3090–0246, Packing List Clause, by any of the following methods:

• *Regulations.gov: http://www.regulations.gov.* Submit comments via the Federal eRulemaking portal by searching the OMB control number. Select the link ''Submit a Comment'' that corresponds with ''Information Collection 3090–0246, Packing List Clause''. Follow the instructions provided at the ''Submit a Comment'' screen. Please include your name, company name (if any), and ''Information Collection 3090–0246, Packing List Clause'' 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 3090–0246, Packing List Clause.

Instructions: Please submit comments only and cite Information Collection 3090–0246, Packing List Clause, 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: Deborah Eble, Procurement Analyst, GSA Policy Integrity Workforce, by telephone (215) 446–5823 or via email at *Deborah.eble@gsa.gov.*

SUPPLEMENTARY INFORMATION:

A. Purpose

GSAR clause 552.211–77, Packing List, requires a contractor to include a packing list that verifies placement of an order and identifies the items shipped. In addition to information contractors would normally include on packing lists, the identification of cardholder name, telephone number and the term ''Credit Card'' is required.

B. Annual Reporting Burden

Respondents: 4,000.

Responses per Respondent: 233.

Hours per Response: .00833.

Total Burden Hours: 7,757.

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. 3090–0246, Packing List Clause, in all correspondence.

Dated: October 10, 2012.

Joseph A. Neurauter,

Director, Office of Acquisition Policy & Senior Procurement Executive (MV).

[FR Doc. 2012–26955 Filed 11–2–12; 8:45 am]

BILLING CODE 6820–61–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–13–0706]

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 404–639–7570 and send comments to Kimberly S. Lane, 1600 Clifton Road, MS–D74, 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

National Program of Cancer Registries Program Evaluation Instrument (NPCR–PEI) (OMB No. 0920–0706, exp. 12/31/2011)—Reinstatement—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The National Program of Cancer Registries (NPCR), administered by the Centers for Disease Control and Prevention (CDC), was established to provide funding for states and territories to: (1) Improve existing state-based cancer registries; (2) plan and implement registries where none existed; (3) develop model legislation and regulations for states to enhance the viability of registry operations; (4) set standards for data completeness, timeliness, and quality; (5) provide training for registry personnel; and (6) help establish a computerized reporting and data-processing system. Through the NPCR, CDC currently supports 48 population-based central cancer registries (CCR) in 45 states, one territory, the District of Columbia, and the Pacific Islands. The National Cancer Institute supports the operations of CCR in the five remaining states.

Through the NPCR, CDC provides technical assistance and funding and sets program standards to assure that complete cancer incidence data are available for national and state cancer control and prevention activities and other health planning activities. NPCR-funded CCR are the primary source of cancer surveillance data for *United States Cancer Statistics (USCS),* which CDC has published annually since 2002.

Over a 17-year period, CDC has collected information from NPCR grantees to monitor their performance in meeting the required Program Standards (NPCR Program Evaluation Instrument, OMB No. 0920–0706, exp. 12/31/2011). The NPCR Program Evaluation Instrument (PEI) is a secure, web-based method of collecting information about registry operations, including: Staffing, legislation, administration, reporting completeness, data exchange, data content and format, data quality assurance, data use, collaborative relationships, advanced activities, and survey feedback. Examples of information that can be obtained from various questions include, but are not limited to: (1) The number of filled full-time staff positions by position responsibility, (2) data quality control activities, (3) data collection activities as they relate to achieving NPCR standards for data completeness, (4) electronic reporting, (5) linkage with other databases and (6) whether registry data are used for comprehensive cancer control program planning and evaluation.

The most recent PEI reports were submitted to CDC in 2011. Since 2009, data collection had been conducted on a biennial schedule in odd-numbered years. In late 2011, CDC discontinued the NPCR PEI clearance in preparation for a review of program standards. At this time, CDC seeks OMB approval to reinstate the NPCR PEI clearance. Minor changes to the PEI will be implemented

based on the revised NPCR standards. Additional changes include a reduction in the estimated number of NPCR grantees and an increase in the estimated burden per response.

Information will continue to be collected electronically in odd-numbered years. OMB approval is requested for three years to support data collection in 2013 and 2015. The total number of NPCR grantees is 48. For two cycles of data collection over a three-year period, the annualized number of grantees is 32 (48+48/3=32). The estimated burden per response is 2 hours.

The NPCR–PEI data collection is needed to receive, process, evaluate, aggregate, and disseminate NPCR program information. CDC and the NPCR-funded registries will use the data to monitor progress toward meeting objectives and established program standards; to describe various attributes of the NPCR-funded registries; and to respond to inquiries about the program.

There are no costs to respondents except their time. The estimated annualized burden hours are summarized in the table below.

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.)
NPCR Grantees	PEI	32	1	2	64
Total					64

Dated: October 30, 2012.

Ron A. Otten,

Director, Office of Scientific Integrity (OSI), Office of the Associate Director for Science (OADS), Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2012–26899 Filed 11–2–12; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–13–12RI]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–7570 or send an email to *omb@cdc.gov.* Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Information Collection on foreign-born, migrant, refugee and other mobile populations with current or future ties to the United States—New—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Division of Global Migration and Quarantine (DGMQ), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Division of Global Migration and Quarantine (DGMQ), requests approval of a new ''generic clearance'' to better understand the health status, risk factors for disease and other health outcomes among foreign-born, migrant, refugee and other mobile populations with current or future ties to the United States. Insights gained from information collections will assist in the planning, implementation and improvement of disease prevention and control activities.

The information collection for which approval is sought is in accordance with DGMQ's mission to reduce morbidity and mortality among immigrants, refugees, travelers, expatriates, and other globally mobile populations, and to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the United States. This mission is supported by delegated legal authorities.

Section 361 of the Public Health Service (PHS) Act (42 *U.S.C.* 264) authorizes the Secretary of Health and Human Services (HHS) to make and enforce regulations necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries or possessions into the United States and from one state or possession into any other state or possession. These regulations are codified in 42 Code of Federal Regulations (CFR) Parts 70 and 71.

The Secretary of Health and Human Services also has the legal authority to establish regulations outlining the requirements for the medical examination of aliens before they may be admitted into the United States. This authority is provided under Section 212(a)(1)(A) of the Immigration and Nationality Act (8 U.S.C. 1182(a)(1)(A)) and Section 325 of the Public Health Service Act. These regulations are codified in 42 CFR Part 34, which establish requirements that determine whether aliens can be admitted into the United States.

Successful implementation of DGMQ's regulatory authority and public health mission requires a variety of information collections with foreign-born, migrant and other mobile populations with current or future ties to the United States. These include but are not limited to: immigrants, international travelers, asylees and refugees, expatriates, border region residents, temporary migrants, and permanent alien residents.

The purpose of the new ''generic clearance'' is to better understand the health status, risk factors for disease and other health outcomes among foreign-born, migrant, refugee and other mobile populations with current or future ties to the United States. Numerous types of information will be collected under the auspices of this generic OMB clearance. These include, but are not limited to, knowledge, attitudes, beliefs, behavioral intentions, practices, behaviors, skills, self-efficacy, and health information needs and sources.

The proposed generic clearance is needed for DGMQ to fulfill its regulatory authority and public health mission, and will allow DGMQ to quickly collect important health-related information from the aforementioned hard-to-reach populations in order to improve routine and emergency public health programs and activities. Prior to each proposed information collection,