as much as $200 an hour. The respondent recommends GSA measure the burden by the number of hours or determine a more accurate hourly rate.

Response: The $68/hour rate consists of a $50/hour base rate and $18/hour (36% above the base rate) for fringe benefits. The 36% fringe benefit rate was taken from Office of Management and Budget (OMB) Circular No. A–76, which recommends cost factors to ensure that specific government costs are calculated in a standard and consistent manner to reasonably reflect the cost of performing commercial activities with government personnel. The standard A–76 cost factor for fringe benefits is 36.25%; GSA opted to round to the nearest whole number for the basis of its burden estimates.[4]

Regarding the base rate, GSA believes these disclosure functions are typically performed by contract administrators with occasional assistance from higher-paid professionals, such as attorneys and consultants. The most comparable labor category to a contract administrator that was analyzed by the Bureau of Labor Statistics (BLS) is a buyer and purchasing agent, whose responsibilities include negotiating contracts. BLS's most recently published hourly rate for this type of professional was $28.14/hour;[5] incorporating the 36% fringe benefit factor, the total rate is $38.27/hour. However, GSA chose to use the higher $68/hour rate to account for the occasional involvement of higher-paid professionals.

Comment: The respondent calculates the annual PRC burden to be $850 million when applying GSA's hourly rate ($68/hour) to their estimate of 12.5 million hours a year. As a result, the value of price reductions should exceed $850 million in order for the PRC's benefits to outweigh its costs.

Response: GSA requires these disclosures as one method of meeting its statutory obligations to provide the ''lowest cost alternative,'' but GSA is exploring alternative methods. As part of GSA's Transactional Data Reporting proposed rule,[6] GSA proposed removing the basis of award requirement of the PRC when FSS contractors agreed to report transactional data to GSA.

Comment: The respondent provided comments in opposition to GSAR case 2013–G504, Transactional Data Reporting.

Response: GSA is not providing responses to comments on Transactional Data Reporting because they are not directly related to this information collection request.

D. 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; 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 (MVCB), 1800 F Street NW., Washington, DC 20405, telephone 202–501–4755. Please cite OMB Control No. 3090–0235, FSS Pricing Disclosures, in all correspondence.

Jeffrey A. Koses,

Director, Office of Acquisition Policy, Office of Government-wide Policy.

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BILLING CODE 6820–61–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–16–0017]

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

Application for Training (OMB No. 0920–0017), Expiration 05/31/2016)—Revision—Division of Scientific Education and Professional Development, Center for Surveillance, Epidemiology and Laboratory Services, Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC offers public health training to professionals worldwide. Employees of hospitals, universities, medical centers, laboratories, state and federal agencies, and state and local health departments apply for training to learn up-to-date public health and health care practices. CDC is accredited by multiple accreditation organizations to award continuing education for public health and healthcare professions.

CDC requires health professionals seeking continuing education (learners) to use the Training and Continuing Education Online (TCEO) system to establish a participant account by completing the TCEO New Participant Registration form. CDC/CSELS relies on this form to collect the information needed to coordinate learner registration for training activities including classroom study, conferences, and e-learning.

The TCEO Proposal is a form course developers will use the TCEO system to apply for their training activities to receive continuing education accreditation through CDC. Introduction of this mechanism will allow course

[4] *See* Circular A–76 Figure C1, *available at https://www.whitehouse.gov/omb/circulars_a076_a76_incl_tech_correction/.*

[5] *See* the Bureau of Labor Statistics Occupational Outlook Handbook for Buyers and Purchasing Agents, *available at http://www.bls.gov/ooh/business-and-financial/buyers-and-purchasing-agents.htm#tab-1.*

[6] *See* GSAR Case 2013–G504; Docket 2014–0020; Sequence 1 [80 FR 11619 (Mar. 4, 2015)].

developers to electronically complete and submit continuing education proposals.

CDC requests OMB approval to continue to (1) continue to collect information through the TCEO New Participant Registration form to grant public health professionals the continuing education they need to maintain professional licenses and certifications, create a transcript or summary of training at the participant's request, generate management reports, and maintain training statistics; and (2) establish a new electronic information collection, the TCEO Proposal that allows CDC or CDC partner course developers to electronically submit training and continuing education proposals for accreditation.

CDC's TCEO system provides an efficient and effective way for CDC to comply with accreditation organization requirements. Accreditation organizations require a method of tracking participants who complete an education activity and several require collection of profession-specific data. Some accrediting organizations require a permanent record that includes the participant's name, address, and phone number to facilitate retrieval of historical information about when a participant competed a course or several courses during a time period. These data provide the basis for a transcript or for determining whether a person is enrolled in more than one course. CDC uses the email address to verify the participant's electronic request for transcripts, verify course certificates, and send confirmation that a participant is registered for a course. Collection of demographic and profession-specific data through the TCEO New Participant Registration allows CDC to comply with accreditation organization requirements.

The TCEO Proposal will expedite submission, review, and accreditation processes and provide CDC with the information necessary to meet accreditation organization requirements, accredit, and effectively manage training activities. Examples of data to be collected for CDC to process continuing education proposals and meet accreditation organization requirements includes name, email address, phone number, and organization name.

These forms do not duplicate request for information from participants or course developers. Data are collected only once per new registration or once per course.

These information collection instruments have provided, and will continue to provide CDC with the information necessary to manage and conduct training activities pertinent to its mission to strengthen the skills of the current workforce through quality, accredited, competency-based training.

The annual burden table has been updated to reflect (1) discontinuance of the National Laboratory Training Network Registration form, (2) an increase in learners seeking continuing education, particularly through e-learning activities (16,667 burden hours), (3) the introduction of the new TCEO Proposal (600 burden hours), for a total 17,267 burden hours. There are no costs to respondents.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs)
Health Professionals	Training and Continuing Education Online New Participant Registration Form.	200,000	1	5/60
Health Educators	Training and Continuing Education Online Proposal	120	1	5

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.

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BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Building Bridges and Bonds (B3) Study: Data Collection.

OMB No.: New Collection.

Description: The Administration for Children and Families (ACF), Office of Planning, Research and Evaluation (OPRE) proposes to collect information as part of the Building Bridges and Bonds (B3) study. B3 will inform policymakers, program operators, and stakeholders about effective ways for fatherhood programs to support fathers in their parenting and employment. In particular, partnering with programs that serve low-income fathers to promote responsible fatherhood, the B3 study will examine the effectiveness of strategies used to (1) engage fathers in program activities, (2) develop and support parenting and co-parenting skills, and (3) advance the employment of disadvantaged fathers. The study will include up to six sites and specific interventions will vary by site.

B3 includes an impact evaluation and a process study. The impact evaluation will involve randomly assigning individuals to a treatment or comparison condition and comparing key outcomes including employment; earnings; child support; father/child contact, shared activities, and relationship quality; father's commitment to his child, parenting skills, and parenting efficacy; co-parenting relationship quality; and criminal justice outcomes.

The process study will describe and document each newly established intervention and how it operated to provide insight into the treatment differentials and the context for interpreting findings of the impact study and highlight lessons to the field.

Data collection instruments for the B3 study include the following: (1) Screening for program eligibility. (2) nFORM management information system (MIS) to record study and participation information. (3) Baseline and follow-up surveys for the impact study. (4) Staff surveys and interviews, focus groups with participants and mothers, mobile device surveys for participants, and post-session debrief forms to inform the process study.

Respondents: Fathers seeking services from one of the six Responsible Fatherhood Programs in the B3 study and staff members working at the B3 sites.