

of this collection of information, including suggestions for reducing this burden to: FAR Desk Officer, OMB, Room 10102, NEOB, Washington, DC 20503, and a copy to the Regulatory Secretariat (MVCB), General Services Administration, 1800 F Street, NW., Room 4041, Washington, DC 20405. Please cite OMB Control No. 9000-0169, American Recovery and Reinvestment Act—Quarterly Reporting for Prime Contractors, in all correspondence.

FOR FURTHER INFORMATION CONTACT: Mr. Ernest Woodson, Procurement Analyst, Contract Policy Branch, at telephone (202) 501-3775 or via e-mail to ernest.woodson@gsa.gov.

SUPPLEMENTARY INFORMATION:

A. Purpose

Elements updated quarterly for which the burden is imposed on the prime contractor include the following (information on the data elements can be found at FederalReporting.gov at the Recipient Reporting Data Model site):

a. The amount of Recovery Act funds invoiced by the contractor for the reporting period. A cumulative amount from all the reports submitted for this action will be maintained by the government's on-line reporting tool;

b. A list of all significant services performed or supplies delivered, including construction, for which the contractor has invoiced; and

c. An assessment of the contractor's progress towards the completion of the overall purpose and expected outcomes or results of the contract (*i.e.*, not started, less than 50 percent completed, completed 50 percent or more, or fully completed). This covers the contract (or portion thereof) funded by the Recovery Act.

B. Annual Reporting Burden

Respondents: 36,680.

Responses per Respondent: 5.

Total Annual Responses: 183,400.

Hours per Response: 1.5.

Total Burden Hours: 275,100.

Obtaining Copies of Proposals:

Requesters may obtain a copy of the information collection documents from the General Services Administration, Regulatory Secretariat (MVCB), 1800 F Street, NW., Room 4041, Washington, DC 20405, telephone (202) 501-4755. Please cite OMB Control No. 9000-0169, American Recovery and Reinvestment Act—One-time Reporting, Compensation Requirements, in all correspondence.

Dated: April 1, 2010.

Al Matera,

Director, Acquisition Policy Division.

[FR Doc. 2010-8030 Filed 4-7-10; 8:45 am]

BILLING CODE 6820-EP-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Decision To Evaluate a Petition to Designate a Class of Employees for the Ames Laboratory, Ames, IA, To Be Included in the Special Exposure Cohort

AGENCY: National Institute for Occupational Safety and Health (NIOSH), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: HHS gives notice as required by 42 CFR 83.12(e) of a decision to evaluate a petition to designate a class of employees for the Ames Laboratory, Ames, Iowa, to be included in the Special Exposure Cohort under the Energy Employees Occupational Illness Compensation Program Act of 2000. The initial proposed definition for the class being evaluated, subject to revision as warranted by the evaluation, is as follows:

Facility: Ames Laboratory.

Location: Ames, Iowa.

Job Titles and/or Job Duties:

Scientists, production workers, technicians, salaried graduate students, physical plant workers, administrative and support staff who worked in the Atomic Energy Commission and Department of Energy facilities on the Ames Laboratory Campus variably known as Annexes 1 and 2, Hot Canyon, Wilhelm Hall or Metallurgy Building, Spedding Hall, Research and Chemistry Buildings.

Period of Employment: January 1, 1955 through December 31, 1960.

FOR FURTHER INFORMATION CONTACT:

Stuart L. Hinnefeld, Interim Director, Division of Compensation Analysis and Support, National Institute for Occupational Safety and Health (NIOSH), 4676 Columbia Parkway, MS C-46, Cincinnati, OH 45226, Telephone 877-222-7570. Information requests can also be submitted by e-mail to OCAS@CDC.GOV.

John Howard,

Director, National Institute for Occupational Safety and Health.

[FR Doc. 2010-7913 Filed 4-7-10; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (Section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104-13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, e-mail paperwork@hrsa.gov or call the HRSA Reports Clearance Officer on (301) 443-1129.

Comments are invited on: (a) The proposed collection of information for the proper performance of the functions of the agency; (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.

Proposed Project: National Health Service Corps Alumni Initiative—New

The Health Resources and Services Administration's (HRSA) Bureau of Clinician Recruitment and Service (Bureau) administers the National Health Service Corps (NHSC) and its Scholarship and Loan Repayment Programs authorized under sections 331-338H of the Public Health Service Act (42 U.S.C. 254d-254q). Under these NHSC programs, health professionals agree to provide primary health services in health professional shortage areas. Health professionals who have completed NHSC service are considered to be NHSC Alumni.

The Bureau is proposing to develop a database of NHSC Alumni to establish an active network of Alumni to serve as a resource for the recruitment, counseling, and/or mentoring of future and current primary health care providers to practice in underserved communities. The database would

maintain contact information for NHSC Alumni, allow NHSC Alumni to better communicate with each other, and enable the Bureau to communicate with NHSC Alumni (e.g., send updates, plan meetings, and provide monthly newsletters).

Basic contact information would be collected from the NHSC Alumni, such as, name, state (of residence and/or employment), contact telephone number, contact e-mail address, discipline, specialty, uniformed services rank and status (active duty or retired), and NHSC service category (Scholar,

Loan Repayor, or Volunteer). The data would be easily collected and accessed through a secure Web portal and allow for the safe collection and storage of this information.

The estimated annual burden is as follows:

Instrument	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Alumni Database	5,000	1	5,000	.20	1,000

E-mail comments to paperwork@hrsa.gov or mail the HRSA Reports Clearance Officer, Room 10–33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: March 31, 2010.

Sahira Rafiullah,

Director, Division of Policy and Information Coordination.

[FR Doc. 2010–7927 Filed 4–7–10; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30-Day–10–0745]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–5960 or send an e-mail to omb@cdc.gov. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Colorectal Cancer Screening Program (OMB No. 0920–0745 7/31/2010)—

Revision—Division of Cancer Prevention and Control (DCPC), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Colorectal Cancer (CRC) is the second leading cause of cancer-related deaths in the United States, following lung cancer. Based on scientific evidence which indicates that regular screening is effective in reducing CRC incidence and mortality, regular CRC screening is now recommended for average-risk persons.

In 2005, CDC established a demonstration program to screen low-income individuals 50 years of age and older who have no health insurance or inadequate health insurance for CRC. The five demonstration sites have reported information to CDC including de-identified, patient-level demographic, screening, diagnostic, treatment, outcome and cost reimbursement data (Colorectal Cancer Screening Demonstration Program, OMB No. 0920–0745, exp. 7/31/2010).

CDC requests OMB approval to continue the information collection for three years, with changes. First, the number of funded sites will increase from 5 to 26, and the term “Demonstration” will be deleted from the title. Second, there will be a reduction in the burden per respondent associated with the collection of clinical information. Reporting forms for medical complications and medically ineligible clients will be discontinued, the level of detail collected from endoscopy and pathology reports will be reduced, and the reporting form for colorectal cancer clinical data elements

(CCDE) will be streamlined. As a result, the reporting burden per CCDE form will be similar regardless of primary test provided. Third, the collection of patient-level reimbursement cost data will be discontinued and will be replaced by the collection of program-level activity-based cost data using a Cost Assessment Tool (CAT). The information to be collected through the CAT will allow CDC to compare activity-based costs across multiple sites and programs, and will provide a more effective means of monitoring and improving the performance and cost-effectiveness of the CRC screening program.

Each program site will screen an estimated 375 patients per year. De-identified CCDE information concerning approximately 187 new screening records will be transmitted to CDC electronically twice per year. Information collected through the Cost Assessment Tool will be transmitted electronically to CDC once per year. Reporting is required for all sites funded through the CRC screening program.

The goals of the expanded CRC screening program are to increase population-based screening and to reduce health disparities in CRC screening, incidence and mortality. The program will continue to provide services to low-income individuals age 50 and older with inadequate or no health insurance for CRC.

The total estimated annualized burden hours are 3,010. The increase in the number of funded sites and the proposed changes will result in an overall increase in burden to respondents. There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form type	No. of respondents	No. of responses per respondent	Average burden per response (in hours)
Colorectal Cancer Screening Programs	Clinical Data Elements	26	375	15/60