

Material and Workmanship” on your attached document.

- *Fax:* (202) 501-4067.

- *Mail:* General Services

Administration, Regulatory Secretariat (MVCB), 1275 First Street NE., Washington, DC 20417. ATTN: Hada Flowers/IC 9000-0062, Material and Workmanship.

Instructions: Please submit comments only and cite Information Collection 9000-0062, Material and Workmanship, in all correspondence related to this collection. All comments received will be posted without change to <http://www.regulations.gov>, including any personal and/or business confidential information provided.

FOR FURTHER INFORMATION CONTACT: Mr. Curtis E. Glover, Sr., Procurement Analyst, Federal Acquisition Policy Division, GSA, telephone (202) 501-1448, or via email at curtis.glover@gsa.gov.

SUPPLEMENTARY INFORMATION:

A. Purpose

Under Federal contracts requiring that equipment (e.g., pumps, fans, generators, chillers, etc.) be installed in a project, the Government must determine that the equipment meets the contract requirements. Therefore, the contractor must submit sufficient data on the particular equipment to allow the Government to analyze the item.

The Government uses the submitted data to determine whether or not the equipment meets the contract requirements in the categories of performance, construction, and durability. This data is placed in the contract file and used during the inspection of the equipment when it arrives on the project and when it is made operable.

B. Annual Reporting Burden

Respondents: 3,160.

Responses Per Respondent: 1.5.

Annual Responses: 4,740.

Hours Per Response: .25.

Total Burden Hours: 1,185.

Obtaining Copies of Proposals

Requesters may obtain a copy of the information collection documents from the General Services Administration, Regulatory Secretariat (MVCB), 1275 First Street NE., Washington, DC 20417, telephone (202) 501-4755. Please cite OMB Control No. 9000-0062, Material and Workmanship, in all correspondence.

Dated: November 21, 2011.

Laura Auletta,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-12-12BT]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call (404) 639-5960 or send comments to Daniel Holcomb, CDC Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333 or send an email to omb@cdc.gov.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

Proposed Project

Community Transformation Grants: Use of System Dynamic Modeling and Economic Analysis in Select Communities—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The American Recovery and Reinvestment Act (ARRA) of 2009 was signed into law on February 17, 2009,

Public Law 11-5 (“Recovery Act”). The Department of Health and Human Services (HHS) has developed an initiative in response to ARRA—the Patient Protection and Affordable Care Act (ACA)—that is helping to reorient the U.S. health care system from primarily treating disease to promoting population health and well-being. The ACA created a new Prevention and Public Health Fund designed to expand and sustain the necessary infrastructure to prevent disease, detect it early, and manage conditions before they become severe. Section 4002 of the ACA authorized the Community Transformation Grants (CTG) program to promote the development of healthier communities through strategies designed to reduce chronic disease rates, prevent the development of secondary conditions, reduce health disparities, and develop a stronger evidence base for effective prevention programming.

In September 2011, CDC funded 61 CTG cooperative agreements with state, local and tribal government agencies, and nonprofit organizations. Twenty-six awardees are focused on capacity building efforts, and 35 awardees are working to implement sustainable, broad, evidence- and practice-based policy, environmental, programmatic and infrastructure changes to improve public health. Each CTG implementation awardee is developing a work plan for its jurisdiction or service area that focuses on one or more of the following five strategic directions: (1) Tobacco-free living, (2) active lifestyles and healthy eating, (3) high impact evidence-based clinical and other preventive services, (4) social and emotional well-being, and (5) healthy and safe physical environments.

As part of a multi-component evaluation plan for the CTG program, CDC is seeking OMB approval to collect the information needed to conduct cost and cost-benefit analyses relating to the implementation of CTG-funded community interventions. Using a system dynamics approach, CDC also plans to conduct simulation modeling which will integrate the cost data with other data to predict selected chronic disease outcomes and their associated monetary impacts under various scenarios. CDC and NIH have previously collaborated on the development of analytic tools for system dynamics modeling under more limited conditions. The collection and analysis of actual cost data from CTG awardees will support the expansion and refinement of these analytic tools with respect to short-, intermediate- and long-term outcomes for large-scale,

community-based programs that employ multiple policy and environmental change strategies.

Information to be collected from participating CTG awardees includes the interventions to be implemented; expenditures for labor, personnel, consultants, materials, travel, services, and administration; in-kind contributions; and partner organizations and their expenditures. Information will be collected electronically via a user-friendly, Web-based CTG Cost Study Instrument (CTG–CSI). Respondents will be a subset of 30 out of 35 CTG

awardees funded specifically for implementation activities. CDC will select awardees for participation in the cost data collection based on a list of priority interventions appropriate for cost analysis.

Results of this data collection and planned analyses, including improvements in CDC’s analytic and modeling tools, will be used to assist CTG awardees, CDC, and HHS in choosing intervention approaches for particular populations that are both beneficial to public health and cost-effective.

OMB approval is requested for the first three years of a five-year project with first data collection beginning approximately July 2012. CDC plans to seek an extension of OMB approval to support information collection through the end of the five-year award period.

Information will be collected electronically on a quarterly schedule. The estimated burden per response is 11 hours and there are no costs to respondents except their time to participate in the survey.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs)	Total burden (in hrs)
CTG Awardee	CTG–CSI	30	4	11	1,320

Dated: December 2, 2011.

Daniel Holcomb,

Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 2011–31622 Filed 12–8–11; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects

Title: Low Income Home Energy Assistance Program LIHEAP Leveraging Report.

OMB No.: 0970–0121.

Description: The LIHEAP leveraging incentive program rewards LIHEAP grantees that have leveraged non-federal home energy resources for low-income households. The LIHEAP leveraging report is the application for leveraging incentive funds that these LIHEAP grantees submit to the Department of Health and Human Services for each fiscal year in which they leverage countable resources. Participation in the leveraging incentive program is voluntary and is described at 45 CFR 96.87. The LIHEAP leveraging report obtains information on the resources leveraged by LIHEAP grantees each fiscal year (as cash, discounts, waivers, and in-kind); the benefits provided to low-income households by these

resources (for example, as fuel and payments for fuel, as home heating and cooling equipment, and as weatherization materials and installation); and the fair market value of these resources and benefits.

HHS needs this information in order to carry out statutory requirements for administering the LIHEAP leveraging incentive program, to determine countability and valuation of grantees leveraged non-federal home energy resources, and to determine grantees shares of leveraging incentive funds. HHS proposes to request a three-year extension of OMB approval for the currently approved LIHEAP leveraging report information collection.

Respondents: State, Local or Tribal Governments.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
LIHEAP Leveraging Report	70	1	38	2,660

Estimated Total Annual Burden Hours: 2,660.

In compliance with the requirements of Section 506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and

Families, Office of Planning, Research and Evaluation, 370 L’Enfant Promenade, SW., Washington, DC 20447, *Attn:* ACF Reports Clearance Officer. *Email address:* infocollection@acf.hhs.gov. All requests should be identified by the title of the information collection.

The Department specifically requests comments on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including

whether the information shall have practical utility; (b) the accuracy of the agency’s estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; (d) ways to minimize the burden information to be collected; and (e) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Consideration will be given