

of 1995, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on this Information Collection Request must be received no later than September 3, 2019.

ADDRESSES: Submit your comments to *paperwork@hrsa.gov* or mail the HRSA Information Collection Clearance Officer, Room 14N136B, 5600 Fishers Lane, Rockville, Maryland 20857.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email *paperwork@hrsa.gov* or call Lisa Wright-Solomon, the HRSA Information Collection Clearance Officer, at (301) 443-1984.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the information request collection title for reference.

Information Collection Request Title: Hospital Campaign for Organ Donation Scorecard OMB No. 0915-0373, Revision.

Abstract: HRSA's Hospital Campaign for Organ Donation enlists healthcare organizations nationwide to increase the number of registered organ, eye, and tissue donors by hosting education and donor registration events in their facilities and communities. A scorecard

identifies activities that participants can implement and assigns points to each activity. Participants that earn a certain number of points annually are recognized by HRSA and the campaign's national partners.

For this information collection request, the proposed change to the Scorecard is the addition of the 2020 date. HRSA also intends to create a new electronic version of the Scorecard for future campaigns that will ultimately reduce the level of burden for participants. The electronic version will be designed to be user friendly, will take less time to complete, and will provide HRSA with data throughout the campaign rather than once a year. Another benefit of an electronic scorecard is that it will eliminate the possibility of human error as information will no longer be manually entered into a database.

Need and Proposed Use of the Information: There is a substantial imbalance in the U.S. between the number of people whose lives depends on organ transplants (currently more than 113,000) and the annual number of organ donors (approximately 14,000 living and deceased donors). This imbalance results in about 7,300 waiting list deaths annually. In response to the need for increased donation, HRSA conducts public outreach initiatives to encourage the American public to enroll on state donor registries as future organ donors.

The Scorecard motivates and facilitates healthcare organizations'

participation in the campaign, provides the basis for rewarding participants for their accomplishments, and enables HRSA to measure and evaluate campaign process and outcome. The scorecard also enables HRSA to make data-based decisions and improvements for subsequent campaigns.

Likely Respondents: The likely respondents include the following: Hospital development and public relations staff of organ procurement and other donation organizations; hospital staff such as nurses or public relations/communications professionals and staff members; staff at physician's offices, health clinics, and emergency medical services; or volunteers that work with healthcare organizations on organ donation initiatives.

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
Activity Scorecard (online)	1,400	1	1,400	.25	350
Total	1,400	1,400	350

HRSA specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information

technology to minimize the information collection burden.

Maria G. Button,

Director, Division of the Executive Secretariat.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; 30-Day Comment Request Scientific Information Reporting System (SIRS) (National Institute of General Medical Sciences)

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: In compliance with 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.

DATES: Comments regarding this information collection are best assured of having their full effect if received by August 1, 2019.

ADDRESSES: Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the: Office of Management and Budget, Office of Regulatory Affairs, *OIRA_submission@omb.eop.gov* or by fax to 202-395-6974, Attention: Desk Officer for NIH.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact: Dr. Ming Lei, Director, Division for Research Capacity Building, NIGMS, NIH, Natcher Building, Room 2AS44C, 9000 Rockville Pike, Bethesda, MD 20892, or call non-toll-free number (301) 827-5323 or Email your request, including your address to: *leim@mail.nih.gov*.

SUPPLEMENTARY INFORMATION: This proposed information collection was previously published in the **Federal Register** on April 4, 2019, pages 13306-13307 (84 FR 13306) and allowed 60 days for public comment. No public comments were received. The purpose of this notice is to allow an additional

30 days for public comment. The National Institute of General Medical Sciences (NIGMS), 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 implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

In compliance with 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.

Proposed Collection: Scientific Information Reporting System (SIRS), 0925-0735-Resinstatement Without Change—expiration date 03/31/2019, National Institutes of General Medical Sciences (NIGMS), National Institutes of Health (NIH).

Need and Use of Information Collection: The SIRS is an online data collection system whose purpose is to obtain supplemental information to the annual Research Performance Progress Report (RPPR) submitted by grantees of the Institutional Development Award (IDeA) Program and the Native American Research Centers for Health (NARCH) Program. The SIRS will collect program-specific data not requested in the RPPR data collection system. The IDeA Program is a congressionally mandated, long-term interventional program administered by

NIGMS aimed at developing and/or enhancing the biomedical research competitiveness of States and Jurisdictions that lag in NIH funding. The NARCH Program is an interagency initiative that provides support to American Indian and Alaska Native (AI/AN) tribes and organizations for conducting research in their communities in order to address health disparities, and to develop a cadre of competitive AI/AN scientists and health professionals. The data collected by SIRS will provide valuable information for the following purposes: (1) Evaluation of progress by individual grantees towards achieving grantee-designated and program-specified goals and objectives, (2) evaluation of the overall program for effectiveness, efficiency, and impact in building biomedical research capacity and capability, and (3) analysis of outcome measures to determine need for refinements and/or adjustments of different program features including but not limited to initiatives and eligibility criteria. Data collected from SIRS will be used for various regular or ad hoc reporting requests from interested stakeholders that include members of Congress, state and local officials, other federal agencies, professional societies, media, and other parties.

OMB approval is requested for 3 years. There are no costs to respondents other than their time. The total estimated annualized burden hours are 841.

ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Type of respondent	Number of respondents	Number of responses per respondent	Average time per response (in hours)	Total annual burden hours
SIRS	Principal Investigators, COBRE Phase I.	54	1	4	216
SIRS	Principal Investigators, COBRE Phase II.	34	1	4	136
SIRS	Principal Investigators, COBRE Phase III.	54	1	4	216
SIRS	Principal Investigators, INBRE	24	1	6	144
SIRS	Principal Investigators, IDeA-CTR ..	11	1	4	44
SIRS	Principal Investigators, NARCH	17	1	5	85
Total	194	194	841

Dated: June 18, 2019.
Rusinel Amarante,
Project Clearance Liaison, National Institute of General Medical Sciences, National Institutes of Health.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health
National Institute of Mental Health;
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 grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material,