

be accomplished by contacting Caroline Talev at caroline.talev@hhs.gov by close of business on May 13, 2015. Members of the public will have the opportunity to provide comments at the meeting on May 21, 2015. Any individual who wishes to participate in the public comment session must register with Caroline Talev at caroline.talev@hhs.gov by close of business on May 13, 2015; registration for public comment will not be accepted by telephone. Individuals are encouraged to provide a written statement of any public comment(s) for accurate minute taking purposes. Public comment will be limited to two minutes per speaker. Any members of the public who wish to have printed material distributed to PACHA members at the meeting are asked to submit, at a minimum, 1 copy of the material(s) to Caroline Talev, no later than close of business on May 13, 2015.

Dated: April 16, 2015.

B. Kaye Hayes,

Executive Director, Presidential Advisory Council on HIV/AIDS.

[FR Doc. 2015-09823 Filed 4-27-15; 8:45 am]

BILLING CODE 4150-43-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Office of Tribal Self-Governance Program; Negotiation Cooperative Agreement; Correction

AGENCY: Indian Health Service, HHS.

ACTION: Notice; correction.

SUMMARY: The Indian Health Service published a document in the **Federal Register** on February 18, 2015, for the FY 2015 Office of Tribal Self-Governance Program, Negotiation Cooperative Agreement Announcement. The notice contained incorrect guidance.

FOR FURTHER INFORMATION CONTACT: Mr. Paul Gettys, Grant Systems Coordinator, Division of Grants Management, Indian Health Service, 801 Thompson Avenue, Suite TMP 360, Rockville, MD 20852, Telephone (301) 443-2114. (This is not a toll-free number.)

Correction

In the **Federal Register** of February 18, 2015, in FR Doc. 2015-03235, on page 8670, in the third column, from the heading "Universal Entity Identifier (UEI) Numbering System," to just before "V. Application Review Information," the correct language should read as follows:

Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS)

All IHS applicants and grantee organizations are required to obtain a DUNS number and maintain an active registration in the SAM database. The DUNS number is a unique 9-digit identification number provided by D&B which uniquely identifies each entity. The DUNS number is site specific; therefore, each distinct performance site may be assigned a DUNS number. Obtaining a DUNS number is easy, and there is no charge. To obtain a DUNS number, please access it through <http://fedgov.dnb.com/webform>, or to expedite the process, call (866) 705-5711.

All HHS recipients are required by the Federal Funding Accountability and Transparency Act of 2006, as amended ("Transparency Act"), to report information on subawards. Accordingly, all IHS grantees must notify potential first-tier subrecipients that no entity may receive a first-tier subaward unless the entity has provided its DUNS number to the prime grantee organization. This requirement ensures the use of a universal identifier to enhance the quality of information available to the public pursuant to the Transparency Act.

System for Award Management (SAM)

Organizations that were not registered with Central Contractor Registration (CCR) and have not registered with SAM will need to obtain a DUNS number first and then access the SAM online registration through the SAM home page at <https://www.sam.gov> (U.S. organizations will also need to provide an Employer Identification Number from the Internal Revenue Service that may take an additional 2-5 weeks to become active). Completing and submitting the registration takes approximately one hour to complete and SAM registration will take 3-5 business days to process. Registration with the SAM is free of charge. Applicants may register online at <https://www.sam.gov>.

Additional information on implementing the Transparency Act, including the specific requirements for DUNS and SAM, can be found on the IHS Grants Management, Grants Policy Web site: <https://www.ihs.gov>.

Dated: April 16, 2015.

Robert McSwain,

Acting Director, Indian Health Service.

[FR Doc. 2015-09820 Filed 4-27-15; 8:45 am]

BILLING CODE 4160-16-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Request for Public Comment: 60-Day; Proposed Information Collection: Indian Health Service; Loan Repayment Program (LRP)

AGENCY: Indian Health Service, HHS.

ACTION: Notice and request for comments. Request for extension of approval.

SUMMARY: In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et. seq.*), which requires 60 days for public comment on proposed information collection projects, the Indian Health Service (IHS) invites the general public to take this opportunity to comment on the information collection Office of Management and Budget (OMB) Control Number 0917-0014, titled, "IHS Loan Repayment Program (LRP)."

This previously approved information collection project was last published in the **Federal Register** (77 FR 27467) on May 10, 2012, and allowed 30 days for public comment. No public comment was received in response to the notice. This notice announces our intent to submit this collection, which expires May 31, 2015, to OMB for approval of an extension and solicit comments on specific aspects for the proposed information collection.

A copy of the draft supporting statement is available at www.regulations.gov (see Docket ID IHS-2015-0003).

Proposed Collection: Title: 0917-0014, "Indian Health Service Loan Repayment Program." *Type of Information Collection Request:* Extension of currently approved information collection, 0917-0014, "Indian Health Service Loan Repayment Program." The LRP application is available in an electronically fillable and fileable format. *Form(s):* The IHS LRP Information Booklet contains the instructions and the application formats. *Need and Use of Information Collection:* The IHS LRP identifies health professionals with pre-existing financial obligations for education expenses that meet program criteria and who are qualified and willing to serve at, often remote, IHS health care facilities. Under the program, eligible health professionals sign a contract through which the IHS agrees to repay part or all of their indebtedness in exchange for an initial two-year service commitment to practice fulltime at an eligible Indian health program. This program is necessary to augment the critically low health professional staff at IHS health care facilities.

Any health professional wishing to have their health education loans repaid may apply to the IHS LRP. A two-year contract obligation is signed by both parties, and the individual agrees to work at an eligible Indian health program location and provide health services to American Indian and Alaska Native individuals.

The information collected via the online application from individuals is

analyzed and a score is given to each applicant. This score will determine which applicants will be awarded each fiscal year. The administrative scoring system assigns a score to the geographic location according to vacancy rates for that fiscal year and also considers

whether the location is in an isolated area. When an applicant accepts employment at a location, the applicant in turn “picks-up” the score of that location. *Affected Public:* Individuals and households. *Type of Respondents:* Individuals.

The table below provides: Types of data collection instruments, Estimated number of respondents, Number of responses per respondent, Annual number of responses, Average burden hour per response, and Total annual burden hour(s).

ESTIMATED BURDEN HOURS

Data collection instrument(s)	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total annual responses (in hours)
LRP Application	816	1	1.5	1,224

There are no Capital Costs, Operating Costs, and/or Maintenance Costs to report.

Requests For Comments: Your comments and/or suggestions are invited on one or more of the following points:

(a) Whether the information collection activity is necessary to carry out an agency function;

(b) whether the agency processes the information collected in a useful and timely fashion;

(c) the accuracy of public burden estimate (the estimated amount of time needed for individual respondents to provide the requested information);

(d) whether the methodology and assumptions used to determine the estimates are logical;

(e) ways to enhance the quality, utility, and clarity of the information being collected; and

(f) how the newly created online application assists the applicant efficiently and effectively.

ADDRESSES: Submit comments to Jackie Santiago by one of the following methods:

- *Mail:* Jackie Santiago, Chief, Loan Repayment Program, 801 Thompson Avenue, TMP, STE 450, Rockville, MD 20852–1627.

- *Phone:* 301–443–2486.

- *Email:* Jackie.Santiago@ihs.gov.

- *Fax:* 301–443–4815.

To Request More Information On The Proposed Collection, Contact: Jackie Santiago through one of the following methods:

- *Mail:* Jackie Santiago, Chief, Loan Repayment Program, 801 Thompson Avenue, TMP, STE 450, Rockville, MD 20852–1627.

- *Phone:* 301–443–2486.

- *Email:* Jackie.Santiago@ihs.gov.

- *Fax:* 301–443–4815.

Comment Due Date: June 29, 2015.

Your comments regarding this information collection are best assured of having full effect if received within 60 days of the date of this publication.

Dated: April 13, 2015.

Robert G. McSwain,

Acting Director, Indian Health Service.

[FR Doc. 2015–09824 Filed 4–27–15; 8:45 am]

BILLING CODE 4165–16–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Office of Tribal Self-Governance Program; Planning Cooperative Agreement; Correction

AGENCY: Indian Health Service, HHS.

ACTION: Notice; correction.

SUMMARY: The Indian Health Service published a document in the **Federal Register** on February 20, 2015, for the FY 2015 Office of Tribal Self-Governance Program, Planning Cooperative Agreement. The notice contained incorrect guidance.

FOR FURTHER INFORMATION CONTACT: Mr. Paul Gettys, Grant Systems Coordinator, Division of Grants Management, Indian Health Service, 801 Thompson Avenue, Suite TMP 360, Rockville, MD 20852, Telephone (301) 443–2114. (This is not a toll-free number.)

Correction

In the **Federal Register** of February 20, 2015, in FR Doc. 2015–03206, on page 9275, in the second column, from the heading “Universal Entity Identifier (UEI) Numbering System,” to just before “V. Application Review Information,” the correct language should read as follows:

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which uniquely identifies each entity. The DUNS number is site specific; therefore, each distinct performance site may be assigned a DUNS number. Obtaining a DUNS number is easy, and there is no charge. To obtain a DUNS number, please access it through <http://fedgov.dnb.com/webform>, or to expedite the process, call (866) 705–5711.

All HHS recipients are required by the Federal Funding Accountability and Transparency Act of 2006, as amended (“Transparency Act”), to report information on subawards. Accordingly, all IHS grantees must notify potential first-tier subrecipients that no entity may receive a first-tier subaward unless the entity has provided its DUNS number to the prime grantee organization. This requirement ensures the use of a universal identifier to enhance the quality of information available to the public pursuant to the Transparency Act.

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Additional information on implementing the Transparency Act, including the specific requirements for DUNS and SAM, can be found on the IHS Grants Management, Grants Policy Web site: <https://www.ihs.gov/dgm/>