

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS—Continued

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Total	100	1326.25

Dated: August 6, 2013.

Bahar Niakan,

Director, Division of Policy and Information Coordination.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Request for Public Comment: 30-Day Proposed Information Collection: Application for Participation in the IHS Scholarship Program

AGENCY: Indian Health Service, HHS.

ACTION: Notice.

SUMMARY: In compliance with Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, which requires 30 days for public comment on proposed information collection projects, the Indian Health Service (IHS) is submitting to the Office of Management and Budget (OMB) a request for a revision of an approved collection of information titled, “Application for Participation in the IHS Scholarship Program (OMB Control Number 0917–0006),” with an expiration date of August 31, 2013. This proposed information collection project

was previously published in the **Federal Register** (78 FR 36197) on June 17, 2013, and allowed 60 days for public comment, as required by 3506(c)(2)(A). The IHS received no comments regarding this collection. The purpose of this notice is to allow 30 days for public comment to be submitted directly to OMB.

Proposed Collection: Title: “Application for Participation in the IHS Scholarship Program (OMB Control Number 0917–0006).” *Type of Information Collection Request:* Revision of the currently approved information collection, “Application for Participation in the IHS Scholarship Program, (OMB Control No. 0917–0006).” *Form Number(s):* IHS–856–3, IHS–856–5 through 856–19, IHS–856–21 through 856–24, IHS–817, and IHS–818 are retained for use by the IHS Scholarship Program (IHSSP) as part of this current Information Collection Request. Reporting forms are found on the IHS Web site at www.ihs.gov/scholarship. *Form Numbers:* IHS–856, IHS–856–2, IHS–856–4, IHS–856–20, IHS–815, and IHS–816 have been deleted from the previous Information Collection Request in an effort to comply with the Paperwork Reduction Act (44 U.S.C. 3501 et seq.). *Need and Use of Information Collection:* The IHS Scholarship Branch needs this

information for program administration and uses the information to: solicit, process, and award IHS Pre-graduate, Preparatory, and/or Health Professions Scholarship recipients; monitor the academic performance of recipients; and to place recipients at payback sites. The IHS Scholarship Program streamlined the application process by converting the IHS–856 to an electronic tool and reduced the number of required supplemental application and reporting forms to minimize the time needed by applicants and recipients to complete the application process and provide required information after receiving a scholarship from the IHSSP. The IHSSP application is electronically available on the internet at the IHS Web site at: http://www.ihs.gov/scholarship/apply_now.cfm.

Affected Public: Individuals, not-for-profit institutions and State, local or Tribal Governments. *Type of Respondents:* Students pursuing health care professions.

The table below provides: Types of data collection instruments, Estimated 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)	Number of respondents	Responses per respondent	Total annual response	Burden hour per response*	Annual burden hours
Faculty/Employer Evaluation (IHS–856–3)	1500	2	3000	0.42 (25 min)	1250
Delinquent Federal Debt (IHS–856–5)	1500	1	1500	0.13 (8 min)	200
Course Curriculum Verification (IHS–856–6)	1500	1	1500	0.70 (42 min)	1050
Verification of Acceptance or Decline of Award (IHS–856–7)	500	1	500	0.13 (8 min)	67
Recipient's Initial Program Progress Report (IHS–856–8)	1200	1	1200	0.13 (8 min)	160
Notification of Academic Problem (IHS–856–9)	50	1	50	0.13 (8 min)	7
Change of Status (IHS–856–10)	50	1	50	.045 (25 min)	21
Request for Approval of Deferment (IHS–856–11)	20	1	20	0.13 (8 min)	3
Preferred Placement (IHS–856–12)	150	1	150	0.50 (30 min)	75
Notice of Impending Graduation (IHS–856–13)	170	1	170	0.17 (10 min)	28
Notification of Deferment Program (IHS–856–14)	20	1	20	0.13 (8 min)	3
Placement Update (IHS–856–15)	170	1	170	0.18 (11 min)	31
Annual Status Report (IHS–856–16)	200	1	200	0.25 (15 min)	50
Extern Site Preference Request (IHS–856–17)	300	1	300	0.13 (8 min)	40
Request for Extern Travel Reimbursement (IHS–856–18)	150	1	150	0.10 (6 min)	15
Lost Stipend Payment (IHS–856–19)	50	1	50	0.13 (8 min)	7
Summer School Request (IHS–856–21)	100	1	100	0.10 (6 min)	10
Change of Name or Address (IHS–856–22)	20	1	20	0.13 (8 min)	3
Request for Credit Validation (IHS–856–23)	30	1	30	0.10 (6 min)	3
Faculty/Advisor Evaluation (IHS–856–24)	1500	2	3000	0.42 (25 min)	1250
Scholarship Program Agreement (IHS–817)	175	1	175	0.16 (10 min)	29

Data collection instrument(s)	Number of respondents	Responses per respondent	Total annual response	Burden hour per response*	Annual burden hours
Health Professions Contract (IHS-818)	225	1	225	0.16 (10 min)	38
Total	12580	4340

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

There are no direct costs to respondents other than their time to voluntarily complete the forms and submit them for consideration. The estimated cost in time to respondents, as a group, is \$45,396 [4340 burden hours × \$10.46 per hour (2013 GS-3 hourly base pay rate)]. This total dollar amount is based upon the number of burden hours per data collection instrument, rounded to the nearest dollar. *Request for Comments:* Your written comments and/or suggestions are invited on one or more of the following points:

(a) Whether the information collection activity is necessary to carry out an agency function; (b) whether the agency processes the information collected in a useful and timely fashion; (c) the accuracy of public burden estimate (the estimated amount of time needed for individual respondents to provide the requested information); (d) whether the methodology and assumptions used to determine the estimate are logical; (e) ways to enhance the quality, utility, and clarity of the information being collected; and (f) ways to minimize the public burden through the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Send Requests for Further Information: Send your requests for more information on the proposed collection or requests to obtain a copy of the data collection instrument(s) and instructions to: Dr. Dawn Kelly, Chief, Scholarship Program, 801 Thompson Avenue, TMP Suite 450A, Rockville, MD, 20852, call non-toll free (301) 443-6622, send via facsimile to (301)-443-6048, or send your email requests, and return address to: Dawn.Kelly@ihs.gov.

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.

Comment Due Date: Comments regarding this information collection are best assured of having full effect if

received within 30 days of the date of this publication.

Dated: August 5, 2013.

Yvette Roubideaux,

Acting Director, Indian Health Service.

[FR Doc. 2013-19639 Filed 8-13-13; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Office of Direct Service and Contracting Tribes; National Indian Health Outreach and Education; Limited Competition Cooperative Agreements Announcement Type: New Limited Competition Funding Announcement Number: HHS-2013-IHS-NIHOE-0002 Catalog of Federal Domestic Assistance Number: 93.933

Key Dates

Application Deadline Date: September 8, 2013

Review Date: September 10, 2013

Earliest Anticipated Start Date: September 30, 2013

Proof of Non-Profit Status Due Date: September 8, 2013

I. Funding Opportunity Description

Statutory Authority

The Indian Health Service (IHS), Office of Direct Service and Contracting Tribes is accepting competitive applications for two limited competition cooperative agreements under the National Indian Health Outreach and Education (NIHOE) program: The Behavioral Health—Methamphetamine and Suicide Prevention Intervention (MSPI) outreach and education award and the Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) outreach and education award. The Behavioral Health—MSPI outreach and education award is funded by IHS and is authorized under the Snyder Act, codified at 25 U.S.C. § 13; the Transfer Act, codified at 42 U.S.C. § 2001; the Consolidated Appropriations Act, 2012, Public Law 112-74 and the Continuing Appropriations Resolution, 2013, Public Law 112-175. The HIV/AIDS outreach and education award is funded by the

Office of the Secretary (OS), Department of Health and Human Services (HHS). Funding for the HIV/AIDS award will be provided by OS via an Intra-Departmental Delegation of Authority dated July 17, 2017 to IHS to permit obligation of funding appropriated by the Consolidated Appropriations Act, 2012, Public Law 112-74. Each award is funded through a separate funding stream by each respective Agency's appropriations. The awardee is responsible for accounting for each of the two awards separately and must provide two separate financial reports (one for each award), as indicated below. This program is described in the Catalog of Federal Domestic Assistance under 93.933.

Background

The NIHOE program carries out health program objectives in the American Indian/Alaska Native (AI/AN) community in the interest of improving Indian health care for all 566 Federally-recognized Tribes including Tribal governments operating their own health care delivery systems through Indian Self-Determination and Education Assistance Act (ISDEAA) contracts and compacts with the IHS and Tribes that continue to receive health care directly from the IHS. This program addresses health policy and health programs issues and disseminates educational information to all AI/AN Tribes and villages. The NIHOE MSPI and HIV/AIDS awards require that public forums be held at Tribal educational consumer conferences to disseminate changes and updates in the latest health care information. These awards also require that regional and national meetings be coordinated for information dissemination as well as for the inclusion of planning and technical assistance and health care recommendations on behalf of participating Tribes to ultimately inform IHS and the Department of Health and Human Services (HHS) based on Tribal input through a broad based consumer network.

Purpose

The purpose of these cooperative agreements is to further IHS health program objectives in the AI/AN