submitting information to confirm their designations remain appropriate. We use the information to ensure their designations remain appropriate.

Description of Respondents: Respondents to this information collection include rendering facilities, feed manufacturers, livestock feeders, and foreign governments seeking designation under § 589.2001(f).

In the **Federal Register** of November 3, 2017 (82 FR 51279), FDA published a 60-day notice requesting public comment on the proposed collection of information. We received four comments, which were not responsive to the four collection of information topics solicited, and therefore will not be discussed in this document.

FDA estimates the burden of this collection of information as follows:

TABLE 1—ESTIMATED ANNUAL RECORDKEEPING BURDEN [1]

21 CFR section	Number of recordkeepers	Number of records per recordkeeper	Total annual records	Average burden per recordkeeping	Total hours
589.2001(c)(2)(ii), maintain written procedures	50	1	50	20	1,000
589.2001(c)(2)(vi) and (c)(3)(i), maintain records	175	1	175	20	3,500
589.2001(c)(3)(i)(A) and (B), certification or documentation from the supplier	175	1	175	26	4,550
Total					9,050

[1] There are no capital costs or operating and maintenance costs associated with this collection of information.

Except where otherwise noted, this estimate is based on our estimate of the number of facilities affected by the final rule entitled ''Substances Prohibited From Use in Animal Food or Feed'' published in the **Federal Register** of April 25, 2008 (73 FR 22720 at 22753). The estimated recordkeeping burden is derived from Agency resources and discussions with affected industry. Our regulations require the maintenance of certain written procedures if cattle not inspected and passed for human consumption are to be rendered for use in animal feed. The recordkeeping burden associated with the requirement to maintain written procedures (§ 589.2001(c)(2)(ii)) will apply to only those renderers that choose to render for use in animal feed cattle not inspected and passed for human consumption. The recordkeeping requirement in § 589.2001(c)(2)(vi) will apply to the limited number of renderers that will handle CMPAF. We estimate that the recordkeeping burden associated with § 589.2001(c)(3)(i) would apply to the balance of the rendering firms not handling CMPAF. Table 1 also reflects the estimated 26 hours each renderer will need to satisfy the requirement in § 589.2001(c)(3)(i)(A) and (B) under which renderers must maintain records from their supplier, certifying that materials provided were free of CMPAF.

TABLE 2—ESTIMATED ANNUAL REPORTING BURDEN [1]

21 CFR section	Number of respondents	Number of responses per respondent	Total annual responses	Average burden per response	Total hours
589.2001(f); request for designation	1	1	1	80	80
589.2001(f); response to request for review by FDA	1	1	1	26	26

[1] There are no capital costs or operating and maintenance costs associated with this collection of information.

Our estimate of the reporting burden for designation under § 589.2001(f) is based on estimates in the final rule entitled ''Substances Prohibited From Use in Animal Food or Feed'' published in the **Federal Register** of April 25, 2008, our experience, and the average number of requests for designation received in the past 3 years. The reporting burden for § 589.2001(f) is minimal because requests for designation are seldom submitted. Since 2009, we have received two requests for designation. In the last 3 years, we have not received any new requests for designation; therefore, we estimate that one or fewer requests for designation will be submitted annually. Although we have not received any new requests for designation in the last 3 years, we believe these information collection provisions should be extended to provide for the potential future need of a foreign government to request designation under § 589.2001(f). Table 2, row 1, presents the expected burden of requests for designation. Countries designated under § 589.2001(f) are subject to review by FDA to ensure that their designation remains appropriate. We assume a country's response to a request for review will take about one third the time and effort of a request for designation. Table 2, row 2, presents the expected burden of a request for review. The burden for this information collection has not changed since the last OMB approval.

Dated: February 21, 2018.

Leslie Kux,

Associate Commissioner for Policy.

[FR Doc. 2018–03848 Filed 2–23–18; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Request for Nominations

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS).

ACTION: Request for Nominations to the Centers for Disease Control and Prevention (CDC)/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment.

SUMMARY: HRSA is seeking nominations of four qualified candidates to be considered for appointment as members of the CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment (Committee). The Committee consists of 18 public

members, including two co-chairs. The Committee membership maintains a balance of diverse experiences and expertise. Those requesting consideration require expertise in areas such as: Public health; epidemiology; laboratory practice; immunology; infectious diseases; behavioral health and science including, but not limited to opioid use and related expertise; health education; healthcare delivery; state health programs; clinical care; preventive health; medical education; health services and clinical research; and healthcare financing. In addition, people living with HIV and affected populations as well as individuals employed by state and local health and education agencies, HIV/viral hepatitis/STD community-based organizations, and the ethics or religious community are encouraged to submit nomination packages for consideration. Current federal employees will not be considered.

DATES: Written nominations for membership to the Committee must be received on or before May 30, 2018. Packages received after this time will not be considered for the current membership cycle. (See **SUPPLEMENTARY INFORMATION**, below, for required documentation.)

ADDRESSES: Submit your electronic nomination package by electronic mail to *CHACAdvisoryComm@hrsa.gov.*

FOR FURTHER INFORMATION CONTACT: CDR Holly Berilla, HRSA, HIV/AIDS Bureau by email at *CHACAdvisoryComm@hrsa.gov* or by telephone at (301) 443–9965. A copy of the Committee Charter and background information can be obtained by accessing the Advisory Committee website at *https://www.cdc.gov/maso/facm/facmchachspt.html.*

SUPPLEMENTARY INFORMATION: The CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment was established under Section 222 of the Public Health Service (PHS) Act, [42 U.S.C. Section 217a], as amended.

The purpose of the Committee is to advise the Secretary, HHS; the Director, CDC; and the Administrator, HRSA regarding objectives, strategies, policies, and priorities for HIV, viral hepatitis, and other STD prevention and treatment efforts including surveillance of HIV infection, AIDS, viral hepatitis, and other STDs, and related behaviors; epidemiologic, behavioral, health services, and laboratory research on HIV, viral hepatitis, and other STDs; identification of policy issues related to HIV/viral hepatitis/STD professional education, patient healthcare delivery, and prevention services; Agency policies about prevention of HIV, viral hepatitis and other STDs, treatment, healthcare delivery, and research and training; strategic issues influencing the ability of CDC and HRSA to fulfill their missions of providing prevention and treatment services; programmatic efforts to prevent and treat HIV, viral hepatitis, and other STDs; and support to the Agencies in their developoment of responses to emerging health needs related to HIV, viral hepatitis, and other STDs.

Members selected will be considered special government employees (SGEs) and may be invited to serve four (4) year terms. SGEs are eligible to receive a stipend and reimbursement for per diem and any travel expenses incurred for attending Committee meetings, as authorized by section 5 U.S.C. 5703 for persons employed intermittently in government service. Approved nominees will be invited to serve during calendar year 2019.

The following information must be included in the electronic nomination package for each individual to be considered for nomination: (1) A statement clearly indicating the name and affiliation of the nominee, the basis for the nomination (*i.e.,* specific attributes such as experience, education, current affiliations, positions, etc.), and that the nominee is willing to serve as a member of the Committee; (2) the nominee's name, address, and daytime telephone number and the home/or work address, and email address; and (3) a current copy of the nominee's curriculum vitae. Nomination packages may be summited directly by the individual being nominated or by the person/organization recommending the candidate.

HHS is required to ensure that the membership of the Committee is balanced in terms of points of view represented. Every effort is made to ensure that individuals from a broad representation of geographic areas, gender, ethnic and minority groups, as well as individuals with disabilities are given consideration for membership and therefore, HHS encourages nominations of qualified candidates from these groups. HHS also encourages geographic diversity in the composition of the Committee. Appointments shall be made without discrimination based on age, ethnicity, gender, sexual orientation, and cultural, religious, or socioeconomic status.

Individuals who are selected for appointment will be required to provide detailed information regarding their financial holdings, consultancies, and research grants or contracts. Disclosure of this information is necessary in order to determine if the selected candidate is involved in any activity that may pose a potential conflict with the official duties to be performed as a member of the Committee.

Amy McNulty,

Acting Director, HRSA, Division of the Executive Secretariat.

[FR Doc. 2018–03853 Filed 2–23–18; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Service Administration

Advisory Commission on Childhood Vaccines

AGENCY: Health Resources and Service Administration (HRSA), Department of Health and Human Services (HHS).

ACTION: Notice of meeting.

SUMMARY: In accordance with the Federal Advisory Committee Act, notice is hereby given that a meeting is scheduled for the Advisory Commission on Childhood Vaccines (ACCV). This meeting will be open to the public. Information about the ACCV and the agenda for this meeting can be obtained by accessing the following website: *http://www.hrsa.gov/advisorycommittees/childhoodvaccines/index.html.*

DATES: The meeting will be held on March 8, 2018, at 10:00 a.m. ET.

ADDRESSES: This meeting will be held via Adobe Connect meeting and conference call. This is not an in-person meeting. The public can join the meeting by:

1. (Audio Portion) Calling the conference phone number (800) 988–0218 and providing the following information:

Leader Name: Dr. Narayan Nair.

Password: 9302948.

2. (Visual Portion) Connecting to the ACCV Adobe Connect Meeting using the following URL: *https://hrsa.connectsolutions.com/accv/.* Participants should call and connect 15 minutes prior to the meeting in order for logistics to be set up. If you have never attended an Adobe Connect meeting, please test your connection using the following URL: *https://hrsa.connectsolutions.com/common/help/en/support/meeting_test.htm* and get a quick overview by following URL: *http://www.adobe.com/go/connectpro_overview.*