requirements which have subsequently changed; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information.

The ICR provides a detailed explanation of the Agency's estimate, which is only briefly summarized here:

Estimated Number of Respondents: This ICR estimates that approximately 177 Metropolitan Planning Organizations will incur burden associated with transportation conformity requirements.

Frequency of Response: The information collections described in this ICR must be completed before a transportation plan, TIP or project conformity determination is made. Per SAFETEA–LU and DOT's planning regulations, transportation plans and TIPs must be updated at least every four years; therefore, a conformity determination on the transportation plan and TIP in metropolitan areas is required at least every four years. Conformity determinations on projects in metropolitan and isolated rural areas are required on an as-needed basis.

Estimated Total Annual Hour Burden: The ICR estimates a total annual burden to all federal, state and local agency respondents over the three-year period covered by this ICR to be 70,189 hours/year. Total annual burden for state and local agencies alone is 53,818, while the total annual burden for federal agency respondents is 16,371.

Estimated Total Annual Cost: The total annual cost to all federal, state and local agency respondents over the three-year period covered by this ICR is estimated to be approximately $3,876,133/year. The annual cost for all state and local agencies is $2,956,224, while the annual cost portion for federal agency respondents is $899,259.

Changes in the Estimates: There is an increase of 29,063 hours in the total estimated state, local, and federal agency respondent burden compared with that identified in the ICR currently approved by OMB. This increase reflects the following adjustments and program changes:

(1) Program change associated with transfer of DOT ICR (OMB #2132–0529) to EPA ICR 2130.03.

(2) Adjustments associated with the implementation of transportation conformity provisions in SAFETEA–LU.

(3) Reduced burden from the previous ICR, which included substantial start-up burden for areas that had never done transportation conformity prior to $PM_{2.5}$ and 8-hour ozone NAAQS. These areas now have experience with conformity.

(4) Other factors that have been updated since the existing ICR was approved.

III. What Is the Next Step in the Process for This ICR?

EPA will consider any comments we receive and amend the EPA ICR as appropriate. The final ICR package will then be submitted to OMB for review and approval pursuant to 5 CFR 1320.12. At that time, EPA will issue another **Federal Register** notice pursuant to 5 CFR 1320.5(a)(1)(iv) to announce the submission of the ICR to OMB and the opportunity to submit additional comments to OMB.

If you have any questions about this ICR or the approval process, please contact the technical person listed under the **FOR FURTHER INFORMATION CONTACT** section.

Dated: July 10, 2007.

Lori Stewart,

Acting Director, Transportation and Regional Programs Division, Office of Transportation and Air Quality.

[FR Doc. E7–14007 Filed 7–18–07; 8:45 am]

BILLING CODE 6560–50–P

FEDERAL ELECTION COMMISSION

Sunshine Act Meeting Notices

DATE AND TIME: Tuesday, July 24, 2007 at 10 a.m.

PLACE: 999 E Street, NW., Washington, DC.

STATUS: This meeting will be closed to the public.

ITEMS TO BE DISCUSSED:

Compliance matters pursuant to 2 U.S.C. 437g.

Audits conducted pursuant to 2 U.S.C. 437g, 438(b), and Title 26, U.S.C.

Matters concerning participation in civil actions or proceedings or arbitration.

Internal personnel rules and procedures or matters affecting a particular employee.

PERSON TO CONTACT FOR INFORMATION: Mr. Robert Biersack, Press Officer, Telephone: (202) 694–1220.

Mary W. Dove,

Secretary of the Commission.

[FR Doc. 07–3546 Filed 7–17–07; 2:13 pm]

BILLING CODE 6715–07–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 Day–07–0007]

Agency Forms Undergoing Paperwork; Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–5960 or send an e-mail to: *omb@cdc.gov.* Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

Weekly and Annual Morbidity and Mortality Reports, 0920–0007–Extension—National Center for Health Marketing (NCHM), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC) is responsible for the collection and dissemination of nationally notifiable diseases' information and for monitoring and reporting the impact of epidemic influenza on mortality, Public Health Service Act (42 U.S.C. 241).

In 1878, Congress authorized the U. S. Marine Hospital Service (later renamed the U.S. Public Health Service) to collect morbidity reports on cholera, smallpox, plague, and yellow fever from U.S. consuls overseas; this information was to be used for instituting quarantine measures to prevent the introduction and spread of these diseases into the United States. In 1879, a specific Congressional appropriation was made for the collection and publication of reports of these notifiable diseases. Congress expanded the authority for weekly reporting and publication in 1893 to include data from state and municipal authorities throughout the United States. To increase the uniformity of the data, Congress enacted a law in 1902 directing the Surgeon General of the Public Health Service (PHS) to provide forms for the collection and compilation of data and for the publication of reports at the national level.

Reports on notifiable diseases were received from very few states and cities

prior to 1900, but gradually more states submitted monthly and annual summaries. In 1912, state and territorial health authorities—in conjunction with PHS—recommended immediate telegraphic reports of five diseases and monthly reporting by letter of 10 additional diseases, but it was not until after 1925 that all states reported regularly. In 1942, the collection, compilation, and publication of morbidity statistics, under the direction of the Division of Sanitary Reports and Statistics, PHS, was transferred to the Division of Public Health Methods, PHS.

A PHS study in 1948 led to a revision of the morbidity reporting procedures, and in 1949 morbidity reporting activities were transferred to the National Office of Vital Statistics. Another committee in PHS presented a revised plan to the Association of State and Territorial Health Officers (ASTHO) at its meeting in Washington, DC, October 1950. ASTHO authorized a Conference of State and Territorial Epidemiologists (CSTE) for the purpose of determining the diseases that should be reported by the states to PHS. Beginning in 1951, national meetings of CSTE were held every two years until 1974, then annually thereafter.

In 1961, responsibility for the collection of data on nationally notifiable diseases and deaths in 122 U.S. cities was transferred from the National Office of Vital Statistics to CDC. For over 40 years the Morbidity and Mortality Weekly Report (MMWR) has consistently served as the CDC premier communication channel for disease outbreaks and trends in health and health behavior. The data collected for publication in the MMWR provides information which CDC and State epidemiologists use to detail and more effectively interrupt outbreaks. Reporting also provides the timely information needed to measure and demonstrate the impact of changed immunization laws or a new therapeutic measure. Users of data include, but are not limited to, congressional offices, state and local health agencies, health care providers, and other health related groups.

The dissemination of public health information is accomplished through the MMWR series of publications. The publications consist of the MMWR, the CDC Surveillance Summaries, the Recommendations and Reports, and the Annual Summary of Notifiable Diseases.

There are no costs to respondents except their time to participate in the survey. The total estimated burden hours are 4,927.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per respondent (in hours)
States	50	52	1
Territories	4	52	1
	1	52	30/60
Cities	2	52	1
Subtotals	57		
City health officers or Vital statistics registrars	122	52	12/60
States	50	1	14
Territories	5	1	14
Cities	2	1	14
Subtotals			
Totals	179		

Dated: July 13, 2007.

Maryam I. Daneshvar,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E7–13985 Filed 7–18–07; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 2005N–0349]

Agency Information Collection Activities; Submission for Office of Management and Budget Review; Comment Request; FDA Survey of Current Manufacturing Practices in the Food Industry

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice; reopening of comment period.

SUMMARY: The Food and Drug Administration (FDA) is reopening until September 17, 2007, the comment period for a notice that published in the **Federal Register** of May 8, 2007 (72 FR 26132). In the notice, FDA announced that a proposed collection of information had been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995 (the PRA). FDA is reopening the comment period in light of continued public interest in this collection of information and in response to a request for an extension of the comment period for this notice.

DATES: Fax written comments on the collection of information by September 17, 2007.

ADDRESSES: To ensure that comments on the information collection are received, OMB recommends that written comments be faxed to the Office of Information and Regulatory Affairs, OMB, Attn: FDA Desk Officer, FAX: 202–395–6974, or e-mailed to *baguilar@omb.eop.gov*. All comments should be identified with the OMB control number ''0910–NEW'' and title ''FDA Survey of Current Manufacturing Practices in the Food Industry.'' Also include the FDA docket number found in brackets in the heading of this document.

FOR FURTHER INFORMATION CONTACT: Jonna Capezzuto, Office of the Chief Information Officer (HFA–250), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–827–4659.

SUPPLEMENTARY INFORMATION: In the **Federal Register** of May 8, 2007 (72 FR