

TABLE 1—ESTIMATED ANNUAL REPORTING BURDEN <sup>1</sup>

Activity/respondent	Number of respondents	Number of responses per respondent <sup>2</sup>	Total annual responses <sup>3</sup>	Average burden per response	Total hours <sup>3</sup>
Household Screening Respondent .....	35,885	0.33	11,842	0.13 (8 minutes) .....	1,539
Panel Member Enrollment Survey .....	4,000	0.33	1,320	0.25 (15 minutes) .....	330
Panel Member Baseline Survey .....		0.33	1,320	0.25 (15 minutes) .....	330
Study A .....		0.33	1,320	0.33 (20 minutes) .....	436
Study B .....		0.33	1,320	0.33 (20 minutes) .....	436
Study C .....		0.33	1,320	0.33 (20 minutes) .....	436
Study D .....		0.33	1,320	0.33 (20 minutes) .....	436
Panel Replenishment Household Screening Respondent <sup>4</sup> .....	33,355	0.33	11,007	0.13 (8 minutes) .....	1,431
Panel Replenishment Enrollment Survey <sup>4</sup> .....	4,600	0.33	1,518	0.25 (15 minutes) .....	380
Panel Replenishment Baseline Survey <sup>4</sup> .....		0.33	1,518	0.25 (15 minutes) .....	380
<b>Total</b> .....					<b>6,134</b>

<sup>1</sup> There are no capital costs or operating and maintenance costs associated with this collection of information.

<sup>2</sup> Assumes respondents will participate once over a 3-year period, or 0.33 responses annually.

<sup>3</sup> Amounts are rounded to the nearest whole number.

<sup>4</sup> Assumes an estimated 10,285 mail and field household screening respondents during yearly panel replenishment and 1,400 additional panel members will be recruited annually as part of the panel replenishment effort, as well as an additional 2,500 household screening respondents during replenishment and an additional 400 panel replenishment enrollment and baseline survey respondents should annual attrition rates be higher than expected.

FDA's burden estimate is based on timed readings of each instrument, including the mail and field screeners, enrollment survey, baseline survey, and study A through D questionnaires. Of the total screening respondents, we expect 25 percent will respond only in the mail screening (household deemed ineligible), 65 percent will respond only in the field screening (mail screening nonrespondents), and the remaining 10 percent will respond in both the mail screening and the field screening. The latter includes eligible households from the mail screening that are subsequently field screened to sample the panel member, and the 10 percent quality control sample of households whose mail screening ineligibility is verified through in-person screening. The estimated burden published in the 60-day notice assumed an estimated 10,285 household screening respondent during yearly panel replenishment (30,855 total) and 1,400 additional panel members recruited annually (4,200 total). In this notice, we included 2,500 additional household screening respondents during replenishment, and an additional 400 panel replenishment enrollment and baseline survey respondents as part of the panel replenishment effort (should annual attrition rates be higher than expected). The new total is 33,355 household screening respondents and a total of 4,600 panel members recruited. Replenishment panel members replace original panel members and become part of the 4,000-member panel that receives experimental/observational and panel maintenance surveys. Overall, this extension reflects an increase of

1,700 hours due to an additional year of panel replenishment and fielding of studies B, C, and D.

## II. References

The following references are on display at the Dockets Management Staff (see **ADDRESSES**) and are available for viewing by interested persons between 9 a.m. and 4 p.m., Monday through Friday; these are not available electronically at <https://www.regulations.gov> as these references are copyright protected. Some may be available at the website address, if listed. FDA has verified the website addresses, as of the date this document publishes in the **Federal Register**, but websites are subject to change over time.

1. Baker, R., Blumberg, S., Brick, M., et al., 2010, "American Association for Public Opinion Research Report on Online Panels," *Public Opinion Quarterly*, 74(4), pp. 711–781.
2. Coen, T., Lorch, J., and Piekarski, L., 2005, "The Effects of Survey Frequency on Panelists' Responses. Worldwide Panel Research: Developments and Progress," Amsterdam, European Society for Opinion and Marketing Research.
3. Nancarrow, C. and Cartwright, T., 2007, "Online Access Panels and Tracking Research, The Conditioning Issue," *International Journal of Market Research*, 49(5), pp. 435–447.
4. Kruse, Y., Callegaro, M., Dennis, J. M., et al., 2009, "Panel Conditioning and Attrition in the AP-Yahoo! News Election Panel Study," paper presented at the American Association for Public Opinion Research 64th Annual Conference.

Dated: May 14, 2019.

**Lowell J. Schiller,**

*Principal Associate Commissioner for Policy.*

[FR Doc. 2019–10359 Filed 5–17–19; 8:45 am]

**BILLING CODE 4164–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier OS–4040–0002]

### Agency Information Collection Request. 30-Day Public Comment Request

**AGENCY:** Office of the Secretary, HHS.

**ACTION:** Notice.

**SUMMARY:** In compliance with the requirement of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment.

**DATES:** Comments on the ICR must be received on or before June 19, 2019.

**ADDRESSES:** Submit your comments to [OIRA\\_submission@omb.eop.gov](mailto:OIRA_submission@omb.eop.gov) or via facsimile to (202) 395–5806.

**FOR FURTHER INFORMATION CONTACT:** Ed Calimag, [ed.calimag@hhs.gov](mailto:ed.calimag@hhs.gov) or (202) 690–7569. When submitting comments or requesting information, please include the document identifier 4040–0002–30D and project title for reference.

**SUPPLEMENTARY INFORMATION:** Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (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.

*Title of the Collections:* The SF-424 Mandatory Form.

*Type of Collection:* Reinstatement without change.

*OMB No.:* 4040-0002.

*Abstract:* The SF-424 Mandatory Form provides the Federal grant-making agencies an alternative to the Standard Form 424 data set and form. Agencies

may use the SF-424 Mandatory Form for grant programs not required to collect all the data that is required on the SF-424 core data set and form. The IC expired on January 31, 2019. We are seeking reinstatement of this information collection and a three-year clearance.

#### ESTIMATED ANNUALIZED BURDEN TABLE

Forms	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
SF-424 Mandatory .....	5,761	1	1	5,761
Total .....	5,761	.....	.....	5,761

**Terry Clark,**

*Paperwork Reduction Act Reports Clearance Officer, bOffice of the Secretary.*

[FR Doc. 2019-10416 Filed 5-17-19; 8:45 am]

**BILLING CODE 4151-AE-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Institute on Deafness and Other Communication Disorders; Notice of Closed Meetings

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meetings.

The meetings 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. 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:* National Institute on Deafness and Other Communication Disorders Special Emphasis Panel; Hearing and Balance Translational Research Review.

*Date:* June 13, 2019.

*Time:* 1:00 p.m. to 4:30 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, Neuroscience Center Building (NSC), 6001 Executive Boulevard, Rockville, MD 20852, (Telephone Conference Call).

*Contact Person:* Sheo Singh, Ph.D., Scientific Review Officer, Scientific Review Branch, Division of Extramural Activities, 6001 Executive Blvd., Room 8351, Bethesda, MD 20892, 301-496-8683, [singhs@nidcd.nih.gov](mailto:singhs@nidcd.nih.gov).

*Name of Committee:* National Institute on Deafness and Other Communication Disorders Special Emphasis Panel; Voice, Speech, and Language Fellowship Review.

*Date:* June 14, 2019.

*Time:* 11:00 a.m. to 2:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, Neuroscience Center Building (NSC), 6001 Executive Boulevard, Rockville, MD 20852, (Telephone Conference Call).

*Contact Person:* Eliane Lazar-Wesley, Ph.D., Scientific Review Officer, Scientific Review Branch, Division of Extramural Activities, 6001 Executive Boulevard, Room 8339, MSC 9670, Bethesda, MD 20892-8401, 301-496-8683, [el6r@nih.gov](mailto:el6r@nih.gov).

*Name of Committee:* National Institute on Deafness and Other Communication Disorders Special Emphasis Panel; Hearing and Balance Fellowship Review.

*Date:* June 17, 2019.

*Time:* 8:00 a.m. to 5:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* Hyatt Regency Bethesda, One Bethesda Metro Center, 7400 Wisconsin Avenue, Bethesda, MD 20814.

*Contact Person:* Shiguang Yang, DVM, Ph.D., Scientific Review Officer, Division of Extramural Activities, NIDCD, NIH, 6001 Executive Blvd., Room 8349, Bethesda, MD 20892, 301-496-8683, [yangshi@nidcd.nih.gov](mailto:yangshi@nidcd.nih.gov).

*Name of Committee:* National Institute on Deafness and Other Communication Disorders Special Emphasis Panel; NIDCD Clinical Trial on Cochlear Implants Review.

*Date:* July 22, 2019.

*Time:* 12:00 p.m. to 1:30 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, Neuroscience Center Building (NSC), 6001 Executive Boulevard, Rockville, MD 20852, (Telephone Conference Call).

*Contact Person:* Katherine Shim, Ph.D., Scientific Review Officer, Division of Extramural Activities, NIH/NIDCD, 6001 Executive Blvd., Room 8351, Bethesda, MD 20892, 301-496-8683, [katherine.shim@nih.gov](mailto:katherine.shim@nih.gov).

(Catalogue of Federal Domestic Assistance Program Nos. 93.173, Biological Research Related to Deafness and Communicative Disorders, National Institutes of Health, HHS)

Dated: May 14, 2019.

**Sylvia L. Neal,**

*Program Analyst, Office of Federal Advisory Committee Policy.*

[FR Doc. 2019-10377 Filed 5-17-19; 8:45 am]

**BILLING CODE 4140-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### Eunice Kennedy Shriver National Institute of Child Health & Human Development; Notice of Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of a meeting of the Board of Scientific Counselors, NICHD.

The meeting will be open to the public as indicated below, with the attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting.

The meeting will be closed to the public as indicated below in accordance with the provisions set forth in section 552b(c)(6), Title 5 U.S.C., as amended for the review, discussion, and evaluation of individual intramural programs and projects conducted by the EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH & HUMAN DEVELOPMENT, including consideration of personnel qualifications and performance, and the competence of individual investigators, the disclosure of which would