

**GENERAL SERVICES  
ADMINISTRATION**

[Notice–2011–03; Docket No. 2011–0006;  
Sequence 16]

**The President's Management Advisory  
Board (PMAB); Notification of  
Upcoming Public Advisory Meeting**

**AGENCY:** Office of Executive Councils,  
U. S. General Services Administration  
(GSA).

**ACTION:** Meeting Notice.

**SUMMARY:** The President's Management Advisory Board (PMAB), a Federal Advisory Committee established in accordance with the Federal Advisory Committee Act (FACA), 5 U.S.C., App., and Executive Order 13538, will hold a public teleconference meeting on September 23, 2011.

**DATES:** *Effective date:* August 30, 2011.

*Meeting date:* The teleconference meeting will be held on Friday, September 23, 2011, beginning at 10:30 a.m. eastern time, ending no later than 12 p.m.

**FOR FURTHER INFORMATION CONTACT:** Mr. Stephen Brockelman, Designated Federal Officer, President's Management Advisory Board, Office of Executive Councils, General Services Administration, 1776 G Street NW., Washington, DC 20006, at [stephen.brockelman@gsa.gov](mailto:stephen.brockelman@gsa.gov).

**SUPPLEMENTARY INFORMATION:**

*Background:* The PMAB was established to provide independent advice and recommendations to the President and the President's Management Council on a wide range of issues related to the development of effective strategies for the implementation of best business practices to improve Federal Government management and operation, with a particular focus on productivity and the application of technology.

*Agenda:* The main purpose of this meeting is for the full PMAB to discuss and vote on initial recommendations presented by PMAB's Information Technology (IT) and Senior Executive Service (SES) subcommittees. The Board is examining recommendations and leading business practices that have the potential to improve government performance in the areas of IT portfolio and project management, IT vendor performance management, SES leadership development, and SES performance appraisal systems. The meeting minutes will be available after the meeting on the PMAB Web site. <http://www.whitehouse.gov/administration/advisory-boards/pmab>.

*Meeting Access:* The teleconference meeting is open to the public; interested members of the public may listen to the PMAB's discussion using 1 (888) 323–9795 and passcode 7672250. Members of the public will not have the opportunity to ask questions or otherwise participate in the teleconference. However, members of the public wishing to comment on the discussion or topics outlined in the Agenda should follow the steps detailed in Procedures for Providing Public Comments below.

*Availability of Materials for the Meeting:* Please see the PMAB Web site (<http://www.whitehouse.gov/administration/advisory-boards/pmab>) for any available materials.

*Procedures for Providing Public Comments:* In general, public statements will be posted on the White House Web site (<http://www.whitehouse.gov/administration/advisory-boards/pmab>). Non-electronic documents will be made available for public inspection and copying in PMAB offices at GSA, 1776 G Street NW., Washington, DC 20006, on official business days between the hours of 10 a.m. and 5 p.m. eastern time. You can make an appointment to inspect statements by telephoning (202) 501–1398. All statements, including attachments and other supporting materials received, are part of the public record and subject to public disclosure. Any statements submitted in connection with the PMAB meeting will be made available to the public under the provisions of the Federal Advisory Committee Act.

The public is invited to submit written statements for this meeting to the Advisory Committee prior to the meeting no later than 5 p.m. on September 22, 2011, preferably earlier, by either of the following methods:

*Electronic Statements:* Submit written statements to Stephen Brockelman, Designated Federal Officer at [stephen.brockelman@gsa.gov](mailto:stephen.brockelman@gsa.gov); or

*Paper Statements:* Send paper statements in triplicate to Stephen Brockelman at President's Management Advisory Board, Office of Executive Councils, General Services Administration, 1776 G Street, NW., Washington, DC 20006.

Dated: August 22, 2011.

**Robert Flaak,**

*Director, Office of Committee and Regulatory Management, General Services Administration.*

[FR Doc. 2011–22149 Filed 8–29–11; 8:45 am]

**BILLING CODE 6820–BR–P**

**DEPARTMENT OF HEALTH AND  
HUMAN SERVICES**

[Document Identifier: OS–0990–New; 30–  
Day Notice]

**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 information collection request 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) 690–6162. Written comments and recommendations for the proposed information collections must be directed to the OS Paperwork Clearance Officer at the above email address within 60-days.

*Proposed Project:* The Office of Adolescent Health (OAH) Teen Pregnancy Prevention Performance Measure Collection—OMB No. OS–0990–NEW—Office of Adolescent Health and the Administration for Children Youth and Families.

*Abstract:* The Office of Adolescent Health (OAH) and the Administration for Children, Youth and Families (ACYF), under the U.S. Department of Health and Human Services (HHS), are funding a total of 107 grantees to conduct teen pregnancy prevention programs. Grantees are funded to either replicate evidence-based teen pregnancy prevention programs (75 OAH grantees) or to implement research and demonstration programs to test new and innovative approaches to teen

pregnancy prevention (19 OAH grantees and 13 ACYF grantees). Grants are funded for 5 years at levels ranging from \$400,000 to \$4 million per year. Interventions for these different programs vary widely in terms of duration (from 1 day to 4 years), setting (schools, clinics, or community based

settings), populations served (middle school students, high school students, parents of teens) and content (e.g., youth development programs or sex education programs). Funding requirements for the grantees included the collection and reporting of data for performance measurement. The performance measure

collection is important to OAH and ACYF because it will provide the agency with data both to effectively monitor these programs, and to comply with accountability and Federal performance requirements for the 1993 Government Performance and Results Act (Pub. L. 103–62).

#### ESTIMATED ANNUALIZED BURDEN TABLE

Forms (if necessary)	Type of respondent	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Perceived impact questions .....	Youth participating in programs .....	100,000	1	5/60	8,333
Reporting form for reach .....	Grantee program staff .....	107	2	4	856
Tier 1 A/B performance measure reporting form.	Grantee program staff—Tier 1 A/B ..	59	1	19	1121
Tier 1 C/D and Tier 2/PREIS performance measure reporting form.	Grantee program staff—Tier 1 C/D and Tier 2/PREIS.	48	1	21	1008
Total .....	.....	.....	.....	.....	11,318

#### Mary Forbes,

Office of the Secretary, Paperwork Reduction Act Clearance Officer.

[FR Doc. 2011–22168 Filed 8–29–11; 8:45 am]

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#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS–0990–New; 30-day notice]

#### 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 202–395–5806.

*Proposed Project:* Outcome Evaluation of Teenage Pregnancy Prevention: Integrating Services, Programs, and Strategies through Community-wide Initiatives—OMB No. 0990–NEW–Office of Adolescent Pregnancy Programs.

The Office of Adolescent Health and the Centers for Disease Control and Prevention (CDC) are working collaboratively to address the high pregnancy rate of women between the ages of 15–19 by demonstrating the effectiveness of innovative, multi-component, community-wide initiatives in preventing teen pregnancy and reducing rates of teen births in communities with the highest rates, with a focus on reaching African American and Latino youth aged 15–19. Components of these efforts include (1) Implementing evidence-based or evidence-informed prevention programs; (2) linking teens to quality health services; (3) educating stakeholders (community leaders, parents and other constituents) about relevant evidence-based or evidence-informed strategies to reduce teen pregnancy and data on needs and resources in target communities; and (4)

supporting the sustainability of the community-wide teen pregnancy prevention effort.

The main objective for the proposed Outcome Evaluation of Teenage Pregnancy Prevention: Integrating Services, Programs, and Strategies through Community-wide Initiatives is to measure risk behaviors, pregnancies, and use of contraceptives and family planning services among youth. The data collection instrument for the proposed study is a modified version of a recently approved survey (OMB No. 0970–0360 Expiration date 7/31/2013). Clearance is being requested to expand the utilization of a modified version of the previously-approved instrument.

The Outcome Evaluation of Teenage Pregnancy Prevention: Integrating Services, Programs, and Strategies through Community-wide Initiatives will focus on the combined change of two proportions: (1) The proportion of youth who have not engaged in sexual intercourse during the past 12 months and (2) the proportion of youth who have engaged in sexual intercourse but have used contraception consistently during the past 12 months. To determine if the change in this proportion of interest in the intervention community is significantly different from the control community is one of the most important parameters to be estimated. Power analysis determined that 1,200 surveys per community will be sufficient to detect this difference. The precise number of youth surveyed will depend on the response rates, and will be between 1,200 and 1,500 per community.