provide a 3-year average for these percentages, consistent with this policy change, as opposed to the 1 year of data previously required.

Likely Respondents: The respondents are institutions that apply for SDS program awards.

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 ICR are summarized in the table below.

<table>
<thead>
<tr>
<th>Form</th>
<th>Number of respondents</th>
<th>Number of responses per respondent</th>
<th>Total responses</th>
<th>Hours per response</th>
<th>Total hour burden</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application</td>
<td>323</td>
<td>1</td>
<td>323</td>
<td>31</td>
<td>10,013</td>
</tr>
<tr>
<td>Total</td>
<td>323</td>
<td>---------------------------------</td>
<td>323</td>
<td></td>
<td>10,013</td>
</tr>
</tbody>
</table>

From the last submission, the number of respondents has been updated with more recent application figures. There were 400 applications received for the 2012 application cycle and 323 applications from the 2016 cycle.

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.

Maria G. Button,
Director, Division of the Executive Secretariat.

SUPPLEMENTARY INFORMATION: In accordance with Public Law 105–392, the ACMH was established to provide advice to the Deputy Assistant Secretary for Minority Health on improving the health of each racial and ethnic minority group and on the development of goals and specific program activities of the OMH. The topics to be discussed during this meeting will include strategies to improve the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities with an emphasis on infectious disease, particularly HIV and Hepatitis B. The recommendations will be given to the Deputy Assistant Secretary for Minority Health.

Public attendance at this meeting is limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should contact BLH Technologies, Inc. at (240) 399–8735 and reference this meeting. Requests for special accommodations should be made at least ten (10) business days prior to the meeting.

Any members of the public who wish to have electronic or printed material distributed to ACMH members should email OMH-ACMH@hhs.gov or mail their materials to the Designated Federal Officer, ACMH, Tower Building, 1101 Wootton Parkway, Suite 600, Rockville, Maryland 20852, prior to close of business on Friday, August 16, 2019.

Dated: July 25, 2019.

Violet Woo,
Designated Federal Officer, Advisory Committee on Minority Health.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Allergy and Infectious Diseases; 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.