

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Form name	Number of unique organizations funded through the two programs	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Community outreach worker profile form.	10 cooperative agreement awards for HRSA-21-136 and 121 grant awards for HRSA-21-136.	Total number of Community outreach workers deployed through the work of the two programs.	One response per respondent.	Reported once across the duration of the programs (the period of performance for HRSA-21-136 is 6 months, and for HRSA-21-140 is 12 months).	Sampled response times of approximately 15 minutes per response.	Total hours spent on responses for all funded organizations over a 2-year period.
	131 (est.)	3,000 (est.)	1	3,000	0.27	800.
Form name	Number of community outreach workers	Number of respondents over the period of the programs	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Vaccine-site data—outreach to community members form.	Number of community outreach workers deployed for 6 months (HRSA-21-136) or 12 months (HRSA-21-140) of support.	Number of community members in contact with community outreach workers.	One response per respondent or less (e.g., one response from the audience of a group outreach event).	Reported once across the duration of the programs (the period of performance for HRSA-21-136 is 6 months, and for HRSA-21-140 is 12 months).	Sampled response times of approximately 6 minutes per response.	Total hours spent on responses for all funded organizations over a 2-year period.
	3,000 (est.)	4,000,000 (est.)	1	4,000,000	0.12	466,667.
General outreach activities for community members form.	Number of community outreach workers deployed for 6 months (HRSA-21-136) or 12 months (HRSA-21-140) of support.	Number of community members in contact with community outreach workers.	One response per respondent or less (e.g., one response from the audience of a group outreach event).	Reported once across the duration of the programs (the period of performance for HRSA-21-136 is 6 months, and for HRSA-21-140 is 12 months).	Sampled response times of approximately 6 minutes per response.	Total hours spent on responses for all funded organizations over a 2-year period.
	3,000 (est.)	4,000,000 (est.)	1	4,000,000	0.12	466,667.
Vaccine-site data—outreach to community members form—booster shots only.	Number of community outreach workers deployed for 6 months (HRSA-21-136) or 12 months (HRSA-21-140) of support.	Number of community members in contact with community outreach workers.	One response per respondent or less (e.g., one response from the audience of a group outreach event).	Reported once across the duration of the programs (the period of performance for HRSA-21-136 is 6 months, and for HRSA-21-140 is 12 months).	Sampled response times of approximately 6 minutes per response.	Total hours spent on responses for all funded organizations over a 2-year period.
	3,000 (est.)	4,000,000 (est.)	1	4,000,000	0.12	466,667.
Grand Total	12,003,000 (est.)			12,003,000 (est.)		1,400,801.

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, Executive Secretariat.

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BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the Presidential Advisory Council on HIV/AIDS

AGENCY: Office of the Assistant Secretary for Health, Office of the Secretary, Department of Health and Human Services.

ACTION: Notice of a virtual meeting.

SUMMARY: As stipulated by the Federal Advisory Committee Act, the U.S. Department of Health and Human Service is hereby giving notice that the Presidential Advisory Council on HIV/AIDS (PACHA or the Council) will be

holding the 72nd full Council meeting utilizing virtual technology on Monday, November, 15 and Wednesday, November, 17, 2021 from 1:00–5:00 p.m. (ET) on both days. The meeting will be open to the public; a public comment session will be held during the meeting. Pre-registration is required to provide public comment during the meeting. To pre-register to attend or to provide public comment, please send an email to PACHA@hhs.gov and include your name, organization, and title by close of business Monday, November 8, 2021. If you decide you would like to provide public comment but do not pre-register, you may submit your written statement

by emailing PACHA@hhs.gov by close of business Wednesday, November 24, 2021. The meeting agenda will be posted on the PACHA page on www.hiv.gov at <https://www.hiv.gov/federal-response/pacha/about-pacha> prior to the meeting.

DATES: The meeting will be held on Monday, November, 15 and Wednesday, November, 17, 2021 from 1:00–5:00 p.m. (ET) on both days. This meeting will be conducted utilizing virtual technology.

ADDRESSES: Instructions on attending this meeting virtually will be posted one week prior to the meeting at: <https://www.hiv.gov/federal-response/pacha/about-pacha>.

FOR FURTHER INFORMATION CONTACT: Ms. Caroline Talev, MPA, Public Health Analyst, Presidential Advisory Council on HIV/AIDS, 330 C Street SW, Room L609A, Washington, DC 20024; (202) 795–7622 or PACHA@hhs.gov. Additional information can be obtained by accessing the Council's page on the [HIV.gov](http://www.hiv.gov) site at www.hiv.gov/pacha.

SUPPLEMENTARY INFORMATION: PACHA was established by Executive Order 12963, dated June 14, 1995, as amended by Executive Order 13009, dated June 14, 1996 and is currently operating under the authority given in Executive Order 13889, dated September 27, 2019. The Council was established to provide advice, information, and recommendations to the Secretary regarding programs and policies intended to promote effective prevention and care of HIV infection and AIDS. The functions of the Council are solely advisory in nature.

The Council consists of not more than 25 members. Council members are selected from prominent community leaders with particular expertise in, or knowledge of, matters concerning HIV and AIDS, public health, global health, philanthropy, marketing or business, as well as other national leaders held in high esteem from other sectors of society. Council members are appointed by the Secretary or designee, in consultation with the White House.

Dated: September 23, 2021.

Caroline Talev,

Management Analyst, Office of Infectious Disease and HIV/AIDS Policy, Alternate Designated Federal Officer, Presidential Advisory Council on HIV/AIDS, Office of the Assistant Secretary for Health, Department of Health and Human Services.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Request for Information on Research Opportunities and Operational Activities Related to the NIH Strategic Plan To Advance Research on the Health and Well-Being of Sexual & Gender Minorities Fiscal Years 2021–2025

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: Through this Request for Information (RFI), the Sexual & Gender Minority Research Office (SGMRO) in the Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI), Office of the Director (OD), National Institutes of Health (NIH), invites feedback from stakeholders throughout the scientific research community, clinical practice communities, patient and family advocates, scientific or professional organizations, federal partners, internal NIH stakeholders, and other interested constituents on research opportunities and operational activities related to the NIH Strategic Plan to Advance Research on the Health and Well-Being of Sexual and Gender Minorities fiscal years (FY) 2021–2025. The goal of this request for information is to provide SGM focused organizations, researchers, non-profits, and community members an opportunity to identify potential research opportunities and operational activities related to the NIH mission.

DATES: The SGMRO's Request for Information is open for public comment for a period of 8 weeks. Comments must be received on or before COB (5:00 p.m. ET) December 3, 2021, to ensure consideration. After the public comment period has closed, the comments received by SGMRO will be considered in a timely manner for further implementation of the NIH Strategic Plan to Advance Research on the Health and Well-Being of Sexual and Gender Minorities FY 2021–2025. Comments will be summarized and posted to the SGMRO website.

ADDRESSES: Please see the NIH Strategic Plan to Advance Research on the Health and Well-Being of Sexual and Gender Minorities FY 2021–2025. Comments must be received by email at SGMRO@nih.gov. Please include Request for Information in the subject line.

FOR FURTHER INFORMATION CONTACT: Irene Avila, Ph.D., Assistant Director, Sexual & Gender Minority Research

Office (SGMRO), irene.avila@nih.gov, (301) 594–9701.

SUPPLEMENTARY INFORMATION:

Background: “Sexual and gender minority” is an overarching term that includes, but is not limited to, individuals who identify as lesbian, gay, bisexual, asexual, transgender, two-spirit, queer, and/or intersex. Individuals with same-sex or -gender attractions or behaviors and those with a difference in sex development are also included. These populations also encompass those who do not self-identify with one of these terms but whose sexual orientation, gender identity or expression, or reproductive development is characterized by non-binary constructs of sexual orientation, gender, and/or sex.

The Sexual and Gender Minority Research Office (SGMRO) coordinates sexual and gender minority (SGM)–related research and activities by working directly with the NIH Institutes, Centers, and Offices. The Office was officially established in September 2015 within the NIH Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI) in the Office of the Director.

This **Federal Register** notice is in accordance with the 21st Century Cures Act, NIH is required to regularly update their strategic plans. In September 2020, SGMRO posted the NIH Strategic Plan to Advance Research on the Health and Well-Being of Sexual and Gender Minorities FY 2021–2025. The current strategic plan has provided NIH with a framework to improve the health of SGM populations through increased research and support of scientists conducting SGM-relevant research.

Request for Comments on Research Opportunities and Operational Activities related to the NIH Strategic Plan to Advance Research on the Health and Well-being of Sexual and Gender Minorities FY 2021–2025: The NIH has developed a strategic plan to advance SGM research over the next five years. The SGMRO invites input from stakeholders throughout the scientific research community, clinical practice communities, patient and family advocates, scientific or professional organizations, federal partners, internal NIH stakeholders, and other interested members of the public on potential research opportunities and operational activities related to this plan and the NIH mission. This input is valuable, and the community's time and consideration are appreciated.

The SGMRO is invested in increasing SGM-related health research and identifying high-priority research