

personal conflict of interest or waive the requirement to prevent personal conflicts of interest. The information is used by the contractor and the contracting officer to identify and mitigate personal conflicts of interest.

### C. Annual Burden

*Respondents:* 9,642.

*Recordkeepers:* 9,147.

*Total Annual Responses:* 352,296.

*Total Burden Hours:* 677,460.

(128,640 reporting hours + 548,820 recordkeeping hours).

### D. Public Comment

A 60-day notice was published in the **Federal Register** at 89 FR 2952, on January 17, 2024. No comments were received.

*Obtaining Copies:* Requesters may obtain a copy of the information collection documents from the GSA Regulatory Secretariat Division, by calling 202-501-4755 or emailing [GSARegSec@gsa.gov](mailto:GSARegSec@gsa.gov). Please cite OMB Control No. 9000-0018, Federal Acquisition Regulation Part 3: Improper Business Practices and Personal Conflicts of Interest.

Janet Fry,

*Director, Federal Acquisition Policy Division,  
Office of Governmentwide Acquisition Policy,  
Office of Acquisition Policy, Office of  
Governmentwide Policy.*

[FR Doc. 2024-06222 Filed 3-22-24; 8:45 am]

BILLING CODE 6820-EP-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Notice of Award of a Single Source Cooperative Agreement To Fund White Mountain Apache Tribe (WMAT), San Carlos Apache Tribe (SCAT), Gila River Indian Community (GRIC), Navajo Nation (NN), Hopi Tribe and Tohono O'odham Nation (TON)

**AGENCY:** Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

**ACTION:** Notice.

**SUMMARY:** The Centers for Disease Control and Prevention (CDC), located within the Department of Health and Human Services (HHS), announces 6 separate awards to fund White Mountain Apache Tribe (WMAT), San Carlos Apache Tribe (SCAT), Gila River Indian Community (GRIC), Navajo Nation (NN), Hopi Tribe and Tohono O'odham Nation (TON). Funding amounts will be determined on disease

burden during 2010–2020. The total 5 year period amount for the (6) recipients is \$1,800,000.00 The awards will address Rocky Mountain Spotted Fever (RMSF) prevention activities, including but not limited to vector control, outreach, and education, and RMSF prevention support services.

**DATES:** The period for these awards will be September 1st, 2024, through August 31st, 2029.

**FOR FURTHER INFORMATION CONTACT:** Katherine Ficalora, (Division of Vector-Borne Diseases, National Center for Emerging and Zoonotic Infectious Diseases, Centers for Disease Control and Prevention, 3156 Rampart Road, Fort Collins, CO. Telephone: (970) 221-6425, Email: [kzx8@cdc.gov](mailto:kzx8@cdc.gov).

**SUPPLEMENTARY INFORMATION:** The single source award will improve dissemination of proven RMSF prevention practices to AI communities in Arizona; Increase community understanding of RMSF and how it can be prevented; Conduct an evaluation of current RMSF programs; Increase the availability and utilization of public health resources such as vector control and animal control to support sustainable RMSF prevention.

White Mountain Apache Tribe (WMAT), San Carlos Apache Tribe (SCAT), Gila River Indian Community (GRIC), Navajo Nation (NN), Hopi Tribe and Tohono O'odham Nation (TON) are in a unique position to conduct this work, as they are experiencing epidemic levels of RMSF not seen anywhere else in the country, transmitted by the brown dog tick.

#### Summary of the Award

*Recipient:* White Mountain Apache Tribe (WMAT), San Carlos Apache Tribe (SCAT), Gila River Indian Community (GRIC), Navajo Nation (NN), Hopi Tribe and Tohono O'odham Nation (TON)

*Purpose of the Award:* The purpose of these awards is to increase dissemination or process improvement of proven interventions for RMSF prevention efforts, develop and evaluate of locally minded RMSF communications plan, increase availability of RMSF support services such as vector control and animal control to strengthen sustainable RMSF prevention programs.

• *Amount of Award:* Initial awards may be weighted based on disease burden during 2010–2020:

- Tribes reporting zero cases are ineligible for this funding
- Tribes reporting 1–10 cases of RMSF are eligible for \$10,000–\$30,000

- Tribes reporting 11–30 cases of RMSF are eligible for \$20,000–\$60,000
- Tribes reporting >30 cases are eligible for \$50,000–\$300,000"

Expected total funding of approximately \$1,800,000 for 5-year period of performance, subject to availability of funds.

*Authority:* This program is authorized under the Public Health Service Act section 317(k)(2), as amended (42 U.S.C. 247(b)(k)(2)).

*Period of Performance:* September 1, 2024, through August 31, 2029.

Dated: March 19, 2024.

**Jamie Legier,**

*Acting Director, Office of Grants Services,  
Centers for Disease Control and Prevention.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS-3458-N]

#### Medicare Program; Virtual Meeting of the Medicare Evidence Development and Coverage Advisory Committee—May 21, 2024

**AGENCY:** Centers for Medicare & Medicaid Services (CMS), Health and Human Services (HHS).

**ACTION:** Notice.

**SUMMARY:** This notice announces a virtual public meeting of the Medicare Evidence Development & Coverage Advisory Committee (MEDCAC) (“Committee”) will be held on Tuesday, May 21, 2024. The MEDCAC panel will consider which health outcomes in studies of devices for self-management of Type 1 and insulin-dependent Type 2 diabetes should be of interest to CMS. Given the increased emphasis on new and innovative medical products for difficult to manage conditions, some studies of new medical technologies have focused on short-term data with greater reliance on intermediate outcomes and surrogate endpoints. As a result, assessments of new medical technologies have more frequent evidence gaps with respect to clinically meaningful health outcomes for CMS beneficiaries. The MEDCAC panel will examine the growing challenges associated with the decreased level of evidence of certain new and innovative technologies. By voting on specific questions, and by their discussions, MEDCAC panel members will advise CMS about the ideal health outcomes in