

ESTIMATED ANNUALIZED BURDEN TABLE

Forms	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
INSTRUCTIONS FOR THE:				
SF-429 Real Property Status Report	100,000	1	0.5	50,000
SF-429 Real Property Status Report (Cover Page)	100,000	1	1	100,000
SF-429-A Real Property Status Report—ATTACHMENT A	100,000	1	1	100,000
SF-429-B Real Property Status Report—ATTACHMENT B (Request to Acquire, Improve or Furnish)	100,000	1	1	100,000
SF-429-C Real Property Status Report—ATTACHMENT C (Disposition or Encumbrance Request)	100,000	1	1	100,000
Total	500,000	450,000

Terry Clark,

Asst. Paperwork Reduction Act Reports Clearance Officer, Office of the Secretary.
[FR Doc. 2018-20815 Filed 9-24-18; 8:45 am]

BILLING CODE 4151-AE-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Request for Public Comment: 30-Day Proposed Information Collection: Indian Health Service Purchased/ Referred Care Proof of Residency

AGENCY: Indian Health Service, HHS.

ACTION: Notice and request for comments.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, the Indian Health Service (IHS) is submitting to the Office of Management and Budget (OMB) a request for approval of a new collection of information titled, “Purchased/Referred Care Proof of Residency” (OMB Control Number 0917-XXXX). This proposed information collection project was recently published in the **Federal Register** (83 FR 13764) on March 30, 2018, and allowed 60 days for public comment. The IHS received one comment regarding this collection. The question summary and response is listed in the notice. The purpose of this notice is to allow 30 days for public comment to be submitted directly to OMB.

A copy of the draft supporting statement is available at www.regulations.gov (see Docket ID IHS_FRDOC_0001).

DATES: October 25, 2018. Your comments regarding this information collection are best assured of having full effect if received within 30 days of the date of this publication.

Direct Your Comments to OMB: Send your comments and suggestions regarding the proposed information

collection contained in this notice, especially regarding the estimated public burden and associated response time to: Office of Management and Budget, Office of Regulatory Affairs, New Executive Office Building, Room 10235, Washington, DC 20503, Attention: Desk Officer for IHS.

Public Comments: The Agency received one comment.

Comment: The commenter asked for clarification of the Proof of Residency form, to whom it would apply and requested a copy of the data collection instrument and instruction.

Response: The Proof of Residency form, IHS-976, is a Federal form applicable to only Federal Purchased/ Referred Care (PRC) programs. For Tribes operating under Title I contracts or Title V compacts in accordance with Indian Self-Determination Education Assistance Act (ISDEAA) the IHS-976 is an optional use. Tribes may adopt usage of the form but all OMB text and the OMB Burden Statement should be removed. The form is developed to document residency within a PRC delivery area. The PRC eligibility requires residency documentation and the form will be used during the process of a PRC eligibility determination. The form is included in the IHS Indian Health Manual Part 2, Chapter 3, Purchased/Referred Care Manual. On May 23, IHS initiated Tribal Consultation per the ISDEAA for the manual.

SUPPLEMENTARY INFORMATION: The IHS Office of Resource Access and Partnerships/Division of Contract Care is submitting the proposed information collection to OMB for review, as required by the Paperwork Reduction Act of 1995.

This notice is soliciting comments from members of the public and affected agencies concerning the proposed collection of information to: (1) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the

agency, including whether the information will have practical utility; (2) Evaluate the accuracy of the agency’s estimate of the burden of the proposed collection of information; (3) Enhance the quality, utility, and clarity of the information to be collected; and (4) Minimize the burden of the collection of information on those who are to respond; including through the use of appropriate automated collection techniques of other forms of information technology, e.g., permitting electronic submission of responses.

Proposed Collection: Title: 0917-XXXX, “Indian Health Service Purchased/Referred Care Proof of Residency.”

Type of Information Collection Request: This is a new information request for a three year approval of this new information collection, 0917-XXXX.

Forms: Purchase/Referred Care Proof of Residency Form.

OMB Control Number: To be assigned.

Need and Use of Information Collection: The IHS PRC Program needs this information to certify that the health care services requested and authorized by the IHS have been provided to individuals who are documented to meet the eligibility requirements to receive medical services from PRC provider(s); and to serve as a legal document for health and medical care authorized by IHS and rendered by health care providers under contract with the IHS.

Agency Form Number: “None”.

Members of Affected Public: Patients.

Status of the Proposed Information Collection: New request.

Type of Respondents: Individuals.

The table below provides: Types of data collection instruments; estimation to number of respondents, number of responses per respondent, annual number of responses, average burden hour per response, and total annual burden hours.

Data collection instrument(s)	Estimated number of respondents	Responses per respondent	Annual number of responses	Average burden hour per response*	Total annual burden hours
Individual Patient Count	77,185	1	77,185	3	3,859.25
Total	77,185	1	77,185	3	3,859.25

*For ease of understanding, average burden hours are provided in actual minutes.

There are no direct costs to respondents to report.

Dated: September 18, 2018.

Michael D. Weahkee,

Assistant Surgeon General, U.S. Public Health Service, Acting Director, Indian Health Service.

[FR Doc. 2018–20818 Filed 9–24–18; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Nursing Research; Notice of Closed Meetings

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

The meetings 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, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Institute of Nursing Research Special Emphasis Panel; Institutional Training Grants.

Date: September 28, 2018.

Time: 8:00 a.m. to 3:00 p.m.

Agenda: To review and evaluate grant applications.

Place: Bethesda Marriott Suites, 6711 Democracy Boulevard, Bethesda, MD 20817.

Contact Person: Tamizchelvi Thyagarajan, Ph.D., Scientific Review Officer, National Institute of Nursing Research, National Institutes of Health, Bethesda, MD 20892, (301) 594–0343, tamizchelvi.thyagarajan@nih.gov.

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

Name of Committee: National Institute of Nursing Research Initial Review Group.

Date: October 22–23, 2018.

Time: 8:00 a.m. to 12:00 p.m.

Agenda: To review and evaluate grant applications.

Place: Bethesda Marriott Suites, 6711 Democracy Boulevard, Bethesda, MD 20817.

Contact Person: Cheryl Nordstrom, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 6187, Bethesda, MD 20892, 301–435–1160.

(Catalogue of Federal Domestic Assistance Program Nos. 93.361, Nursing Research, National Institutes of Health, HHS)

Dated: September 19, 2018.

Sylvia L. Neal,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2018–20755 Filed 9–24–18; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of General Medical Sciences; 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, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Institute of General Medical Sciences Special Emphasis Panel; Review of NIGMS Support of Competitive Research (SCORE) Award Applications.

Date: September 27, 2018.

Time: 1:00 p.m. to 3:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, Natcher Building, Room 3An12N, 45 Center Drive, Bethesda, MD 20892 (Virtual Meeting).

Contact Person: Ruth Grossman, DDS, Scientific Review Officer, National Institute of General Medical Sciences, National Institutes of Health, 6701 Rockledge Drive, Room 5215, Bethesda, MD 20892, (301) 435–2409, grossmanrs@mail.nih.gov.

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

(Catalogue of Federal Domestic Assistance Program Nos. 93.375, Minority Biomedical Research Support; 93.821, Cell Biology and Biophysics Research; 93.859, Pharmacology, Physiology, and Biological Chemistry Research; 93.862, Genetics and Developmental Biology Research; 93.88, Minority Access to Research Careers; 93.96, Special Minority Initiatives; 93.859, Biomedical Research and Research Training, National Institutes of Health, HHS)

Dated: September 19, 2018.

Melanie J. Pantoja,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2018–20754 Filed 9–24–18; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HOMELAND SECURITY

Coast Guard

[Docket No. USCG–2018–0853]

Cooperative Research and Development Agreement: Automatic Identification System/Data Marker Buoy (AIS/DMB) Using/Adapting COTS Technology

AGENCY: U.S. Coast Guard, DHS.

ACTION: Notice of intent; request for comments.

SUMMARY: The Coast Guard is announcing its intent to enter into a Cooperative Research and Development Agreement (CRADA) with Astronics DME to investigate adding/substituting an AIS component into the RB–100 series DMB. While the Coast Guard is currently considering collaborating with Astronics DME, we are soliciting public comment on the possible nature of and participation of other parties in the proposed CRADA. In addition, the Coast Guard also invites other potential non-Federal participants, who have the interest and capability to bring similar contributions to this type of research, to consider submitting proposals for consideration in similar CRADAs.

DATES: Comments must be submitted to the online docket via <http://www.regulations.gov>, or reach the