classification that is not listed in the wage determination applicable to the contract. The contractor submits to the contracting officer a Standard Form (SF) 1444, Request for Authorization of Additional Classification and Rate, along with other pertinent data, containing the proposed additional classification and minimum wage rate including any fringe benefits payments. OMB control numbers 1235–0023, 1235–0008, and 1235–0018 account for records to be kept by employers under the Fair Labor Standards Act (FLSA), 29 CFR 516, which is the basic recordkeeping regulation for all the laws administered by the Department of Labor (DOL) Wage and Hour Division. 29 CFR 516, prescribes labor standards for federally financed and assisted construction contracts subject to the Davis-Bacon and Related Acts (DBRA), as well as labor standards for non-construction contracts subject to the Contract Work Hours and Safety Standards Act (CWHSSA).

3. 52.222–11, Subcontracts (Labor Standards), requires contractors to submit SF 1413, Statement and Acknowledgment, for each subcontract for construction within the United States, including the subcontractor's signed and dated acknowledgment that the required labor clauses have been included in the subcontract. DOL regulations at 29 CFR Subpart 5.6 require Federal agencies to ascertain compliance with statutes such as the Wage Rate Requirements (Construction) (formerly known as the Davis-Bacon Act) (40 U.S.C. chapter 31), the Copeland Act (Anti-Kickback) (18 U.S.C. 874 and 40 U.S.C. 3145), and the Contract Work Hours and Safety Standards Act (40 U.S.C. 3701 *et seq.*)

4. 52.222–18, Certification Regarding Knowledge of Child Labor for Listed End Products, requires offerors to certify they will not supply an end product of a type identified on the DOL List of Products Requiring Contractor Certification as to Forced or Indentured Child Labor, or that the offeror will supply such product, but made a good faith effort to determine whether forced or indentured child labor was used to mine, produce, or manufacture any product furnished under the contract and is unaware of any such use of child labor. For solicitations for commercial items, the Certification Regarding Knowledge of Child Labor for Listed End Products is at paragraph (i) of the provision at 52.212–3, Offeror Representations and Certifications—Commercial Items. This requirement is necessary to comply with Executive Order 13126, Prohibition of Acquisition of Products Produced by Forced or Indentured Child Labor, signed by President Clinton on June 12, 1999.

5. 52.222–33, Notice of Requirement for Project Labor Agreement, and 52.222–34, Project Labor Agreement, require offerors (provision) to submit, and contractors (clause) to maintain, a copy of the project labor agreement (PLA). Agencies have discretion on whether or not to use a PLA in connection with large-scale construction contracts, valued at or above $25M. Agencies may require the PLA be submitted: (1) When offers are due, (2) prior to award (by the apparent successful offeror), or (3) after award.

6. 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. This is required for negotiated service contracts when the contract amount is expected to exceed $700,000 and the service to be provided will require meaningful numbers of professional employees.

C. Annual Reporting Burden

1. 52.222–2, Payment for Overtime Premiums.

Respondents: 2,098.
Responses per Respondent: 1.
Total annual Responses: 2,098.
Hours per Response: 0.25.
Total Burden Hours: 525.

2. FAR 52.222–6 and SF 1,444 Request for Authorization of Additional Classification and Rate.

Respondents: 3,831.
Responses per Respondent: 2.
Total Annual Responses: 7,662.
Hours per Response: 0.5.
Total Burden Hours: 3,831.

3. FAR 52.222–11, Subcontracts (Labor Standards), and SF 1413, Statement and Acknowledgment.

Respondents: 36,553.
Responses per Respondent: 2.
Total Annual Responses: 73,106.
Hours per Response: 0.05.
Total Burden Hours: 3,655.

4. FAR 52.222–18 Certification Regarding Knowledge of Child Labor for Listed End Products

Respondents: 1,104.
Responses per Respondent: 1.
Total Annual Responses: 1,104.
Hours per Response: 0.18.
Total Burden Hours: 198.

5. FAR 52.222–33 and 52.222–34, Project Labor Agreement

Respondents: 45.
Responses per Respondent: 1.
Total Annual Responses: 45.
Hours per Response: 1.
Total Burden Hours: 45.

6. FAR 52.222–46 Evaluation of Compensation for Professional Employees

Respondents: 3,136.
Responses per Respondent: 3.
Total Annual Responses: 9,408.
Hours per Response: 1.3333.
Total Burden Hours: 12,544.

7. Summary

Respondents: 46,767.
Total annual Responses: 93,423.
Total Burden Hours: 20,798.
Affected Public: Businesses or other for-profit and not-for-profit institutions.

Obtaining Copies: Requesters may obtain a copy of the information collection documents from the General Services Administration, Regulatory Secretariat Division (MVCB), 1800 F Street NW, Washington, DC 20405, telephone 202–501–4755. Please cite OMB Control No. 9000–0066, Labor-related Requirements, in all correspondence.

Janet Fry,

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

[FR Doc. 2018–23351 Filed 10–24–18; 8:45 am]

BILLING CODE 6820–EP–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 Day–19–1046]

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 National Breast and Cervical Cancer Early Detection Program (NBCCEDP) Monitoring Activities 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 January 26, 2018 to obtain comments from the public and affected agencies. CDC did not receive comments related to the previous 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 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, 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

National Breast and Cervical Cancer Early Detection Program (NBCCEDP) Monitoring Activities (OMB No. 0920–1046, Exp. 01/31/2018)—Reinstatement with Change—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC requests a Reinstatement with Change, of an information collection previously approved under OMB Control Number 0920–1046. Information collection within the previous OMB approval period consisted of an annual grantee survey. Information collection within the next OMB approval period will consist of a redesigned survey and a new clinic-level data collection. The number of respondents will increase from 67 to 70, and the total estimated annualized burden will increase from 45 hours to 683 hours.

In 2014, more than 236,000 women were diagnosed with breast cancer, and more than 12,000 women were diagnosed with cervical cancer. Evidence shows that deaths from both breast and cervical cancers can be avoided by increasing screening services among women. However, screening is typically underutilized among women who are under- or uninsured, have no regular source of healthcare, or who recently immigrated to the U.S.

To improve access to cancer screening, Congress passed the Breast and Cervical Cancer Mortality Prevention Act of 1990 (Pub. L. 101–354), which directed CDC to create the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). The NBCCEDP currently provides funding to 70 grantees under ''Cancer Prevention and Control Programs for State, Territorial, and Tribal Organizations (DP17–1701).'' The purpose of NBCCEDP is to increase breast and cervical cancer screening rates among women residing within defined geographical locations (as determined by the funded program) who are at or below 250% of the federal poverty level; aged 40–64 years for breast cancer services, and aged 21–64 years for cervical cancer services; and under- or uninsured.

The NBCCEDP was significantly redesigned in 2017 to expand its focus on direct service provision to include implementation of evidence-based interventions (EBIs) intended to increase breast and cervical cancer screening at the population level. Based on the redesigned NBCCEDP, the information collection plan has also been redesigned.

The proposed information collection includes: (1) An annual NBCCEDP Grantee Survey revised to reflect the focus of the redesigned program under DP17–1701, and (2) CDC clinic-level data will assess EBI implementation and the NBCCEDP's primary outcome of interest—breast and cervical screening rates within partner health system clinics—at baseline and annually. NBCCEDP grantees will collect and report data for all partnering health system clinic sites—an estimated 6 clinics per grantee for breast cancer data and 6 clinics per grantee for cervical cancer data.

The proposed information collections will allow CDC to gauge progress in meeting NBCCEDP program goals and monitor implementation activities, evaluate outcomes, and identify grantee technical assistance needs. In addition, findings will inform program improvement and help identify successful activities that need to be maintained, replicated, or expanded.

OMB approval is requested for three years. Participation is required for NBCCEDP grantees. There are no costs to respondents other than their time. The total estimated annualized burden hours are 683.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hr)
NBCCEDP Grantees	NBCCEDP Grantee Survey	70	1	45/60
NBCCEDP Grantees	NBCCEDP Clinic-level Information Collection Instrument—Breast.	70	6	45/60
NBCCEDP Grantees	NBCCEDP Clinic-level Information Collection Instrument—Cervical.	70	6	45/60

Jeffrey M. Zirger,

Acting 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.

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BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–19–0920]

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 *Data Collection Through Web Based Surveys for Evaluating Act Against AIDS Social Marketing Campaign Phases Targeting Consumers* 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 June 6, 2018 to obtain comments from the public and affected agencies. CDC received one comment related to the previous 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 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, 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

Data Collection Through Web Based Surveys for Evaluating Act Against AIDS Social Marketing Campaign Phases Targeting Consumers (OMB #0920–0920, Exp. 6/30/2018)—Reinstatement with Change—National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

In response to the continued HIV epidemic in our country, CDC launched Act Against AIDS (AAA), a multifaceted communication campaign to reduce HIV incidence in the United States in 2009. CDC has released the campaign in phases, with some of the phases running concurrently. Each phase of the campaign uses mass media and direct-to-consumer channels to deliver messages. Some campaigns provide basic education and increase awareness of HIV/AIDS among the general public, whereas others emphasize HIV prevention and testing among specific subgroups or communities at greatest risk of infection. CDC will also develop new messages to address changes in prevention science and subpopulations affected by HIV. The proposed study will assess the effectiveness of these social marketing messages aimed at increasing HIV/AIDS awareness, increasing prevention behaviors, and improving HIV testing rates among consumers.

The reinstatement with change of this ongoing study will allow for continued evaluation of the effectiveness of AAA social marketing campaign through surveys with consumers. A total of 10,750 respondents were approved for the previously renewed generic ICR (0920–0920) and since the approval date, 4,305 respondents were surveyed under the GenIC, ''Development of Messages for the Act Against AIDS National Testing''. The information collected from these data collections was used to evaluate a specific AAA campaign phase. We are requesting the same amount of time to continue surveying AAA target audiences as new phases are developed.

Through the continuation of this collection, we plan to reach the remaining approved 6,445 respondents. To obtain the remaining respondents, we anticipate screening approximately 32,220 individuals. Depending on the target audience for the campaign phase, the study screener will vary. The study screener may address one or more of the following items: Race/ethnicity, sexual behavior, sexual orientation, gender identity, HIV testing history, HIV status, and injection drug use. Each survey will have a core set of items asked in all rounds, as well as a module of questions relating to specific AAA phases and activities.

Respondents will be recruited through national opt-in email lists, the internet, and external partnerships with community-based and membership organizations that work with or represent individuals from targeted populations (*e.g.,* National Urban League, the National Medical Association). Respondents will self-administer the survey at home on personal computers. There is no cost to the respondents other than their time. The total annualized burden hours are 1,432.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Individuals (male and female) aged 18 years and older	Study Screener	10,740	1	2/60
	Survey	2,148	1	30/60