

Instructions: Please submit comments only and cite Information Collection 3090-0248, GSAR 516-506, Solicitation Provisions and Contract Clauses; 552.216-72, Placement of Orders Clause, and 552.216-73, Ordering Information Clause, 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.

SUPPLEMENTARY INFORMATION:

A. Purpose

The General Services Administration (GSA) has various mission responsibilities related to the acquisition and provision of the Federal Acquisition Service's (FAS's) Stock, Special Order, and Schedules Programs. These mission responsibilities generate requirements that are realized through the solicitation and award of various types of FAS contracts. Individual solicitations and resulting contracts may impose unique information collection and reporting requirements on contractors, not required by regulation, but necessary to evaluate particular program accomplishments and measure success in meeting program objectives. As such, GSAR 516.506, Solicitation provision and clauses, specifically directs contracting officers to insert 552.216-72, Placement of Orders, when the contract authorizes FAS and other activities to issue delivery or task orders and 552.216-73, Ordering Information, directs the Offeror to elect to receive orders placed by FAS by either facsimile transmission or computer-to-computer Electronic Data Interchange (EDI).

B. Annual Reporting Burden

Respondents: 7,143.

Responses per Respondent: 1.

Annual Responses: 7,143.

Hours per Response: .25.

Total Burden Hours: 1785.

Obtaining Copies of Proposals:

Requesters may obtain a copy of the information collection documents from the General Services Administration, Regulatory Secretariat (MVCB), 1275 First Street NE., Washington, DC 20417, telephone (202) 501-4755. Please cite OMB Control No. 3090-0248, GSAR 516-506, Solicitation Provisions and Contract Clauses; 552.216-72, Placement of Orders Clause, and 552.216-73, Ordering Information Clause, in all correspondence.

Dated: April 16, 2012.

Joseph A. Neurauter,

Director, Office of Acquisition Policy & Senior Procurement Executive.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the Presidential Advisory Council on HIV/AIDS

AGENCY: Department of Health and Human Services, Office of the Secretary, Office of the Assistant Secretary for Health.

ACTION: Notice.

SUMMARY: As stipulated by the Federal Advisory Committee Act, the U.S. Department of Health and Human Service (DHHS) is hereby giving notice that the Presidential Advisory Council on HIV/AIDS (PACHA) will hold a meeting. The meeting will be open to the public.

DATES: The meeting will be held Wednesday, May 16, 2012 and Thursday, May 17, 2012. The meeting will be held from 9:00 a.m. to approximately 5:00 p.m. on Wednesday, May 16, 2012 and 9:00 a.m. to approximately 5:00 p.m. on Thursday, May 17, 2012.

ADDRESSES: L'Enfant Plaza Hotel, 480 L'Enfant Plaza SW., Washington, DC, Ballroom C and D.

FOR FURTHER INFORMATION CONTACT: Mr. Melvin Joppy, Committee Manager, Presidential Advisory Council on HIV/AIDS, Department of Health and Human Services, 200 Independence Avenue SW., Room 443H, Hubert H. Humphrey Building, Washington, DC 20201; (202) 690-5560. More detailed information about PACHA can be obtained by accessing the Council's Web site www.aids.gov/pacha.

SUPPLEMENTARY INFORMATION: PACHA was established by Executive Order 12963, dated June 14, 1995 as amended by Executive Order 13009, dated June 14, 1996. The Council was established to provide advice, information, and recommendations to the Secretary regarding programs and policies intended to promote effective prevention of HIV disease and AIDS. The functions of the Council are solely advisory in nature.

The Council consists of not more than 25 members. Council members are selected from prominent community leaders with particular expertise in, or knowledge of, matters concerning HIV and AIDS, public health, global health,

philanthropy, marketing or business, as well as other national leaders held in high esteem from other sectors of society. Council members are appointed by the Secretary or designee, in consultation with the White House Office on National AIDS Policy. The agenda for the upcoming meeting will be posted on the Council's Web site at www.aids.gov/pacha.

Public attendance at the meeting is limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the designated contact person. Pre-registration for public attendance is advisable and can be accomplished by contacting the PACHA Committee Manager at melvin.joppy@hhs.gov.

Members of the public will have the opportunity to provide comments at the meeting. Any individual who wishes to participate in the public comment session must register with Melvin Joppy at melvin.joppy@hhs.gov; registration for public comment will not be accepted by telephone. Public comment will be limited to two minutes per speaker. Any members of the public who wish to have printed material distributed to PACHA members at the meeting should submit, at a minimum, 1 copy of the materials to the Committee Manager, PACHA, no later than close of business Wednesday, May 9, 2012. Contact information for the PACHA Committee Manager is listed above.

Dated: April 23, 2012.

B. Kaye Hayes,

Executive Director, Presidential Advisory Council on HIV/AIDS.

[FR Doc. 2012-10279 Filed 4-27-12; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-12-0842]

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 404-639-7570 and send comments to Kimberly S. Lane, at CDC, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an email 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

STD surveillance Network (SSuN)—Division of STD Prevention (DSTDP); (OMB No. 0920-0842 Exp: 1/31/2013)—Revision—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The STD Surveillance Network (SSuN) project is an active STD sentinel surveillance network comprised of 12 surveillance sites including Alabama State Health Department, Baltimore City Health Department, Chicago City Health Department, Colorado State Health Department, Connecticut State Health Department, Los Angeles City Health Department, Louisiana State Health Department, New York City Health Department, Philadelphia city Health

Department, San Francisco City Health Department, Virginia State Health Department, Washington State Health Department. The objectives of the SSuN Project are (1) to establish an integrated network of sentinel STD clinics and health departments to inform and guide national programs and policies for STD control in the U.S.; (2) to improve the capacity of national, state and local STD programs to detect, monitor and respond to established and emerging trends in STDs, HIV, and viral hepatitis; and (3) to identify and evaluate the effectiveness of public health interventions to reduce STD morbidity. This project collects data using two surveillance strategies; enhanced surveillance in participating STD clinics and enhanced gonorrhea surveillance on a random sample of persons diagnosed with gonorrhea in participating jurisdictions of these 12 local and state health departments.

For the clinic-based surveillance, participating sites have developed common protocols stipulating which data elements would be collected, including demographic, clinical, risk and sexual behaviors. The specified data elements are abstracted on a quarterly basis from existing electronic medical records for all patient visits to participating clinics and transmitted to CDC through a secured channel. Each SSuN site will spend 2 hours to transmit the data to CDC each quarter. At CDC, data will be aggregated with data from all participating sites in a common language and formatted for analysis.

For the population-based surveillance, a random sample of individuals reported with gonorrhea residing within participating jurisdictions are interviewed using locally designed interview templates. Enhanced data collection includes

detailed information on demographic characteristics, behavioral risk factors and clinical history of persons with gonorrhea. Each of the 12 sites will interview 60 persons each quarter and each interview is expected to take about 8 minutes per person. Data for the population-based component will continue to be collected through telephone-administered or in-person interviews conducted by trained interviewers in the 12 SSuN sites. The survey results will be entered into the existing information systems at each health department and sent to CDC through a secure data network on a quarterly basis.

This information is being collected to establish (1) an integrated network of sentinel STD clinics and (2) state and local health departments to inform and guide national programs and policies for STD control in the US.

The Centers for Disease Control and Prevention request approval for a revision and a 3 year approval for the previously approved STD Surveillance Network (SSuN) project 0920-0842 (exp. 1/31/2013). The interview template has been revised to include four additional questions related to insurance status, but these changes will have minimal effect on the burden per respondent. Information on insurance and health care access are expected to have implications for program at the state/local and national level and can be used by state and local programs. Otherwise, the project activities and methods will remain the same as those used in the previously approved data collection period.

Participation of respondents is voluntary. There is no cost to the respondents other than their time.

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Respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
STD Surveillance Clinics	12	4	2	96
Gonorrhea patients	2880	1	8/60	384
Total				480

Kimberly S. Lane,

Deputy Director, Office of Science Integrity,
Office of the Associate Director for Science,
Office of the Director, Centers for Disease
Control and Prevention.

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