Dated: June 2, 2014.

Karlos Morgan,

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

[FR Doc. 2014–13316 Filed 6–6–14; 8:45 am]

BILLING CODE 6820–14–P

DEPARTMENT OF DEFENSE

GENERAL SERVICES ADMINISTRATION

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

[OMB Control No. 9000–0164; Docket 2014–0055; Sequence 23]

Federal Acquisition Regulation; Information Collection; Contractor Business Ethics Compliance Program and Disclosure Requirements

AGENCY: Department of Defense (DOD), General Services Administration (GSA), and National Aeronautics and Space Administration (NASA).

ACTION: Notice of request for public comments regarding an extension to an existing OMB information collection.

SUMMARY: Under the provisions of the Paperwork Reduction Act (44 U.S.C. chapter 35), the Regulatory Secretariat Division (MVCB) will be submitting to the Office of Management and Budget (OMB) a request to review and approve an extension of a previously approved information collection requirement concerning Contractor Business Ethics Compliance Program and Disclosure Requirements.

DATES: Submit comments on or before August 8, 2014.

ADDRESSES: Submit comments identified by Information Collection 9000–0164, Contractor Business Ethics Compliance Program and Disclosure Requirements, 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 9000–0164. Select the link that corresponds with ''Information Collection 9000–0164, Contractor Business Ethics Compliance Program and Disclosure Requirements.'' Follow the instructions provided on the screen. Please include your name, company name (if any), and ''Information Collection 9000–0164, Contractor Business Ethics Compliance Program and Disclosure Requirements,'' on your attached document.
- *Fax:* 202–501–4067.
- *Mail:* General Services Administration, Regulatory Secretariat Division (MVCB), 1800 F Street NW., Washington, DC 20405. ATTN: Ms. Flowers/IC 9000–0164, Contractor Business Ethics Compliance Program and Disclosure Requirements.

Instructions: Please submit comments only and cite Information Collection 9000–0164, Contractor Business Ethics Compliance Program and Disclosure Requirements, 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. Edward Loeb, Procurement Analyst, Acquisition Policy Division, via telephone 202–501–0650 or via email to *edward.loeb@gsa.gov.*

SUPPLEMENTARY INFORMATION:

A. Purpose

The collection applies to the FAR requirements for a contractor code of business ethics and conduct, an internal control system, and disclosure to the Government of certain violations of criminal law, violations of the civil False Claims Act, or significant overpayments.

The 60 hour burden estimate reflects revisions resulting from public comments as reflected in the November 12, 2008, final rule (73 FR 67064). In response to public comments the Government stated the initial estimate of 3 hours was inadequate and revised the estimated burden hours to 60 per response. The change particularly considers the hours that would be required for the collection within a company, prior to release to the Government.

B. Annual Reporting Burden

Respondents: 276.
Responses per Respondent: 1.
Total Responses: 276.
Hours per Response: 60.
Total Burden hours: 16,560.

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. 9000–0164, Contractor Business Ethics Compliance Program and Disclosure Requirements, in all correspondence.

Dated: June 2, 2014.

Karlos Morgan,

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

[FR Doc. 2014–13301 Filed 6–6–14; 8:45 am]

BILLING CODE 6820–EP–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–14–14RJ]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The notice for the proposed information collection is published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (a) 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; (b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (c) Enhance the quality, utility, and clarity of the information to be collected; (d) 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 submission of responses; and (e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639–7570 or send an email to *omb@cdc.gov*. Written comments and/or suggestions regarding the items contained in this notice should be directed to the Attention: 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

Community Assessment for Public Health Emergency Response (CASPER)—New—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC requests a three-year approval for a new Generic Information Collection Request (ICR) for the Community Assessment for Public Health Emergency Response (CASPER). CASPER is an effective public health tool designed to quickly provide low-cost, household-based information about a community's needs and health status in a simple, easy-to-understand format for decision-makers. A CASPER can be conducted any time the public health needs of a community are not well known, including as part of disaster/emergency response to help inform decision making and distribution of resources, or in non-emergency settings to assess the public health needs of a community. In all situations, CASPER provides timely public health information that is essential when engaging in sound public health action.

In order for a CASPER to be initiated by CDC, a local, state, tribal, military, port, other federal agency, or international health authority or other partner organization must first invite CDC to participate in a CASPER. Communities are identified by local, state, or regional emergency managers and health department officers. The process for conducting a CASPER includes planning and preparation, field work, analysis, and sharing results with stakeholders. Planning can take 24 hours to several months depending on the type of CASPER being conducted. Field work takes approximately five days. Due to emergency situations under which CASPERs are often requested by states (e.g., hurricane response, oil spill), it is important that CDC has the ability to gain urgent approval for data collection.

The CASPER uses a validated statistical methodology that includes a two-stage probability sampling technique to collect information from a representative sample of 210 households in the community. Within the community, 30 clusters (typically census tracts) are selected based on probability proportional to size and, within each cluster, seven households are randomly selected for interview.

Participation in a CASPER questionnaire is voluntary. Consenting participants are not provided incentives for participating in the survey. Face-to-face interviews, usually taking 30 minutes or less, with one adult (≥ 18 years of age) from a selected household are recorded on paper or in electronic form. In general, yes/no and multiple choice questions are used to collect household level information including, but not limited to, the following categories: Housing unit type and extent of damage to the dwelling, household needs, physical and behavioral health status, perception and response to public health communications, household emergency preparedness, and greatest reported need. While a majority of CASPERs collect only household-level information, there may be instances where the questionnaires are modified to collect a small amount of individual level data.

Participants give verbal consent. Additionally, no data is collected that could link specific questionnaires to house addresses. Separate from the questionnaire, a tracking form is used to record the number of households visited, calculate response rates, and record households that should be revisited because a respondent was unavailable for interview. A complete addresses, including house number, street name, city, state, and zip code, are never recorded on any form. This information is not retained by CDC or entered into any database. There is no way to link data from the tracking form to specific household questionnaires.

Though each CASPER will be different, in general, personally identifying information is not collected. In a minimal number of CASPERs, interview teams may come across households with urgent needs that present an immediate threat to life or health, where calling emergency services immediately is not appropriate. In these instances, the team may refer the household to appropriate services using a referral form that is not attached to the questionnaire. In the scant instances where these forms are utilized, personally identifying information is collected. However, the forms go directly from the field team to the local CASPER coordinator for handling and rapid follow-up. When referral forms are used, the information is never retained by CDC or entered into any database. There is no way to link specific questionnaires to any information on the referral form.

The estimated annualized burden is 1,577 hours. The estimated burden is based on conducting 15 CASPERs per year, interviewing 210 households per CASPER, conducting 30 minute interviews per household, and completing 50 referral forms per year. There is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)
Residents of the selected geographic area to be assessed.	CASPER Questionnaire	3,150	1	30/60
	Referral Form	50	1	2/60

Leroy 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. 2014–13346 Filed 6–6–14; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Committee on Immunization Practices (ACIP)

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announce the following meeting of the aforementioned committee:

Times and Dates:

8:00 a.m.–6:00 p.m., June 25, 2014.
8:00 a.m.–1:30 p.m., June 26, 2014.

Place: Centers for Disease Control and Prevention, Tom Harkin Global Communications Center, 1600 Clifton Road NE., Building 19, Kent ''Oz'' Nelson Auditorium, Atlanta, Georgia 30333.

Status: Open to the public, limited only by the space available.

Purpose: The committee is charged with advising the Director, CDC, on the appropriate use of immunizing agents. In addition, under 42 U.S.C. § 1396s, the committee is mandated to establish and periodically review and, as appropriate, revise the list of vaccines for administration to vaccine-eligible children through the Vaccines for Children (VFC) program, along with schedules regarding the appropriate periodicity, dosage, and contraindications applicable to the vaccines. Further, under provisions of the Affordable Care Act, at section 2713 of the Public Health Service Act, immunization recommendations of the ACIP that have been adopted by the Director of the Centers for Disease Control and Prevention must be covered by applicable health plans.

Matters for Discussion: The agenda will include discussions on: Yellow fever vaccine, human papillomavirus vaccines, influenza, pneumococcal conjugate vaccine, tetanus, diphtheria, and acellular pertussis vaccine in healthcare personnel, meningococcal vaccines, child/adolescent immunization, adult immunization, immunization safety, measles, hepatitis vaccines and vaccine supply. Recommendation votes are scheduled for yellow fever vaccine and influenza. Time will be available for public comment.

Agenda items are subject to change as priorities dictate.

Contact Person for More Information: Stephanie Thomas, National Center for Immunization and Respiratory Diseases, CDC, 1600 Clifton Road NE., MS–A27, Atlanta, Georgia 30333, telephone 404/639–8836; Email *ACIP@CDC.GOV.*

Meeting is webcast live via the World Wide Web; for instructions and more information on ACIP please visit the ACIP Web site: *http://www.cdc.gov/vaccines/acip/index.html.*

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Elaine L. Baker,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 2014–13387 Filed 6–6–14; 8:45 am]

BILLING CODE 4160–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Initial Review

The meeting announced below concerns Demonstration Projects on Health Systems Change to Integrate Tobacco Dependence Treatment into Clinical Care and Assessment of Related Outcomes, Special Interest Projects (SIP)14–028; and Applied Research and Development of Tools to Address Point-of-Sale Tobacco Marketing, SIP14–029, Panel B, initial review.

In accordance with Section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the aforementioned meeting:

Time and Date: 9:00 a.m.–6:00 p.m., June 18, 2014 (Closed).

Place: Teleconference.

Status: The meeting will be closed to the public in accordance with provisions set forth in Section 552b(c)(4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92–463.

Matters for Discussion: The meeting will include the initial review, discussion, and evaluation of applications received in response to ''Demonstration Projects on Health Systems Change to Integrate Tobacco Dependence Treatment into Clinical Care and Assessment of Related Outcomes, SIP14–028; and Applied Research and Development of Tools to Address Point-of-Sale Tobacco Marketing, SIP14–029, Panel B, initial review.''

Contact Person for More Information: M. Chris Langub, Ph.D., Scientific Review Officer, CDC, 4770 Buford Highway NE., Mailstop F–80, Atlanta, Georgia 30341, Telephone: (770) 488–3585, *EEO6@cdc.gov.*

This notice is being published on less than 15 days prior to the meeting date because no earlier notification of the meeting was practicable.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Elaine L. Baker,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 2014–13389 Filed 6–6–14; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Initial Review

The meeting announced below concerns Global and Territorial Health Research Network—Coordinating Center, Special Interest Projects (SIP)14–021; and Global and Territorial Health Research Network—Collaborating Centers, SIP14–022, Panel C, initial review.

In accordance with Section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the aforementioned meeting:

Time and Date: 9:00 a.m.–6:00 p.m., June 17, 2014 (Closed).

Place: Teleconference.

Status: The meeting will be closed to the public in accordance with provisions set forth in Section 552b(c)(4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92–463.

Matters for Discussion: The meeting will include the initial review, discussion, and evaluation of applications received in response to ''Global and Territorial Health Research Network—Coordinating Center, SIP14–021; and Global and Territorial Health Research Network—Collaborating Centers, SIP14–022, Panel C, initial review.''

Contact Person for More Information: Diana Bartlett, M.P.H., M.P.P., Health Scientist, CDC, 1600 Clifton Road NE., Mailstop D–72, Atlanta, Georgia 30333, Telephone: (404) 639–4938, *ZXD5@CDC.GOV.*

This notice is being published on less than 15 days prior to the meeting date because no earlier notification of the meeting was practicable.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices