Center Evaluation Survey". Follow the instructions provided at the "Submit a Comment" screen. Please include your name, company name (if any), and "Information Collection 3090–0278, National Contract Center Evaluation Survey" on your attached document.

• *Fax:* 202–501–4067.

• *Mail:* General Services Administration, Regulatory Secretariat (MVCB), 1275 First Street NE., Washington, DC 20417. ATTN: Hada Flowers/IC 3090–0278, National Contract Center Evaluation Survey.

Instructions: Please submit comments only and cite Information Collection 3090–0278, National Contract Center Evaluation Survey, in all correspondence related to this collection. All comments received will be posted without change to http:// www.regulations.gov, including any personal and/or business confidential information provided.

SUPPLEMENTARY INFORMATION:

A. Purpose

This information collection will be used to assess the public's satisfaction with the National Contact Center service, to assist in increasing the efficiency in responding to the public's need for Federal information, and to assess the effectiveness of marketing efforts.

B. Annual Reporting Burden

Temporary Telephone survey (One year only):

Respondents: 300. Responses per Respondent: 1. Annual Responses: 300. Hours per Response: 0.116. Total Burden Hours: 35. permanent Telephone Survey: Respondents (Year one): 900. Respondents (subsequent years): 1000.

Responses per Respondent: 1. Annual Responses (year one): 900. Annual Responses (subsequent years): 1000.

Hours per Response: 0.033. Total Burden Hours (year one): 30. Total Burden Hours (subsequent years): 33.33.

Temporary Email survey (One year only):

Respondents: 600. Responses per Respondent: 1. Annual Responses: 600. Hours per Response: 0.0833. Total Burden Hours: 50. permanent Email Survey: Respondents (Year one): 960. Respondents (subsequent years): 1560.

Responses per Respondent: 1. Annual Responses (year one): 960. Annual Responses (subsequent years): 1560.

Hours per Response: 0.05. Total Burden Hours (year one): 48. Total Burden Hours (subsequent vears): 78.

Temporary Web Chat survey (One year only):

Respondents: 400. Responses per Respondent: 1. Annual Responses: 400. Hours per Response: 0.0833. Total Burden Hours: 33.33. permanent Web Chat Survey: Respondents (Year one): 440. Respondents (subsequent years): 840. Responses per Respondent: 1. Annual Responses (year one): 440. Annual Responses (subsequent years): 840.

Hours per Response: 0.05. Total Burden Hours (year one): 22. Total Burden Hours (subsequent years): 42.

Total Annual Respondents (year one): 3600.

Total Annual Respondents (year one) Total Burden Hours (Combined, Year One): 218.

Total Burden Hours (Combined, Subsequent Years): 153.33.

Obtaining Copies of Proposals: Requesters may obtain a copy of the information collection documents from the General Services Administration, Regulatory Secretariat (MVCB), 1275 First Street NE., Washington, DC 20417, telephone (202) 501–4755. Please cite OMB Control No. 3090–0278, National Contact Center Customer Evaluation Survey, in all correspondence.

Dated: February 25, 2013.

Casey Coleman,

Chief Information Officer. [FR Doc. 2013–05165 Filed 3–5–13; 8:45 am] BILLING CODE 6820–CX–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: HHS-EGOV-16500-60D]

Agency Information Collection Activities; Proposed Collection; Public Comment Request

AGENCY: Electronic Government Office, HHS.

ACTION: Notice.

SUMMARY: In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Electronic Government Office (EGOV), Department of Health and Human Services, announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). The ICR is to reinstate the use of the previously approved information collection assigned OMB control number 4040–0004, which expired on 03/31/2012. The ICR also requests categorizing the form as a common form, meaning HHS will only request approval for its own use of the form rather than aggregating the burden estimate across all Federal Agencies as was done for previous actions on this OMB control number. Prior to submitting that ICR to OMB, EGOV seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR. **DATES:** Comments on the ICR must be received on or before May 6, 2013.

ADDRESSES: Submit your comments to *Information.CollectionClearance@ hhs.gov* or by calling (202) 690–6162.

FOR FURTHER INFORMATION CONTACT: Information Collection Clearance staff, Information.Collection

Clearance@hhs.gov or (202) 690–6162. **SUPPLEMENTARY INFORMATION:** When submitting comments or requesting information, please include the document identifier HHS–EGOV– 16500–60D for reference.

Information Collection Request Title: SF–424 Application for Federal Assistance.

OMB No.: 4040-0004.

Abstract: The SF–424 Application for Federal Assistance is a common form used by all Federal grant-making agencies for applicants to apply for Federal financial assistance.

Need and Proposed Use of the Information: The SF–424 Application for Federal Assistance is used by the public to apply for Federal financial assistance in the form of grants. These forms are submitted to the Federal grant-making agencies for evaluation and review.

Likely Respondents: Organizations and institutions seeking grants.

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 for the Department of Health and Human Services are estimated for this ICR are summarized in the table below.

Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
SF-424 Application for Federal Assistance	14,747	1	1	14,747
Total	14,747	1	1	14,747

EGOV 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.

Once OMB approves the use of this common form, federal agencies may request OMB approval to use this common form without having to publish notices and request public comments for 60 and 30 days. Each agency must account for the burden associated with their use of the common form.

Keith A. Tucker,

Information Collection Clearance Officer. [FR Doc. 2013–05156 Filed 3–5–13; 8:45 am] BILLING CODE 4151–AE–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: HHS-EGOV-16926-60D]

Agency Information Collection Activities; Proposed Collection; Public Comment Request

AGENCY: Electronic Government Office, HHS.

ACTION: Notice.

SUMMARY: In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Electronic

Government Office (EGOV), Department of Health and Human Services, announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). The ICR is to reinstate the use of the previously approved information collection assigned OMB control number 4040-0003, which expired on 11/30/2011. The 4040-0003 previously included the Project Abstract and Key Contacts Form. Those forms are no longer included in 4040-0003 and shall be moved to OMB control number 4040-0010. The ICR also requests categorizing the form as a common form, meaning HHS will only request approval for its own use of the form rather than aggregating the burden estimate across all Federal Agencies as was done for previous actions on this OMB control number. Prior to submitting that ICR to OMB, EGOV seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR. DATES: Comments on the ICR must be received on or before May 6, 2013. ADDRESSES: Submit your comments to

Information.CollectionClearance@ hhs.gov or by calling (202) 690–6162. FOR FURTHER INFORMATION CONTACT:

Information Collection Clearance staff, Information.CollectionClearance@hhs .gov or (202) 690–6162.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the document identifier HHS–EGOV–16926–60D for reference.

Information Collection Request Title: SF–424 Short Form.

OMB No.: 4040-0003.

Abstract: The SF–424 Short Form provides the Federal grant-making agencies a simplified alternative to the Standard Form 424 data set and form. Agencies may use the SF–424 Short Form for grant programs not required to collect all the data that is required on the SF–424 core data set and form.

Need and Proposed Use of the Information: The SF-424 Short Form is used by the public to apply for Federal financial assistance in the forms of grants. These forms are submitted to the Federal grant-making agencies for evaluation and review.

Likely Respondents: Organizations and institutions seeking grants.

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 for the Department of Health and Human Services estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN FOR HHS—HOURS

Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
SF-424 Short Form	1	1	1	1
Total	1	1	1	1