

burden of the collection of information on those who are to respond, through the use of appropriate technological collection techniques or other forms of information technology.

Obtaining Copies Of Proposals:

Requesters may obtain a copy of the information collection documents from the General Services Administration, Regulatory Secretariat Division (MVCB), 1800 F Street NW., Washington, DC 20405, telephone 202-501-4755. Please cite OMB Control No. 9000-0014, Statement and Acknowledgment SF 1413, in all correspondence.

Dated: July 17, 2014.

Karlos Morgan,

Acting Director, Federal Acquisition Policy Division, Office of Government-wide Acquisition Policy, Office of Acquisition Policy, Office of Government-wide Policy.

[FR Doc. 2014-17404 Filed 7-23-14; 8:45 am]

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DEPARTMENT OF DEFENSE

GENERAL SERVICES ADMINISTRATION

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

[OMB Control No. 9000-0001; Docket No. 2014-0055; Sequence No. 18]

Information Collection; Affidavit of Individual Surety, Standard Form 28

AGENCIES: Department of Defense (DOD), General Services Administration (GSA), and National Aeronautics and Space Administration (NASA).

ACTION: Notice of request for public comments regarding an extension to an existing OMB clearance.

SUMMARY: Under the provisions of the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35), the Regulatory Secretariat Division (MVCB) will be submitting to the Office of Management and Budget (OMB) a request to review and approve an extension of a currently approved information collection requirement concerning Standard Form (SF) 28, Affidavit of Individual Surety.

DATES: Submit comments on or before September 22, 2014.

ADDRESSES: Submit comments identified by Information Collection 9000-0001 by any of the following methods:

- *Regulations.gov:* <http://www.regulations.gov>. Submit comments via the Federal eRulemaking portal by searching the OMB control number 9000-0001. Select the link "Comment Now" that corresponds with

"Information Collection 9000-0001, SF 28, Affidavit of Individual Surety". Follow the instructions provided on the screen. Please include your name, company name (if any), and "Information Collection 9000-0001 SF 28, Affidavit of Individual Surety" on your attached document.

- *Fax:* 202-501-4067.

- *Mail:* General Services

Administration, Regulatory Secretariat Division (MVCB), 1800 F Street NW., Washington, DC 20405. ATTN: Ms. Flowers/IC 9000-0001, SF 28, Affidavit of Individual Surety.

Instructions: Please submit comments only and cite Information Collection 9000-0001, in all correspondence related to this collection. All comments received will be posted without change to <http://www.regulations.gov>, including any personal and/or business confidential information provided.

FOR FURTHER INFORMATION CONTACT: Ms. Cecelia L. Davis, Procurement Analyst, Acquisition Policy Division, GSA, 202-219-0202 or email Cecelia.davis@gsa.gov.

SUPPLEMENTARY INFORMATION:

A. Purpose

The Affidavit of Individual Surety SF 28 is used by all executive agencies, including the Department of Defense, to obtain information from individuals wishing to serve as sureties to Government bonds. To qualify as a surety on a Government bond, the individual must show a net worth not less than the penal amount of the bond on the SF 28. It is an elective decision on the part of the maker to use individual sureties instead of other available sources of surety or sureties for Government bonds. We are not aware if other formats exist for the collection of this information.

The information on SF 28 is used to assist the contracting officer in determining the acceptability of individuals proposed as sureties.

B. Annual Reporting Burden

Based on a comprehensive reassessment performed, this information collection resulted in no change in the total burden hours from the previous information collection that was published in the **Federal Register** at 76 FR 60050 on September 28, 2011. The previous assessment performed resulted in a change to the "Response per Respondent" and "Hours per Response" categories. The 1.43, responses per respondent, was lowered to 1. to adequately reflect this category. A respondent has to respond completely not partially when submitting this form.

The "Hours per Response" category has been decreased to .3 (18 minutes) from .4 (24 minutes) to reflect the benefits of being able to submit the required information electronically, as respondents no longer have to print and physically mail forms.

Respondents: 500.

Responses per Respondent: 1.

Total Responses: 500.

Hours per Response: 0.3.

Total Burden Hours: 150.

Obtaining Copies of Proposals:

Requesters may obtain a copy of the information collection documents from the General Services Administration, Regulatory Secretariat Division (MVCB), 1800 F Street NW., Washington, DC 20405, telephone 202-501-4755. Please cite OMB Control No. 9000-0001, SF 28, Affidavit of Individual Surety, in all correspondence.

Dated: July 17, 2014.

Karlos Morgan,

Acting Director, Federal Acquisition Policy Division, Office of Government-wide Acquisition Policy, Office of Acquisition Policy, Office of Government-wide Policy.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notification of a Single Source Cooperative Agreement Award for the Pasteur Foundation

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

Authority: Sections 301, 307, 1701, and 2811 of the Public Health Service Act, 42 U.S.C. 241, 242l, 300u and 300hh-10.

ACTION: Notice

SUMMARY: The Department of Health and Human Services (HHS) Assistant Secretary for Preparedness and Response (ASPR) Office of Policy and Planning (OPP), intends to provide a Single Source Cooperative Agreement Award to the Pasteur Foundation for project activities carried out by the Pasteur Institute to support global health security enhancements and International Health Regulations (IHR) (2005) implementation in select Sub-Saharan African and Southeast Asian countries. Specifically, ASPR, in close coordination with the HHS Centers for Disease Control and Prevention (CDC) and other U.S. Government (USG) stakeholders, will collaborate with the Pasteur Institute and select affiliate institutes within the Pasteur Institute International Network (IPIN) in

Cameroon, Central African Republic, Ivory Coast, Madagascar, Senegal, and Cambodia to sustain and strengthen preparedness, detection, and communication capacities for pandemic influenza and other emerging and re-emerging infectious diseases in support of IHR (2005). Recognizing that the health security of the American people is intrinsically linked to the world's health security, and that international cooperation is critical to enhance global health security, this program is aligned with Article 44 of the IHR (2005), which directs State Parties to collaborate to detect, assess, and respond to events while developing, strengthening, and maintaining core public health surveillance and response capacities. The proposed cooperative agreement is also aligned with the Global Health Security Agenda that calls for action to accelerate progress toward a world safe and secure from infectious disease threats, and to promote global health security as an international security priority by preventing and reducing the likelihood of infectious diseases outbreaks, detecting threats early, and rapidly and effectively responding to disease outbreaks that require multi-sectorial, international coordination and communication.¹

DATES: The period of performance is from September 30, 2014 to September 29, 2019.

Award Amount: \$3.8–\$4.2 million

SUPPLEMENTARY INFORMATION: The Division of International Health Security in the Office of Policy and Planning is the program office for this award.

Single Source Justification: The H1N1 2009 influenza pandemic, outbreaks of novel influenza viruses with pandemic potential (e.g., A/H7N9 and A/H5N1), growing global concern about potential public health emergencies of international concern (PHEIC) due to Ebola, dengue, Chikungunya, Middle East Respiratory Syndrome coronavirus, and the very recent declaration of polio as a PHEIC,² highlight continued and persistent global disease threats with the potential to affect the health security of the American people. The HHS collaboration with international partners such as the Pasteur Institute is a critical element in the strategy to prevent, respond to, and contain infectious diseases before they spread.

To this end, HHS and the Pasteur Institute signed two Memorandums of Understanding with the World Health

Organization (WHO) in 2012, agreeing to support IHR (2005) implementation and global health security by supporting international collaborations to prevent, prepare for, and respond to influenza and other emerging diseases. The Pasteur Institute possesses unique capabilities for global capacity-building. The IPIN, a network of laboratories in 32 countries, spans five regions around the globe, and is further connected with multiple international stakeholders, including the CDC, the WHO Global Influenza Surveillance and Response System, and WHO's Emerging and Dangerous Pathogens Laboratory Networks. More than 70 percent of the IPIN affiliates are located in disease outbreak hotspots prone to public health threats. The Pasteur Institute and its affiliates represent an advanced surveillance and laboratory network that is integrated with the public health infrastructure of respective Ministries of Health, which is vital to the host country's preparedness and response efforts.

ASPR, the Pasteur Institute, and IPIN affiliates have collaborated on global health security efforts in recent years in partnership with countries in Sub-Saharan Africa and Southeast Asia. Efforts enhanced implementation of IHR (2005) core capacities focusing on detection and management of actual or potential PHEICs caused by novel influenza viruses with pandemic potential, including rapidly alerting the WHO and other countries for a faster, more systematic, and comprehensive response.

In the last seven years, ASPR has worked closely with the Pasteur Institute and IPIN through a series of cooperative agreements that included collaborations with CDC, the WHO, and partner countries to build capacity to prepare for and respond to pandemic influenza. These capacities were evident during the H1N1 2009 pandemic influenza, where IPIN affiliates in countries supported by previous cooperative agreements were among the first countries to rapidly establish surveillance systems and laboratory capacity for H1N1. The achievements of the previous programs include, among others, the establishment of 80 sentinel surveillance sites for influenza-like illness and the establishment of hospital-based surveillance for severe acute respiratory illnesses in Senegal, Cameroon, Central African Republic, and the Ivory Coast. In many of these countries, these were the very first efforts to implement surveillance programs for influenza. As a result, these programs enabled the detection of influenza strains circulating in Sub-

Saharan Africa, helped monitor an antiviral resistance strain, and supported the development of laboratory capacity to detect for the first time, more than 17 different respiratory viruses in the Central African Republic, Cameroon, and Senegal. Overall, laboratory infrastructure for influenza surveillance was strengthened, resulting in three Institutes Pasteur affiliates designated as National Reference Centers for influenza; four laboratories designated as National Influenza Centers in Senegal, Cameroon, Central African Republic, and the Ivory Coast; and construction of Biosafety Level 3 laboratories in Cambodia and in the Central African Republic.

IPIN and ASPR also supported enhancement of IHR National Focal Point coordination and communication capacities by providing equipment and training. Past collaboration efforts between ASPR and the Pasteur Institute also supported bilateral relationships between the United States and France, Cameroon, Ivory Coast, Madagascar, the Central African Republic, Senegal, Cambodia, Laos, and regional partnerships with WHO regional offices, particularly in Sub-Saharan Africa and Southeast Asia. Other specific achievements, supported at least in part by this collaboration, include the discovery of the genetic drift of A/H5N1 in Cambodia. This resulted in regional and international collaboration and exchanges of results and samples among stakeholders including Cambodia's Ministries of Health, Agriculture, Forestry and Fishery, and the U.S. Agency for International Development, CDC, IPIN, the Food and Agricultural Organization, and the WHO. The capacities established by the ASPR-Pasteur Institute collaboration on pandemic influenza also enhanced preparedness and response to other emerging infectious diseases. For example, it allowed the Institute Pasteur of Dakar, Senegal, to maintain the WHO Collaborating Center for arboviruses which detected the Ebola virus and deployed researchers to support recent outbreaks in West Africa.

The policy and technical reach of IPIN across multiple continents, their access to technologically advanced laboratory facilities, their ability to draw upon a core of highly accomplished scientists, and their large network of other governmental, private, and non-governmental partnerships allows them to rapidly and expertly accomplish large-scale policy implementation and programmatic initiatives. These factors, combined with the historically strong relationship between the Pasteur Institute and HHS, and a proven track

¹ <http://www.globalhealth.gov/global-health-security/global-health-security/ghsagenda.html>.

² <http://www.who.int/mediacentre/news/statements/2014/polio-20140505/en/>.

record of fiscal responsibility, fully justifies a sole source award. In conclusion, contributing to and supporting global health security and pandemic influenza preparedness remain an HHS priority. After careful and thorough consideration of other potential partners, ASPR concluded that the Pasteur Institute is the only partner with proven capabilities and capacities to meet HHS's mandate to strengthen influenza preparedness in countries prone to disease outbreaks where the United States has not a long-standing bilateral relationship. For the reasons stated above, the Pasteur Institute is uniquely qualified and the only appropriate partner to facilitate and support successful completion of the proposed project.

FOR FURTHER INFORMATION CONTACT: Please submit an inquiry via the ASPR—OPP Division of International Health Security—IHR Program Contact Form located at <http://www.phe.gov/Preparedness/international/ihr/Pages/IHRIquiry.aspx>.

Dated: July 18, 2014.

Nicole Lurie,

Assistant Secretary for Preparedness and Response.

[FR Doc. 2014–17457 Filed 7–23–14; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Justification for a Single Source Cooperative Agreement Award for the U.S.-Mexico Foundation for Science

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

ACTION: Notice.

SUMMARY: The Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) intends to provide a Single Source Cooperative Agreement Award to the U.S.-Mexico Foundation for Science (*Fundación México-Estados Unidos para la Ciencia [FUMEC]*), who will be the awardee for project activities carried out by Mexico's Ministry of Health (MOH). This Cooperative Agreement will contribute to enhancing global health security and advancing the implementation and maintenance of International Health Regulations (IHR) (2005) core capacities in Mexico. Specifically, ASPR, in close coordination with the HHS Centers for Disease Control and Prevention (CDC) and other U.S. Government (USG) stakeholders, will collaborate with

FUMEC and the Mexican MOH to sustain and strengthen preparedness, detection, and communication capacities for pandemic influenza and other emerging and re-emerging infectious diseases in Mexico, focusing on IHR National Focal Point and Points of Entry capacities. Recognizing that the health security of the American people is intrinsically linked to the world's health security and that international cooperation is critical to enhance global health security, this program is aligned with Article 44 of the IHR (2005), which directs state parties to collaborate to detect, assess, and respond to events, while developing, strengthening, and maintaining core public health surveillance and response capacities. Additionally, this program intends to support the collaboration with the Mexican MOH under the North American Plan for Animal and Pandemic Influenza (NAPAPI).

Period Of Performance: September 30, 2014 to September 29, 2017.

FOR FURTHER INFORMATION CONTACT: Please submit an inquiry via the ASPR Division of International Health Security—IHR Program Contact Form located at <http://www.phe.gov/Preparedness/international/ihr/Pages/IHRIquiry.aspx>.

SUPPLEMENTARY INFORMATION: Pursuant to Sections 301, 307, 1701, and 2811 of the Public Health Service Act, 42 U.S.C. 241, 242l, 300u and 300hh–10. The Division of International Health Security in the Office of Policy and Planning is the program office for this award.

Justification: Significant food trade links and interactions with Mexico under the North American Free Trade Act (NAFTA), and the shared and highly trafficked U.S.-Mexico border, speak to the need for close bilateral cooperation in health security for both nations. Both countries have had a long and close relationship in supporting and improving our ability to respond to public health events and emergencies of mutual interest when they arise. Such cooperation, including strengthening of binational capacities to advance IHR (2005) implementation, is critical to protect the health of our populations and to enhance regional health security.

Recognizing the importance of the IHR (2005) mandate for state parties to collaborate with each other, particularly those sharing borders, ASPR has had a strong collaboration with the Mexican MOH to jointly strengthen health security through a series of cooperative agreements and regional and multilateral initiatives. ASPR, in close collaboration with the CDC, the Office

of Global Affairs, and the National Institutes of Health, supported since 2006 the Mexican federal and state health agencies to build and enhance public health preparation and response capabilities to pandemic influenza and bioterrorism threats. Major accomplishments from that collaboration included: Completion of a biosafety level 3 laboratory at the national Institute of Diagnostic and Epidemiological Reference (*Instituto de Diagnóstico y Referencia Epidemiológicos [InDRE]*); inclusion of InDRE as the first international member of the CDC's Laboratory Response Network; enhancement of the infrastructure and functioning of the Unit for Epidemiological Intelligence; the development of an early warning disease surveillance system (*AlertaMex*); and training for public health personnel on detection, surveillance, and public health preparedness and response strategies and processes, among others. Additionally, in recognition of the importance of regional collaborations to advance health security, Mexico and the United States are part of the Global Health Security Initiative, and in collaboration with Canada, in 2012 the leaders of the three countries launched the NAPAPI to advance pandemic influenza preparedness and response capacities. Additionally, in 2012, the Secretaries of Health of both countries signed a declaration formally adopting a shared set of technical guidelines that both countries will follow to respond to public health events and emergencies of mutual interest.

Stemming from this successful collaboration and shared motivation, ASPR intends to collaborate with FUMEC and Mexico's National Center for Prevention Programs and Disease Control (*Centro Nacional de Programas Preventivos y Control de Enfermedades [CENAPRECE]*) on a program to enhance regional and global health security by strengthening IHR (2005) implementation and maintenance. Primary program activities will include improving and strengthening IHR (2005) core capacities including detection, assessment, notification, and response, with focus on pandemic influenza and other emerging and re-emerging infectious diseases. FUMEC, created in 1993 in the context of the NAFTA agreement, will serve as the awardee for this program and CENAPRECE will implement the technical activities within the program. FUMEC is a nonprofit organization and the only binational organization sanctioned by both governments to facilitate funds movement and implement binational