during the 80-day comment period for the proposed interim decision in the discussion for paraquat. Comments from the 80-day comment period that were received may or may not have affected the Agency's interim decision. Pursuant to 40 CFR 155.58(c), the registration review case docket for paraquat will remain open until all actions required in the interim decision have been completed.

Background on the registration review program is provided at: *http://www.epa.gov/pesticide-reevaluation.*

Authority: 7 U.S.C. 136 *et seq.*

Dated: July 26, 2021.

Mary Reaves,

Acting Director, Pesticide Re-Evaluation Division, Office of Pesticide Programs.

[FR Doc. 2021–16344 Filed 7–30–21; 8:45 am]

BILLING CODE 6560–50–P

FEDERAL COMMUNICATIONS COMMISSION

[IB Docket No. 16–185; DA 21–898; FRS 40705]

Informal Working Group 3 and Informal Working Group 4 of the World Radiocommunication Conference Advisory Committee Revise Their Meeting Schedules

AGENCY: Federal Communications Commission.

ACTION: Notice.

SUMMARY: This notice advises interested persons that Informal Working Group 3 (IWG–3) and Informal Working Group 4 (IWG–4) of the 2023 World Radiocommunication Conference Advisory Committee (WRC–23 Advisory Committee) have scheduled meetings as set forth below. The meetings are open to the public.

DATES: IWG–4: Wednesday, September 1, 2021 (11:00 a.m.–1:00 p.m. EDT); IWG–3: Wednesday, September 1, 2021 (1:00 p.m.–3:00 p.m. EDT).

ADDRESSES: The meetings will be held virtually.

FOR FURTHER INFORMATION CONTACT: Dante Ibarra, Designated Federal Official, World Radiocommunication Conference Advisory Committee, FCC International Bureau, Global Strategy and Negotiation Division, at *Dante.Ibarra@fcc.gov,* (202) 418–0610 or *WRC-23@fcc.gov.*

SUPPLEMENTARY INFORMATION: The FCC established the Advisory Committee to provide advice, technical support and recommendations relating to the preparation of United States proposals and positions for the 2023 World Radiocommunication Conference (WRC–23).

In accordance with the Federal Advisory Committee Act, Public Law 92–463, as amended, this notice advises interested persons of the IWG–3 and IWG–4 of the WRC–23 Advisory Committee scheduled meetings. The Commission's WRC–23 website (*www.fcc.gov/wrc-23*) contains the latest information on all scheduled meetings, meeting agendas, and WRC–23 Advisory Committee matters.

The revised schedule of IWG–3 and IWG–4 meetings are as follows:

WRC–23 Advisory Committee

Schedule of Meetings of Informal Working Groups 3 and 4

Informal Working Group 3: Space Services

Contacts

Chair—Zachary Rosenbaum, *zachary.rosenbaum@ses.com,* telephone: (814) 233–7373
Vice Chair—Vacant

FCC Representatives

Clay DeCell, *clay.decell@fcc.gov,* telephone: (202) 418–0803
Kathyrn Medley, *kathyrn.medley@fcc.gov,* telephone: (202) 418–1211
Eric Grodsky, *eric.grodsky@fcc.gov,* telephone: (202) 418–0563
Dante Ibarra, *dante.ibarra@fcc.gov,* telephone: (202) 418–0610

IWG–3—Meeting

Date: Wednesday, September 1, 2021
Time: 1:00 p.m.–3:00 p.m. EDT
WebEx meeting number (access code): 199 562 2904
WebEx meeting password: qPdpJJJR232
Join by phone: +1–415–527–5035 US Toll

Informal Working Group 4: Regulatory Issues

Contacts

Chair – David Goldman, *david.goldman@spacex.com,* telephone: (202) 649–2641
Vice Chair—Giselle Creeser, *giselle.creeser@intelsat.com,* telephone: (703) 559–7851

FCC Representatives

Dante Ibarra, *dante.ibarra@fcc.gov,* telephone: (202) 418–0610
Clay DeCell, *clay.decell@fcc.gov,* telephone: (202) 418–0803

IWG–4—Meeting

Date: Wednesday, September 1, 2021
Time: 11:00 a.m.–1:00 p.m. EDT
WebEx meeting number (access code): 199 742 9498
WebEx meeting password: UdrMTgz7m53
Join by phone: +1–415–527–5035 US Toll

Federal Communications Commission.

Troy Tanner,

Deputy Chief, International Bureau.

[FR Doc. 2021–16353 Filed 7–30–21; 8:45 am]

BILLING CODE 6712–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–21–21EE]

Agency Forms 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 Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments (CDC–RFA–PS21–2103) 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 April 16, 2021 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

Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments (CDC–RFA–PS21–2103)—New—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

In 2021, CDC is implementing activities under a new cooperative agreement Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments (CDC–RFA–PS21–2103). Tools exist to prevent new cases of hepatitis A, hepatitis B, and hepatitis C, to treat people living with hepatitis B, and to cure people living with hepatitis C. Yet, new cases of viral hepatitis (VH) continue to rise, many people infected with VH remain undiagnosed, and far too many VH-related deaths occur in the US each year. The purpose of the activities under this new cooperative agreement is to enable states to collect data to evaluate disease burden and trends, and to analyze and disseminate that data to develop or refine recommendations, policies, and practices that will ultimately reduce the burden of VH in their jurisdictions. The goals of the activities are to reduce new VH infections, VH-related morbidity and mortality, and VH-related disparities, and to establish comprehensive national VH surveillance, which are in accordance with the Division of Viral Hepatitis 2025 Strategic Plan.

The activities of the new cooperative agreement are divided into two components (Component 1: Surveillance, and Component 2: Prevention), containing six strategies: 1.1, develop, implement, and maintain a plan to rapidly detect and respond to outbreaks for hepatitis A, B, and C; 1.2, collect, analyze, interpret, and disseminate data to characterize trends, and implement public health interventions for hepatitis A, acute hepatitis B and acute and chronic hepatitis C; 1.3 (contingent on available funding), collect, analyze, interpret, and disseminate data to characterize trends and implement public health interventions for chronic hepatitis B and perinatal hepatitis C; 2.1, support VH elimination planning and surveillance, and maximize access to testing, treatment, and prevention; 2.2 (contingent on available funding), increase access to HCV and HBV testing and referral to care in high-impact settings; and 2.3 (contingent on available funding), improve access to services preventing VH among persons who inject drugs. Contingent on funding, an optional component (Component 3: Special Projects) will support improved access to prevention, diagnosis, and treatment of viral, bacterial and fungal infections related to drug use in settings disproportionately affected by drug use.

Viral hepatitis case surveillance data will be collected per each jurisdiction's usual mechanism using variables that have been approved by OMB separately (OMB Control No. 0920–0728). Performance measures will be monitored to assess recipient performance, including quality of data, effective program implementation, and accountability of funds. Data collection via the Annual Performance Report will be used for program accountability and to inform performance improvement. Outbreak reporting will also be submitted throughout the year. These data, which complement case data as another key component of national viral hepatitis surveillance, are critical to determining both the level of viral hepatitis activity within a jurisdiction as well as the effectiveness of each jurisdiction's approach to cluster and outbreak response.

CDC requests approval for an estimated 240 annual burden hours. There is no cost to respondents other than their time.

Estimated Annualized Burden Hours

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Health Departments	APR: Component 1	59	1	1
Health Departments	APR: Component 2	59	1	1
Health Departments	APR: Component 3	14	1	1
Health Departments	Initial Outbreak Report Form	59	2	20/60
Health Departments	Outbreak Summary Report Form	59	2	20/60
Health Departments	Acute Viral Hepatitis Case Reporting	59	1	30/60

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Scientific Integrity, Office of Science, Centers for Disease Control and Prevention.

[FR Doc. 2021–16377 Filed 7–30–21; 8:45 am]

BILLING CODE 4163–18–P