Research Foundation, Scientific Resource Center, ATTN: Scientific Information Packet Coordinator, PO Box 69539, Portland, OR 97239.

Shipping Address (FedEx, UPS, etc.): Portland VA Research Foundation, Scientific Resource Center, ATTN: Scientific Information Packet Coordinator, 3710 SW U.S. Veterans Hospital Road, Mail Code: R&D 71, Portland, OR 97239.

FOR FURTHER INFORMATION CONTACT: Ryan McKenna, Telephone: 503–220–8262 ext. 51723 or Email: *SEADS@epc-src.org.*

SUPPLEMENTARY INFORMATION: The Agency for Healthcare Research and Quality has commissioned the Evidence-based Practice Centers (EPC) Program to complete a review of the evidence for *Noninvasive, Nonpharmacological Treatment for Chronic Pain.* AHRQ is conducting this systematic review pursuant to Section 902(a) of the Public Health Service Act, 42 U.S.C. 299a(a).

The EPC Program is dedicated to identifying as many studies as possible that are relevant to the questions for each of its reviews. In order to do so, we are supplementing the usual manual and electronic database searches of the literature by requesting information from the public (*e.g.,* details of studies conducted). We are looking for studies that report on *Noninvasive, Nonpharmacological Treatment for Chronic Pain,* including those that describe adverse events. The entire research protocol, including the key questions, is also available online at: *https://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=2470.*

This is to notify the public that the EPC Program would find the following information on *Noninvasive, Nonpharmacological Treatment for Chronic Pain* helpful:

▪ A list of completed studies that your organization has sponsored for this indication. In the list, please indicate whether results are available on *ClinicalTrials.gov* along with the *ClinicalTrials.gov* trial number.

▪ For completed studies that do not have results on *ClinicalTrials.gov*, please provide a summary, including the following elements: Study number, study period, design, methodology, indication and diagnosis, proper use instructions, inclusion and exclusion criteria, primary and secondary outcomes, baseline characteristics, number of patients screened/eligible/enrolled/lost to follow-up/withdrawn/analyzed, effectiveness/efficacy, and safety results.

▪ A list of ongoing studies that your organization has sponsored for this indication. In the list, please provide the *ClinicalTrials.gov* trial number or, if the trial is not registered, the protocol for the study including a study number, the study period, design, methodology, indication and diagnosis, proper use instructions, inclusion and exclusion criteria, and primary and secondary outcomes.

▪ Description of whether the above studies constitute ALL Phase II and above clinical trials sponsored by your organization for this indication and an index outlining the relevant information in each submitted file.

Your contribution will be very beneficial to the EPC Program. The contents of all submissions will be made available to the public upon request. Materials submitted must be publicly available or able to be made public. Materials that are considered confidential; marketing materials; study types not included in the review; or information on indications not included in the review cannot be used by the EPC Program. This is a voluntary request for information, and all costs for complying with this request must be borne by the submitter.

The draft of this review will be posted on AHRQ's EPC Program Web site and available for public comment for a period of 4 weeks. If you would like to be notified when the draft is posted, please sign up for the EPC email list at: *https://www.effectivehealthcare.ahrq.gov/index.cfm/join-the-email-list1/.*

The systematic review will answer the following questions. This information is provided as background. AHRQ is not requesting that the public provide answers to these questions.

The Key Questions

I. In adults with chronic low back pain:

A. What are the benefits and harms of noninvasive nonpharmacological therapies compared with sham treatment, no treatment, waitlist, attention control, or usual care?

B. What are the benefits and harms of noninvasive nonpharmacological therapies compared with pharmacological therapy (*e.g.,* opioids, NSAIDS, acetaminophen, anti-seizure medications, antidepressants)?

C. What are the benefits and harms of noninvasive nonpharmacological therapies compared with exercise?

II. In adults with chronic neck pain:

A. What are the benefits and harms of noninvasive nonpharmacological therapies compared with sham treatment, no treatment, waitlist, attention control, or usual care?

B. What are the benefits and harms of noninvasive nonpharmacological therapies compared with pharmacological therapy?

C. What are the benefits and harms of noninvasive nonpharmacological therapies compared with exercise?

III. In adults with osteoarthritis-related pain:

A. What are the benefits and harms of noninvasive nonpharmacological therapies compared with sham treatment, no treatment, waitlist, attention control, or usual care?

B. What are the benefits and harms of noninvasive nonpharmacological therapies compared with pharmacological therapy?

C. What are the benefits and harms of noninvasive nonpharmacological therapies compared with exercise?

IV. In adults with fibromyalgia:

A. What are the benefits and harms of noninvasive nonpharmacological therapies compared with sham treatment, no treatment, waitlist, attention control, or usual care?

B. What are the benefits and harms of noninvasive nonpharmacological therapies compared with pharmacological therapy?

C. What are the benefits and harms of noninvasive nonpharmacological therapies compared with exercise?

V. In adults with chronic tension headache:

A. What are the benefits and harms of noninvasive nonpharmacological therapies compared with sham treatment, no treatment, waitlist, attention control, or usual care?

B. What are the benefits and harms of noninvasive nonpharmacological therapies compared with pharmacological therapy?

C. What are the benefits and harms of noninvasive nonpharmacological therapies compared with biofeedback?

VI. Do estimates of benefits and harms differ by age, sex, or presence of comorbidities (*e.g.,* emotional or mood disorders)?

PICOTS (Populations, Interventions, Comparators, Outcomes, Timing, Settings)

Population(s): Adults with the following chronic pain (defined as pain lasting 12 weeks or longer or pain persisting past the time for normal tissue healing) conditions specified in the Key Questions:

Key Question 1: Nonradicular chronic low back pain
Key Question 2: Chronic neck pain without radiculopathy or myelopathy
Key Question 3: Pain related to primary or secondary osteoarthritis
Key Question 4: Fibromyalgia
Key Question 5: Primary chronic tension headache (defined as 15 or more headache days per month for at least 3 months)
Key Question 6: Patients with any of the five chronic pain conditions

Interventions (All Key Questions)

I. Exercise
II. Psychological therapies
III. Physical modalities
IV. Manual therapies
V. Mindfulness practices
VI. Mind-body practices
VII. Acupuncture
VIII. Functional restoration training
IX. Multidisciplinary/interdisciplinary rehabilitation

Comparators

I. For all Key Questions, subquestion ''a''
  A. Sham treatment
  B. Waitlist
  C. Usual care
  D. Attention control
  E. No treatment
II. For all Key Questions, subquestion ''b''
  A. Non-opioid pharmacological therapy (nonsteroidal anti-inflammatory drugs, acetaminophen, antiseizure medications, antidepressants)
  B. Opioid analgesics
III. Key Questions 1–4, 6, subquestion ''c'': Exercise
IV. Key Question 5, 6, subquestion ''c'': Biofeedback

Outcomes

I. Primary efficacy outcomes (in priority order); we will focus on outcomes from validated measures
  A. Function/disability/pain interference
  B. Pain
II. Harms and adverse effects
III. Secondary outcomes
  A. Psychological distress (including depression and anxiety)
  B. Quality of life
  C. Opioid use
  D. Sleep quality, sleep disturbance
  E. Health care utilization

Timing

I. Duration of followup: Short term (up to 6 months), intermediate term (6–12 months) and long term (at least 1 year); we will focus on longer-term (>1 year) effects where possible
II. Studies with <1 month followup after treatment will be excluded

Settings

I. Any nonhospital setting or setting of self-directed care
II. Exclusions: Hospital care, hospice care, emergency department care

Sharon B. Arnold,

Deputy Director.

[FR Doc. 2017–10067 Filed 5–17–17; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the proposed information collection project: ''*TeamSTEPPS 2.0 Online Master Trainer Course.*''

DATES: Comments on this notice must be received by July 17, 2017.

ADDRESSES: Written comments should be submitted to: Doris Lefkowitz, Reports Clearance Officer, AHRQ, by email at *doris.lefkowitz@ahrq.hhs.gov.*

Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

FOR FURTHER INFORMATION CONTACT: Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427–1477, or by email at *doris.lefkowitz@ahrq.hhs.gov.*

SUPPLEMENTARY INFORMATION:

Proposed Project

TeamSTEPPS 2.0 Online Master Trainer Course

In accordance with the Paperwork Reduction Act of 1995, Public Law 104–13 (44 U.S.C. 3506(c)(2)(A)), AHRQ invites the public to comment on this proposed information collection. As part of its effort to fulfill its mission goals, AHRQ, in collaboration with the U.S. Department of Defense's TRICARE Management Activity, developed TeamSTEPPS® (Team Strategies and Tools for Enhancing Performance and Patient Safety) to provide an evidence-based suite of tools and strategies for training teamwork-based patient safety to health care professionals. TeamSTEPPS includes multiple toolkits, which are all tied to, or are variants of, the core curriculum. TeamSTEPPS resources have been developed for primary care, rapid response systems, long-term care, and patients with limited English proficiency.

The main objective of the TeamSTEPPS program is to improve patient safety by training health care staff in various teamwork, communication, and patient safety concepts, tools, and techniques and ultimately helping to build national capacity for supporting teamwork-based patient safety efforts in health care organizations.

Created in 2007, AHRQ's National Implementation Program trains Master Trainers who have stimulated the use and adoption of TeamSTEPPS in health care delivery systems. These individuals were trained during two-day, in-person classes using the TeamSTEPPS core curriculum at regional training centers across the U.S. AHRQ has also provided technical assistance and consultation on implementing TeamSTEPPS and has developed user networks, various educational venues, and other channel of learning for continued support and the improvement of teamwork in health care. Since the inception of the National Implementation Program, AHRQ has trained more than 6,000 participants to serve as TeamSTEPPS Master Trainers.

Due to the success of the National Implementation Program, which resulted in increased requests for in-person training, AHRQ had been unable to match the demand for TeamSTEPPS Master Training, and wait lists for training at times exceeded 500 individuals.

To address this prevailing need, AHRQ developed TeamSTEPPS 2.0 Online Master Trainer course, which mirrors the TeamSTEPPS 2.0 core curriculum and provides equivalent training to the in-person classes offered through the National Implementation Program.

As part of this initiative, AHRQ seeks to continue to conduct an evaluation of the TeamSTEPPS 2.0 Online Master