

is needed for eligible entities to report progress under the Home Visiting Program annually. On March 23, 2010, the President signed into law the Patient Protection and Affordable Care Act (ACA), Section 2951 of the ACA amending Title V of the Social Security Act by adding a new section, 511, which authorized the creation of the Home Visiting Program ([http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111\\_cong\\_bills&docid=f:h3590enr.txt.pdf](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h3590enr.txt.pdf), pages 216–225). A portion of funding under this program is awarded to participating states and eligible jurisdictions by formula. The purpose of formula funding is to support the delivery of coordinated and comprehensive voluntary early childhood home visiting program services and effective implementation of high-quality evidence-based practices.

The information collected will be used to review grantee progress on proposed project plans sufficient to permit project officers to assess whether the project is performing adequately to achieve the goals and objectives that were previously approved. This report will also provide implementation plans for the upcoming year, which project officers can assess to determine whether the plan is consistent with the grant as approved, and will result in

implementation of a high-quality project that will complement the home visiting program as a whole. Progress Reports are submitted to project officers through the Electronic HandBooks (EHB). Failure to collect this information would result in the inability of the project officers to exercise due diligence in monitoring and overseeing the use of grant funds in keeping with legislative, policy, and programmatic requirements. Grantees are required to provide a performance narrative with the following sections: Project identifier information, accomplishments and barriers, home visiting program goals and objectives, update on the home visiting program promising approach, implementation of the home visiting program in targeted at-risk communities, progress toward meeting legislatively-mandated reporting on benchmark areas, home visiting quality improvement efforts, and updates on the administration of the home visiting program.

In the event a new Funding Opportunity Announcement is issued annually for the formula grant program, the application for new grant funds may take the place of completion of a non-competing continuation progress report.

*Likely Respondents:* Grantees with Home Visiting Formula Awards Awarded in Federal FYs 2013–2017.

*Burden Statement:* Burden in this context means the time expended by persons to generate, maintain, retain, disclose or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

*Total Estimated Annualized Burden—Hours:* The burden estimates presented in the table below are based on consultations with a few states on the guidance. Grantees receive a new formula grant annually and are expected to report on progress annually, so the expectation is that grantees would submit non-competing continuation progress reports four times between Federal Fiscal Years 2015 and 2018. Only seven grantees are currently implementing a promising approach and require an annual update on the promising approach.

Form name	Number of respondents	Number of responses per respondent	Total responses	Hours per response	Total burden hours
Formula Grant Award .....	56	1	56	42	2,352
Total .....	56	1	56	42	2,352

**Jackie Painter,**  
 Director, Division of the Executive Secretariat.  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**State Planning Grants**

**AGENCY:** Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS).

**ACTION:** Notice of class deviation from competition requirement for one-time extension for the State Planning Grants for Improving Services for Children and Youth with Autism Spectrum Disorder (ASD) and Other Developmental Disabilities (DD) Grant Program.

**SUMMARY:** HRSA announces the award of a one-time extension in the amount of \$54,244 each to four State Planning Grants for Improving Services for Children and Youth with Autism Spectrum Disorder (ASD) and Other Developmental Disabilities (DD) grants. The purpose of the program is to support states in the planning and development of activities that are designed to improve state systems of care for children and youth with ASD and related DDs and increase access to comprehensive coordinated health care. Grantees develop comprehensive, measurable state plans in collaboration with a diverse group of stakeholders that outline an approach to improve access to comprehensive, coordinated health care and related services for children and youth with ASD and other DDs. The purpose of this notice is to award a one-time, 12-month extension to ensure the completion of activities

and an orderly phase out of HRSA support.

**SUPPLEMENTARY INFORMATION:**

*Intended Recipients of the Awards:* University of Arkansas System, University of Massachusetts, New Hampshire Department of Health and Human Services, and the University of Texas Health Science Center at Houston.

*Amount of Each Non-Competitive Award:* \$54,244.

*Period of Low-Cost Extension Funding:* 9/1/2015–8/31/2016.

*CFDA Number:* 93.110.

*Authority:* Public Health Service Act, § 399BB (42 U.S.C. 280i–1) and the Combating Autism Act of 2006 (Pub. L. 109–416), as amended by the Combating Autism Reauthorization Act of 2011 (Pub. L. 112–32) and the Autism Collaboration, Accountability, Research, Education, and Support (CARES) Act of 2014 (H.R. 4631; Pub. L. 113–157).

*Justification:* The State Planning Grants for Improving Services for Children and Youth with Autism Spectrum Disorder (ASD) and Other Developmental Disabilities (DDs) grant program (hereafter referred to as State Planning Grants) is authorized by the Public Health Service Act, § 399BB (42 U.S.C. 280i–1) and the Combating Autism Act of 2006 (Pub. L. 109–416), as amended by the Combating Autism Reauthorization Act of 2011 (Pub. L. 112–32) and the Autism Collaboration, Accountability, Research, Education, and Support (CARES) Act of 2014 (*H.R. 4631*; *Pub. L. 113–157*). The purpose of the program is to support states in the planning and development of activities that are designed to improve state systems of care for children and youth with ASD and related DDs and increase access to comprehensive coordinated health care. Grantees develop

comprehensive, measurable state plans in collaboration with a diverse group of stakeholders that outline an approach to improve access to comprehensive, coordinated health care and related services for children and youth with ASD and other DDs.

State Planning Grants support state efforts to improve infrastructure that results in community and state systems that are integrated across service sectors and are collectively responsible for achieving appropriate individual, family, and community outcomes. To ensure that the capacity and infrastructure continue in these important areas, the Maternal and Child Health Bureau is requesting a one-time extension for completion of activities and an orderly phase-out of HRSA support. The additional funds and time will allow the grantees to complete their planning and strengthen their partnerships with the stakeholders who

will be critical in implementing a comprehensive, coordinated system of health care for children and youth with ASD and DD. The current State Planning Grant awardees continue to achieve the original goals required by HRSA; however, the additional funding and time will allow awardees to complete their project activities. The impact of not granting this one-time extension would be to interrupt the activities of the State Planning Grant awardees and not allow them to complete their state planning.

**FOR FURTHER INFORMATION CONTACT:** CDR Deidre Washington-Jones, MPH, CHES, Division of Services for Children with Special Health Needs, Maternal and Child Health Bureau, Health Resources and Services Administration, 5600 Fishers Lane, Room 13–103, Rockville, Maryland 20857; [dWASHINGTON-JONES@hrsa.gov](mailto:dWASHINGTON-JONES@hrsa.gov).

Grantee/organization name	Grant No.	State	Current project end date	Revised project end date	FY 2014 Authorized funding level	FY 2015 Estimated funding level
UNIVERSITY OF ARKANSAS SYSTEM .....	H6MMC26243	AR	8/31/2015	8/31/2016	\$75,000	\$54,244
UNIVERSITY OF MASSACHUSETTS .....	H6MMC26244	MA	8/31/2015	8/31/2016	75,000	54,244
HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF.	H6MMC26245	NH	8/31/2015	8/31/2016	75,000	54,244
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON.	H6MMC26246	TX	5/31/2016	8/31/2016	75,000	54,244

Dated: September 4, 2015.

**James Macrae,**

*Acting Administrator.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**National Institute on Aging Amended; Notice of Meeting**

Notice is hereby given of a change in the meeting of the National Institute on Aging Special Emphasis Panel, October 01, 2015, 03:00 p.m. to October 01, 2015, 03:30 p.m., Doubletree Hotel Bethesda, (Formerly Holiday Inn Select), 8120 Wisconsin Avenue, Bethesda, MD, 20814 which was published in the **Federal Register** on September 09, 2015, 80 FR 54302.

The meeting notice is amended to change the meeting title to National Institute on Aging Special Emphasis Panel—MIND Diet. The meeting is closed to the public.

Dated: September 10, 2015.

**Melanie J. Gray-Pantoja,**

*Program Analyst, Office of Federal Advisory Committee Policy.*

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**BILLING CODE 4140–01–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**Announcement of Requirements and Registration for the NIEHS Climate Change and Environmental Exposures Challenge**

**Authority:** 15 U.S.C. 3719.

**SUMMARY:** To assist the country in preparing for the potential health risks from climate change, the National Institutes of Health (NIH) through the National Institute on Environmental Health Sciences (NIEHS) is sponsoring the NIEHS *Climate Change and Environmental Exposures Challenge* (the “Challenge”) under the America COMPETES Reauthorization Act of 2010. This Challenge calls on talented software developers, data scientists, and other innovators from around the

country to create data visualizations, tools, and applications that use the best available science on environmental exposures and the relationship of these exposures to increased temperature, precipitation, flooding, and sea level rise. The Challenge has two goals: To raise awareness of how environmental health risks may be exacerbated by climate change in communities, and to enable protective decision-making from local to national levels.

**DATES:** The Challenge begins September 15, 2015.

(1) Submission period begins 9 a.m. EDT September 28, 2015.

(2) Submission period ends 12 p.m. EDT December 4, 2015.

(3) Judging Period: December 7, 2015 to January 6, 2016.

(4) Winners Announced: January 12, 2016.

**ADDRESSES:** To register for this Challenge, participants can access either the <http://www.challenge.gov> Web site (search for the Challenge’s title) or the Climate and Health Innovation Challenge Series Web site at <http://www.challenge.gov/agency/health-and-human-services/climate-and-health-innovation-challenge-series/>.