

- Demonstrated ability to work in a consensus building process with a wide range of experts from diverse constituencies.

- Ability to volunteer approximately 10 to 15 hours per month to the Board's activities, including participation on meeting planning committees and preparation of text for annual reports and Comment Letters.

Nominations must include a resume describing the professional and educational qualifications of the nominee, as well as the nominee's current business address, e-mail address, and daytime telephone number. Interested candidates may self-nominate.

Submit nominations to: Mark Joyce, Designated Federal Officer, Office of Cooperative Environmental Management, U.S. Environmental Protection Agency (1601-M), 1200 Pennsylvania Avenue, NW., Washington, DC 20460.

FOR FURTHER INFORMATION CONTACT: Mark Joyce, Designated Federal Officer, U.S. Environmental Protection Agency (1601-M), Washington, DC 20460; telephone (202) 564-2130; fax (202) 564-8129; e-mail joyce.mark@epa.gov.

Dated: December 19, 2008.

Mark Joyce,

Designated Federal Officer.

[FR Doc. E8-31153 Filed 1-5-09; 8:45 am]

BILLING CODE 6560-50-M

FEDERAL RESERVE SYSTEM

Change in Bank Control Notices; Acquisition of Shares of Bank or Bank Holding Companies

The notificants listed below have applied under the Change in Bank Control Act (12 U.S.C. 1817(j)) and § 225.41 of the Board's Regulation Y (12 CFR 225.41) to acquire a bank or bank holding company. The factors that are considered in acting on the notices are set forth in paragraph 7 of the Act (12 U.S.C. 1817(j)(7)).

The notices are available for immediate inspection at the Federal Reserve Bank indicated. The notices also will be available for inspection at the office of the Board of Governors. Interested persons may express their views in writing to the Reserve Bank indicated for that notice or to the offices of the Board of Governors. Comments must be received not later than January 21, 2009.

A. Federal Reserve Bank of Philadelphia (Michael E. Collins, Senior Vice President) 100 North 6th Street,

Philadelphia, Pennsylvania 19105-1521:

1. *Louis A. DeNaples and Betty Ann DeNaples*, Moscow, Pennsylvania; *Louis A. DeNaples, Jr.*, Dunmore, Pennsylvania; *Lisa DeNaples*, Mt Pocono, Pennsylvania; *Ann DeNaples*, Ringoes, New Jersey; *Nicholas DeNaples*; *Margaret DeNaples Glodzick*; *Dominick DeNaples*; *Donna DeNaples Dileo*; *Dominick DeNaples and Mary Ann DeNaples*, all of Dunmore, Pennsylvania; *Charles DeNaples*, Roaring Brook Township, Pennsylvania; *Patrick DeNaples*; *Dominick DeNaples, Jr.*; *Anthony DeNaples and Joseph DeNaples*, all of Dunmore, Pennsylvania, to retain voting shares of First National Community Bancorp, Inc., and thereby indirectly retain control of First National Community Bank, both of Dunmore, Pennsylvania.

Board of Governors of the Federal Reserve System, December 31, 2008.

Jennifer J. Johnson,

Secretary of the Board.

[FR Doc. E8-31401 Filed 1-5-09; 8:45 am]

BILLING CODE 6210-01-S

GENERAL SERVICES ADMINISTRATION

[OMB Control No. 3090-0252]

General Services Administration Acquisition Regulation; Information Collection; Preparation, Submission, and Negotiation of Subcontracting Plans

AGENCY: Office of the Chief Acquisition Officer, GSA.

ACTION: Notice of request for comments regarding a renewal to an existing OMB clearance.

SUMMARY: Under the provisions of the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35), the General Services Administration will be submitting to the Office of Management and Budget (OMB) a request to review and approve an extension of a currently approved information collection requirement regarding preparation, submission, and negotiation of subcontracting plans. The clearance currently expires on June 30, 2009.

This information collection will ensure that small and small disadvantaged business concerns are afforded the maximum practicable opportunity to participate as subcontractors in construction, repair, and alteration or lease contracts. Preparation, submission, and negotiation of subcontracting plans

requires for all negotiated solicitations having an anticipated award value over \$500,000 (\$1,000,000 for construction), submission of a subcontracting plan with other than small business concerns when a negotiated acquisition meets all four of the following conditions.

1. When the contracting officer anticipates receiving individual subcontracting plans (not commercial plans).

2. When the award is based on trade-offs among cost or price and technical and/or management factors under FAR 15.101-1.

3. The acquisition is not a commercial item acquisition.

4. The acquisition offers more than minimal subcontracting opportunities.

Public comments are particularly invited on: Whether this collection of information is necessary 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; and ways to enhance the quality, utility, and clarity of the information to be collected.

DATES: Submit comments on or before: March 6, 2009.

FOR FURTHER INFORMATION CONTACT: Ms. Rhonda Cundiff, Procurement Analyst, Contract Policy Division, at telephone (202) 501-0044 or via e-mail to rhonda.cundiff@gsa.gov.

ADDRESSES: Submit comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Regulatory Secretariat (VPR), General Services Administration, Room 4041, 1800 F Street, NW., Washington, DC 20405. Please cite OMB Control No. 3090-0252, Preparation, Submission, and Negotiation of Subcontracting Plans, in all correspondence.

SUPPLEMENTARY INFORMATION:

A. Purpose

The GSAR provision at 552.219-72 requires a contractor (except small business concerns) to submit a subcontracting plan when a negotiated acquisition including construction, repair, and alterations and lease contracts (except those solicitations using simplified procedures) meets all four of the following conditions.

1. When the contracting officer anticipates receiving individual subcontracting plans (not commercial plans).

2. When award is based on trade-offs among cost or price and technical and/or management factors under FAR 15.101-1.

3. The acquisition is not a commercial item acquisition.

4. The acquisition offers more than minimal subcontracting opportunities.

B. Annual Reporting Burden

Respondents: 1,020.

Responses per Respondent: 1.

Hours Per Response: 12.

Total Burden Hours: 12,240.

Obtaining Copies of Proposals:

Requesters may obtain a copy of the information collection documents from the General Services Administration, Regulatory Secretariat (VPR), 1800 F Street, NW., Room 4041, Washington, DC 20405, telephone (202) 501-4755. Please cite OMB Control No. 3090-0252, Preparation, Submission, and Negotiation of Subcontracting Plans, in all correspondence.

Dated: December 2, 2008.

Al Matera, Director, Office of Acquisition Policy.

[FR Doc. E8-31456 Filed 1-5-09; 8:45 am]

BILLING CODE 6820-61-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Announcement of the Release of the U.S. Department of Health and Human Services' Action Plan To Prevent Healthcare-Associated Infections

AGENCY: Department of Health and Human Services, Office of the Secretary, Office of Public Health and Science.

ACTION: Notice.

Authority: 42 U.S.C 200u.

SUMMARY: The Office of Public Health and Science (OPHS), U.S. Department of Health and Human Services (HHS), announces the release of the HHS *Action Plan To Prevent Healthcare-Associated Infections (HHS Action Plan)*. The effort represents a culmination of several months of deliberation by subject matter experts across HHS to identify key actions in the prevention of healthcare-associated infections (HAIs). The document establishes national goals for enhancing and coordinating HHS-supported efforts, including the development of (1) National benchmarks; (2) prioritized recommended clinical practices to facilitate implementation of and adherence to existing recommended practices in hospitals; (3) a coordinated research agenda to strengthen the science for infection control prevention in hospitals; (4) a plan to progress towards the standardized measures and data definitional alignment needed to more accurately measure HAIs and

make the varied HHS data systems interoperable; (5) opportunities for evaluating compliance with infection control practices in hospitals through certification processes and potential options for the use of payment policies and financial incentives to motivate organizations to provide better, more efficient care; and (6) a national messaging plan to build partnerships with various stakeholder groups across the country.

Background: Healthcare-associated infections exact a significant toll on human life. They are among the top ten leading causes of death in the United States, accounting for an estimated 1.7 million infections and 99,000 associated deaths. In hospitals, they are a significant cause of morbidity and mortality. In addition to the substantial human suffering exacted by HAIs, the financial burden attributable to these infections is staggering. It is estimated that HAIs incur nearly \$20 billion in excess healthcare costs each year. For these reasons, the reduction of HAIs is a top priority for HHS.

The HHS Steering Committee to Prevent Healthcare-Associated Infections (Committee) was established in July 2008. The Committee was charged with developing a strategy to reduce HAIs and issuing a plan which establishes national goals for HAI prevention and outlines key actions for achieving identified short- and long-term objectives. The plan is also intended to enhance collaboration with external stakeholders to maximize coordination and impact of national efforts. Thus, the development process of the *HHS Action Plan* is inclusive. The goal is to effectively collaborate with multiple stakeholders to maximize reach and impact in order to effectively prevent HAIs. The process strives to maximize transparency, public input, and stakeholder dialogue to ensure that the *HHS Action Plan* is relevant to multiple audiences and diverse public health needs and seizes opportunities to achieve its goals. Drawing on the expertise of the HHS Steering Committee To Prevent Healthcare-Associated Infections, other experts across the Federal Government, various stakeholders, and the public, the *HHS Action Plan* will establish a national strategy for the reduction and prevention of HAIs. The public is invited to comment through the Web site on the content of the document. The plan is intended to be updated periodically in response to public input and new recommendations for infection prevention.

ADDRESSES: The *Action Plan To Prevent Healthcare-Associated Infections* and instructions for submitting comments can be viewed at <http://www.hhs.gov/ophs>.

FOR FURTHER INFORMATION CONTACT:

Send questions to the Office of Public Health and Science, U.S. Department of Health and Human Services, Ms. Julie Moreno at Julie.Moreno@hhs.gov (e-mail), (202) 401-9581 (phone), or (202) 690-6960 (fax) or Ms. Rani Jeeva at Rani.Jeeva@hhs.gov (e-mail), (240) 276-9824 (phone), or (240) 276-9860 (fax).

Dated: December 22, 2008.

Donald Wright,

Principal Deputy Assistant Secretary for Health.

[FR Doc. E8-31195 Filed 1-5-09; 10:58 am]

BILLING CODE 4150-28-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Proposed Project:

Title: Feasibility Test for Design Phase of National Study of Child Care Supply and Demand.

OMB No.: New Collection.

Description: The Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), intends to request approval from the Office of Management and Budget to collect information as part of the Design Phase of the National Study of Child Care Supply and Demand. This effort will gather information that will be useful for evaluating the feasibility and improving the design of a national study of child care supply and demand.

The proposed collection will consist of: A random-digit dial survey of households with children under age 13 for participation in a questionnaire about the demand for child care; a random-digit dial survey of households with individuals providing care to children under age 13 in a residential setting; a telephone screening of after-school programs for eligibility in a survey of child care providers; a telephone survey of providers of care to children under age 13; an in-person survey of providers of care to children under age 13; and, an in-person survey of parents of children under age 13 who are in non-parental care arrangements.

These data collection efforts will be used to examine the functioning of draft