

## TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
NHSC Scholarship Program Application					
NHSC Scholarship Program Application .....	1,889	1	1,889	2.00	3,778.00
Letters of Recommendation .....	1,889	2	3,778	1.00	3,778.00
Authorization to Release Information .....	1,889	1	1,889	.10	188.90
Acceptance/Verification of Good Standing Report .....	1,889	1	1,889	.25	472.25
Verification of Disadvantaged Background Status .....	547	1	547	.25	136.75
Total .....	* 1,889	.....	9,992	.....	8,353.9
NHSC awardees/schools/post graduate training programs/sites					
Data Collection Worksheet .....	400	1	400	1.00	400
Post Graduate Training Verification Form .....	100	1	100	.50	50
Enrollment Verification Form .....	600	2	1,200	.50	600
Total .....	* 600	.....	1,700	.....	1,050
NHSC Students to Service Loan Repayment Program Application					
NHSC Students to Service Loan Repayment Program Application .....	200	1	200	2.00	400.0
Letters of Recommendation .....	200	2	400	1.00	400.0
Authorization to Release Information .....	200	1	200	.10	20.0
Acceptance/Verification of Good Standing Report .....	200	1	200	.25	50.0
Verification of Disadvantaged Background Status .....	70	1	70	.25	17.5
Total .....	* 150	.....	1,070	.....	887.50
Native Hawaiian Health Scholarship Program Application					
Native Hawaiian Health Scholarship Program Application .....	310	1	310	2.00	620.0
Letters of Recommendation .....	310	2	620	.25	155.0
Authorization to Release Information .....	310	1	310	.25	77.5
Acceptance/Verification of Good Standing Report .....	30	1	30	.25	7.5
Scholar Enrollment Verification Form .....	30	7.5	225	0.50	112.5
Change in Program Curriculum Form .....	30	2	60	.25	15.0
NHHSP Graduation Documentation Form .....	30	1	30	0.25	7.5
Total .....	* 310	.....	1,585	.....	995

\* Please note that the same group of respondents may complete each form as necessary.

\* Certain documents are submitted by a subset of respondents consistent with program requirements.

**Maria G. Button,**

*Director, Executive Secretariat.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Institute of Diabetes and Digestive and Kidney Diseases; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C.,

as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* National Institute of Diabetes and Digestive and Kidney Diseases Special Emphasis Panel; RFA DK19-020 Mechanisms Underlying the Contribution of Type 1 Diabetes Disease-associated Variants (R01).

*Date:* July 16, 2020.

*Time:* 11:30 a.m. to 3:30 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, Two Democracy Plaza, 6707 Democracy Boulevard, Bethesda, MD 20892 (Telephone Conference Call).

*Contact Person:* Ann A. Jerkins, Ph.D., Scientific Review Officer, Review Branch, DEA, NIDDK, National Institutes of Health, Room 7119, 6707 Democracy Boulevard, Bethesda, MD 20892-5452, (301) 594-2242, [jerkinsa@niddk.nih.gov](mailto:jerkinsa@niddk.nih.gov).

(Catalogue of Federal Domestic Assistance Program Nos. 93.847, Diabetes, Endocrinology and Metabolic Research; 93.848, Digestive Diseases and Nutrition Research; 93.849, Kidney Diseases, Urology and Hematology Research, National Institutes of Health, HHS)

Dated: June 9, 2020.

**Miguelina Perez,**

*Program Analyst, Office of Federal Advisory Committee Policy.*

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