and principal subdivision names that vary from those approved by the BGN. The geopolitical entities included in ISO 3166 are those that are recognized by the United Nations. Therefore, GENC is the U.S. Government implementation of ISO 3166 that conforms to BGN and U.S. Government recognition policy and will enable FDA to be in conformance with U.S. Government naming and recognition policies. The GENC Standard is specified by the combination of a stable information design document and information content consisting of dynamically managed entries in the GENC Registry. In accordance with OMB Circular A–119 (*https://obamawhitehouse.archives.gov/omb/circulars_a119_a119fr*), Federal Agencies are directed to use voluntary consensus standards in lieu of government-unique standards except when inconsistent with law or otherwise impractical. ISO 3166 is the base standard for the profile that is the GENC Standard. The GENC Standard asserts both restrictions to, and extensions of, the ISO 3166 base standard; it is a Class 2 profile in accordance with the provisions of ISO 19106 (*https://www.iso.org/standard/26011.html*). Information regarding the development of the GENC Standard can be found at *https://nsgreg.nga.mil/geopoliticalCode.jsp.* Frequently asked questions regarding the content and use of the GENC Standard can be found at *https://nsgreg.nga.mil/genc/faq.jsp?register=0.*

The information content of the GENC Standard is specified with respect to ISO 3166 (Parts 1 and 2). Entries of the GENC Standard are based on either direct reuse of ISO 3166 code elements or a type of variation from that standard (Exclusion, Exception, Extension, or Exigent) based on U.S. government requirements. In the case of Exceptions, the *codes do not differ* from ISO 3166. Exceptions are based on differences in naming (some politically significant, others simply stylistic) as approved by the BGN, or differences in how the territorial extent of an entity is understood. GENC Extensions introduce entities not included in ISO 3166. Entries from ISO 3166 that are *excluded* from the GENC Standard may be browsed in the GENC Registry.

Infrequently, ISO 3166–1 code elements for a given country name are revised for reasons that are not related to a change in the country name itself. Consequently, a given country name may be assigned differing code element values over time. To enable information systems to easily recognize these occasions, a file specifying country code element correspondences is maintained in the NSG-unique Standards Register (*https://nsgreg.nga.mil/doc/view?i=2563*).

For those occasions when it may be necessary to reference the names of countries that are not included in the content of the GENC Standard because of the disestablishment of those countries before the initial publication of the GENC, the Codes for Historical Country Names information guidance document specifies applicable codes and their corresponding names for use in ''country coding'' such data (this information can be found at *https://nsgreg.nga.mil/doc/view?i=2565*).

While FDA currently supports the GENC standard, the FDA Data Standards Catalog will be updated to announce an implementation date of December 17, 2020, for GENC. After receiving comments, the Agency may consider further actions regarding the adoption of the GENC standard and/or its planned implementation date.

Dated: July 15, 2019.

Lowell J. Schiller,

Principal Associate Commissioner for Policy.

[FR Doc. 2019–15352 Filed 7–18–19; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request Information Collection Request Title: Ryan White HIV/AIDS Program (RWHAP) Parts A and B Unobligated Balances and Rebate Addendum Tables, OMB No. 0906–xxxx–New

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

ACTION: Notice.

SUMMARY: In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act 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 ICR should be received no later than September 17, 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: Ryan White HIV/AIDS Program Parts A and B Unobligated Balances and Rebate Addendum Tables, OMB No. 0906–xxxx–New.

Abstract: HRSA's Ryan White HIV/AIDS Program (RWHAP) funds and coordinates with cities, states and territories, and local clinics/community-based organizations to deliver efficient and effective HIV care, treatment, and support to low-income people diagnosed with HIV. Nearly two-thirds of RWHAP clients live at or below 100 percent of the federal poverty level and approximately three-quarters of RWHAP clients are racial and ethnic minorities. Since 1990, RWHAP has developed a comprehensive system of HIV service providers who deliver high quality direct health care and support services to over half a million people diagnosed with HIV (more than 50 percent of all people diagnosed with HIV in the United States).

Grant recipients funded under Parts A, B, C, and D of RWHAP (codified under Title XXVI of the Public Health Service Act) are required to report financial data to HRSA at the beginning (Allocations Report) and at the end of each grant budget period (Expenditures Report) using the HRSA Electronic Handbooks (EHBs).[1] HRSA RWHAP's Parts A and B collect unobligated balances (UOB) of federal funds and rebate addendum information by subprogram from their grant recipients. Parts A and B use the UOB and rebate addendum financial information to determine formula funding as directed by RWHAP statute. These data were collected when grant recipients submitted their annual Federal Financial Report (FFR SF–425) in hard copy only, and submitted to the individual HHS Operating Divisions (OPDIVs). HRSA combined the FFR SF–425 with the UOB and rebate addendum

[1] The Allocations Report and the Expenditures Report were approved by OMB under the 0915–0318 control number.

tables using a suggested format through the HRSA EHBs. This financial information is collected in the same location to streamline the process for the grant recipients. The UOB and rebate addendum data tables will be collected in the HRSA EHBs below the FFR SF–425 control number and the Paperwork Burden Statement.

Need and Proposed Use of the Information: RWHAP Part A and Part B recipients currently complete the UOB and rebate addendum tables in a non-electronic form and upload them as attachments as a part of their FFR SF–425 submission. This new process will decrease administrative burden, increase transparency, and improve the quality of the data submitted to HRSA. UOB and rebate addendum tables are essential for allowing HRSA to ensure that RWHAP recipients are meeting the goal of accountability to Congress, clients, advocacy groups, and the general public. Information provided in the UOB and rebate addendum tables is critical for HRSA, states and territories, local clinics, and individual providers to evaluate the effectiveness of these programs.

Likely Respondents: HRSA RWHAP Parts A and B Recipients.

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
Part A UOB Table	52	1	52	0.5	27.0
Part B UOB Table	59	1	59	0.5	29.5
Total	111		111		56.5

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.

[FR Doc. 2019–15367 Filed 7–18–19; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS–4040–0005]

Agency Information Collection Request. 30-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: In compliance with the requirement of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment.

DATES: Comments on the ICR must be received on or before August 19, 2019.

ADDRESSES: Submit your comments to *OIRA_submission@omb.eop.gov* or via facsimile to (202) 395–5806.

FOR FURTHER INFORMATION CONTACT: Ed Calimag, *ed.calimag@hhs.gov* or (202) 690–7569. When submitting comments or requesting information, please include the document identifier 4040–0005–30D and project title for reference.

SUPPLEMENTARY INFORMATION: Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (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.

Title of the Collections: Application for Federal Assistance—Individual.

Type of Collection: Extension.

OMB No.: 4040–0005.

Abstract: The Application for Federal Assistance—Individual form provides the Federal grant-making agencies an alternative to the Standard Form 424 data set and form. Agencies may use the Application for Federal Assistance—Individual form for grant programs not required to collect all the data that is required on the SF–424 core data set and form. The IC expires on 10/31/2019. We are seeking an extension of this information collection and a three-year clearance.

ESTIMATED ANNUALIZED BURDEN TABLE

Forms	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Application for Federal Assistance—Individual	0	1	1	0
Total	0			0