

financial management and government travel systems; (5) ensures proper obligation and expenditure of program and project funds; (6) provides overall internal coordination with the NAIHS Divisions of Financial Management and the Division of Acquisition Management and Contracts, ensures appropriate financial transactions, documentation and reporting; (7) advises the OEHE Director on NAIHS OEHE IT needs and requirements, including computer equipment, computer networking, electronic mail, internet connectivity, new technologies, information system security awareness and compliance, and information system continuity of operations plans; (8) provides technical consultation and direct assistance to OEHE staff stationed at Area, District, and Field Offices concerning hardware and software installation, configuration, maintenance and repair; (9) assesses and monitors OEHE professional staffing needs; (10) coordinates with Division Directors to develop strategies to meet the needs and increase the morale and retention of OEHE staff; (11) works with Human Resources to prepare vacancy announcements and process personnel orders for civil servants and Commissioned Corps Officers; (12) encourages full program support and compliance concerning Indian preference and EEO requirements in hiring and managing staff; (13) oversees the OEHE staff professional development program; (14) receives, reviews, and processes OEHE training authorization documents to support continuing education and improved competencies among OEHE staff; (15) supports staff individual development plans (IDPs) and ensures training requests are consistent with established IDPs; (16) provides program management of OEHE personal property in terms of accountability, utilization, control, and disposal; (17) provides guidance on OEHE property management procedures including property accounting and reporting instructions; (18) documents all transactions affecting OEHE personal property; (19) assists the OEHE Director with Public Law 93–638 issues; (20) participates in formal Public Law 93–638 negotiations with the Navajo Nation and Tribal Organizations authorized by Navajo Nation to contract pursuant to Public Law 93–638; and (21) serves as members of the NAIHS Incident Response Team.

Navajo Area Service Units

Navajo Area IHS continues to be the primary health care provider for the Navajo Nation and San Juan Southern Paiute Tribe. The goal of the NAIHS is

to provide for, and improve upon, the efficient delivery of high quality, comprehensive health care to the Navajo Nation, San Juan Southern Paiutes and all IHS beneficiaries served at NAIHS facilities. Comprehensive health care is provided through inpatient, outpatient and community health (preventive) programs. The goal is to provide high quality, comprehensive preventive health care to the Navajo Nation, San Juan Southern Paiutes and all IHS beneficiaries served at NAIHS facilities, including prenatal care, immunizations, well-baby clinics, family planning, health education, and chronic disease follow-up. Service Units in the NAIHS are as follows:

- Chinle Service Unit (GFJA)
- Crownpoint Service Unit (GFJB)
- Gallup Service Unit (GFJD)
- Kayenta Service Unit (GFJE)
- Shiprock Service Unit (GFJJ)

Dated: March 28, 2014.

Yvette Roubideaux,

Acting Director, Indian Health Service.

[FR Doc. 2014–07877 Filed 4–8–14; 8:45 am]

BILLING CODE 4165–16–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; 60-Day Comment Request; Division of Cancer Epidemiology and Genetics (DCEG) Fellowship Program and Summer Student Applications (NCI)

SUMMARY: In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data collection projects, the National Cancer Institute (NCI), National Institutes of Health (NIH), will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of the collection of information

on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

To Submit Comments and for Further Information: To obtain a copy of the data collection plans and instruments, submit comments in writing, or request more information on the proposed project, contact: Jackie Lavigne, Office of Education, Division of Cancer Epidemiology and Genetics, 9609 Medical Center Drive, MSC 9776, Bethesda, MD 20892–9776 or call non-toll-free number 240–376–7237 or Email your request, including your address to: lavignej@mail.nih.gov. Formal requests for additional plans and instruments must be requested in writing.

Comment Due Date: Comments regarding this information collection are best assured of having their full effect if received within 60 days of the date of this publication.

Proposed Collection: Division of Cancer Epidemiology and Genetics (DCEG) Fellowship Program and Summer Student Applications (NCI), Existing Collection in Use without OMB Control Number, National Cancer Institute (NCI), National Institutes of Health (NIH).

Need and Use of Information

Collection: The Division of Cancer Epidemiology and Genetics (DCEG) Office of Education (OE) administers a variety of programs and initiatives to recruit pre-college through post-doctoral educational level individuals into the Intramural Research Program to facilitate their development into future biomedical scientists. DCEG trains post-doctoral, doctoral candidates, graduate and baccalaureate students, through full time fellowships, summer fellowships, and internships in preparation for research careers in cancer epidemiology and genetics. The proposed information collection involves brief online applications completed by applicants to the full time and the summer fellowship programs. Full-time fellowships include: Full-time Equivalents (FTE) and non-FTE fellowships for US citizens, permanent residents and international fellows. These applications are essential to the administration of these training programs as they enable OE to determine the eligibility and quality of potential awardees; to assess their potential as future scientists; to determine where mutual research interests exist; and to make decisions regarding which applicants will be proposed and approved for traineeship awards. In each case, completing the application is voluntary, but in order to

receive due consideration, the prospective trainee is encouraged to complete all relevant fields. The information is for internal use to make decisions about prospective fellows and

students that could benefit from the DCEG program. OMB approval is requested for 3 years. There are no costs to respondents other than their time. The total

estimated annualized burden hours are 175.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total annual burden hours
Summer Students	300	1	20/60	100
Full-time Fellows	150	1	30/60	75

Dated: April 3, 2014.
Vivian Horovitch-Kelley,
NCI Project Clearance Liaison, National Institutes of Health.
 [FR Doc. 2014-07957 Filed 4-8-14; 8:45 am]
BILLING CODE 4140-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; 60-Day Comment Request; Process Assessment Review of the Division of Acquired Immunodeficiency Syndrome (DAIDS) Critical Events Policy Implementation (CEPI) Program (NIAID)

Summary: In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data collection projects, the National Institute of Allergy and Infectious Diseases (NIAID), National Institutes of Health (NIH), will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the

burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

To Submit Comments and for Further Information: To obtain a copy of the data collection plans and instruments, submit comments in writing, or request more information on the proposed project, contact: Lyndi Lahl, RN, MS, Office for Policy in Clinical Research Operations, DAIDS, NIAID, 6700B Rockledge Drive, Room 4254, Bethesda, MD 20852, or call non-toll-free number 301-435-3756, or Email your request, including your address to: Lynda.Lahl@nih.gov. Formal requests for additional plans and instruments must be requested in writing.

Comment Due Date: Comments regarding this information collection are best assured of having their full effect if received within 60 days of the date of this publication.

Proposed Collection: Process Assessment Review of the Division of Acquired Immunodeficiency Syndrome (DAIDS) Critical Events Policy Implementation (CEPI) Program, 0925-New, National Institute of Allergy and Infectious Diseases (NIAID), National Institutes of Health (NIH).

Need and Use of Information Collection: This is a new data collection to assess the CEPI program's progression to fulfillment of its program goals and will assess whether the CEPI program is implemented and functioning as intended. The program goals for CEPI are: (1) Awareness & Accessibility—The target populations (DAIDS Staff, extramural researchers, external stakeholders) are aware of the DAIDS Critical Events (CE) policy and manual and associated documents and whether the policy and associated documents are

readily accessible.; (2) Understandability—The Critical Events policy and manual clearly articulate DAIDS expectations for CE policy implementation by the target populations. The CE policy and manual should establish a common base of understanding and promote positive attitudes towards event reporting; and (3) Applicability—Target populations are able to correctly identify which Critical Events have occurred at their sites and are able to apply the CE policy and manual to their events.

Findings will provide data to inform DAIDS and Protection of Participants, Evaluation and Policy (ProPEP) leadership regarding further policy deployment decisions. Information collected will be used to determine how effectively the CEPI Program meets extramural researchers' needs. By assessing the CEPI Program, DAIDS will determine how successfully it is reaching its goals—to facilitate and improve the quality of clinical research conducted within the division. In addition, the CEPI Program assessment will determine whether previously recommended improvements included in the DPIP assessment were successfully incorporated into the policy rollout process. The results may be used as a model for policy development to facilitate compliance in reporting certain incidents and implementation in other National Institutes of Health (NIH) Institutes and Centers (ICs) and will be shared with all interested divisions and institutes within the NIH. There are no plans to share this information with the public.

OMB approval is requested for 3 years. There are no costs to respondents other than their time. The total estimated annualized burden hours are 386.