

acre of land along the eastern boundary of the LPOE, and approximately one acre along the western boundary of the LPOE. This expansion will mitigate traffic congestion in the port and allow an increase of the number of inspection lanes and employee parking. The expansion and reconfiguration of the LPOE will accommodate 11 primary booths for northbound inspection and allow for the future accommodation of four additional booths, including one booth for U.S./Mexico Emergency Vehicle pathway. The current six primary northbound U.S. entry lanes will be converted into three primary booths for U.S. entry for bus/high occupancy vehicles/recreational vehicles (HOV/RV) and bicycles. Southbound vehicle inspection lanes will be expanded from two to three lanes and four adjacent secondary inspection stalls will be constructed. Under the proposed action, a new headhouse facility will be constructed, administrative offices will be renovated, and pedestrian processing facilities would be expanded. Roadway modifications within the port will be conducted to improve traffic movement through the port and to enhance pedestrian safety. These modifications will also allow for establishment of an emergency route through the port.

The EIS will evaluate the potential environmental impacts associated with alternatives to implement the proposed action, including the No Action Alternative:

**Alternative 1:** Reconfigure the existing San Luis I LPOE and expand facilities through acquisition of approximately one acre of adjacent land to the west and approximately one acre of adjacent land to the east.

**No Action Alternative:** Continue operations in the existing LPOE facilities as they are currently configured. This alternative is included to provide a basis of comparison to the action alternative as required by NEPA regulations (40 CFR 1002.14[d]).

**SUPPLEMENTARY INFORMATION:** The public scoping period starts with publication of this notice in the **Federal Register** and will continue for 45 days

from the date of the notice. GSA will consider all comments received or post-marked by that date in defining the scope of the EIS.

A public scoping meeting will be held to provide the public with an opportunity to present comments, ask questions, and discuss concerns regarding the scope of the EIS with GSA representatives. GSA will hold a public scoping meeting on April 14, 2009 at the San Luis City Hall Council Chambers, 1090 E. Union Street from 4 to 7 p.m.

**DATES:** Interested parties should submit written comments on or before May 14, 2009.

**ADDRESSES:** Written comments concerning the scope of the EIS should be sent to GSA San Luis Scoping, c/o Parsons, 1700 Broadway Suite 900, Denver, CO 80290 or send an e-mail to [GSASanLuis@parsons.com](mailto:GSASanLuis@parsons.com).

**FOR FURTHER INFORMATION CONTACT:** Maureen Sheehan by phone at (415) 522-3601 or by e-mail at [Maureen.sheehan@gsa.gov](mailto:Maureen.sheehan@gsa.gov).

Dated: March 20, 2009.

**Abdee Gharavi,**

*Portfolio Division Director, 9PT.*

[FR Doc. E9-7158 Filed 3-27-09; 8:45 am]

**BILLING CODE 6820-YF-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS-0937-0198]

### Agency Information Collection Request. 30-Day Public Comment Request

**AGENCY:** Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, 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](mailto:Sherette.funncoleman@hhs.gov), or call the Reports Clearance Office on (202) 690-5683. Send written comments and recommendations for the proposed information collections within 30 days of this notice directly to the OS OMB Desk Officer; faxed to OMB at 202-395-6974.

**Proposed Project:** Public Health Service Polices on Research Misconduct (42 CFR Part 93)-OMB No 0937-0198-Extension-Office of Resource Integrity.

**Abstract:** This is a request to extend the currently approved collection. The purpose of the Annual Report on Possible Research Misconduct (Annual Report) form is to provide data on the amount of research misconduct activity occurring in institutions conducting PHS supported research. In addition this provides an annual assurance that the institution has established and will follow administrative policies and procedures for responding to allegations of research misconduct that comply with the Public Health Service (PHS) Policies on Research Misconduct (42 CFR Part 93). Research misconduct is defined as receipt of an allegation of research misconduct and/or the conduct of an inquiry and/or investigation into such allegations. These data enable the ORI to monitor institutional compliance with the PHS regulation. Lastly, the form will be used to respond to congressional requests for information to prevent misuse of Federal funds and to protect the public interest.

### ESTIMATED ANNUALIZED BURDEN

Forms (If necessary)	Type of respondent	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
PHS-6349 .....	Awardee Institutions .....	5246	1	6/60	525

Seleda Perryman,

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

[FR Doc. E9-7023 Filed 3-27-09; 8:45 am]

BILLING CODE 4151-17-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day-09BG]

#### Proposed Data Collection 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 and send comments to Maryam I. Daneshvar, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to [omb@cdc.gov](mailto: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

Field Test of Communication and Marketing Variables for Health Protection—New—National Center for Health Marketing/Coordinating Center for Health Information Service (NCHM/CCHIS), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

CDC does not have a mechanism to assess and monitor the health communication and marketing components of health protection. While CDC does evaluate specific health communication and marketing programs and projects, the common elements rooted in communication and marketing theories and constructs are not identified across programs and projects, nor frequently compared after the fact to ascertain the underlying factors and dynamics that inform and shape individual and group behaviors and actions. The purpose of this project is to develop a core set of communication and marketing constructs to inform CDC health protection programs and projects as well as track population-level changes over time.

CDC seeks a flexible platform that can be adapted to explore a wide range of health protection behaviors and inform communication and marketing efforts across CDC program areas. The survey platform underlying this field test is based on the People and Places framework (Maibach *et al.*, 2007; <http://www.biomedcentral.com/1471-2458/7/88>), and incorporates key constructs from health behavior theories and communication models to illustrate how personal and environmental factors may influence behavior. This platform offers the flexibility to develop survey items to assess a specific health topic (e.g., pan/seasonal flu, natural hazards, bioterrorism, etc.) while simultaneously relying on a standardized set of core underlying social-psychological and communication constructs.

The proposed data collection is to conduct a field test of the survey instrument focusing on the core communication and marketing

constructs for health protection behaviors. The field test survey will be administered to a purposive sample of 1,500 respondents. Two modes of administration will be tested, telephone (both landline and cell) and self-administration via the Web. The telephone survey will be conducted in three metropolitan areas. The Web survey will use an on-going national consumer panel.

Rather than representative random sampling from the population, the sampling is purposive, designed to reach subpopulations of those who are vulnerable from a health protections perspective and those who have low health literacy, that is, difficulty accessing and/or understanding health messages. Therefore, included in the target groups are the elderly, who may be somewhat isolated and for whom health messages may be confusing; people of low socioeconomic status, whose level of education can be a barrier to comprehending and following health messages; and persons not fluent in English, for whom innovative ways of communicating health messages may be necessary. For this nonprobability sample, telephone respondents will be recruited through commercial lists that optimize reaching specific subpopulations. Members of the general population will be surveyed as well in order to provide a benchmark for the subpopulations of interest. Web respondents will be recruited through an existing national consumer panel.

CDC will use the field test data to assess continuity of response patterns within each of the subgroups and to determine differences in administration time. In addition to subgroup population differences in attitudes, beliefs, and health behaviors, CDC will use the data to examine item-level mode effects, regional differences, and administrative/logistical barriers to guide the design of core measure surveys for other health protection behaviors.

There is no cost to respondents other than their time to complete the survey.

#### ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Screener .....	15,000	1	2/60	500
General Population Survey .....	750	1	18/60	225
Elderly Survey .....	250	1	18/60	75
Low SES English Survey .....	250	1	18/60	75
Hispanic (in-language) Survey .....	150	1	18/60	45
Chinese (in-language) Survey .....	50	1	18/60	15