the 5th Open Government NAP midterm self-assessment report:

• Assessment Clarity and Comprehensiveness: Feedback on the clarity and thoroughness of the report itself in presenting the progress and challenges encountered during both the co-creation process and the implementation process.

• Insights and Learning: Observations on the lessons and insights derived from the self-assessment process, including any areas that may benefit from deeper analysis.

• Engagement and Inclusivity: Views of the effectiveness of stakeholder engagement efforts (including suggestions for enhancing inclusivity) during the initial co-creation and the implementation processes since the GSA Open Government Secretariat was stood up in the summer of 2023.

• *Utility and Application:* Recommendations on how the Lessons and Insights of the report can be better used to inform the remaining implementation phase and future Open Government Action Plans.

Resources

Open Government Partnership (OGP) Independent Review Mechanism (IRM) Self-Assessment Guidance at https://www.opengovpartnership.org/wp-content/uploads/2001/01/OGP_self_assessment_cal%20FINAL.pdf.

Krystal J. Brumfield,

Associate Administrator, Office of Government-wide Policy, General Services Administration.

[FR Doc. 2024–07900 Filed 4–11–24; 4:15 pm] **BILLING CODE 6820–UA–P**

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Closed Meeting

Pursuant to 5 U.S.C. 1009(d), 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, and the Determination of the Director, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, CDC, pursuant to Public Law 92–463. 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: Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP)—RFA-OH-22-002, NIOSH Centers for Agricultural Safety and Health.

Date: May 23, 2024.
Time: 1 p.m.–5 p.m., EDT.
Place: Video-Assisted Meeting.
Agenda: To review and evaluate grant
applications.

For Further Information Contact: Marilyn Ridenour, B.S.N., M.P.H., Scientific Review Officer, Office of Extramural Programs, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, 1095 Willowdale Road, Morgantown, West Virginia 26505. Telephone: (304) 285–5879; Email: MRidenour@cdc.gov.

The Director, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Kalwant Smagh,

Director, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2024–07850 Filed 4–12–24; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Solicitation of Nominations for Appointment to the Healthcare Infection Control Practices Advisory Committee

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

ACTION: Notice.

SUMMARY: In accordance with the Federal Advisory Committee Act, the Centers for Disease Control and Prevention (CDC), within the Department of Health and Human Services (HHS), is seeking nominations for membership on the Healthcare Infection Control Practices Advisory Committee (HICPAC). HICPAC consists of 14 experts in fields including, but not limited to, infectious diseases, infection prevention, healthcare epidemiology, nursing, clinical and environmental microbiology, surgery, hospitalist medicine, internal medicine, epidemiology, health policy, health

services research, public health, and related fields.

DATES: Nominations for membership on HICPAC must be received no later than September 30, 2024. Packages received after this time will not be considered for the current membership cycle.

ADDRESSES: All nominations should be emailed to hicpac@cdc.gov; mailed to HICPAC, Division of Healthcare Quality Promotion, National Center for Emerging and Zoonotic Infectious Diseases, Centers for Disease Control and Prevention, 1600 Clifton Road NE, Mailstop H16–3, Atlanta, Georgia 30329–4027; or faxed to (404) 639–4043.

FOR FURTHER INFORMATION CONTACT:

Sydnee Byrd, M.P.A., Healthcare Infection Control Practices Advisory Committee, Division of Healthcare Quality Promotion, National Center for Emerging and Zoonotic Infectious Diseases, Centers for Disease Control and Prevention, 1600 Clifton Road NE, Mailstop H16–3, Atlanta, Georgia 30329–4027. Telephone: (404) 718–8039; email: hicpac@cdc.gov.

SUPPLEMENTARY INFORMATION:

Nominations are sought for individuals who have the expertise and qualifications necessary to contribute to the accomplishment of the objectives of the Healthcare Infection Control Practices Advisory Committee (HICPAC). Nominees will be selected based on expertise in the fields of infectious diseases, infection prevention, healthcare epidemiology, nursing, clinical and environmental microbiology, surgery, internal medicine, occupational health, and public health. Federal employees will not be considered for membership. Members may be invited to serve for up to four-year terms. Selection of members is based on candidates' qualifications to contribute to the accomplishment of HICPAC objectives (https:// www.cdc.gov/hicpac/).

Department of Health and Human Services (HHS) policy stipulates that committee membership be balanced in terms of points of view represented, and the committee's function. Appointments shall be made without discrimination on the basis of age, race, ethnicity, gender, sexual orientation, gender identity, HIV status, disability, and cultural, religious, or socioeconomic status. Nominees must be U.S. citizens and cannot be full-time employees of the U.S. Government. Current participation on Federal workgroups or prior experience serving on a Federal advisory committee does not disqualify a candidate; however, HHS policy is to avoid excessive individual service on advisory committees and multiple