

7W610, Rockville, MD 20892–9750, 240–276–6459, biancoc@mail.nih.gov.

Name of Committee: National Cancer Institute Special Emphasis Panel; NCI Provocative Question #10.

Date: November 3, 2016.

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

Agenda: To review and evaluate grant applications.

Place: National Cancer Institute Shady Grove, 9609 Medical Center Drive, Room 7W030, Rockville, MD 20850, (Telephone Conference Call).

Contact Person: Denise L. Stredrick, Ph.D., Scientific Review Officer, Special Review Branch, Division of Extramural Activities, National Cancer Institute, 9609 Medical Center Drive, Room 7W640, Rockville, MD 20892–9750, 240–276–5053, stredrid@mail.nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.392, Cancer Construction; 93.393, Cancer Cause and Prevention Research; 93.394, Cancer Detection and Diagnosis Research; 93.395, Cancer Treatment Research; 93.396, Cancer Biology Research; 93.397, Cancer Centers Support; 93.398, Cancer Research Manpower; 93.399, Cancer Control, National Institutes of Health, HHS)

Dated: July 22, 2016.

Melanie J. Gray,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2016–17810 Filed 7–27–16; 8:45 am]

BILLING CODE 4140–01–P

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: National Center of Excellence for Infant and Early Childhood Mental Health Consultation—NEW

The Substance Abuse and Mental Health Services Administration's (SAMHSA), Center for Mental Health Services, in partnership with the Health Resources and Services Administration (HRSA) and the Administration for Children and Families (ACF), announces the establishment of the National Center of Excellence (CoE) for Infant and Early Childhood Mental Health Consultation (IECMHC), a new program to advance the implementation of high-quality infant and early childhood mental health consultation across the nation through the development of tools, resources, training, technical assistance, and collaborative public and private partnerships. Its primary goals will be to promote the healthy social and emotional development of infants and young children and to prevent mental, emotional and behavioral disorders within this age group. Major activities for the CoE include convening a national expert workgroup and to lead the workgroup in developing a state-of-the-art Toolkit of the latest research and best practices for IECMHC (e.g., training, implementation, evaluation and financing) for early childhood settings, including early care and education and home visiting programs. The CoE will also create a dissemination and training plan for the Toolkit, and provide intensive training and technical assistance to states and tribes to help them build their capacity to implement, fund and evaluate IECMHC efforts successfully.

To monitor the reach, implementation and impact of the CoE's multiple efforts, learn which practices work for which populations, and gauge overall applicability and utility of the Toolkit to infant and early childhood mental health consultation, the CoE intends to employ a variety of standardized process and outcome measures that have been specifically designed to reduce participant burden. Measures will explore the related professional background and experience of IECMHC participants, degree of satisfaction with IECMHC trainings and technical assistance (TTA), usefulness of the TTA,

areas for improvement, scope of IECMHC implementation across the State or Tribe, and IECMHC impact on childcare and pre-K expulsion rates.

Data-collection efforts will focus on two types of respondents: (1) Mental health consultants employed at maternal and child health, behavioral health, child care, Head Start, education and child welfare agencies, and (2) State or tribal representatives who have been selected to lead the implementation, expansion and sustainability of IECMHC in their state or tribal community.

The mental health consultants will be asked to provide background information on their prior experience in the IECMHC field, feedback immediately following the trainings, and follow-up feedback approximately two months after receiving training and/or technical assistance. Specific sample questions will include level of satisfaction with the training/technical assistance, perceptions of knowledge acquired, intentions to use training content, extent of implementation of content, and opinions regarding the training's cultural appropriateness for its audience.

State/tribal representatives will be asked to report on the reach and impact of the IECMHC program in the past year, level of satisfaction with IECMHC, suggested improvements for the program, and emerging state/tribal needs that the program could address. IECMHC mentors, whose primary role will be to work with the state/tribal representatives to implement the IECMHC Toolkit, will gather specific information from the representatives, including recommended IECMHC professional standards for mental health consultants, state- or tribal-level evaluations of IECMHC impact, and financing for the continuation of IECMHC. For programs also receiving funding from the Maternal Infant and Early Childhood Home Visiting (MIECHV) program, representatives will be asked to report on selected MIECHV outcome measures relating to maternal and newborn health; school readiness and achievement; and coordination and referrals for other community resources and supports.

SAMHSA will use this data to determine whether funded activities are progressing as expected, provide guidance to improve how work is being conducted, assess the impact of IECMHC on child-serving systems, and inform subsequent national, state, tribal and community policy and planning decisions.

ESTIMATE OF RESPONDENT BURDEN

[Note: Total burden is annualized over the 3-year clearance period]

Instrument	Number of respondents	Average number of responses per respondent per year	Total number of responses	Hours per response	Total annual burden hours
Service Pre-Assessment Form	150	6	900	.167	150.30
Training Feedback Form	112	6	672	.167	112.22
Training Follow-up Form	112	4	448	.167	74.82
Technical Assistance Follow-up Form	30	6	180	.167	30.06
IECMHC Cumulative Services Assessment Form	17	1	17	.333	5.66
IECMHC Annual and Quarterly Benchmark Data Collection Forms	17	4	68	1.5	102.00
Totals	438	27	2,285	475.06

Send comments to Summer King, SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E57-B, Rockville, Maryland 20857, *OR* email a copy to summer.king@samhsa.hhs.gov. Written comments should be received by September 26, 2016.

Summer King,
Statistician.

[FR Doc. 2016-17867 Filed 7-27-16; 8:45 am]

BILLING CODE 4162-20-P

DEPARTMENT OF HOMELAND SECURITY

U. S. Customs and Border Protection

Notice Announcing the Automated Commercial Environment (ACE) Protest Module as the Sole CBP-Authorized Method for Filing Electronic Protests

AGENCY: U.S. Customs and Border Protection, Department of Homeland Security.

ACTION: General notice.

SUMMARY: This document announces that the Automated Commercial Environment (ACE) Protest Module will be the sole method authorized by the Commissioner of U.S. Customs and Border Protection (CBP) for filing electronic protests. This document also announces that CBP will no longer accept protests filed through the Automated Broker Interface (ABI) to the Automated Commercial System (ACS). Upon the effective date of this notice, ACE will replace ACS as the electronic data interchange system authorized for protest filing.

DATES: Effective August 29, 2016, the ACE Protest Module will be the sole CBP-authorized method for filing electronic protests.

FOR FURTHER INFORMATION CONTACT: For technical questions related to the ACE

Protest Module, or to request an ACE Protest Account in the ACE Portal, contact your assigned client representative. Interested parties without an assigned client representative should direct their questions to Steven Zaccaro at steven.j.zaccaro@cbp.dhs.gov with the subject heading "ACE Protest Module."

SUPPLEMENTARY INFORMATION:

Background

Statutory Authority

Section 514 of the Tariff Act of 1930, as amended (19 U.S.C. 1514), provides that certain decisions made by CBP can be protested within 180 days of the date of liquidation, *i.e.*, the date on which CBP's decision becomes final. Section 645 of Subtitle B of Title VI of the North American Free Trade Agreement Implementation Act (Pub. L. 103-182, 107 Stat. 2057, December 8, 1993), commonly known as the Customs Modernization Act, or Mod Act, amended section 514(c)(1) of the Tariff Act of 1930 (19 U.S.C. 1514(c)(1)) to permit the transmission of such protests to CBP electronically pursuant to an electronic data interchange system.

Current Regulations

The CBP regulations governing protests are found in part 174 of Title 19 of the Code of Federal Regulations (19 CFR part 174).

On January 14, 2011, CBP published a Final Rule in the **Federal Register** (76 FR 2573) making technical corrections to part 174 and related provisions in Title 19 of the Code of Federal Regulations. The rule amended section 174.12(b) to conform to section 514(c)(1) of the Tariff Act of 1930, allowing a protest to be transmitted electronically, using the electronic data interchange system authorized by CBP for that purpose.

Currently, CBP accepts electronic protests submitted through the Automated Broker Interface (ABI) to the Automated Commercial System (ACS), the electronic data interchange system currently authorized by CBP for this purpose.

Transition From ACS to ACE

In an effort to modernize the business processes essential to securing U.S. borders, facilitating the flow of legitimate shipments, and targeting illicit goods pursuant to the Mod Act and the Security and Accountability for Every (SAFE) Port Act of 2006 (Pub. L. 109-347, 120 Stat. 1884), CBP developed the Automated Commercial Environment (ACE) to eventually replace ACS. Over the last several years, CBP has tested ACE and provided significant public outreach to ensure that the trade community is fully aware of the transition from ACS to ACE. CBP is now transitioning electronic protest filing from ACS to ACE. Upon the effective date of this notice, ACE will replace ACS as the electronic data interchange system authorized for protest filing.

ACE Protest Module as the Sole CBP-Authorized Method for the Filing of Electronic Protests

This notice announces that the ACE Protest Module will be the sole CBP-authorized method for filing electronic protests. Filers who intend to submit a protest electronically must use the ACE Protest Module. The ACE Protest Module is an internet-based processing module which allows a filer to submit an electronic protest to ACE for processing by CBP. Protest filings will no longer be accepted in ACS. This transition has no effect on filers who intend to submit their protest in paper form, as specified in 19 CFR part 174.