

62. Patricia M. White, Mountain City, Tennessee, Court of Federal Claims No: 15–0917V.

63. Craig John Burchianti on behalf of A. B., Brooklyn, New York, Court of Federal Claims No: 15–0918V.

64. William Allen Jackson, Riverside, California, Court of Federal Claims No: 15–0919V.

65. Victoria Lee, Richmond, California, Court of Federal Claims No: 15–0920V.

66. Vanessa Gonzalez, Washington, District of Columbia, Court of Federal Claims No: 15–0921V.

67. Judith Rutschman, Memphis, Tennessee, Court of Federal Claims No: 15–0925V.

68. Sarah Henley, Scotts Valley, California, Court of Federal Claims No: 15–0927V.

69. Ricardo Galinato, Washington, District of Columbia, Court of Federal Claims No: 15–0928V.

70. Michael C. Puckett, Sr. on behalf of Amanda Nicole Puckett, Deceased, Orland Park, Illinois, Court of Federal Claims No: 15–0929V.

71. James Scamman, Kansas City, Missouri, Court of Federal Claims No: 15–0930V.

72. Hans Varblow, Livonia, Michigan, Court of Federal Claims No: 15–0931V.

73. Katie Rice, Randolph, Vermont, Court of Federal Claims No: 15–0932V.

74. Joyce Winterfeld, Willowbrook, Illinois, Court of Federal Claims No: 15–0933V.

75. Tyrone Coyle, Mandeville, Louisiana, Court of Federal Claims No: 15–0934V.

76. Jennifer Siekierski, Rochester, New York, Court of Federal Claims No: 15–0936V.

77. Keith Saunders, Somers Point, New Jersey, Court of Federal Claims No: 15–0939V.

78. Lewis Steven Beckham, Holmes Beach, Florida, Court of Federal Claims No: 15–0940V.

79. Lornette Amelia Lewis, Birmingham, Alabama, Court of Federal Claims No: 15–0941V.

80. Leigha Romig, Richmond, Virginia, Court of Federal Claims No: 15–0942V.

81. Jeffery Miller, Boston, Massachusetts, Court of Federal Claims No: 15–0943V.

82. Kelly Ledford, Philadelphia, Pennsylvania, Court of Federal Claims No: 15–0944V.

83. Sanjuanita Kelly, Philadelphia, Pennsylvania, Court of Federal Claims No: 15–0947V.

84. Alexander Rydell, Fargo, North Dakota, Court of Federal Claims No: 15–0948V.

85. Barbara Lykins, Shawnee Mission, Kansas, Court of Federal Claims No: 15–0951V.

[FR Doc. 2015–24951 Filed 9–30–15; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Resources and Services Administration

National Center for Medical Home Implementation Cooperative Agreement at the American Academy of Pediatrics

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

ACTION: Notice of Single-Case Deviation from Competition Requirement for Program Expansion for the National Center for Medical Home Implementation Cooperative Agreement at the American Academy of Pediatrics, Grant Number U43MC09134.

SUMMARY: HRSA announces its intent to award a program expansion supplement in the amount of \$171,691 for the National Center for Medical Home Implementation (NCMHI) cooperative agreement. The purpose of the NCMHI cooperative agreement, as stated in the funding opportunity announcement, is to: (1) Support a national resource and technical assistance effort to implement and spread the medical home model to all children and youth, particularly children with special health care needs (CSHCN), children who are vulnerable and/or medically underserved, and pediatric populations served by state public health programs, HRSA, and HRSA's Maternal and Child Health Bureau (MCHB); and (2) support activities of the Healthy Tomorrows Partnership for Children Program (HTPCP) grantees to improve children's health through innovative community-based efforts, and community and statewide partnerships among professionals in health, education, social services, government, and business. The purpose of this notice is to announce the award of supplemental funds to enhance the Rural IMPACT project by supporting activities related to child health in rural and underserved communities by the American Academy of Pediatrics, the cooperative agreement awardee who serves as the NCMHI, during the budget period of July 1, 2015, to June 30, 2016. The NCMHI is authorized by the Social Security Act, title V, sections 501(a)(1)(D) and

501(a)(2), (42 U.S.C. 701(a)(1)(D) and 701(a)(2)).

The NCHMI is a national resource to implement and spread the medical home model to all children and youth, particularly children with special health care needs and children who are vulnerable and/or medically underserved. The NCMHI supports activities of the HTPCP grantees to improve children's health through innovative community-based efforts, and community and statewide partnerships among professionals in health, education, social services, government, and business.

SUPPLEMENTARY INFORMATION:

Intended Recipient of the Award: The American Academy of Pediatrics.

Amount of the Non-Competitive Award: \$171,691.

CFDA Number: 93.110.

Current Project Period:

07/01/2008–06/30/2018.

Period of Supplemental Funding: 7/1/2015–6/30/2016.

Authority: Social Security Act, Title V, sections 501(a)(1)(D) and 501(a)(2), (42 U.S.C. 701(a)(1)(D) and 701(a)(2)).

Justification: On August 14, 2015, as part of the White House Rural Council's Rural Child Poverty Initiative, HRSA awarded a program expansion supplement to the NCMHI cooperative agreement for the Rural IMPACT Project. HRSA and the Administration for Children and Families (ACF), each using its own authority, used fiscal year (FY) 2015 funds to support a cohort of ten rural and tribal communities to provide two-generation, bundled services to children and families in need. Utilizing the two-generation approach, the communities will promote problem solving at the community level by encouraging pediatric clinicians' participation and public-private partnership, such as the Early Childhood Comprehensive Systems Initiative, Project Launch, and private sector support for improved collaboration and coordination of and access to mental, oral, and physical health and non-clinical resources (e.g., home visiting, early care and education settings such as child care and Head Start, early intervention, child welfare, education) at the community level for children, youth, and their families.

The American Academy of Pediatrics (AAP), working with MCHB, will establish an expert workgroup and operational structure to guide the initiative; develop and issue a solicitation and scoring process and conduct a review of letters of interest to make recommendations for participating communities; develop a quality

improvement package; identify systems-level measures to monitor process and progress of individual communities and the initiative as a whole; and provide structured technical assistance to the selected communities.

In consultation with MCHB, ACF, and the White House Rural Council, the AAP has developed guidance, and solicited for and reviewed letters of

interest for the cohort of ten rural and tribal communities. Communities will be notified of the application outcome in late September 2015. For its expert workgroup, AAP has identified and invited experts in social service delivery, rural health, and quality improvement. A meeting of participating communities and the

expert workgroup will be held in Washington, DC, in October 2015.

FOR FURTHER INFORMATION CONTACT: Marie Y. Mann, MD, MPH, FAAP, 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; MMann@hrsa.gov.

| Grantee/organization name | Grant No. | State | FY 2015 authorized funding level | FY 2015 estimated supplemental funding |
|---|------------|-------|----------------------------------|--|
| <i>The American Academy of Pediatrics</i> | U43MC09134 | IL | \$800,031 | \$171,691 |

Dated: September 24, 2015.
James Macrae,
Acting Administrator.
 [FR Doc. 2015-24960 Filed 9-30-15; 8:45 am]
BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Organizations for State and Local Officials (NOSLO) Cooperative Agreement

AGENCY: Health Resources and Services Administration (HRSA), HHS.

ACTION: Notice of Non-competitive Supplemental Funding Award.

SUMMARY: HRSA will be providing supplemental funds to support activities for the Center for Health Policy/National Academy for State Health Policy (NASHP), to support the expanded program and costs for the Systems Integration Academy (SIA) that were not foreseen in the awardee’s approved application. The supplemental funds will be used to augment the awardee’s current activities to provide targeted technical assistance to a Learning Community of 16 states from awarded HRSA’s Maternal and Child Health Bureau (MCHB) State Implementation Grants for Enhancing the System of Services for Children and Youth with Special Health Care Needs (CYSHCN) through Systems Integration (D70). The purpose of this supplement is to expand the Learning Community and provide technical assistance to the D70 grantees to achieve a shared resource, cross-system care coordination, and MCH 3.0 alignment.

SUPPLEMENTARY INFORMATION:

Intended recipient of the award: Center for Health Policy/National

Academy for State Health Policy, Washington, DC.
Amount of the award: \$281,810 for 2 years.
Authority: Section 311(a) of the Public Health Service (PHS) Act.
CFDA Number: 93.110.
Project period: The period of the supplemental support is from September 1, 2015, to August 31, 2017.
Justification for the Exception to Competition: Currently, the National Academy for State Health Policy (NASHP) is serving as the national technical assistance provider to the 12 D70 grantee states supported by MCHB through the Systems Integration Grant Program. In order to do this, NASHP must expand the scope of this objective to provide the targeted technical assistance to the D70 states through a “Systems Integration Academy” (SIA). Redefining the new scope and activities under the SIA requires significant staff effort and reprioritization of other major activities in NASHP’s approved application. The SIA began in November 2014; representatives from the twelve D70 state grantees participated. Subsequently, three technical assistance webinars to support the state teams’ work have been convened. A technical assistance needs assessment was developed and disseminated to the state teams, and the information received will be used to guide other technical assistance activities within the SIA learning community. NASHP coordinated and developed the *State Implementation Grants to Enhance Systems Integration for CYSHCN: Systems Integration Academy* In-Person Meeting. NASHP launched a shared platform for the SIA to support the SIA states’ cross-state learning community. This platform supports the exchange of resources and provides an interactive forum for use by the current 12 states throughout the course of the project.

In fiscal year 2015, MCHB will expand the SIA Learning Community and provide technical assistance to four new D70 grantees, which will receive targeted technical assistance to achieve shared resource, cross-system care coordination and alignment with MCH 3.0.

FOR FURTHER INFORMATION CONTACT: Lynnette S. Araki, via email Laraki@hrsa.gov, or via telephone: (301) 443-6204.

Dated: September 24, 2015.
James Macrae,
Acting Administrator.
 [FR Doc. 2015-24964 Filed 9-30-15; 8:45 am]
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; 30-Day Comment Request; Evaluation of the Science Education Partnership Award (SEPA) Program (OD)

SUMMARY: Under the provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Institutes of Health (NIH), has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below. This proposed information collection was previously published in the **Federal Register** on 06/03/2015 (Vol. 80, No. 106, Pages 31610-31611) and allowed 60 days for public comment. Zero public comments were received. The purpose of this notice is to allow an additional 30 days for public comment. The Office of Science Education/SEPA, National Institutes of Health, may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or