including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to *Sherette.funncoleman@hhs.gov,* or call the Reports Clearance Office on (202) 690–6162. Written comments and recommendations for the proposed information collections must be directed to the OS Paperwork Clearance Officer at the above e-mail address within 60 days.

Proposed Project: Comparative Effectiveness Research Inventory—OMB No. 0990–New-Assistant Secretary for Planning and Evaluation (ASPE).

Abstract: The Office of the Assistance Secretary for Planning and Evaluation (ASPE) is requesting approval by OMB for the collection of information submitted by content users directly to a web-based inventory of comparative effectiveness research (CER). The CER Inventory will categorize and catalogue Federal and non-Federal CER outputs and activities across four main domains: Research, human & scientific capital (e.g., training/education, methods development), data infrastructure, and dissemination & translation. The CER inventory will serve as a valuable tool for researchers, providers, patients, policymakers, and other users.

The CER inventory will draw upon primary data sources, including PubMed, HSRProj, ClinicalTrials.gov, and NIH RePORTER. Working with these four major sources and using the Federal Coordinating Council for CER's definition of CER and strategic framework, selection criteria and tools to select and extract the appropriate subsets of these datasets for inclusion in the CER inventory will be identified. In addition, content owners wishing to submit CER records to the CER inventory will be directed first to submit such records to one of these main primary source databases, as appropriate. This method will not only help to augment these existing databases, it will enable efficient and effective capture of CER information for the CER Inventory via CER search filters, etc., that have been developed for those respective source databases. If candidate CER records under consideration are not suitable for submission to one of these main databases, an alternative method that allows for direct submissions to the CER inventory will be made available to content users. Examples include reports and published articles or projects and programs that focus on areas of CER outside of primary research (e.g., training and education). The pilot inventory tool will provide a web form that may be used by content owners to submit CER records, subject to validation. This process for direct submission will draw from the experience with content owner submissions for such established databases as HSRProj and ClinicalTrials.gov.

ESTIMATED ANNUALIZED BURDEN TABLE

Form	Type of respondent	Number of respondents	Number of responses per respondent	Total responses	Average burden hours per response	Total burden hours
CER Inventory Direct Submission Form for Reports or Other Publications.	Researchers/ Research Assistants.	400	1	400	25/60	167
CER Inventory Direct Submission Form for Projects.	Researchers/ Research Assistants.	100	1	100	28/60	47
Total						214

Seleda M. Perryman,

Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.

[FR Doc. 2011–310 Filed 1–10–11; 8:45 am]

BILLING CODE 4150–05–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 Day-11–0210]

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) 639–5960 or send an e-mail to *omb@cdc.gov.* Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

List of Ingredients Added to Tobacco in the Manufacture of Cigarette Products (OMB# 0920–0210 Exp. 04/30/2011)—Extension—Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention, (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC), Office on Smoking and Health (OSH) has the primary responsibility for the Department of Health and Human Services (HHS) smoking and health program. HHS's overall goal is to reduce death and disability resulting from cigarette smoking and other forms of tobacco use through programs of information, education and research.

Since 1986, as required by the Comprehensive Smoking Education Act of 1984 (CSEA, 15 U.S.C. 1336 or Pub. L. 98–474), CDC has collected information about the ingredients used in cigarette products. Respondents are commercial cigarette manufacturers, packagers, or importers (or their representatives), who are required by

the CSEA to submit ingredient reports to HHS on an annual basis.

Respondents are not required to submit specific forms; however, they are required to submit a list of all ingredients used in their products. CDC requires the ingredient report to be submitted by chemical name and Chemical Abstract Service (CAS) Registration Number, consistent with accepted reporting practices for other companies currently required to report ingredients added to other consumer products. Typically, respondents submit a summary report to CDC with the ingredient information for multiple products, or a statement that there are no changes to their previously submitted ingredient report.

Ingredient reports for new products are due at the time of first importation. Thereafter, ingredient reports are due annually on March 31. Information is submitted to OSH by mailing a written report on the respondent's letterhead, by CD, three-inch floppy disk, or thumb drive. Electronic mail submissions are not accepted.

Upon receipt and verification of the annual ingredient report, OSH issues a Certificate of Compliance to the respondent. OSH also uses the information to report to the Congress (as deemed appropriate) discussing the health effects of these ingredients.

In this Extension request, there are no changes to the estimated number of respondents, the estimated burden per response, or the information collection methods. There are no costs to respondents other than their time. The total estimated annualized burden hours are 930.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Number of respondents	Number of responses per respondent	Estimated burden hours
Cigarette Manufacturers, Packagers, and Importers	143	1	6.5

Dated: January 5, 2011.

Carol E. Walker,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 2011–335 Filed 1–10–11; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day-11–0672]

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 Carol E. Walker, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS D–74, Atlanta, GA 30333 or send an e-mail 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

Indicators of the Performance of Local, State, Territorial, and Tribal Education Agencies in HIV Prevention, Coordinated School Health Program, and Asthma Management Activities for Adolescent and School Health Programs (OMB No. 0920–0672, exp. 6/30/2011)—Revision—Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Division of Adolescent and School Health (DASH), CDC, supports HIV prevention activities, coordinated school health program (CSHP) activities, and asthma management activities conducted by local education agencies (LEA), state education agencies (SEA), territorial education agencies (TEA), and tribal governments (TG). DASH currently collects information about these activities under OMB control number 0920–0672 (exp. 6/30/2011). Because there is currently no other standardized annual reporting process for DASH-funded HIV prevention activities, CSHP activities, and asthma management activities, DASH seeks OMB approval to continue the information collection for three years (FY2010—FY2012 data). The previously approved questionnaires will be used to collect FY2010 data. Minor changes to the questionnaires will be implemented for the FY2011 and FY2012 data collections.

Information collection consists of four Web-based questionnaires that correspond to specific funding sources within DASH. Two questionnaires pertain to HIV-prevention program activities among LEAs and SEAs/TEAs/TGs, the third questionnaire pertains to CSHP activities among SEAs, and the fourth questionnaire pertains to asthma management activities among LEAs. There are no changes to the estimated burden per response for any of the questionnaires.

The two HIV questionnaires include questions about planning and improving projects; development and distribution of materials, professional development and individualized technical assistance on school policies; development and distribution of materials, professional development and individualized technical assistance on education curricula and instruction; collaboration with external partners; reducing disparities among populations of youth at disproportionate risk; and information about additional program activities.

The CSHP/PANT questionnaire also asks the questions above, but focuses on physical activity, healthy eating, and tobacco-use prevention activities. It includes additional questions about joint activities of the State Education Agency and State Health Agency (SHA); activities of the CSHP state-wide coalition; and development and