set forth in the 2018 renewal of OMB Collection No. 3060–0392 will change. The Commission will use the information collected under this revision to 47 CFR 1.1413 to hear and resolve pole access complaints brought by ILECs and to determine the merits of the complaints.

Federal Communications Commission.

Katura Jackson,

Federal Register Liaison Officer, Office of the Secretary.

[FR Doc. 2018–26411 Filed 12–4–18; 8:45 am]

BILLING CODE 6712–01–P

FEDERAL ELECTION COMMISSION

Sunshine Act Meeting

FEDERAL REGISTER CITATION NOTICE OF PREVIOUS ANNOUNCEMENT: 83 FR 62320.

PREVIOUSLY ANNOUNCED TIME AND DATE OF THE MEETING: Wednesday, December 5, 2018 at 2:00 p.m. and continued on Thursday, December 6, 2018 after the open meeting.

CHANGES IN THE MEETING: The meeting will only take place on Thursday, December 6, 2018 following the open meeting.

* * * * *

CONTACT FOR MORE INFORMATION: Judith Ingram, Press Officer, Telephone: (202) 694–1220.

Laura E. Sinram,

Deputy Secretary of the Commission.

[FR Doc. 2018–26580 Filed 12–3–18; 4:15 pm]

BILLING CODE 6715–01–P

GENERAL SERVICES ADMINISTRATION

[Notice–MA–2018–11; Docket No. 2018–0002; Sequence 34]

Rescission of FMR Bulletin

AGENCY: Office of Government-wide Policy (OGP); General Services Administration, (GSA).

ACTION: Notice of Rescission of GSA Bulletin Federal Management Reguation (FMR) D–1, Transportation Management.

SUMMARY: GSA has determined the guidance for requesting a delegation of authority for the procurement of transportation (freight and cargo, including household goods) and traffic management services from the Administrator of General Services to be administratively burdensome and ineffective. Therefore, GSA is officially rescinding GSA Bulletin FMR D–1, Transportation Management. Agencies that seek to request a transportation delegation of authority in the future must contact GSA–OGP Office of Asset and Transportation Management for instructions on how to make this request.

DATES: December 5, 2018.

FOR FURTHER INFORMATION CONTACT: For clarification of content or information regarding a request for a delegation of authority, please contact Mr. Ron Siegel, Office of Government-wide Policy, Office of Asset and Transportation Management, at 202–702–0840, or by email at *gsa-ogp-transportationpolicy@gsa.gov.* Please cite Notice for Rescission of FMR Bulletin D–1 in the subject line.

SUPPLEMENTARY INFORMATION: Executive Order 13777, Enforcing the Regulatory Reform Agenda, Section 3, paragraph (d)(ii), states in part, the Regulatory Reform Task Force shall attempt to identify regulations that are outdated, unnecessary, or ineffective. Upon review, GSA has identified GSA Bulletin FMR D–1, Transportation Management, as unduly prescriptive and ineffective. Furthermore, the bulletin potentially impacts the category management strategy for procurement.

Dated: November 29, 2018.

Jessica Salmoiraghi,

Associate Administrator, Office of Government-wide Policy.

[FR Doc. 2018–26409 Filed 12–4–18; 8:45 am]

BILLING CODE 6820–14–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–19–19BG; Docket No. CDC–2018–0102]

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 effort to reduce public burden and maximize the utility of government information, invites the general public and other Federal agencies the opportunity to comment on a proposed and/or continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled ''Web-based approaches to reach black or African American and Hispanic/Latino MSM for HIV Testing and Prevention Services.''

DATES: CDC must receive written comments on or before February 4, 2019.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2018–0102 by any of the following methods:

- *Federal eRulemaking Portal*: *Regulations.gov.* Follow the instructions for submitting comments.
- *Mail:* Jeffrey M.Zirger, Ph.D., 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. CDC will post, without change, all relevant comments to *Regulations.gov.*

Please note: Submit all comments 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 Leroy A. Richardson, 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 the OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

The OMB is particularly interested in comments that will help:

1. 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;

2. Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

3. Enhance the quality, utility, and clarity of the information to be collected; and

4. 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 submissions of responses.

5. Assess information collection costs.

Proposed Project

Web-based approaches to reach black or African American and Hispanic/Latino MSM for HIV Testing and Prevention Services–New—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The goal of this study is to evaluate the effectiveness of mailing out rapid HIV home-testing kits and additional testing promotion components to increase HIV testing among black/African-American or Hispanic/Latino MSM. The findings from this research will assist local and state health departments, and community based organizations in making decisions on how to improve HIV testing and linkage to HIV prevention services for black/African American and Hispanic/Latino men who have sex with men.

The research study is a randomized control trial and all survey data will be collected over the internet. There will not be any in-person surveys. We will advertise the study on internet websites frequented by black and Hispanic MSM. People will click on a banner ad and will be taken to a study website that provides a brief overview of the study. Those who are interested in participating will complete a brief survey to determine their eligibility. Men who are eligible will complete registration information and then download a study phone app onto their smartphone. The app will allow them to complete a baseline survey. After completing the baseline survey, they will be randomized into one of three conditions.

All participants will be sent a rapid HIV test kit and they will report their results to the study. Men assigned to all study arms will use the study app to complete study activities. All participants will have access to web-based HIV counseling upon request. Participants who report a positive HIV test result will be offered web-based HIV counseling if they have not previously requested counseling. Men assigned to the control arm will only have access to the study app and web-based counseling. Men assigned to one intervention arm will also be able to access another smartphone app (HealthMindr) that will allow them to engage in additional study activities. Men assigned to the second intervention arm will have access to a web-based forum (HealthEmpowerment) covering HIV prevention and not the HealthMindr app. At four months after enrollment, all participants will complete an online survey and will be offered additional HIV testing materials to complete.

The subpopulation are individuals who: (1) Identify as African-American/black or Hispanic/Latino; (2) report their HIV status as negative or report being unaware of their HIV status; (3) are not currently using PrEP or participating in other HIV testing prevention studies; (4) have had anal intercourse with another man in the past 12 months; (5) reside in one of the study states; (6) Are 18 years or older; (7) born male; and (8) identify as male. We will evaluate the comparative effectiveness of the HIV home-testing kits and additional testing promotion components with respect to linkage of participants to appropriate services (HIV treatment, PrEP, STI testing, additional prevention and social services). These analyses will determine whether any such differences are significant within and across study arms, and by race/ethnicity.

Depending on the study arm to which participants are assigned, filling out data collection forms, engaging with testing promotion components, and completing and submitting at-home HIV testing will require between 2 hours 53 minutes and 4 hours and 13 minutes of a participant's time over the course of the entire study period.

The participation of respondents is voluntary. There is no cost to the respondents other than their time. The total estimated annual burden hours for the proposed project are 7,011 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent per year	Average burden per response (in Hrs)	Total ResponseBurden (in Hrs)
Potential participant	Eligibility Consent	10,000	18	10/60	1667
Potential participant	Eligibility Screener	10,000	1	3/60	500
Potential participant	Study Consent	4,000	1	10/60	667
Potential participant	Registration contact information	3,800	7	5/60	317
Enrolled participant	Baseline Survey	3,600	110	30/60	1,800
Enrolled participant	HIV Test Result Survey	3,000	10	5/60	250
Enrolled participant	Follow-up Survey	3,000	120	30/60	1,500
Enrolled participant	HIV Test Result Survey (completion).	3,000	10	5/60	250
Enrolled participant	Product ordering	1,200	2	3/60	60
Total					7,011

Jeffrey M. Zirger,

Acting Lead, Information Collection Review Office, Office of Scientific Integrity, Office of Science, Centers for Disease Control and Prevention.

[FR Doc. 2018–26350 Filed 12–4–18; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–19–0853; Docket No. CDC–2018–0105]

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 effort to reduce public burden and maximize the utility of government information, invites the general public and other Federal agencies the opportunity to comment on a proposed and/or continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled ''Asthma Information Reporting System (AIRS)'' (OMB Control No. 0920–0853, expiration date 6/30/2019). The purpose of AIRS to collect performance measure and surveillance data spreadsheets designed to increase the efficiency and effectiveness of state asthma programs and to monitor the impact of the state and national programs.

DATES: CDC must receive written comments on or before February 4, 2019.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2018–0105 by any of the following methods:

- *Federal eRulemaking Portal*: *Regulations.gov*. Follow the instructions for submitting comments.
- *Mail:* Jeffrey M. Zirger, 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. CDC will post, without change, all relevant comments to *Regulations.gov*.

Please note: Submit all comments 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 Jeffrey M. Zirger, 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 the OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

The OMB is particularly interested in comments that will help:

1. 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;
2. Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
3. Enhance the quality, utility, and clarity of the information to be collected; and
4. 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 submissions of responses.
5. Assess information collection costs.

Proposed Project

Asthma Information and Reporting System (AIRS)—Revision—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

In 1999, the CDC began its National Asthma Control Program (NACP), a public health approach to address the burden of asthma. The program supports the goals and objectives of ''Healthy People 2020'' for asthma, and is based on the public health principles of surveillance, partnerships, interventions, and evaluation. The CDC requests a 12-month approval to revise the ''Asthma Information Reporting System (AIRS)'' (OMB Control No. 0920–0853; expiration date 6/30/2019). Specifically, CDC seeks to make the following changes:

- Increase the number of awardees from 23 to 25.
- Increase the requested burden hours from 82 to 89.
- Increase the number of optional performance measures (PMs) and decrease the number of required PMs, while still maintaining a total of 18 PMs.
- Update the instructions for the data collection instruments to reflect the optional status of 5 of the 18 PMs and to clarify instructions that were commonly misinterpreted.
- Update the Emergency Department Data and Hospital Discharge Data reporting forms to include example data submission templates for each awardee. Add a tab labeled ''Technical Notes'' within the Excel reporting form to collect clarifying information about the data from each awardee.
- Add examples of Emergency Department Data and Hospital Discharge Data reporting forms to provide clarity on how data should be reported within the forms.
- Update respondent costs to reflect current wage data from 2017.

The 12-month approval will allow CDC to continue to monitor states' program planning and delivery of public health activities and the programs' collaboration with health care systems for the remainder of the fifth and final year of cooperative agreement EH14–1404 (program period: September 2014–August 2019), and the third and final year of cooperative agreement EH16–1606 (program period: September 2016–August 2019).

The goal of this data collection is to provide NCEH with routine information about the activities and performance of the state and territorial awardees funded under the NACP through an annual reporting system. NACP requires awardees to report activities related to partnerships, infrastructure, evaluation and interventions to monitor the state programs' performance in reducing the burden of asthma. AIRS also includes two forms to collect aggregate ED and HD data from awardees.

AIRS was first approved by OMB in 2010 to collect data in a web-based