

- Court of Federal Claims No: 19–1759V
35. Nicole Abrams-Kelly, Huntersville, North Carolina, Court of Federal Claims No: 19–1760V
  36. Brittany Dock on behalf of K. E., Aurora, Colorado, Court of Federal Claims No: 19–1762V
  37. Thomas Joseph Grandinetti, Syracuse, New York, Court of Federal Claims No: 19–1763V
  38. Catherine Doyle, Cedar Knolls, New Jersey, Court of Federal Claims No: 19–1767V
  39. Kristi A. Baker, Huntington, West Virginia, Court of Federal Claims No: 19–1771V
  40. Olga Capkeviciene, Lakewood, Ohio, Court of Federal Claims No: 19–1773V
  41. Laura Bell Frey, Franklin, Tennessee, Court of Federal Claims No: 19–1776V
  42. Morgan Gaffney, Washington, District of Columbia, Court of Federal Claims No: 19–1777V
  43. Katherine Beltz, Huntersville, North Carolina, Court of Federal Claims No: 19–1779V
  44. Lisa B. Vendiola, Waipahu, Hawaii, Court of Federal Claims No: 19–1780V
  45. Lisa J. Prince, Plano, Texas, Court of Federal Claims No: 19–1781V
  46. Noelle Lynn Czopek on behalf of C. L. H., Jr., Pittsburgh, Pennsylvania, Court of Federal Claims No: 19–1782V
  47. Ann M. Arpino, New Haven, Connecticut, Court of Federal Claims No: 19–1783V
  48. Edwin Weiss, New York, New York, Court of Federal Claims No: 19–1786V
  49. Julie Schottler, Rochester, Minnesota, Court of Federal Claims No: 19–1787V
  50. Laura Valentin Maalouf, West Chester, Pennsylvania, Court of Federal Claims No: 19–1788V
  51. Randy Li, Fort Polk, Louisiana, Court of Federal Claims No: 19–1789V
  52. Donna Faye McKenney, Clackamas, Oregon, Court of Federal Claims No: 19–1799V
  53. Phillip Woods, Novi, Michigan, Court of Federal Claims No: 19–1800V
  54. Geoffrey Clive, Kansas City, Missouri, Court of Federal Claims No: 19–1802V
  55. Connie Suzann Mundinger, Columbia, South Carolina, Court of Federal Claims No: 19–1804V
  56. Carl Johnson, Eagan, Minnesota, Court of Federal Claims No: 19–1807V
  57. Marjorie DeCamara, Manheim, Pennsylvania, Court of Federal Claims No: 19–1808V
  58. Michelle Celentano, Tucson, Arizona, Court of Federal Claims No: 19–1809V
  59. Claudia Marquez, Washington, District of Columbia, Court of Federal Claims No: 19–1811V
  60. Thomas Bakker, Scottsdale, Arizona, Court of Federal Claims No: 19–1814V
  61. Leigh-Anne Garry on behalf of M. G., Flourtown, Pennsylvania, Court of Federal Claims No: 19–1815V
  62. Maria Reiser Manwill, West Valley City, Utah, Court of Federal Claims No: 19–1818V
  63. Lori Hoeffken, Richmond, Texas, Court of Federal Claims No: 19–1819V
  64. Tyler Ramdhanie, Halethorpe, Maryland, Court of Federal Claims No: 19–1820V

65. Misty Gehrke, Vancouver, Washington, Court of Federal Claims No: 19–1821V
66. Joyce C. Briggs, Durham, North Carolina, Court of Federal Claims No: 19–1822V
67. Michael Dean Vucenic, Modesto, California, Court of Federal Claims No: 19–1824V
68. Melissa Fischer, Clawson, Michigan, Court of Federal Claims No: 19–1825V

[FR Doc. 2019–27963 Filed 12–26–19; 8:45 am]

**BILLING CODE 4165–15–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request; Health Center Program Forms, OMB No. 0915–0285—Revision

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

**ACTION:** Notice.

**SUMMARY:** In compliance with of the Paperwork Reduction Act of 1995, HRSA has submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period. OMB may act on HRSA's ICR only after the 30 day comment period for this notice has closed.

**DATES:** Comments on this ICR should be received no later than January 27, 2020.

**ADDRESSES:** Submit your comments, including the ICR Title, to the desk officer for HRSA, either by email to [OIRA\\_submission@omb.eop.gov](mailto:OIRA_submission@omb.eop.gov) or by fax to (202) 395–5806.

**FOR FURTHER INFORMATION CONTACT:** To request a copy of the clearance requests submitted to OMB for review, email Lisa Wright-Solomon, the HRSA Information Collection Clearance Officer at [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or call (301) 443–1984.

#### SUPPLEMENTARY INFORMATION:

*Information Collection Request Title:* Health Center Program Forms OMB No. 0915–0285—Revision.

*Abstract:* The Health Center Program, administered by HRSA, is authorized under section 330 of the Public Health Service (PHS) Act, most recently amended by section 50901(b) of the Bipartisan Budget Act of 2018, Public Law 115–123. Health centers are

community-based and patient-directed organizations that deliver affordable, accessible, quality, and cost-effective primary health care services to patients regardless of their ability to pay. Nearly 1,400 health centers operate approximately 12,000 service delivery sites that provide primary health care to more than 27 million people in every U.S. state, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Basin. HRSA utilizes forms for new and existing health centers and other entities to apply for various grant and non-grant opportunities, renew grant and non-grant designations, report progress, and change their scopes of project.

A 60-day notice was published in the *Federal Register* on April 8, 2019, vol. 84, No. 67; pp. 13937–38. No public comments were received.

*Need and Proposed Use of the Information:* Health Center Program-specific forms are necessary for Health Center Program award processes and oversight. These forms provide HRSA staff and objective review committee panels with information essential for application evaluation, funding recommendation and approval, designation, and monitoring. These forms also provide HRSA staff with information essential for evaluating compliance with Health Center Program legislative and regulatory requirements.

HRSA intends to make several changes to its forms:

- *HRSA will modify the following forms to streamline and clarify data (e.g., text changes, updated instructions) currently being collected:* 1A, 1B, 1C, 2, 3, 3A, 4, 5A, 5B, 5C, 6A, 8, 12, Checklist for Adding a New Service, Checklist for Adding a New Service Delivery Site, Checklist for Adding a New Target Population, Checklist for Deleting Existing Service, Checklist for Deleting Existing Service Delivery Site, Clinical Performance Measures, Equipment List, Expanded Services, Federal Object Class Categories, Financial Performance Measures, Funding Sources, Health Center Controlled Networks (HCCN) Progress Report Table, Operational Plan, Program Specific Forms Instructions, Project Qualification Criteria, Project Work Plan, Proposal Cover Page, and the Summary Page.

- *HRSA will rename the following forms:* Substance Abuse Progress Report will be changed to Health Center Program Progress Report, Program Narrative Update will be changed to Project Narrative Update, and Outreach and Enrollment Supplemental form will be changed to Health Center Program: Supplemental Information.

- *HRSA will add the following forms to collect information to support funding applications and program monitoring:* Capital Semi-Annual Progress Report, Diabetes Action Plan Quarterly Report Template, FY 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD–MH)/Integrated Behavioral Health Services (IBHS) Progress Reporting, FY2020 Ending the HIV Epidemic—Primary Care HIV Prevention Progress Reporting, HRSA Electronic Handbooks Action Plan, HRSA Loan Guarantee Program Application, Participating Health Center List, Patient Target and Calculations, Project Overview, and Project Plan.
- *HRSA will remove the following forms to further streamline information collected by HRSA and reduce burden:* Alterations and Renovations Project Cover Page, Form 9: Need for Assistance, Form 10: Annual Emergency Preparedness Report, HCCN Work Plan, and Zika Progress Report.

Since the submission of the 60-day **Federal Register** notice (FRN), there are 5 additional new forms (for a total of 10 new forms) due to new initiatives that required clearance (2 HIV funding-related forms, 2 diabetes funding-related forms, and 1 HCCN funding-related form); the data needed for the new initiatives could not be captured in forms previously approved. Please note, the 60-day FRN included one form identified as “new” (Project Work Plan); however, that form was actually included in the previous OMB package submitted in 2017. The correction has been made in this 30-day FRN and this form is no longer listed as new in this documentation.

The 60-day FRN request contained 42,530 burden hours. However, this final 30-day notice includes an additional 16,712 burden hours, for a new total of 59,242 burden hours.

*Likely Respondents:* Health Center Program award recipients (those funded under section 330 of the PHS Act);

Health Center Program look-alikes; state and national trade associations; and other organizations seeking Health Center Program funding.

*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

| Form name  | Number of respondents | Number of responses per respondent | Total responses | Average burden per response (in hours) | Total burden hours |
|--|-----------------------|------------------------------------|-----------------|--|--------------------|
| Capital Semi-Annual Progress Report (new)  | 996                   | 2                                  | 1,992           | 1.00                                   | 1,992              |
| Checklist for Adding a New Service   | 450                   | 1                                  | 450             | 2.00                                   | 900                |
| Checklist for Adding a New Service Delivery Site   | 1,480                 | 1                                  | 1,480           | 2.00                                   | 2,960              |
| Checklist for Adding a New Target Population   | 100                   | 1                                  | 100             | 2.00                                   | 200                |
| Checklist for Deleting Existing Service  | 500                   | 1                                  | 500             | 2.00                                   | 1,000              |
| Checklist for Deleting Existing Service Delivery Site  | 750                   | 1                                  | 750             | 2.00                                   | 1,500              |
| Clinical Performance Measures  | 1,058                 | 1                                  | 1,058           | 3.50                                   | 3,703              |
| Diabetes Action Plan—Quarterly Report Template (new)   | 1,058                 | 4                                  | 4,232           | 2.00                                   | 8,464              |
| Equipment List   | 1,375                 | 1                                  | 1,375           | 1.00                                   | 1,375              |
| Expanded Services  | 996                   | 1                                  | 996             | 1.00                                   | 996                |
| Federal Object Class Categories  | 735                   | 1                                  | 735             | 0.25                                   | 184                |
| Financial Performance Measures   | 1,058                 | 1                                  | 1,058           | 1.50                                   | 1,587              |
| Form 1A: General Information Worksheet   | 1,058                 | 1                                  | 1,058           | 1.00                                   | 1,058              |
| Form 1B: BPHC Funding Request Summary  | 1,000                 | 1                                  | 1,000           | 0.75                                   | 750                |
| Form 1C: Documents on File   | 1,058                 | 1                                  | 1,058           | 0.50                                   | 529                |
| Form 2: Staffing Profile   | 1,058                 | 1                                  | 1,058           | 1.00                                   | 1,058              |
| Form 3: Income Analysis  | 1,058                 | 1                                  | 1,058           | 1.00                                   | 1,058              |
| Form 3A: FQHC Look-Alike Budget Information  | 50                    | 1                                  | 50              | 1.00                                   | 50                 |
| Form 4: Community Characteristics  | 1,058                 | 1                                  | 1,058           | 1.00                                   | 1,058              |
| Form 5A: Services Provided   | 1,058                 | 1                                  | 1,058           | 1.00                                   | 1,058              |
| Form 5B: Service Sites   | 1,508                 | 1                                  | 1,508           | 1.00                                   | 1,508              |
| Form 5C: Other Activities/Locations  | 1,058                 | 1                                  | 1,058           | 0.50                                   | 529                |
| Form 6A: Current Board Member Characteristics  | 1,058                 | 1                                  | 1,058           | 1.00                                   | 1,058              |
| Form 6B: Request for Waiver of Board Member Requirements   | 1,058                 | 1                                  | 1,058           | 1.00                                   | 1,058              |
| Form 8: Health Center Agreements   | 1,058                 | 1                                  | 1,058           | 1.00                                   | 1,058              |
| Form 12: Organization Contacts   | 1,058                 | 1                                  | 1,058           | 0.50                                   | 529                |
| Funding Sources  | 735                   | 1                                  | 735             | 0.50                                   | 368                |
| FY2018 Expanding Access to Quality SUD–MH/IBHS Progress Reporting (new)                                | 1,375                 | 3                                  | 4,125           | 1.00                                   | 4,125              |
| FY2020 Ending the HIV Epidemic—Primary Care HIV Prevention Progress Reporting (new)                    | 182                   | 1                                  | 182             | 1.00                                   | 182                |
| HCCN Progress Report Table   | 90                    | 1                                  | 90              | 1.00                                   | 90                 |
| Health Center Program Progress Report (previously Substance Abuse Progress Report)                     | 735                   | 1                                  | 735             | 1.00                                   | 735                |
| Health Center Program: Supplemental Information (previously Outreach and Enrollment Supplemental Form) | 500                   | 1                                  | 500             | 1.00                                   | 500                |
| HRSA Electronic Handbooks Action Plan (new)  | 1,058                 | 4                                  | 4,232           | 1.00                                   | 4,232              |
| HRSA Loan Guarantee Program Application (new)  | 20                    | 1                                  | 20              | 1.00                                   | 20                 |
| Operational Plan   | 500                   | 1                                  | 500             | 3.00                                   | 1,500              |

## TOTAL ESTIMATED ANNUALIZED BURDEN HOURS—Continued

| Form name  | Number of respondents | Number of responses per respondent | Total responses | Average burden per response (in hours) | Total burden hours |
|--|-----------------------|------------------------------------|-----------------|--|--------------------|
| Other Requirements for Sites .....                                   | 600                   | 1                                  | 600             | 0.50                                   | 300                |
| Participating Health Center List (new) .....                         | 90                    | 1                                  | 90              | 1.00                                   | 90                 |
| Patient Target and Calculations (new) .....                          | 1,058                 | 1                                  | 1,058           | 1.00                                   | 1,058              |
| Program Specific Forms Instructions .....                            | 1,500                 | 1                                  | 1,500           | 1.00                                   | 1,500              |
| Project Narrative Update (previously Program Narrative Update) ..... | 883                   | 1                                  | 883             | 4.00                                   | 3,532              |
| Project Overview (new) .....   | 182                   | 1                                  | 182             | 1.00                                   | 182                |
| Project Plan (new) .....   | 182                   | 3                                  | 546             | 1.50                                   | 819                |
| Project Qualification Criteria .....                                 | 735                   | 1                                  | 735             | 1.00                                   | 735                |
| Project Work Plan .....  | 135                   | 1                                  | 135             | 4.00                                   | 540                |
| Proposal Cover Page .....  | 735                   | 1                                  | 735             | 1.00                                   | 735                |
| Summary Page .....   | 1,558                 | 1                                  | 1,558           | 0.50                                   | 779                |
| <b>Total Hours</b> .....   | <b>37,605</b>         | .....                              | <b>48,063</b>   | .....                                  | <b>59,242</b>      |

**Maria G. Button,**

*Director, Executive Secretariat.*

[FR Doc. 2019-27909 Filed 12-26-19; 8:45 am]

**BILLING CODE 4165-15-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Institute of Allergy and Infectious Diseases; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The contract proposals and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the contract proposals, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* National Institute of Allergy and Infectious Diseases Special Emphasis Panel; HHS-NIH-CDC-SBIR PHS 2020-1: Reagents for Immunologic Analysis of Non-Mammalian and Underrepresented Mammalian Models (Topic 083).

*Date:* January 21, 2020.

*Time:* 1:00 p.m. to 5:00 p.m.

*Agenda:* To review and evaluate contract proposals.

*Place:* National Institutes of Health, 5601 Fishers Lane, Rockville, MD 20892 (Telephone Conference Call).

*Contact Person:* Ann Marie M. Brighenti, Ph.D., Scientific Review Officer, Program Management & Operations Branch, Division of Extramural Activities, Scientific Review Program, Room 3E71, National Institutes of

Health, National Institutes of Allergy and Infectious Diseases, 5601 Fishers Lane, Rockville, MD 20852, 301-761-3100, *mailto:ann-marie.cruz@nih.gov*.

(Catalogue of Federal Domestic Assistance Program Nos. 93.855, Allergy, Immunology, and Transplantation Research; 93.856, Microbiology and Infectious Diseases Research, National Institutes of Health, HHS)

Dated: December 19, 2019.

**Tyeshia M. Roberson,**

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

[FR Doc. 2019-27860 Filed 12-26-19; 8:45 am]

**BILLING CODE 4140-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Institute of Allergy and Infectious Diseases; Notice of Meetings

Pursuant to section 10(a) of the Federal Advisory Committee Act, as amended, notice is hereby given of meetings of the AIDS Research Advisory Committee, NIAID.

The meetings will be open to the public, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting.

*Name of Committee:* AIDS Research Advisory Committee, NIAID.

*Date:* January 27, 2020.

*Time:* 1:00 p.m. to 5:00 p.m.

*Agenda:* Reports from the Division Director and other staff.

*Place:* National Institutes of Health, Natcher Building, Conference Rooms E1/E2, 45 Center Drive, Bethesda, MD 20892.

*Contact Person:* Martin Gutierrez, Program Coordinator, Scientific Planning and Operations, Division of AIDS, Room 8D50, National Institutes of Health/NIAID, 5601 Fishers Lane, MSC 98231, Rockville, MD 20852-9831, 240-292-4844, *mgutierrez@mail.nih.gov*.

*Name of Committee:* AIDS Research Advisory Committee, NIAID.

*Date:* June 1, 2020.

*Time:* 1:00 p.m. to 5:00 p.m.

*Agenda:* Reports from the Division Director and other staff.

*Place:* National Institutes of Health, Natcher Building, Conference Rooms E1/E2, 45 Center Drive, Bethesda, MD 20892.

*Contact Person:* Martin Gutierrez, Program Coordinator, Scientific Planning and Operations, Division of AIDS, Room 8D50, National Institutes of Health/NIAID, 5601 Fishers Lane, MSC 98231, Rockville, MD 20852-9831, 240-292-4844, *mgutierrez@mail.nih.gov*.

*Name of Committee:* AIDS Research Advisory Committee, NIAID.

*Date:* September 14, 2020.

*Time:* 1:00 p.m. to 5:00 p.m.

*Agenda:* Reports from the Division Director and other staff.

*Place:* National Institutes of Health, Natcher Building, Conference Rooms E1/E2, 45 Center Drive, Bethesda, MD 20892.

*Contact Person:* Martin Gutierrez, Program Coordinator, Scientific Planning and Operations, Division of AIDS, Room 8D50, National Institutes of Health/NIAID, 5601 Fishers Lane, MSC 98231, Rockville, MD 20852-9831, 240-292-4844, *mgutierrez@mail.nih.gov*.

In the interest of security, NIH has instituted stringent procedures for entrance onto the NIH campus. All visitor vehicles, including taxicabs, hotel, and airport shuttles will be inspected before being allowed on campus. Visitors will be asked to show one form of identification (for example, a government-issued photo ID, driver's license, or passport) and to state the purpose of their visit.

(Catalogue of Federal Domestic Assistance Program Nos. 93.855, Allergy, Immunology, and Transplantation Research; 93.856,