Government is $35 million or more, this provision requires the offeror to submit a copy of a PLA at the time offers are due, prior to award, or after contract award as determined by the agency. Subcontractors are required to become a party to the resulting PLA. An agency may require the use of a PLA on projects where the total cost to the Federal Government is less than $35 million, if appropriate.

• *FAR 52.222–34, Project Labor Agreement.* When a PLA is required for a large-scale construction project within the United States for which the total estimated cost of the construction contract to the Federal Government is $35 million or more, this clause requires the contractor to maintain the PLA in a current state throughout the life of the contract. The requirement for a PLA flows down to all subcontracts with subcontractors engaged in construction on the construction project.

• *FAR 52.222–46, Evaluation of Compensation for Professional Employees.* This provision requires offerors to submit for evaluation a total compensation plan setting forth proposed salaries and fringe benefits for professional employees working on the contract. The Government will use this information to determine if professional employees are compensated fairly and properly. Plans indicating unrealistically low professional employees' compensation may be assessed adversely as one of the factors considered in making a contract award.

C. Annual Burden

Respondents/Recordkeepers: 544,162.
Total Annual Responses: 619,558.
Total Burden Hours: 107,495 (107,174 reporting hours + 321 recordkeeping hours).

D. Public Comment

A 60-day notice was published in the **Federal Register** at 87 FR 51044 on August 19, 2022, as part of a proposed rule under FAR Case 2022–003, Use of Project Labor Agreements for Federal Construction Projects. Due to the public comments received in response to the proposed rule regarding the burden calculations, the estimated number of hours necessary for the implementation of a PLA were increased from a range of 40–80 to a range of 100–200 hours. Only the burden for the FAR provision at 52.222–33, and the FAR clause at 52.222–34 is affected by this revision. All other FAR part 22 provisions and clauses covered by OMB Control #9000–0066 remain the same as previously approved.

Obtaining Copies: Requesters may obtain a copy of the information collection documents from the GSA Regulatory Secretariat Division, by calling 202–501–4755 or emailing *GSARegSec@gsa.gov.* Please cite OMB Control No. 9000–0066, Certain Federal Acquisition Regulation Part 22 Labor Requirements.

Janet Fry,

Director, Federal Acquisition Policy Division, Office of Governmentwide Acquisition Policy, Office of Acquisition Policy, Office of Governmentwide Policy.

[FR Doc. 2024–06700 Filed 3–28–24; 8:45 am]

BILLING CODE 6820–EP–P

GENERAL SERVICES ADMINISTRATION

[Notice—IEB–2024–00; Docket No. 2024–0002; Sequence No. 14]

Privacy Act of 1974; System of Records

AGENCY: Office of Enterprise Data & Privacy Management; General Services Administration (GSA).

ACTION: Rescindment of a System of Records Notice.

SUMMARY: Pursuant to the provisions of the Privacy Act of 1974, notice is given that the General Services Administration (GSA) proposes to rescind a System of Records Notice, GSA/PPFM–10, Purchase Card Program. This system of records provides control over expenditure of funds through the use of Federal Government purchase cards.

DATES: This system of records stopped being maintained in 2008.

ADDRESSES: Comments may be submitted to the Federal eRulemaking Portal, *http://www.regulations.gov.* Submit comments by searching for GSA/PPFM–10.

FOR FURTHER INFORMATION CONTACT: Call or email Richard Speidel, Chief Privacy Officer at (202) 969–5830 and *gsa.privacyact@gsa.gov.*

SUPPLEMENTARY INFORMATION: GSA proposes to rescind a System of Records Notification, GSA/PPFM–10. This Notice is being rescinded due to the records of GSA/PPFM–10 being integrated into the government-wide SORN GSA SmartPay Purchase Charge Card Program (GSA/GOVT–6), beginning in 2008. This action is being taken to ensure that only one SORN covers the pertinent records.

SYSTEM NAME AND NUMBER:

Purchase Card Program, GSA/PPFM–10.

HISTORY:

This system was previously published in the **Federal Register** at 66 FR 39170, July 27, 2001, 70 FR 60347, October 17, 2005, 71 FR 48752, August 21, 2006, and 73 FR 22396, April 25, 2008.

Richard Speidel,

Chief Privacy Officer, Office of Enterprise Data & Privacy Management, General Services Administration.

[FR Doc. 2024–06724 Filed 3–28–24; 8:45 am]

BILLING CODE 6820–AB–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–24–23DV]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled ''Focus groups among adults with or caring for individuals with congenital heart defects (CHD), muscular dystrophy (MD), and spina bifida (SB)'' to the Office of Management and budget (OMB) for review and approval. CDC previously published a ''Proposed Data Collection Submitted for Public Comment and Recommendations'' notice on April 7, 2023 to obtain comments from the public and affected agencies. CDC received one public comment related to this notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(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. Comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to *www.reginfo.gov/public/do/PRAMain*. Find this particular information collection by selecting ''Currently under 30-day Review—Open for Public Comments'' or by using the search function. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395–5806. Provide written comments within 30 days of notice publication.

Proposed Project

Focus Groups Among Adults with or Caring for Individuals with Congenital Heart Defects (CHD), Muscular Dystrophy (MD), and Spina Bifida (SB)—New—National Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Congenital heart defects (CHD) are the most common type of structural birth defects in the United States, affecting approximately one in 110 live-born children, and are a leading cause of birth defect-associated infant mortality, morbidity, and healthcare costs. CHD mortality has decreased over the past few decades due to advances in diagnosis and medical interventions. As a result, more individuals are living into adulthood with CHD, a lifelong condition that can result in an increasing need for specialist care and clinical interventions over time. There is a lack of information on adults that are lost to cardiac care since most data sources only have access to patients that have been hospitalized or that are currently in cardiac care. A better understanding of the factors that contribute to adults not remaining in or seeking cardiac care will fill an important knowledge gap and could help shape future interventions to bring this population back to cardiac care.

Muscular dystrophies (MD) are a group of rare inherited disorders characterized by progressive and irreversible muscle weakness and wasting. The nine major types of MD (Duchenne and Becker [DBMD], myotonic dystrophy [DM], congenital [CMD], limb girdle [LGMD], Emory-Dreifuss [EDMD], facioscapulohumeral [FSHD], distal, and oculopharyngeal [OPMD]) vary by age of onset, muscle groups affected, genes involved, severity, and progression of disease. In 2002, CDC implemented the Muscular Dystrophy Surveillance, Tracking, and Research Network (MD STARnet [DD–19–002]). Now in its fourth funding cycle, MDSTARnet has conducted surveillance and collected epidemiologic and clinical data on people with DBMD, DM, FSHD, LGMD, CMD, OPMD, EDMD, and distal MD and has published numerous articles in scientific journals. However, qualitative data on the experiences of individuals with certain types of MD (DBMD, DM, FSHD, LGMD, and CMD) or their caregivers are limited. The MD portion of this collection will focus on gathering qualitative information to better understand the personal experiences of adults (≥18 years) with DBMD, FSHD, DM, and LGMD as well as adult caregivers of youth (<18 years) with DBMD, congenital or juvenile onset DM, and CMD. Specifically, qualitative data on barriers to accessing and receiving care, the journey to diagnosis, and for those diagnosed early in life the transition into adulthood will help to address a gap in the literature and inform future research and surveillance efforts.

Spina bifida (SB) is among the most common disabling birth defects in the United States. Based on national data from 2010–2014, the estimated birth prevalence for spina bifida is 3.9 per 10,000 live births. SB impacts different organ systems, resulting in the need for various types of clinical specialists. In 2008, CDC implemented the National Spina Bifida Patient Registry (NSBPR; [DD–19–001]) with SB clinics across the United States. In 2014, CDC funded a subset of NSBPR clinics to establish and implement the ''Urologic Management to Preserve Initial Renal Function Protocol for Young Children with Spina Bifida'' (UMPIRE Protocol; [DD–14–002]). NSBPR and UMPIRE have generated numerous publications on clinical interventions, health outcomes, and lessons learned. However, increases in survival for individuals with SB have prompted the need for greater understanding of the complexities involved in their clinical and psychological care. Qualitative data on individual and caregiver experiences with SB, including barriers to accessing specialty care, managing one's skin health and bowel and bladder function, and the transition from childhood to adulthood (for those with MD diagnosed prior to adulthood) are needed to guide future SB surveillance and research projects as well as the care of those aging into adulthood.

The purpose of this Information Collection Request (ICR) is to recruit individuals for virtual focus groups and gather qualitative data from adults with or caring for individuals with congenital heart defects (CHD), muscular dystrophies (MD), and spina bifida (SB). This data will be collected by KRC Research, a contracted research firm, over the course of the study and will provide firsthand perspectives on the types of care individuals receive with a special focus on receipt of and access to medical care and barriers and facilitators to accessing, receiving, or reengaging care; the journey to diagnosis; and the transition from pediatric to adult care (for persons diagnosed during childhood). This information may be used to address gaps in knowledge, inform future surveillance, research, and data collection, and gather patient and caregiver perspectives that may be shared with clinicians and inform clinical care.

The total estimated annualized burden for all audiences is 603 hours. There are no costs to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Adults with a CHD that have been out of cardiac care	CHD Screening Questionnaire	410	1	10/60
Adults with a CHD that have been out of cardiac care	CHD Focus Group Guide	80	1	105/60
Adults with MD or adult caregivers of individuals with MD	MD Screening Tool	210	1	10/60

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Adults with MD or adult caregivers of individuals with MD	MD Focus Group Guide	137	1	105/60
Adults with SB or adult caregivers of individuals with SB	SB Screening Tool	90	1	10/60
Adults with SB or adult caregivers of individuals with SB	SB Focus Group Guide	60	1	105/60

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, Office of Science, Centers for Disease Control and Prevention.

[FR Doc. 2024–06754 Filed 3–28–24; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Solicitation for Nominations for Appointment to the Mine Safety and Health Research Advisory Committee

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: In accordance with the Federal Advisory Committee Act, the Centers for Disease Control and Prevention (CDC), within the Department of Health and Human Services (HHS), is seeking nominations for membership on the Mine Safety and Health Research Advisory Committee (MSHRAC). MSHRAC consists of 10 experts in fields associated with mine safety and health research.

DATES: Nominations for membership on MSHRAC must be received no later than April 29, 2024. Packages received after this time will not be considered for the current membership cycle.

ADDRESSES: All nominations should be emailed to *mining@cdc.gov* or mailed to Steven Mischler, Ph.D., Designated Federal Officer, Mine Safety and Health Research Advisory Committee, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, 626 Cochrans Mill Road, Pittsburgh, Pennsylvania 15236.

FOR FURTHER INFORMATION CONTACT: Steven Mischler, Ph.D., Designated Federal Officer, Mine Safety and Health Research Advisory Committee, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, 626 Cochrans Mill Road, Pittsburgh, Pennsylvania 15236. Telephone: (412) 386–6588; email: *SMischler@cdc.gov.*

SUPPLEMENTARY INFORMATION: Nominations are sought for individuals who have the expertise and qualifications necessary to contribute to the accomplishment of the objectives of the Mine Safety and Health Research Advisory Committee (MSHRAC). Nominees will be selected based on expertise in fields associated with mine safety and health research, such as mining engineering, industrial hygiene, occupational safety and health engineering, chemistry, safety and health education, ergonomics, epidemiology, statistics, psychology, dissemination of scientific research findings, and currently practicing in their profession. Federal employees will not be considered for membership. Members may be invited to serve for up to four-year terms. Selection of members is based on candidates' qualifications to contribute to the accomplishment of MSHRAC objectives (*https://www.cdc.gov/faca/committees/mshrac.html*).

Department of Health and Human Services (HHS) policy stipulates that committee membership be balanced in terms of points of view represented and the committee's function. Appointments shall be made without discrimination on the basis of age, race, ethnicity, gender, sexual orientation, gender identity, HIV status, disability, and cultural, religious, or socioeconomic status. Nominees must be U.S. citizens and cannot be full-time employees of the U.S. Government. Current participation on Federal workgroups or prior experience serving on a Federal advisory committee does not disqualify a candidate; however, HHS policy is to avoid excessive individual service on advisory committees and multiple committee memberships. Committee members are Special Government Employees, requiring the filing of financial disclosure reports at the beginning of and annually during their terms. The Centers for Disease Control and Prevention (CDC) reviews potential candidates for MSHRAC membership each year and provides a slate of nominees for consideration to the Secretary of HHS for final selection. HHS notifies selected candidates of their appointment near the start of the term in December 2024, or as soon as the HHS selection process is completed. Note that the need for different expertise varies from year to year and a candidate who is not selected in one year may be reconsidered in a subsequent year.

Candidates should submit the following items:

- Current curriculum vitae, including complete contact information (telephone numbers, mailing address, email address).
- Cover letter, including a description of the candidate's qualifications and why the candidate would be a good fit for MSHRAC.
- At least one letter of recommendation from person(s) not employed by HHS. Candidates may submit letter(s) from current HHS employees if they wish, but at least one letter must be submitted by a person not employed by an HHS agency (*e.g.,* CDC, National Institutes of Health, Food and Drug Administration).

Nominations may be submitted by the candidate or by the person/organization recommending the candidate.

The Director, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, 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.

Kalwant Smagh,

Director, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2024–06686 Filed 3–28–24; 8:45 am]

BILLING CODE 4163–18–P