**SUMMARY:** In compliance with section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the Electronic Government Office (EGOV), Department of Health and Human Services, has submitted an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB) for review and approval. The ICR is for reinstatement of a previouslyapproved information collection assigned OMB control number 4040-0010, which expired on August 31, 2011. The ICR also requests categorizing the form as a common form, meaning HHS will only request approval for its own use of the form rather than aggregating the burden estimate across all Federal Agencies as was done for previous actions on this OMB control number. The SF-424 Project Abstract form and the SF-424 Key Contacts form were previously assigned to OMB control number 4040-0003. EGOV seeks to move these two instruments to the OMB control number 4040-0010. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public on this ICR during the review and approval period.

**DATES:** Comments on the ICR must be received on or before August 19, 2013.

**ADDRESSES:** Submit your comments to *OIRA\_submission@omb.eop.gov* or via facsimile to (202) 395–5806.

**FOR FURTHER INFORMATION CONTACT:** Information Collection Clearance staff, *Information.CollectionClearance@hhs.* 

gov or (202) 690-6162.

**SUPPLEMENTARY INFORMATION:** When submitting comments or requesting information, please include the OMB control number 4040–0010 and document identifier HHS–EGOV–15380–30D for reference.

Information Collection Request Title: SF-424 Project/Performance Site Location(s) Form.

*OMB No.:* 4040–0010.

Abstract: This reinstatement request covers the following forms: The SF-424 Project/Performance Site Location(s) form, Project Abstract Form, and Key Contacts form. These forms are common forms used by all Federal grant-making agencies for applicants to apply for Federal financial assistance.

Need and Proposed Use of the Information: The SF–424 Project/
Performance Site Location(s) form,
Project Abstract Form, and Key Contacts form are used by the public to apply for Federal financial assistance in the form of grants. These forms are submitted to the Federal grant-making agencies for evaluation and review.

*Likely Respondents:* Organizations and institutions seeking grants.

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.

HHS estimates that the SF–424 Project Performance Site Location(s) form, The SF–424 Project Abstract, and the SF–424 Key Contacts form will take each take 0.5 hours to complete. We expect that a total of 137,818 respondents will use these forms. Once OMB approves the use of this common form, federal agencies may request OMB approval to use this common form without having to publish notices and request public comments for 60 and 30 days. Each agency must account for the burden associated with their use of the common form.

#### TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
SF–424 Project Abstract Form SF–424 Key Contacts SF–424 Performance/Site Location	349 61 137,408	1 1 1	0.5 0.5 0.5	174.5 30.5 68,704
Total	137,818			68,909

## Keith A. Tucker,

Information Collection Clearance Officer. [FR Doc. 2013–17219 Filed 7–17–13; 8:45 am] BILLING CODE 4151–AE–P

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### Office of the Secretary

[Document Identifier: HHS-OS-19060-30D]

Agency Information Collection Activities; Submission to OMB for Review and Approval; Public Comment Request

**AGENCY:** Office of the Secretary, HHS.

**ACTION:** Notice.

SUMMARY: In compliance with section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, has submitted an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB) for review and approval. The ICR is for a new collection. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public on this ICR during the review and approval period.

**DATES:** Comments on the ICR must be received on or before August 19, 2013.

**ADDRESSES:** Submit your comments to *OIRA\_submission@omb.eop.gov* or via facsimile to (202) 395–5806.

## FOR FURTHER INFORMATION CONTACT:

Information Collection Clearance staff, *Information.CollectionClearance@hhs.gov* or (202) 690–6162.

supplementary information: When submitting comments or requesting information, please include the Information Collection Request Title and the document identifier HHS-OS-19060-30D for reference.

Information Collection Request Title: Living Healthier, Living Longer Program Evaluation.

Abstract: The Department of Health and Human Services (HHS), the Office of Women's Health, (OWH) Coordinating Committee on Lesbian, Gay, Bi-sexual and Transgender (LGBT) Issues has prioritized the collection of health data on LGBT populations. In response, OWH funded an initiative to "identify and test effective and innovative ways of reducing obesity in lesbian and bisexual women". This initiative will include nutritional and physical activity counseling and activities, and will be implemented in New York City. It will be tailored to bisexual and lesbian women forty years and over. Evaluation of the initiative will address the following questions: (1) Does a healthy weight intervention based on the individual and the social environment improve health and reduce weight of older lesbian and bisexual women; and, (2) If the intervention does improve health and/or reduce weight, what attributes of the intervention contributed to this success? Information

will be gathered and analyzed in an effort to identify and understand the effects of this healthy weight intervention and to inform the applicability of the intervention to other sites across the United States. The project is scheduled for one year.

Need and Proposed Use of the Information: Addresses barriers to health for the LB community, and promotes overall health and wellbeing. The intervention will incorporate community-identified weight loss/risk reduction needs of this population. Following the completion of the surveys and interventions, collected data will be used to develop increased health-related services and activities for LB women, web-based tools and materials for LB women, increased community recreation resources inclusive of sexual minority women.

Likely Respondents: Lesbian and bisexual women forty years of age and older.

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.

## TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Form name	Number of respondents	Number of responses per respondent	Average burden per re- sponse (in hours)	Total burden hours
Baseline Survey	40	1	15/60	600/60 (10 hours).
Study Completion Survey	40	1	15/60.	600/60 (10 hours).
Pedometer Profile	40	1	2/60	80/60 (1 hour).
Health Screen (physical measurement)	40	3	10/60	1,200/60 (20 hours).
Health History Questionnaire	40	1	12/60	480/60 (8 hours).
Focus Group (study midpoint)	40 40	1 1	1	40 hours. 40 hours.
	40	1	1	
Total				129 hours.

### Keith A. Tucker,

Information Collection Clearance Officer. [FR Doc. 2013–17218 Filed 7–17–13; 8:45 am] BILLING CODE 4150–33–P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: HHS-EGOV-16926-30D]

Agency Information Collection Activities; Submission to OMB for Review and Approval; Public Comment Request

**AGENCY:** Electronic Government Office, HHS.

ACTION: Notice.

SUMMARY: In compliance with section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the Electronic Government Office (EGOV), Department

of Health and Human Services, has submitted an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB) for review and approval. The ICR is for reinstatement of a previouslyapproved information collection assigned OMB control number 4040-0003, which expired on November 30, 2011. The ICR also requests categorizing the form as a common form, meaning HHS will only request approval for its own use of the form rather than aggregating the burden estimate across all Federal Agencies as was done for previous actions on this OMB control number. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public on this ICR during the review and approval period.

**DATES:** Comments on the ICR must be received on or before August 19, 2013.

**ADDRESSES:** Submit your comments to *OIRA\_submission@omb.eop.gov* or via facsimile to (202) 395–5806.

**FOR FURTHER INFORMATION CONTACT:** Information Collection Clearance staff,

Information Collection Clearance staff, Information.CollectionClearance@hhs. gov or (202) 690–6162.

**SUPPLEMENTARY INFORMATION:** When submitting comments or requesting information, please include the OMB control number 4040–0003 and document identifier HHS–EGOV–16926–30D for reference.

Information Collection Request Title: SF–424 Application for Federal Assistance Short Form.

OMB No.: 4040-0003.

Abstract: The SF–424 Application for Federal Assistance Short Form is a common form used by Federal grant-