

(PPRs) for compliance and for program outcomes. AIDD also will aggregate the information in the PPRs into a national profile of programmatic activities and accomplishments. Information from these reports is shared with the public through postings to the *ACL.gov* Web site. The information will also allow AIDD to track accomplishments against performance goals and determine areas where technical assistance is needed to comply with Federal requirements or improve performance. The annual PPRs are reviewed by federal staff for compliance and performance in established outcome areas. Information in the PPRs is analyzed to create a national profile of programmatic compliance, outcomes, and goals and priorities for P&A Systems for tracking accomplishments, goals and to determine areas of technical assistance the P&As need related to compliance with Federal requirements and program performance. Information collected in the unified report will inform AIDD of trends in P&A advocacy, collaboration

with other federally-funded entities, and identify best practices for efficient use of federal funds.

Comments in Response to the 60 Day Federal Register Notice

A notice was published in the **Federal Register** in Vol. 82, No. 10, pages 4888–4889, on January 17, 2017, announcing that ACL was requesting approval of a new data collection. ACL has not received any comments expressing concern related to the new PPR reporting forms for the P&A program. However, additional technical changes were made to the PATBI PPR template to clarify certain information collection items in the form. In Part I, section C(1)—Public Relations and Outreach, ACL added the language “racial and ethnic” before the word “minority” to the section C(1) question, “Describe the agency’s outreach efforts to previously unserved or underserved individuals, including minority communities” to make sure the question is clear. In Part II, section B, item 14.5 was updated to

“TANF” from “Welfare Reform,” and item 16 was updated to “Other Government Benefits/Services” from “Government Benefits/Services.” Last, Part II, section H, item 2 was updated to “American Indian/Alaska Native” from “American Indian/Alaskan Native.”

The PPR will allow federal staff to review the programs performance and achievement and assist where technical assistance is needed. Additionally, information contained in the PPR provides performance measures based on the annual reports. The performance data is reported to Congress under the Government Performance and Results Act Modernization Act (GPRAMA).

The proposed Protection and or Traumatic Brain Injury (PATBI) Program Performance Report (PPR) form can be found on the AIDD Web site at: https://acl.gov/Programs/AIDD/Program_Resource_Search/Results_PA.aspx.

ACL estimates the burden hours for this collection of information as follows:

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
PATBI PPR	57	1	16	912

Dated: April 20, 2017.

Daniel P. Berger,
Acting Administrator and Assistant Secretary for Aging.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Agency Information Collection Activities; Submission for OMB Review; Comment Request; Funding Opportunity Announcement and Grant Application Template for ACL Discretionary Grant Programs

AGENCY: Administration for Community Living (ACL), HHS.

ACTION: Notice.

SUMMARY: The Administration for Community Living is announcing that the proposed collection of information listed above has been submitted to the Office of Management and Budget (OMB) for review and clearance as required under section 506(c)(2)(A) of the Paperwork Reduction Act of 1995.

This 30-day notice collects comments on the information collection requirements related to a Revision of a Currently Approved Collection (ICR Rev).

DATES: Submit written comments on the collection of information by May 26, 2017.

ADDRESSES: Submit written comments on the collection of information by fax 202.395.5806 or by mail to the Office of Information and Regulatory Affairs, OMB, New Executive Office Bldg., 725 17th St. NW., Rm. 10235, Washington, DC 20503, Attn: OMB Desk Officer for ACL.

FOR FURTHER INFORMATION CONTACT: Mark Snyderman at (202) 795–7439 or mark.snyderman@acl.hhs.gov.

SUPPLEMENTARY INFORMATION: In compliance with 44 U.S.C. 3507, ACL has submitted the following proposed collection of information to OMB for review and clearance. ACL is requesting an extension of the currently approved data collection with modifications. The Funding Opportunity Announcement and Application Instructions Template are for use with all ACL competitions for discretionary grant programs. The

template provides the requirements and instructions for the submission of an application for discretionary grants funding opportunities.

ACL is publishing this **Federal Register** Notice for the public to review and comment on the ACL Standard Funding Opportunity Announcement (FOA) (0985–0018) form. ACL seeks to make a small number of minor edits to the current Funding Opportunity Announcement (FOA) template form. The edits are intended to clarify and simplify the form used to solicit applicants who wish to perform activities related to the various programs offered by ACL, either through a grant or cooperative agreement. The edits consist of correcting grammatical errors, removing duplicative language, and allowing for the option to add program specific instructions to the project summary and abstract.

Comments in Response to the 60-Day Federal Register Notice

A 60-day **Federal Register** Notice was published in the **Federal Register** on February 1, 2017 (Vol. 82, Number 20; pp. 8940–8941). In response to the notice, the Department received two

comments, one with 57 signatories. The commenters were concerned that the template did not reference an eight percent cap on the indirect cost rate associated with training programs. Instead, the notice included language from the *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (commonly called “Uniform Guidance”), which were implemented in fiscal year 2015 (<https://www.grants.gov/web/grants/learn-grants/grant-policies/omb-uniform->

[guidance-2014.html](https://www.grants.gov/web/grants/learn-grants/grant-policies/omb-uniform-guidance-2014.html)). This language requires agencies to accept the indirect cost rate negotiated with their agency, and the requirement applies to all grant making agencies in the Federal Government. However, the HHS Grants Policy Administration Manual (GPAM) and Grants Policy Statement (GPS) provide that the indirect cost rate for training grants is capped at eight percent. ACL has reviewed all pertinent information and has determined that no change is necessary to the FOA template. This notice is for a generic

template that is used by all ACL grant applicants. Requirements associated with particular programs are included in the specific FOAs for those programs. The UCEDD programs were designated as training programs in the past as part of the specific FOA for these programs. The proposed template may be found on the ACL Web site at https://acl.gov/Funding_Opportunities/Announcements/docs/ACL_PA_Template_FINAL.docx.

	Number of competitions	Applicants per FOA	Number of respondents	Frequency of response per year	Average hour burden per respondent	Total estimated data burden
NIDIL RR	16	16	256	1	220	56,320
Other ACL	34	14.5	493	1	48	23,664
						79,984

Estimated Number of Responses: 749 annually. *Total Estimated Burden Hours:* 79,984.

Dated: April 20, 2017.

Daniel P. Berger,
Acting Administrator and Assistant Secretary for Aging.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Request for Comment on the NSDUH Redesign

AGENCY: Substance Abuse and Mental Health Services Administration (SAMHSA), HHS.

ACTION: Request for comment.

SUMMARY: This document is a request for comment on National Survey on Drug Use and Health (NSDUH) redesign. The Department of Health and Human Services, as part of its continuing effort to produce current data, as well as reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995.

DATES: Comment Close Date: To be considered, comments must be received at the addresses provided below no later than 60 calendar days from the date of publication in the **Federal Register**.

ADDRESSES: You may submit electronic comments to NSDUH_Redesign@samhsa.hhs.gov.

FOR FURTHER INFORMATION CONTACT: NSDUH_Redesign@samhsa.hhs.gov.

SUPPLEMENTARY INFORMATION: Inspection of Public Comments: Comments submitted in response to this notice will be used in the development of specific survey redesign options. Comments, including any personally identifiable or confidential business information included in comments submitted in response to this notice, will be summarized and/or included in NSDUH redesign reports.

Background

NSDUH is a national survey of the U.S. civilian, non-institutionalized population aged 12 or older. The NSDUH data collection is essential for meeting a critical objective of SAMHSA’s mission—to maintain current data on the prevalence of substance use and mental health problems in the United States. NSDUH is authorized by Section 505 of the Public Health Service Act (42 U.S.C. 290aa-4—Data Collection) which authorizes annual data collection for monitoring the prevalence of illicit substance use and mental health problems, as well as the misuse of licit substances in the U.S. population. NSDUH was conducted on a periodic basis from 1971 to 1988 and has been conducted annually since 1990.

Information collected through NSDUH has multiple applications, including (1) advancing the study of the epidemiology of substance use and mental health; (2) monitoring substance use and mental health trends and

patterns; (3) identifying licit and illicit substances being used and misused; (4) studying the use of health care resources for treatment of substance use disorders and mental health problems; (5) assisting Federal, State and local agencies in the allocation of resources; and (6) supporting the proper design and implementation of substance misuse prevention, treatment, and rehabilitation programs. In order to continue meeting data users’ needs, SAMHSA’s Center for Behavioral Health Statistics and Quality (CBHSQ) must periodically update NSDUH content and methodology to reflect the changing field of substance use and mental health along with data collection best practices. Any redesign will help to ensure NSDUH continues to produce accurate and current data with efficiency.

Redesign Issues for NSDUH

It is important for NSDUH to remain policy relevant and to be a source of reliable information. The impetus for any future NSDUH redesign is to ensure that NSDUH continues to capture substance use, substance use disorder, and mental health concepts accurately, precisely, and in ways that reflect the state of the field as it advances (e.g., updating, adding and removing content to reflect evolving data needs; adapting new approaches for reducing nonresponse). In addition, the redesigned NSDUH should track trends from its inception onward and have flexibility to address changing data needs, to adjust to shifting budgets and to allow occasional adjustments to the sample and questionnaire without putting trend data at risk.