

Collection 9000–0064, Organization and Direction of Work”. Follow the instructions provided on the screen. Please include your name, company name (if any), and “Information Collection 9000–0064, Organization and Direction of Work”, on your attached document.

- *Mail:* General Services Administration, Regulatory Secretariat Division (MVCB), 1800 F Street NW, Washington, DC 20405–0001. ATTN: Ms. Mandell/IC 9000–0064, Organization and Direction of Work.

*Instructions:* Please submit comments only and cite Information Collection 9000–0064, Organization and Direction of Work, 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](mailto:curtis.glover@gsa.gov).

**SUPPLEMENTARY INFORMATION:**

**A. Purpose**

When the Government awards a cost-reimbursement construction contract, the contractor must submit to the contracting officer—and keep current a chart showing the general executive and administrative organization—the personnel to be employed in connection with the work under the contract, and their respective duties. The chart is used in the administration of the contract and as an aid in determining cost. The chart is used by contract administration personnel to assure the work is being properly accomplished at reasonable prices.

The burden hours under FAR 52.236–19 were reduced based on FY 2017 FPDS data that showed the actual number of respondents for this type of requirement. A notice published in the **Federal Register** at 82 FR 51254 on November 3, 2017. No comments were received.

**B. Annual Reporting Burden**

*Respondents:* 19.  
*Responses per Respondent:* 1.  
*Annual Responses:* 19.  
*Hours per Response:* .75.  
*Total Burden Hours:* 14.

**C. Public Comments**

Public comments are particularly invited on: Whether this collection of information is necessary for the proper performance of functions of the FAR,

and whether it will have practical utility; whether our estimate of the public burden of this collection of information is accurate, and based on valid assumptions and methodology; ways to enhance the quality, utility, and clarity of the information to be collected; and ways in which we can minimize the burden of the collection of information on those who are to respond, through the use of appropriate technological collection techniques or other forms of information technology.

*Obtaining Copies of Proposals:* Requesters may obtain a copy of the information collection documents from the General Services Administration, Regulatory Secretariat Division (MVCB), 1800 F Street NW, Washington, DC 20405, telephone 202–501–4755.

Please cite OMB Control No. 9000–0064, Organization and Direction of Work, in all correspondence.

Dated: January 16, 2018.

**Lorin S. Curit,**

*Director, Federal Acquisition Policy Division, Office of Government-wide Acquisition Policy, Office of Acquisition Policy, Office of Government-wide Policy.*

[FR Doc. 2018–00931 Filed 1–18–18; 8:45 am]

**BILLING CODE 6820–EP–P**

**GULF COAST ECOSYSTEM RESTORATION COUNCIL**

[Docket No: 101122018–1111–01]

**Senior Executive Service Performance Review Board Membership**

**AGENCY:** Gulf Coast Ecosystem Restoration Council (GCERC).

**ACTION:** Notice of Performance Review Board (PRB) appointments.

**SUMMARY:** This notice announces the members of the Senior Executive Service (SES) Performance Review Board. The PRB is comprised of a Chairperson and a mix of state representatives and career senior executives that meet annually to review and evaluate performance appraisal documents and provides a written recommendation to the Chairperson of the Council for final approval of each executive’s performance rating, performance-based pay adjustment, and performance award.

**DATES:** The board membership is applicable beginning on January 8, 2018 and ending on March 8, 2019.

**FOR FURTHER INFORMATION CONTACT:** Mary C. Pleffner, Chief Financial Officer and Director of Administration, Gulf Coast Ecosystem Restoration Council, telephone 813–394–2185.

**SUPPLEMENTARY INFORMATION:** In accordance with 5 U.S.C. 4314(c)(4), the persons named below have been selected to serve on the PRB:

Gulf Coast Ecosystem Restoration Council, Scaggs, Benjamin, Acting Executive Director.

Environmental Protection Agency, Walker, Mary, Director Water Protection Division, EPA Region 4.

United States Coast Guard, Dana S. Tulis, Director of Incident Management & Preparedness Policy.

State of Mississippi, Rikard, Gary, Executive Director of the Mississippi Department of Environmental Quality.

State of Louisiana, Barnes, Chris, Legal Advisor, Coastal Activities.

**Keala J. Hughes,**

*Director of External Affairs & Tribal Relations, Gulf Coast Ecosystem Restoration Council.*

[FR Doc. 2018–00823 Filed 1–18–18; 8:45 am]

**BILLING CODE 6560–58–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60Day–18–18FO; Docket No. CDC–2018–0012]

**Proposed Data Collection Submitted for Public Comment and Recommendations**

**AGENCY:** Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

**ACTION:** Notice with comment period.

**SUMMARY:** The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden and maximize the utility of government information, invites the general public and other Federal agencies the opportunity to comment on a proposed and/or continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled “DELTA Impact Recipient Monitoring and Assessment Tools.” Information collected will be used for implementation and performance monitoring of cooperative agreement *CDC–RFA–CE18–1801: Domestic Violence Prevention Enhancement and Leadership through Alliances (DELTA) Impact.*

**DATES:** CDC must receive written comments on or before March 20, 2018.

**ADDRESSES:** You may submit comments, identified by Docket No. CDC–2018–0012 by any of the following methods:

• *Federal eRulemaking Portal: Regulations.gov.* Follow the instructions for submitting comments.

• *Mail:* Leroy A. Richardson, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS-D74, Atlanta, Georgia 30329.

*Instructions:* All submissions received must include the agency name and Docket Number. CDC will post, without change, all relevant comments to *Regulations.gov*.

*Please note: Submit all comments through the Federal eRulemaking portal (regulations.gov) or by U.S. mail to the address listed above.*

**FOR FURTHER INFORMATION CONTACT:** To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact Leroy A. Richardson, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS-D74, Atlanta, Georgia 30329; phone: 404-639-7570; Email: *omb@cdc.gov*.

**SUPPLEMENTARY INFORMATION:** Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501-3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. In addition, the PRA also requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each new proposed collection, each proposed extension of existing collection of information, and each reinstatement of previously approved information collection before submitting the collection to the OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

The OMB is particularly interested in comments that will help:

1. Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including

whether the information will have practical utility;

2. Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

3. Enhance the quality, utility, and clarity of the information to be collected; and

4. Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submissions of responses.

5. Assess information collection costs.

**Proposed Project**

DELTA Impact Recipient Monitoring and Assessment Tools—New—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

**Background and Brief Description**

The Centers for Disease Control and Prevention (CDC) seeks a three-year OMB approval for a new information collection project that involves 10 recipients (State Domestic Violence Coalitions) funded through CDC's *Domestic Violence Prevention Enhancements and Leadership Through Alliances (DELTA) Impact Program* cooperative agreement (NOFO CDC-RFA-CE18-1801). DELTA Impact recipients will report activity information to CDC annually. The Annual Progress Report (APR) tool and Prevention Infrastructure Assessment are designed to address four key program evaluation questions as well as performance reporting requirements established by CDC's Office of Financial Resources (OFR, formerly the Procurement and Grants Office).

Monitoring allows CDC to determine whether a recipient is meeting performance and budget goals and to make adjustments in the type and level

of technical assistance provided to them, as needed, to support attainment of their performance measures. Program monitoring and program evaluation activities also allow CDC to identify and disseminate information about successful prevention strategies implemented by recipients.

These functions are central to the NCIPC's broad mission of protecting Americans from violence and injury threats. This information collection will enable the accurate, reliable, uniform, and timely submission to CDC of each recipient's work plan and progress reports, including strategy implementation, program evaluation and performance measures. It will also enable CDC to evaluate the program across all funded recipients.

CDC will use the information collected to look at the aggregate impact of program activities on program outcomes across all 10 recipients. The information collection will allow CDC to monitor the increased emphasis on strategies that affect health outcomes and impact, and is expected to reduce duplication of effort, enhance program impact and maximize the use of federal funds. CDC will be able to generate reports that summarize their activities and progress towards meeting work plan strategies and performance measure targets. In addition to CDC's tracking of program goals and outcomes, the data collected will provide a way for recipients to track their own activities and funding to local organizations as required by legislation. CDC will also have the capacity to generate reports that describe activities across multiple recipients and will be able to provide this information back to recipients or to respond to inquiries from HHS, the White House, Congress and other stakeholders about the national DELTA Impact Program activities and their impact.

The total estimated annualized time burden for this collection is 123 hours. The only cost to respondents will be time spent responding to the surveys.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
DELTA Impact Program Recipients State Domestic Violence Coalitions.	APR Tool—Year 1 .....	10	1	15	150
	APR Tool—Years 2 and 3 .....	10	1	10	100
	Prevention Infrastructure Assessment.	10	1	1	10

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Total .....	.....	.....	.....	.....	123

**Leroy A. Richardson,**  
*Chief, Information Collection Review Office,  
 Office of Scientific Integrity, Office of the  
 Associate Director for Science, Office of the  
 Director, Centers for Disease Control and  
 Prevention.*

[FR Doc. 2018-00926 Filed 1-18-18; 8:45 am]

BILLING CODE 4163-18-P

**DEPARTMENT OF HEALTH AND  
 HUMAN SERVICES**

**Centers for Medicare & Medicaid  
 Services**

[Document Identifier: CMS-10549 and CMS-10455]

**Agency Information Collection  
 Activities: Submission for OMB  
 Review; Comment Request**

**AGENCY:** Centers for Medicare & Medicaid Services, Department of Health and Human Services.

**ACTION:** Notice.

**SUMMARY:** The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS' intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (PRA), federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, and to allow a second opportunity for public comment on the notice. Interested persons are invited to send comments regarding the burden estimate or any other aspect of this collection of information, including the necessity and utility of the proposed information collection for the proper performance of the agency's functions, the accuracy of the estimated burden, ways to enhance the quality, utility, and clarity of the information to be collected; and the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

**DATES:** Comments on the collection(s) of information must be received by the OMB desk officer by February 20, 2018.

**ADDRESSES:** When commenting on the proposed information collections,

please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be received by the OMB desk officer via one of the following transmissions: OMB, Office of Information and Regulatory Affairs, Attention: CMS Desk Officer, Fax Number: (202) 395-5806 OR, Email: *OIRA\_submission@omb.eop.gov*.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, you may make your request using one of following:

1. Access CMS' website address at website address at <https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing.html>.
2. Email your request, including your address, phone number, OMB number, and CMS document identifier, to *Paperwork@cms.hhs.gov*.
3. Call the Reports Clearance Office at (410) 786-1326.

**FOR FURTHER INFORMATION CONTACT:** William Parham at (410) 786-4669.

**SUPPLEMENTARY INFORMATION:** Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501-3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. The term "collection of information" is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires federal agencies to publish a 30-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice that summarizes the following proposed collection(s) of information for public comment:

1. *Type of Information Collection Request:* Reinstatement without change of a previously approved collection; *Title of Information Collection:* New Technology Payments for APCs Under

the Outpatient Prospective Payment System; *Use:* CMS needs to keep pace with emerging new technologies and make them accessible to Medicare beneficiaries in a timely manner. It is necessary that we continue to collect appropriate information from interested parties such as hospitals, medical device manufacturers, pharmaceutical companies and others that bring to our attention specific services that they wish us to evaluate for New Technology APC payment. We are making no changes to the information that we collect. The information that we seek to continue to collect is necessary to determine whether certain new services are eligible for payment in New Technology APCs, to determine appropriate coding and to set an appropriate 4 payment rate for the new technology service. The intent of these provisions is to ensure timely beneficiary access to new and appropriate technologies. *Form Number:* CMS-10054 (OMB control number: 0938-0860); *Frequency:* Annually; *Affected Public:* Private Sector (Business or other For-profits); *Number of Respondents:* 10; *Total Annual Responses:* 10; *Total Annual Hours:* 160. (For policy questions regarding this collection contact Joshua McFeeters at 410-786-9732).

2. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Report of a Hospital Death Associated with Restraint or Seclusion; *Use:* The regulation that was published on May, 16, 2012 (77 FR 29074) included a reduction in the reporting requirement related to hospital deaths associated with the use of restraint or seclusion, § 482.13(g). Hospitals must use Form CMS-10455 to report those deaths associated with restraint and/or seclusion directly to the Centers for Medicare & Medicaid Services (CMS) Regional Office (RO). This requirement also applies to rehabilitation or psychiatric distinct part units (DPUs) in Critical Access Hospitals (CAHs). The RO must provide hospitals with instructions for submitting the form fax and/or email, based on RO preference. Hospitals are no longer required to report to CMS those deaths where there