an offeror to nominate a port/terminal of loading they recommend for the purposes of evaluation of their offer and indicate whether the prices proposed are based on f.o.b. origin or f.o.b. destination. The contracting officer uses the information to ensure that offers are evaluated and awards are made on the basis of the lowest laid down cost to the Government at the overseas port of discharge.

- FAR 52.247-52, Clearance and Documentation Requirements—Shipments to DoD Air or Water Terminal Transshipment Points. This clause directs the contractor to provide the Government certain information regarding shipments to DoD air or water terminal transshipment points. The Government transportation office uses this information to support applications for export release and to prepare the Transportation Control and Movement Document (TCMD).

- FAR 52.247-53, Freight Classification Description. When the Government purchases supplies that are new to the supply system, nonstandard, or modifications of previously shipped items, and different freight classifications may apply, this provision requests an offeror provide the full Uniform Freight Classification (rail) description, or the National Motor Freight Classification description applicable to the supplies. The contracting officer uses this information to determine the proper freight for supplies.

- FAR 52.247-67, Submission of Transportation Documents for Audit. This clause requires the contractor to submit for prepayment audit transportation documents on which the United States will assume freight charges that were paid by the contractor under a cost-reimbursement contract or by the contractor’s first-tier subcontractor (for a cost-reimbursement subcontract). For freight shipment bills under $100 are to be retained on-site by the contractor and made available for on-site audits. The Government uses this information to conduct a prepayment audit of transportation charges on a cost-reimbursement contract when reimbursement of transportation as a direct charge to the contractor or subcontract is authorized. The prepayment audit is required to comply with agency prepayment audit programs established pursuant to 31 U.S.C. 3726.

- FAR 52.247-68, Report of Shipment (REPSHIP). This clause requires contractors to send an advance notice of shipment to the consignee transportation officer to be received at least 24 hours before the arrival of the shipment, unless otherwise directed by a contracting officer. The Government uses this information to alert the receiving activity of certain shipments. The advance notice facilitates arrangements for transportation control, labor, space, and use of materials handling equipment at destination. The timely receipt of notices by the consignee transportation office recovers the contractor from incurring demurrage and vehicle detention charges.

- FAR 47.303, Clauses for Standard Delivery Terms. The following FAR clauses require the contractor to (as appropriate to the delivery terms specified in the contract): Prepare or provide special annotation on a Government or commercial bill of lading; provide an ocean bill of lading or airway bill; annotate commercial shipping documents; distribute copies of the bill of lading; provide applicable transportation receipts; assist in obtaining documents for exportation or importation destinations; and/or obtain insurance documents. The contracting officer and the Government transportation office use this information in awarding and administering contracts to ensure:
  1. Acquisitions are made on the basis most advantageous to the Government; and
  2. Supplies arrive in good order and condition and on time at the required place.

C. Annual Burden

Respondents: 17,565.
Recordkeepers: 940.
Total Annual Responses: 256,208.
Total Burden Hours: 23,097. (22,079 reporting hours + 1,018 recordkeeping hours).

Obtaining Copies: Requesters may obtain a copy of the information collection documents from the GSA Regulatory Secretariat Division by calling 202–501–4755 or emailing GSARegSec@gsa.gov. Please cite OMB Control No. 9000–0061, Federal Acquisition Regulation Part 47: Transportation Requirements.

William F. Clark,
Director, Federal Acquisition Policy Division,
Office of Governmentwide Acquisition Policy,
Office of Acquisition Policy, Office of Governmentwide Policy.

[FR Doc. 2021–13393 Filed 6–23–21; 8:45 am]
BILLING CODE 6820–EP–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–21–21AC]

Agencies Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled The GAIN (Greater Access and Impact with NAT) Study: Improving HIV Diagnosis, Linkage to Care, and Prevention
Services with HIV Point-of-Care Nucleic Acid Tests (NATs) to the Office of Management and Budget (OMB) for review and approval. CDC previously published a “Proposed Data Collection Submitted for Public Comment and Recommendations” notice on December 21, 2020 to obtain comments from the public and affected agencies. CDC received two comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;
(b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
(c) Enhance the quality, utility, and clarity of the information to be collected;
(d) Minimize the burden of the collection of information on those who are to respond, including, through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and
(e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639–7570. Comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to www.reginfo.gov/public/do/PRAMain. Find this particular information collection by selecting “Currently under 30-day Review—Open for Public Comments” or by using the search function. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395–5806. Provide written comments within 30 days of notice publication.

**Proposed Project**

The GAIN (Greater Access and Impact with NAT) study is a longitudinal, prospective study of HIV-negative and HIV-positive patients seeking HIV testing and/or PrEP services; 3. A longitudinal, prospective study of HIV-negative patients seeking HIV testing and/or PrEP services; 4. A longitudinal, prospective study of HIV-positive patients seeking HIV testing and/or PrEP services; 5. A survey, interviews, and focus groups examining NAT acceptability among HIV-negative and HIV-positive patients; 6. A cross-sectional comparison of several point-of-care NATs among HIV-positive patients; 7. Acceptability/feasibility assessment among clinical and community providers and costing analyses.

OMB approval is requested for three years. Participation is voluntary and there are no costs to respondents other than their time. The total estimated annualized burden is 1,067 hours.

**Estimated Annualized Burden Hours**

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<th>Type of respondent</th>
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<th>Number of respondents</th>
<th>Number of responses per respondent</th>
<th>Average burden per response (in hours)</th>
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<td>10/60</td>
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<td>10/60</td>
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<td>Participants in RCT of POC NAT or Standard of Care for HIV-positive patients.</td>
<td>Study visit survey .................</td>
<td>333</td>
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<td>15/60</td>
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### DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### Centers for Disease Control and Prevention

**Needs and Challenges in Personal Protective Equipment (PPE) Use for Underserved User Populations**

**AGENCY:** National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

**ACTION:** Request for information.

**SUMMARY:** NIOSH requests information on the Needs and Challenges in Personal Protective Equipment (PPE) Use for Underserved User Populations.

**DATES:** Submit a letter of information by August 23, 2021.

**ADDRESSES:** Interested parties should submit information to: NIOSH, Attn: Sherri Diana, National Institute for Occupational Safety and Health, NIOSH Docket Office, 1090 Tusculum Avenue, MS C–34, Cincinnati, Ohio 45226–1998, Email address: ppeconcerns@cdc.gov.

**FOR FURTHER INFORMATION CONTACT:** N. Katherine Yoon, Ph.D., National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, Email Address: NYoon@cdc.gov, Phone number: 412–386–6752 [non-toll-free number]

**SUPPLEMENTARY INFORMATION:**

- **Background:** The NIOSH National Personal Protective Technology Laboratory (NPPTL) is expanding its portfolio to include activities that consider the needs of U.S. worker populations who are underserved related to personal protective equipment (PPE) use, availability, accessibility, acceptability, and knowledge. Underserved PPE user populations may include, but are not limited to, workers who are of an atypical size; who are members of a gender, racial, ethnic, or linguistic minority group; who conduct non-traditional worker activities; or who are members of sub-disciplines that are not the primary focus of the current PPE activities within their larger field. To inform the possible design and execution of these activities, NPPTL seeks information from the public, including individuals/organizations who: (1) advocate for these worker populations, (2) actively conduct PPE research, services, or policymaking for these worker populations, (3) are planning to conduct PPE research, services, or policymaking for these worker populations, (4) have direct knowledge about research, service, or policy gaps affecting these worker populations, or (5) are current or former PPE users that experienced PPE use, availability, accessibility, acceptability, or knowledge issues.

- **Information Needs:** CDC is particularly interested in receiving information being sought in Request (1). As such, responders are requested to provide information responsive to Request (1), and may address any or all of the topics identified in Requests (2) and (3):
  - **Request (1) Describe respondent(s)**
    - i. Individual or company/institution name, location, and website (if any)
    - ii. Individual or company/institution contact information (include the respondent’s role in the organization, address, phone number, and email address)
  - **Request (2) Describe your experiences related to PPE use, availability, accessibility, acceptability, and knowledge issues for underserved PPE user populations within the U.S. (e.g., individuals of small or large size; members of gender, racial, ethnic or another minority group of a specific occupation, non-traditional workers, etc.)**
    - i. What experiences have you had in recent years related to PPE use, availability, accessibility, acceptability, and knowledge issues for underserved PPE user populations? Also, specify and describe the underserved PPE user group(s) with which you have had experience.
    - ii. What data/information/resources did you find to be the most relevant/valuable to the experiences described in Request 2(i)?
    - iii. How long have you or your organization been working in the areas of work identified in Request 2(i)? Did your or your organization’s involvement change over time, and if so, how and why?
    - iv. What achievements were a result of your work in PPE use, availability, accessibility, acceptability, and knowledge for underserved PPE user populations? (e.g., publications, guidance, new/revised policies or procedures, establishment of a key committee)
    - v. What is your future work plan on PPE use, availability, accessibility, and knowledge for underserved PPE user populations?
  - **Request (3) Describe PPE gaps/barriers that remain to be addressed for underserved PPE user populations within the U.S. related to PPE use, availability, accessibility, acceptability, and knowledge issues (if any)**
    - i. What research gaps/barriers remain to be addressed?
    - ii. What service gaps/barriers remain to be addressed?
    - iii. What policy gaps/barriers remain to be addressed?

- Informational submissions in response to this Notice are due no later than August 23, 2021. Please limit informational submission to three pages.

### ESTIMATED ANNUALIZED BURDEN HOURS—Continued

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<th>Type of respondent</th>
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<td>10/60</td>
</tr>
<tr>
<td>Acceptability/feasibility assessment among clinical and community providers.</td>
<td>Study visit survey</td>
<td>333</td>
<td>1</td>
<td>15/60</td>
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<tr>
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<td>POC NAT acceptability survey, focus group, or interview.</td>
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<td>1</td>
<td>1</td>
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