

DEPARTMENT OF THE TREASURY**Submission for OMB Review;
Comment Request**

February 11, 2016.

The Department of the Treasury will submit the following information collection request to the Office of Management and Budget (OMB) for review and clearance in accordance with the Paperwork Reduction Act of 1995, Public Law 104-13, on or after the date of publication of this notice.

DATES: Comments should be received on or before March 18, 2016 to be assured of consideration.

ADDRESSES: Send comments regarding the burden estimate, or any other aspect of the information collection, including suggestions for reducing the burden, to (1) Office of Information and Regulatory Affairs, Office of Management and Budget, Attention: Desk Officer for Treasury, New Executive Office Building, Room 10235, Washington, DC 20503, or email at OIRA_Submission@OMB.EOP.gov and (2) Treasury PRA Clearance Officer, 1750 Pennsylvania Ave. NW., Suite 8117, Washington, DC 20220, or email at PRA@treasury.gov.

FOR FURTHER INFORMATION CONTACT: Copies of the submissions may be obtained by emailing PRA@treasury.gov, calling (202) 622-1295, or viewing the entire information collection request at www.reginfo.gov.

Departmental Offices

OMB Control Number: 1505-0250.

Type of Review: Reinstatement without change of a previously approved collection.

Title: Application and Reports for the Direct Component and the Centers of Excellence Research Grants Program of the Gulf RESTORE Program.

Abstract: Authorized under the Resources and Ecosystems Sustainability, Tourist Opportunities, and Revived Economies of the Gulf Coast States Act (RESTORE) (P.L. 112-141), the Department of the Treasury is implementing several provisions of the Act, more specifically the Direct Component and the Centers of Excellence Research Grants Program. These programs require Treasury to make grants from the Gulf Coast Restoration Trust Fund to five States and certain counties and parishes impacted by the Deepwater Horizon Oil Spill. The information collection will be used to identify eligible recipients; determine the appropriate amount of funding; ensure compliance with applicable laws; track grantee progress, and report on the effectiveness of the program.

Affected Public: State, local, or tribal governments.

Estimated Total Annual Burden Hours: 6,864.

Brenda Simms,

Treasury PRA Clearance Officer.

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BILLING CODE 4810-25-P

**DEPARTMENT OF VETERANS
AFFAIRS**

[OMB Control No. 2900-0781]

**Proposed Information Collection
(Disability Benefits Questionnaire
(Group 4)) Activity: Comment Request**

AGENCY: Veterans Benefits Administration, Department of Veterans Affairs.

ACTION: Notice.

SUMMARY: The Veterans Benefits Administration (VBA), Department of Veterans Affairs (VA), is announcing an opportunity for public comment on the proposed collection of certain information by the agency. Under the Paperwork Reduction Act (PRA) of 1995, Federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed revision of a currently approved collection, and allow 60 days for public comment in response to the notice.

The VA Form 21-0960 series will be used to gather necessary information from a claimant's treating physician regarding the results of medical examinations. VA will gather medical information related to the claimant that is necessary to adjudicate the claim for VA disability benefits. The Disability Benefit Questionnaire title will include the name of the specific disability for which it will gather information. VAF 21-0960C-3, *Cranial Nerve Conditions Disability Benefits Questionnaire*, will gather information related to the claimant's diagnosis of any cranial nerve condition; VAF 21-0960C-6, *Narcolepsy Disability Benefits Questionnaire*, will gather information related to the claimant's diagnosis of narcolepsy; VAF 21-0960C-7, *Fibromyalgia Disability Benefits Questionnaire*, will gather information related to the claimant's diagnosis of fibromyalgia; VAF 21-0960C-11, *Seizure Disorders (Epilepsy) Disability Benefits Questionnaire*, will gather information related to the claimant's diagnosis of any seizure disorder including epilepsy; VAF 21-0960D-1, *Oral and Dental Conditions Including Mouth, Lips and Tongue (Other than*

Temporomandibular Joint Conditions) Disability Benefits Questionnaire, will gather information related to the claimant's diagnosis of any oral or dental conditions; VAF 21-0960E-2, *Endocrine Diseases (Other Than Thyroid, Parathyroid, or Diabetes Mellitus) Disability Benefits Questionnaire*, will gather information related to the claimant's diagnosis of any endocrine disease including cushings and acromegaly however, excluding diabetes; VAF 21-0960E-3, *Thyroid & Parathyroid Conditions Disability Benefits Questionnaire*, will gather information related to the claimant's diagnosis of any thyroid or parathyroid condition; VAF 21-0960H-1, *Hernias (Including Abdominal, Inguinal, and Femoral Hernias) Disability Benefits Questionnaire*, will gather information related to the claimant's diagnosis of abdominal, inguinal, or femoral hernias; VAF 21-0960I-2, *HIV-Related Illness Disability Benefits Questionnaire*, will gather information related to the claimant's diagnosis of any HIV-related illness; VAF 21-0960I-3, *Infectious Diseases Other Than HIV-Related Illness, Chronic Fatigue Syndrome, and Tuberculosis Disability Benefits Questionnaire*, will gather information related to the claimant's diagnosis of any infectious diseases; VAF 21-0960I-4, *Systemic Lupus Erythematosus (SLE) and Other Autoimmune Diseases Disability Benefits Questionnaire*, will gather information related to the claimant's diagnosis of lupus or other immune disorders; VAF 21-0960I-5, *Nutritional Deficiencies Disability Benefits Questionnaire*, will gather information related to the claimant's diagnosis of nutritional deficiencies; VAF 21-0960J-4, *Urinary Tract (including Bladder & Urethra) Conditions (excluding Male Reproductive System) Disability Benefits Questionnaire*, will gather information related to the claimant's diagnosis of any urinary tract or bladder condition; VAF 21-0960L-1, *Respiratory Conditions (Other than Tuberculosis & Sleep Apnea) Disability Benefits Questionnaire*, will gather information related to the claimant's diagnosis of any respiratory condition; VAF 21-0960N-3, *Loss of Sense of Smell and/or Taste Disability Benefits Questionnaire*, will gather information related to the claimant's loss of sense of smell and taste; VAF 21-0960N-4, *Sinusitis/Rhinitis and Other Conditions of the Nose, Throat, Larynx, and Pharynx Disability Benefits Questionnaire*, will gather information related to the claimant's diagnosis of sinusitis/rhinitis