board members, officers, employees, and contractors into one comprehensive application that also includes volunteer health care professionals, and (2) a fully electronic application that can be submitted via HRSA's web based application system, the Electronic Handbooks (EHBs). It is anticipated that these modifications will decrease the time and effort required to complete the current OMB approved FTCA application forms.

Need and Proposed Use of the Information: Deemed status for FTCA medical malpractice coverage requires HRSA approval of an application for deeming of certain eligible individuals from a sponsoring free clinic. The FTCA Free Clinic deeming application is an electronic application submitted to HRSA through the EHBs as part of the process of deeming qualified health care professionals, board members, officers, and individual contractors. Sponsoring clinics are required to submit a completed electronic application in addition to other required documents as required by section 224(o) of the Public Health Service Act (42 U.S.C. 233(o)). Applications are reviewed by program staff before a deeming determination is made.

Likely Respondents: Respondents include nonprofit private entities that meet the statutory and programmatic requirements as stated in section 224(o) of the Public Health Service Act (42 U.S.C. 233(o)).

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this Information Collection Request are summarized in the table below.

Total Estimated Annualized burden hours:

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
FTCA Free Clinics Program Application	227	1	227	2	681
Total	227	1	227	2	681

HRSA specifically requests comments on (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.

Dated: June 11, 2014.

Jackie Painter,

Deputy Director, Division of Policy and Information Coordination.

[FR Doc. 2014–14192 Filed 6–17–14; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; 60-Day Comment Request; Cancer Epidemiology Descriptive Cohort Database (NCI)

SUMMARY: In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data collection projects, the National Cancer Institute (NCI), National Institutes of Health (NIH), will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

To Submit Comments and for Further Information: To obtain a copy of the data collection plans and instruments, submit comments in writing, or request more information on the proposed project, contact: Seminara, Daniela, Senior Scientist and Cohort and Consortia Coordination Team Lead, Epidemiology and Genomics Research Program, Division of Cancer Control and Population Sciences, 9609 Medical Center Drive, Rockville, MD 20892 or call non-toll-free number 240–276–6748 or Email your request, including your address to: *seminard@mail.nih.gov.* Formal requests for additional plans and instruments must be requested in writing.

DATES: *Comment Due Date:* Comments regarding this information collection are best assured of having their full effect if received within 60 days of the date of this publication.

Proposed Collection: Cancer Epidemiology Descriptive Cohort Database, 0925—New, National Cancer Institute (NCI), National Institutes of Health (NIH).

Need and Use of Information Collection: The NCI Epidemiology and Genomics Research Program (EGRP) support large-scale collaborations across numerous cancer epidemiology cohorts. The collaborative approach to date has been lacking in easily accessible, centralized, and searchable information. To address the need for better collaborative research and increased transparency, EGRP will develop a Cancer Epidemiology Descriptive Cohort Database (CEDCD) accessible through a public Web site. The information collected from the current survey will be used to populate the CEDCD. This public Web site will allow investigators to know what data and specimens exist among other cohorts. Respondents will be cohort Principal Investigators (PIs). The data collection forms will be sent to participating

cohort PIs for initial completion and then annually to update any information that has changed so that the CEDCD Web site will remain current. No cohort participant-level data is being collected from any of the cohorts.

The information to be collected will be aggregate descriptive information and protocols. Though the CEDCD has a biospecimen component (similar to the Specimen Resource Locator), the CEDCD is not a biospecimen locator database. It is a database focusing exclusively on descriptive data pertaining to large, prospective epidemiology cohorts.

OMB approval is requested for 3 years. There are no costs to respondents other than their time. The total estimated annualized burden hours are 425.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total annual burden hour
Individual:					
Principal Investigator	Written Agreement Form	100	1	15/60	25
	Biospecimen Spreadsheet	100	1	1	100
Initial Submission	Descriptive Db Collection Form	100	1	1	100
Individual:					
Principal Investigator	Biospecimen Spreadsheet*	200	1	30/60	100
Annual Update	Descriptive Db Collection Form*	200	1	30/60	100

*All forms will be prepopulated with the information that was entered initially.

Dated: June 12, 2014.

Karla Bailey,

NCI Project Clearance Liaison, National Institutes of Health.

[FR Doc. 2014–14275 Filed 6–17–14; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; 30-Day Comment Request—the Hispanic Community Health Study/Study of Latinos (HCHS/SOL)

SUMMARY: Under the provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below. This proposed information collection was previously published in the **Federal Register** on March 25, 2014 (Vol. 79, No. 57, pages 16345–16347). 3 comments were received. The purpose of this notice is to allow an additional 30 days for public comment. The National Heart, Lung and Blood Institute (NHLBI), National Institutes of Health, may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

Direct Comments to OMB: Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the: Office of Management and Budget, Office of Regulatory Affairs, *OIRA_submission@omb.eop.gov* or by fax to 202–395–6974, Attention: NIH Desk Officer.

DATES: *Comment Due Date:* Comments regarding this information collection are best assured of having their full effect if received within 30-days of the date of this publication.

FOR FURTHER INFORMATION CONTACT: To obtain a copy of the data collection plans and instruments or request more information on the proposed project contact either: Dr. Larissa Aviles-Santa, 6701 Rockledge, Epidemiology Branch, Program in Prevention and Population Sciences, Division of Cardiovascular Sciences, National Heart, Lung, and Blood Institute, National Institutes of Health, 6701 Rockledge Dr., MSC 7936, Bethesda, MD 20892–7936, or call non-toll-free number 301–435–0450, or Email your request, including your address to *avilessantal@nhlbi.nih.gov*. Formal requests for additional plans and instruments must be requested in writing.

Proposed Collection: The Hispanic Community Health Study/Study of Latinos (HCHS/SOL), Revision, National Heart, Lung and Blood Institute (NHLBI), National Institutes of Health (NIH).

Need and Use of Information Collection: The purpose and use of the information collection for this project is to study the prevalence of cardiovascular and pulmonary disease and other chronic diseases, and their risk and protective factors, understand their relationship to all-cause, cardiovascular and pulmonary morbidity and mortality, and understand the role of sociocultural factors (including acculturation) on the prevalence or onset of disease among over 16,400 Hispanics/Latinos of diverse origins, aged 18–74 years at enrollment, living in four U.S. communities: San Diego, California; Chicago, Illinois; Miami, Florida, and the Bronx, New York. In order to achieve these objectives, the HCHS/SOL had two integrated components:

1. Examination of the cohort following a standardized protocol, which consisted of interviews and clinical measurements to assess physiological and biochemical measurements including DNA/RNA extraction for ancillary genetic research studies.

2. Follow-up of the cohort, which consists of an annual telephone interview to assess vital status, changes in health status and medication intake, and new cardiovascular and pulmonary events (including fatal and non-fatal myocardial infarction and heart failure; fatal and non-fatal stroke; and exacerbation of asthma and chronic obstructive pulmonary disease).

OMB approval is requested for 3 years. There are no costs to respondents other than their time. The total estimated annualized burden hours are 30,940.