DATES: Submit comments on or before February 17, 2009.

FOR FURTHER INFORMATION CONTACT: Edward Chambers, Procurement Analyst, Contract Policy Division, GSA (202) 501–3221.

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. 3090–0280, Tax Adjustment Clause 552.270–30, in all correspondence.

SUPPLEMENTARY INFORMATION:

A. Purpose

The General Services Administration (GSA) has various mission responsibilities related to the acquisition and provision supply, service, and leasehold acquisitions. These mission responsibilities generate requirements that are realized through the solicitation and award of various types of 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, measure success in meeting program objectives, or adjust acquisition requirements. Leasehold acquisitions provide for real estate tax adjustments due to changes in real estate taxes on land and buildings occupied by the Government. In a leasehold acquisition, the lessor shall provide the following information regarding real estate taxes: (1) Any notice which may affect the valuation of land and buildings covered by this lease for real estate tax purposes; (2) Any notice of a tax credit or tax refund related to land and buildings covered by this lease; and (3) Each tax bill related to land and building covered by this lease. The lessor is also required to provide the contracting officer a proper invoice including evidence of payment to receive the tax adjustment. Depending on the leasehold acquisition, the tax adjustment can result in either the lessor receiving a credit or the Government receiving a credit.

B. Annual Reporting Burden.

Respondents: 7041.
Responses Per Respondent: 1.
Total Responses: 7041.
Hours Per Response: 6.
Total Burden Hours: 42,246.
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. 3090–0280, Tax Adjustment Clause 552.270–30, in all correspondence.

Dated: December 10, 2008.

Al Matera,

Director,Contract Policy Division.

[FR Doc. E8–30016 Filed 12–18–08; 8:45 am]

BILLING CODE 6820–61–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of the Development of a Web-Based System Used To Request Meetings Regarding Medical Countermeasures to Naturally Occurring or Manmade Threats

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

ACTION: Notice.

SUMMARY: The Department of Health and Human Services (HHS) is announcing the availability of a new Web-based system, MedicalCountermeasures.gov. MedicalCountermeasures.gov will enable external stakeholders to request meetings with personnel from the organizations that comprise the Public Health Emergency Medical Countermeasures Enterprise (PHEMCE) regarding medical countermeasures to threats to public health, either naturally occurring or manmade. The goal of these meetings is to provide an opportunity for stakeholders to share information regarding medical countermeasures. The system can be accessed from the Web site *https://www.medicalcountermeasures.gov/RequestMeeting.aspx.*

During the BioShield Stakeholders Workshop, HHS Secretary Michael O. Leavitt announced that HHS would develop a Web based system ''through which those in industry and the research and development community can reach the people they need in the federal government, whether they're looking at a basic level of research or are focused on end-stage development.'' In fulfillment of this promise, HHS has developed MedicalCountermeasures.gov.

MedicalCountermeasures.gov enables external stakeholders to request a meeting with federal representatives from participating PHEMCE agencies regarding medical countermeasures they are developing for use in response to a public health emergency. The information will then be routed to personnel within the relevant PHEMCE agencies, which currently include: The National Institutes of Health (NIH), the Office of the Biomedical Advanced Research and Development Authority (BARDA), the Food and Drug Administration (FDA), and the Department of Veterans Affairs (VA). MedicalCountermeasures.gov also provides information on upcoming and past conferences; procurements and grants; regulatory information; and strategic plans from throughout the PHEMCE agencies.

FOR FURTHER INFORMATION CONTACT: Elizabeth Jarrett, M.A., Office of the Biomedical Advanced Research and Development, Office of the Assistant Secretary for Preparedness and Response, Department of Health and Human Services, 330 Independence Ave., SW., Room G640, Washington, DC 20201; phone: 202–260–1200; e-mail address: *BARDA@hhs.gov.*

Dated: December 9, 2008.

W. Craig Vanderwagen,

Assistant Secretary for Preparedness and Response, Department of Health and Human Services.

[FR Doc. E8–30150 Filed 12–18–08; 8:45 am]

BILLING CODE 4150–37–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Opportunity for Cosponsorship of the Integrated Medical, Public Health, Preparedness, and Response Training Summit

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

ACTION: Notice.

SUMMARY: The Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response (ASPR) and Office of the Surgeon General (OSG) announce the opportunity for both private sector and non-profit entities to cosponsor an annual training summit. The focus of this training is medical and public health preparedness and response during disasters and emergencies. Potential cosponsors must have a mutual interest in the subject matter, the capability to provide logistical and educational support, and be willing to participate substantively in the cosponsored activity.

DATES: To receive consideration, a request to participate as a cosponsor must be received by the close of business on February 2, 2009. Requests will meet the deadline if they are either (1) received on or before the deadline

date; or (2) postmarked on or before the deadline date. Private metered postmarks will not be acceptable as proof of timely mailing. Hand-delivered requests must be received by 5 p.m. on the deadline date. Requests that are received after the deadline date will be returned to the sender.

ADDRESSES: Notification of interest and proposal for cosponsorship should be sent to Leslie Beck, National Disaster Medical System, 330 Independence Ave., SW, Room G–644, Washington, DC 20201 or if mailing by FedEx/UPS please send them to Leslie Beck, 409 Third Street, SW., Suite 330, Washington, DC 20024. Phone number: (202) 205–5929, fax number: (800) 872–5945. Notifications and proposals may also be submitted by electronic mail to *leslie.beck@hhs.gov.*

FOR FURTHER INFORMATION CONTACT: Requests for additional information on the training and cosponsorship should be directed to Leslie Beck, National Disaster Medical System, 330 Independence Ave., SW., Room G–644, Washington, DC 20201 or if mailing by FedEx/UPS please send them to Leslie Beck, 409 Third Street, SW., Suite 330, Washington, DC 20024. Phone number: (202) 205–5929, fax number: (800) 872–5945, e-mail: *leslie.beck@hhs.gov.*

SUPPLEMENTARY INFORMATION:

Description

The Integrated Medical, Public Health, Preparedness, and Response Training Summit brings together several national-level entities within the Department of Health and Human Services (HHS) that have, in the past, held separate organizational meetings, training summits and leadership conferences. These entities collectively organized a joint training summit scheduled to be held in April, 2009. These organizations include the U.S. Public Health Service (PHS), National Disaster Medical System (NDMS), Medical Reserve Corps (MRC) and the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR–VHP). The combination into an integrated Training Summit permits coordination, collaboration and interaction amongst the target audience—the leaders and members of these response partner organizations. The Training Summit will enhance the knowledge, skills, and abilities of participants, which in turn will improve their competency to deliver public health and medical care services during emergencies and disasters of any origin. Networking with these expert faculty members and fellow participants, many of whom are the nation's leaders in the area of public health emergencies, will give access to the latest in emergency response and coordination capabilities.

These organizations are authorized under sections 203, 319I, 2812, and 2813 of the Public Health Service Act, among other HHS authorities.

Requirements of Cosponsorship

ASPR and OSG are seeking a cosponsor(s) for the 2010 national training summit for full-time, intermittent, and other potential Federal, State and local responders, as well as the leaders of the various component organizations. The summit will focus on skills development, knowledge enhancement and information sharing regarding the variety of support services necessary during a public health emergency.

Following the training summit, participants will be better trained for their respective missions and will understand how other public health and medical response components contribute to the full spectrum of care available during an emergency.

Cosponsoring organizations must have a substantive interest in the goals of the training summit and are expected to be active participants. Cosponsorship involves joint development, support, implementation, and evaluation of the training summit with the ASPR, OSG and other cosponsors.

The ASPR and OSG are seeking a cosponsor(s) to partner in ways that accord with its particular circumstances. For example, a cosponsor may assist ASPR and OSG by:

(1) Participating in the development of the training curriculum, planning of educational demonstrations, and designation of professional organizations and experts in those specific activities;

(2) Participating in the review, development, and approval of all materials produced for educational purposes and promotion of the event; and all materials, signage, press releases, etc. that mention the cosponsorship;

(3) Participating in the coordination of logistical concerns; e.g., training location, training structure, insurance, etc.

A copy of the Department of Health and Human Services guidelines on cosponsorship is available upon request. HHS will reserve the right to determine both the form and the content of the information provided to the training participants.

Availability of Funds

There are no Federal funds available for this cosponsorship. All cosponsors agree to not use the event as a vehicle to sell or promote products or services. Any incidental promotional materials cannot imply that the HHS endorses any products or services.

Eligibility for Cosponsorship

To be eligible, an interested party must be: (1) Be a public or a private non-profit or for-profit organization or corporation, (2) be an entity that, by virtue of its nature and purpose, has a legitimate interest in the subject matter, (3) agree to sign a cosponsorship agreement with the HHS which will set forth the details of the cosponsored activity, including the requirements that any fees raised should not be designed to exceed the cosponsor's costs, and fees collected by the cosponsor should be limited to the amount necessary to cover the cosponsor's related operating expenses and (4) participate substantively in the training summit (not just provide funding or logistical support).

Cosponsorship Proposal

Each cosponsorship proposal should contain a description of: (1) The entity or organization; (2) its background in training and educational activities; (3) its proposed involvement in the cosponsored activity to include evidence of a substantive interest; and (4) plan for implementation with timeline(s). Selected cosponsors shall furnish the personnel, materials, equipment and funding necessary to carry out their activities in cosponsoring the 2010 training summit.

Evaluation Criteria

In exploring potential cosponsors for the training summit, ASPR and OSG will use the following evaluation criteria, as appropriate and relevant, to determine whether HHS will engage in a cosponsorship with particular entities:

(1) Requester's qualifications and capability to fulfill cosponsorship responsibilities;

(2) Requester's experience in administering large national training programs;

(3) Requester's specific work previously performed or currently being performed, with particular emphasis on those national programs/projects dealing with educational activities with the Federal Government, schools, organizations, and individuals;

(4) Requester's personnel: Name, professional qualifications and specific experience of key personnel who would be available to work on these projects;

(5) The ability of the interested party to arrange for the funding of the development and implementation of the training summit. The requester's description of financial management to include the discussion of experience in developing an annual budget and collecting and managing monies from organizations and/or individuals;

(6) Requester's proposed plan for managing the training program, including such financial aspects as cost of venue, materials, promotion, distribution and program management.

Other Information

Prior to the selection of the cosponsors, HHS staff will meet separately with those interested parties who best meet the evaluation criteria. Moreover, other federal agencies may be involved in the cosponsorship process. As a general rule, restrictions will apply to the use of any HHS logos, so as to avoid suggestions that HHS, or any other department or agency of the Federal Government, endorses any of the products involved in the training summit. Once details of the program have been mutually agreed upon, cosponsors will be required to enter into a cosponsorship agreement with the Department of Health and Human Services setting forth the rights and responsibilities of the cosponsor(s) and HHS, especially the right of HHS to approve training messages.

Dated: December 8, 2008.

Craig Vanderwagon,

Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services.

[FR Doc. E8–30151 Filed 12–18–08; 8:45 am]

BILLING CODE 4150–37–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–339 and CMS–R–144/CMS–368]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS) is publishing the following summary of proposed collections 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.

1. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Medicare Provider Cost Report Reimbursement Questionnaire; *Use:* Form CMS–339 must be completed by all providers that submit full cost reports to the Medicare intermediary under Title XVIII of the Social Security Act. It is designed to answer pertinent questions about key reimbursement concepts found in the cost report and to gather information necessary to support certain financial and statistical entries on the cost report. The questionnaire is used by the Medicare intermediaries as a tool to help them arrive at a prompt and equitable settlement of all of the various types of provider cost reports (hospitals, skilled nursing facilities (SNFs), home health agencies (HHAs), etc.) and sometimes preclude the need for a comprehensive on-site audit. *Form Number:* CMS–339 (OMB# 0938–0301); *Frequency:* Annually; *Affected Public:* Business or other for-profit and Not-for-profit institutions; *Number of Respondents:* 38,429; *Total Annual Responses:* 38,429; *Total Annual Hours:* 431,148.

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* State Medicaid Drug Rebate; *Use:* Section 1927 of the Social Security Act requires each State Medicaid agency to report quarterly prescription drug utilization information to drug manufacturers and to CMS. As part of this information, the State Medicaid agencies are required to report the total Medicaid rebate amount they claim they are owed by each drug manufacturer for each covered prescription drug product each quarter. *Form Number:* CMS–R–144 and CMS–368 (OMB# 0938–0582); *Frequency:* Quarterly; *Affected Public:* State, Local or Tribal Governments; *Number of Respondents:* 51; *Total Annual Responses:* 204; *Total Annual Hours:* 9,389.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS' Web Site at *http://www.cms.hhs.gov/PaperworkReductionActof1995,* or E-mail your request, including your address, phone number, OMB number, and CMS document identifier, to *Paperwork@cms.hhs.gov,* or call the Reports Clearance Office on (410) 786–1326.

In commenting on the proposed information collections please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in one of the following ways by February 17, 2009:

1. *Electronically.* You may submit your comments electronically to *http://www.regulations.gov.* Follow the instructions for ''Comment or Submission'' or ''More Search Options'' to find the information collection document(s) accepting comments.

2. *By regular mail.* You may mail written comments to the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: Document Identifier/OMB Control Number_, Room C4–26–05, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

Dated: December 12, 2008.

Michelle Shortt,

Director, Regulations Development Group, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. E8–30160 Filed 12–18–08; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10175, CMS–10236, and CMS–179]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

AGENCY: Centers for Medicare & Medicaid Services.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services, is publishing the following summary of proposed collections 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