

Occupational Safety, and Drug-Free Workplace” on your attached document.

- *Mail:* General Services

Administration, Regulatory Secretariat Division (MVCB), 1800 F Street NW., Washington, DC 20405. ATTN: Ms. Flowers/IC 3090–0205, Environmental Conservation, Occupational Safety, and Drug-Free Workplace.

Instructions: Please submit comments only and cite Information Collection 3090–0205, Environmental Conservation, Occupational Safety, and Drug-Free Workplace, 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.

FOR FURTHER INFORMATION CONTACT: Mr. Kevin Funk, Procurement Analyst, General Services Acquisition Policy Division, GSA, at telephone 215–446–4860 or via email to kevin.funk@gsa.gov.

SUPPLEMENTARY INFORMATION:

A. Purpose

The Federal Hazardous Substance Act and Hazardous Material Transportation Act prescribe standards for packaging of hazardous substances. To meet the requirements of the Acts, the General Services Administration Regulation prescribes provision 552.223–72, Hazardous Material Information, to be inserted in solicitations and contracts that provides for delivery of hazardous materials on a Free On Board (FOB) origin basis.

This information collection will be accomplished by means of the provision which requires the contractor to identify for each National Stock Number (NSN), the DOT Shipping Name, Department of Transportation (DOT) Hazards Class, and whether the item requires a DOT label. Contracting Officers and technical personnel use the information to monitor and ensure contract requirements based on law and regulation.

Properly identified and labeled items of hazardous material allows for appropriate handling of such items throughout GSA’s supply chain system. The information is used by GSA, stored in an NSN database and provided to GSA customers. Non-Collection and/or a less frequently conducted collection of the information resulting from GSAR provision 552.223–72 would prevent the Government from being properly notified. Government activities may be hindered from apprising their employees of; (1) All hazards to which they may be exposed; (2) Relative symptoms and appropriate emergency

treatment; and (3) Proper conditions and precautions for safe use and exposure.

B. Annual Reporting Burden

Respondents: 563.

Responses per Respondent: 3.

Total Responses: 1689.

Hours per Response: .67.

Total Burden Hours: 1132.

C. Public Comments

Public Comments are particularly invited on: Whether this collection of information is necessary and whether it will have practical utility; whether our estimate of the public burden of this collection of information is accurate and based on valid assumptions and methodology; and ways to enhance the quality, utility, and clarity of the information to be collected.

Obtaining Copies of Proposals:

Requesters may obtain a copy of the information collection documents from the General Services Administration, Regulatory Secretariat Division, 1800 F Street NW., Washington, DC 20405, telephone 202–501–4755.

Please cite OMB Control No. 3090–0205, Environmental Conservation, Occupational Safety, and Drug-Free Workplace, in all correspondence.

Dated: July 23, 2015.

Jeffrey A. Koses,

Senior Procurement Executive, Director, Office of Acquisition Policy.

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BILLING CODE 6820–61–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60-Day–15–15AUE; Docket No. CDC–2015–0057]

Proposed Data Collection Submitted for Public Comment and Recommendations

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

ACTION: Notice with comment period.

SUMMARY: The Centers for Disease Control and Prevention (CDC), as part of its continuing efforts to reduce public burden and maximize the utility of government information, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995. This notice invites

comments on a proposed CDC-funded information collection entitled “Capacity Building Assistance Assessment for HIV Prevention”. This request is for a one-year Office of Management and Budget approval to assess the capacity of each community-based organizations (CBOs) and their partnership who receive federal funds to implement their Comprehensive High-Impact HIV Prevention activities.

DATES: Written comments must be received on or before September 28, 2015.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2015–0057 by any of the following methods:

- *Federal eRulemaking Portal:*

Regulations.gov. Follow the instructions for submitting comments.

- *Mail:* Leroy A. Richardson, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE., MS–D74, Atlanta, Georgia 30329.

Instructions: All submissions received must include the agency name and Docket Number. All relevant comments received will be posted without change to *Regulations.gov*, including any personal information provided. For access to the docket to read background documents or comments received, go to *Regulations.gov*.

Please note: All public comment should be submitted through the Federal eRulemaking portal (Regulations.gov) or by U.S. mail to the address listed above.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact the Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE., MS–D74, Atlanta, Georgia 30329; phone: 404–639–7570; Email: omb@cdc.gov.

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501–3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. In addition, the PRA also requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each new proposed collection, each proposed extension of existing collection of information, and each reinstatement of previously approved information collection before submitting the collection to OMB for approval. To comply with this requirement, we are

publishing this notice of a proposed data collection as described below.

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; (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; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information, to search data sources, to complete and review the collection of information; and to transmit or otherwise disclose the information.

Proposed Project

Capacity Building Assistance Assessment for HIV Prevention—New—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

For over 30 years, Human Immunodeficiency Virus (HIV) has been an epidemic, affecting millions globally. According to the CDC, by the end of 2010 an estimated 1,144,500 persons aged 13 years and older were living with HIV infection in the U.S., including 180,900 (15.8%) persons who are

unaware of their infection. Over the past 10 years, deaths among persons in the U.S. living with HIV have declined, the number of people living with HIV has increased, and the number of new HIV infections has remained stable with approximately 50,000 new infections annually.

Some groups are disproportionately affected by this epidemic. For example, between 2006 and 2009, there was an almost 50% increase in the number of new HIV infections among young Black men who have sex with men (MSM). In order to address these health disparities, the CDC is funding 90 CBOs and their collaborative partners (Partnerships) to address the national HIV epidemic by reducing new infections, increasing access to care, and promoting health equity; particularly for people living with and at greatest risk of HIV infection. This includes African Americans/Blacks; Latinos/Hispanics; all races and ethnicities of gay, bisexual, and other MSM; IDUs; and transgender persons.

Building the capacity of the funded organizations to conduct HIV programs and services is a priority to ensure effective and efficient delivery of HIV prevention treatment and care services. Since the late 1980s, CDC has been working with CBOs to broaden the reach of HIV prevention efforts. Over time, the CDC's program for HIV prevention has grown in size, scope, and complexity, responding to changes in approaches to addressing the epidemic, including the introduction of new guidance, effective behavioral, biomedical, and structural interventions, and public health strategies.

The Capacity Building Branch within the Division of HIV/AIDS Prevention (D) provides national leadership and support for capacity building assistance (CBA) to help improve the performance of the HIV prevention workforce. One way that it accomplishes this task is by funding CBA providers to work with CBOs, health departments, and communities to increase their knowledge, skills, technology, and infrastructure to implement and sustain science-based, culturally appropriate

interventions and public health strategies.

Applicants selected for funding must work with the CDC-funded CBA providers to develop and implement a Capacity Building Assistance Strategic Plan (CBASP). The information collected via this process will be used to construct a CBASP for each funded organization in collaboration with CDC's Capacity Building Branch (CBB). CBA Providers will provide technical assistance and training to ensure that the CBOs and Partnerships have the skills and support they need to successfully implement their CDC-funded HIV High Impact Prevention program.

CBA providers will conduct face-to-face field visits with the CBOs and partners utilizing the structured organizational needs assessment tool. This comprehensive tool consists of two Parts, (Part I and Part II). Part I will be completed by all organizations and Part II will be completed only by the lead organizations of a Partnership. The tool offers a mixed-methods data collection approach consisting of checklists, close-ended (quantitative) questions, and open-ended (qualitative) questions. CBOs will be asked to complete the tool prior to the field visits in order to maximize time during the visits for discussion and strategic planning.

Findings from this project will be used by the participating CBOs and Partnerships, the CBA providers, and the Capacity Building Branch. By the end of the project, the participating CBOs and Partnerships will have tailored CBA strategic plans that they can use to help sustain their programs across and beyond the life of their funding. Based on these plans, the CBA providers in collaboration with CDC will be able to better identify and address those needs most reported by CBOs. Finally, the Capacity Building Branch will be able to refine its approach to conceptualizing and providing CBA on a national level in the most cost-effective manner possible.

There is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

| Type of respondents | Form name | Number of respondents | Number of responses per respondent | Average burden per response (in hours) | Total burden (in hours) |
|---------------------|---------------------------------|-----------------------|------------------------------------|--|-------------------------|
| Grantees | CBO Needs Assessment Tool | 90 | 1 | 4 | 360 |
| Total | | | | | 360 |

Leroy A. Richardson,
*Chief, Information Collection Review Office,
 Office of Scientific Integrity, Office of the
 Associate Director for Science Office of the
 Director, Centers for Disease Control and
 Prevention.*

[FR Doc. 2015-18357 Filed 7-27-15; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-15-15GJ]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The notice for the proposed information collection is published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (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 or send an email to omb@cdc.gov. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395-5806. Written comments

should be received within 30 days of this notice.

Proposed Project

Investigating the Implementation and Evaluation of Top-ranked HSMS Elements—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

NIOSH, under Public Law 91-596, sections 20 and 22 (section 20-22, Occupational Safety and Health Act of 1977) has the responsibility to conduct research relating to innovative methods, techniques, and approaches dealing with occupational safety and health problems.

This project seeks to understand the best practices for developing, implementing, and maintaining a robust risk management system (*i.e.* health and safety management system [HSMS]). Researchers suggest that an HSMS requires considerable knowledge, skills, abilities, and competencies from all individuals within an organization as well as focused and purposeful coordination between them.

Previous research considered the sheer number of possible choices to be a barrier to HSMS adoption. Therefore, NIOSH began to understand what the most fundamentally important elements were that support the development, implementation and maintenance of a comprehensive, effective risk-based HSMS. NIOSH surveyed practicing health and safety executives, managers, and professionals (9 total) from a variety of mining commodities to determine if they agreed on which HSMS elements and practices were most important. The results of this study suggested that the following areas require consistent focus and attention: Leadership Development; Accountability; Knowledge, Skills, and Abilities Development; System Coordination; Culture Enhancement; Behavior Optimization; and Risk Management. To date, little empirical research has been conducted to address practical research questions related to each.

Therefore, the current research task is designed to investigate research questions related to the practical purpose, implementation, and evaluation of each element: (1) How is each of these HSMS elements best executed within mining organizations?; (2) how do you know an element has been successfully implemented within the organization?; and (3) what are the barriers to implementing these HSMS elements within mining organizations?

This study employs a strictly qualitative approach to answer the research questions. A qualitative approach allows researchers to probe participants and learn about their specific experiences through in-depth examples. A protocol that will be used during an interview and/or focus group was developed. The subject matter in the protocol is focused on implementing and evaluating specific elements within managers' HSMS and possible barriers to implementation and evaluation.

NIOSH is seeking a three-year approval for this project which will target mine sites for participation by reaching out to organizational leaders/managers of health and safety at respective mines for their participation. Data collection, in the form of interviews and/or focus groups will occur to answer the questions for this study.

Respondents targeted for this study include corporate or site mine managers (also referred to in some cases as leaders, executives, coordinators or supervisors). These individuals are responsible for the day-to-day administration and/or implementation of the HSMS. In some cases, more than one individual is responsible for certain aspects of the HSMS. Therefore, depending on how these responsibilities are designated at mine sites and how many of these leaders are interested at each mine site, researchers will either facilitate a single interview or a focus group with mine site leadership.

Participants will be recruited through members of mine management using a mine recruitment script. It is estimated that a sample of up to 100 individuals (approximately 34 per year) will agree to participate among a variety of mine sites. Participants will be between the ages of 18 and 75, currently employed, and living in the United States. Participation will require no more than 60 minutes of workers' time. There is no cost to respondents other than their time.

Upon collection of the data, researchers will analyze and determine the effect that each element has on a mine's ability to develop, implement or maintain an HSMS. With that said, lines of theoretical inquiry will be used to inform the thinking behind the practical guidance ultimately provided to mining organizations. Essentially, best practices can be provided that are applicable across an HSMS, not respective to just one aspect or element. Therefore, the findings will be used to make an HSMS more feasible and applicable for the mining industry.

The total estimated burden hours are 32.