

provision electronically in the On-Line Representation and Certifications Application (ORCA); however, because the data being collected could change for a specific solicitation, contractors will still be required to submit place of performance information on an exceptional basis; that is, whenever the place of performance for a specific solicitation is different from the place of performance shown in ORCA.

B. Annual Reporting Burden

Respondents: 79,397.

Responses per Respondent: 14.

Total Responses: 1,111,558.

Hours per Response: .07.

Total Burden Hours: 77,810.

Obtaining copies of proposals:

Requesters may obtain a copy of the information collection documents from the General Services Administration, Regulatory Secretariat Branch (MVCB), 1275 First Street, NE., Washington, DC 20417, telephone (202) 501-4755. Please cite OMB Control No. 9000-0047, Place of Performance, in all correspondence.

Dated: July 7, 2011.

Laura Auletta,

Acting Director, Office of Governmentwide Acquisition Policy, Office of Acquisition Policy.

[FR Doc. 2011-17979 Filed 7-15-11; 8:45 am]

BILLING CODE 6820-EP-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the Presidential Advisory Council on HIV/AIDS

AGENCY: Department of Health and Human Services, Office of the Secretary, Office of the Assistant Secretary for Health.

ACTION: Notice.

SUMMARY: As stipulated by the Federal Advisory Committee Act, the U.S. Department of Health and Human Service (DHHS) is hereby giving notice that the Presidential Advisory Council on HIV/AIDS (PACHA) will hold a meeting. The meeting will be conducted as a telephone conference call. The meeting will be open to the public through a conference call phone number.

DATES: The meeting will be on August 2, 2011 from 2 p.m. to approximately 3 p.m. E.S.T.

ADDRESSES: No in-person meeting; conference call only.

Conference Call: Domestic: 888-455-2653. *International:* 1-210-839-8485.

Access code: 1508564.

FOR FURTHER INFORMATION CONTACT: Mr. Melvin Joppy, Committee Manager,

Presidential Advisory Council on HIV/AIDS, Department of Health and Human Services, 200 Independence Avenue, SW., Room 443H, Washington, DC 20201; (202) 690-5560. More detailed information about PACHA can be obtained by accessing the Council's Web site at <http://www.pacha.gov>.

SUPPLEMENTARY INFORMATION: PACHA was established by Executive Order 12963, dated June 14, 1995 as amended by Executive Order 13009, dated June 14, 1996. The Council was established to provide advice, information, and recommendations to the Secretary regarding programs and policies intended to (a) Promote effective prevention of HIV disease, (b) advance research on HIV and AIDS, and (c) promote quality services to persons living with HIV disease and AIDS. PACHA was established to serve solely as an advisory body to the Secretary of Health and Human Services.

The purpose of this conference call meeting is for PACHA members to discuss their "game changing" recommendations letter to the Secretary of HHS and the President in order to curb the HIV epidemic. A copy of the letter will be on the PACHA Web site by close of business Thursday, July 28, 2011. The meeting will be open to the public through a conference call phone number provided above. There will be a limited amount of open lines for the public; early registration is highly recommended. Individuals who need special assistance using this service, such as captioning of the conference call or other reasonable accommodations, should submit a request at least five days prior to the meeting. Members of the public who participate using the conference call phone number will be in a listen only status.

Members of the public will have the opportunity to provide comments. Pre-registration is required for public comment. Individuals who wish to participate in the public comment session must send a copy of their public comments to Melvin Joppy, Committee Manager, at melvin.joppy@hhs.gov by close of business Friday, July 29, 2011. Registration for public comment will not be accepted by telephone. Public comment will be limited to the first eight individuals who pre-register. Public comment will be limited to two minutes per speaker. Individuals not providing public comment during the conference call meeting may submit written comments to Melvin Joppy, Committee Manager, at melvin.joppy@hhs.gov by close of business Friday, August 5, 2011.

Dated: July 11, 2011.

Christopher H. Bates,

Executive Director, Presidential Advisory Council on HIV/AIDS.

[FR Doc. 2011-17926 Filed 7-15-11; 8:45 am]

BILLING CODE 4150-43-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Solicitation of Nominations for Appointment to the Chronic Fatigue Syndrome Advisory Committee

AGENCY: Department of Health and Human Services, Office of the Secretary, Office of the Assistant Secretary for Health, Office on Women's Health.

ACTION: Notice.

Authority: 42 U.S.C. 271A, Section 222 of the Public Health Service (PHS) Act, as amended. The Committee is governed by the provisions of the Federal Advisory Committee Act, Public Law 92-463, as amended (5 U.S.C. App), which sets forth standards for the formation and use of advisory committees.

SUMMARY: The Office of the Assistant Secretary for Health, Office on Women's Health, HHS, is seeking nominations of qualified candidates to be considered for appointment as a member of the Chronic Fatigue Syndrome Advisory Committee (CFSAC). CFSAC provides advice and recommendations to the Secretary of Health and Human Services, through the Assistant Secretary for Health, on a broad range of issues and topics related to chronic fatigue syndrome (CFS). The appointments of three Committee members are scheduled to end during the 2012 calendar year. Nominations of qualified candidates are being sought to fill these future vacancies.

DATES: Nominations to be considered for appointment to the Committee must be received no later August 17, 2011, by 5 p.m. EDT, at the address listed below.

ADDRESSES: All nominations should be mailed or delivered to Nancy C. Lee, M.D., Executive Secretary, Chronic Fatigue Syndrome Advisory Committee, c/o Office on Women's Health, Department of Health and Human Services, 200 Independence Avenue, SW., Room 712E, Washington, DC 20201. No nominations will be accepted by e-mail.

FOR FURTHER INFORMATION CONTACT: Nancy C. Lee, M.D., Office on Women's Health, Department of Health and Human Services, 200 Independence Avenue, SW., Room 712E, Washington, DC 20201; Telephone: (202) 690-7650. Inquiries also can be sent to cfsac@hhs.gov.

SUPPLEMENTARY INFORMATION: CFSAC was established on September 5, 2002. The Committee was established to advise, consult with, and make recommendations to the Secretary of Health and Human Services, through the Assistant Secretary for Health, on a broad range of topics including: (1) The current state of knowledge and research and the relevant gaps in knowledge and research about the epidemiology, etiologies, biomarkers and risk factors relating to CFS, and identifying potential opportunities in these areas; (2) impact and implications of current and proposed diagnosis and treatment methods for CFS; (3) development and implementation of programs to inform the public, health care professionals, and the biomedical academic and research communities about CFS advances; and (4) partnering to improve the quality of life of CFS patients.

Nominations: The Office on Women's Health is requesting nominations to fill CFSAC positions that are scheduled to be vacated. The positions are scheduled to become vacant in April 2012. The Committee membership consists of 11 members. The Committee is composed of seven biomedical research scientists with demonstrated expertise in biomedical research applicable to CFS and four individuals with demonstrated expertise in health care delivery, private health care services or insurers, or voluntary organizations concerned with the problems of individuals with CFS. The scheduled vacancies affect both member categories.

Individuals selected for appointment to the Committee will serve as voting members. Individuals selected for appointment to the committee can be invited to serve terms of up to four years. Committee members receive a stipend for attending Committee meetings and also are authorized to receive per diem and reimbursement for travel expenses incurred to attend the meetings.

To qualify for consideration of appointment to the Committee, an individual must possess and demonstrate experience and expertise in the designated fields or disciplines, as well as expert knowledge of the broad issues and topics pertinent to CFS.

Nominations should be typewritten. The original nomination package should include: (1) A letter of nomination that clearly states the name and affiliation of the nominee, the basis for the nomination (*i.e.*, specific attributes which qualify the nominee for being considered for appointment to the Committee), and a statement that the nominee is willing to serve as a member

of the Committee; (2) the nominator's name, address, and daytime telephone number, and contact information (specifically, home and/or work address, telephone number and e-mail address) for the nominated individual; and (3) a current copy of the nominated individual's *curriculum vitae* or resume. Nominations that do not provide these three elements will not be considered. Nominations of Federal employees should not be submitted; Federal employees will not be considered for appointment to the Committee.

The Department makes every effort to ensure that the membership of HHS Federal advisory committees is fairly balanced in terms of points of view represented and the committee's function. Every effort is made to ensure that a broad representation of geographic areas, gender, ethnic and minority groups, and people with disabilities are given consideration for membership on HHS Federal advisory committees. Appointment to this Committee shall be made without discrimination on the basis of age, race, ethnicity, gender, sexual orientation, disability, and cultural, religious, or socioeconomic status. Potential candidates will be required to provide detailed information concerning such matters as financial holdings, consultancies, and research grants or contracts to permit evaluation of possible conflicts of interest.

Dated: July 12, 2011.

Nancy C. Lee,

*Deputy Assistant Secretary for Health—
Women's Health and Executive Secretary,
Chronic Fatigue Syndrome Advisory
Committee.*

[FR Doc. 2011-18038 Filed 7-15-11; 8:45 am]

BILLING CODE 4150-42-P

DEPARTMENT OF HOMELAND SECURITY

Agency Information Collection Activities: Case Submission Form, Case Assistance Form

(Form DHS-7001), Online Ombudsman Form DHS-7001

AGENCY: Office of the Citizenship and Immigration Service Ombudsman, DHS.
ACTION: 60-Day Notice and request for comments; Revision of currently approved collection.

SUMMARY: The Department of Homeland Security, Office of the Citizenship and Immigration Service Ombudsman will submit the following Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and clearance in accordance

with the Paperwork Reduction Act of 1995 (Pub. L. 104-13, 44 U.S.C. Chapter 35).

DATES: Comments are encouraged and will be accepted until September 16, 2011. This process is conducted in accordance with 5 CFR 1320.1.

ADDRESSES: Written comments and questions about this Information Collection Request should be forwarded to Office of the Citizenship and Immigration Services Ombudsman, DHS, Attn.: Chief of Special Programs, Mail Stop 1225, Washington, DC 20528-1225. Comments may also be submitted to DHA via facsimile to 202-272-8352, 202-357-0042 or via e-mail at rfs.reg@dhhs.gov or cisombudsman@dhhs.gov.

SUPPLEMENTARY INFORMATION: The Citizenship and Immigration Services (CIS) Ombudsman was created under section 452 of the Homeland Security Act of 2002 (Pub. L. 107-296) to: (1) Assist individuals and employers in resolving problems with the U.S. Citizenship and Immigration Services (USCIS); (2) to identify areas in which individuals and employers have problems in dealing with USCIS; and (3) to the extent possible, propose changes in the administrative practices of USCIS to mitigate problems. This form is used by an applicant who is experiencing problems with USCIS during the processing of an immigration benefit.

The information collected on this form will allow the CIS Ombudsman to identify the issue such as: (1) A case problem which is a request for information about a case that was filed with USCIS ("case problem"); or (2) the identification of a systemic issue that may or may not pertain to an individual case which the individual, attorney or employer is seeking to bring to the attention of the CIS Ombudsman ("trend"). For case problems, the CIS Ombudsman will refer case specific issues to the Customer Assistance Office for USCIS for further research, and review.

For trends received, the CIS Ombudsman notes the systemic issue identified in the correspondence which may or may not be incorporated into future recommendations submitted to the Director of USCIS pursuant to section 452(d)(4) of Public Law 107-296.

The use of this form provides the most efficient means for collecting and processing the required data. The CIS Ombudsman anticipates employing the use of information technology in collecting and processing information by offering the option for electronic submission of the DHS Form 7001 in