

that those buyers and sellers were free-riding on the investment that brokers have made in the MLS and adopt rules to address that free-riding. But this theoretical concern does not justify the restrictions adopted by the Respondent here. Exclusive Agency Listings are not a credible means for home buyers or sellers to bypass the use of the brokerage services that the MLS was created to promote, because a listing broker is always involved in an Exclusive Agency Listing, and other provisions in MLS, Inc.'s rules ensure that a cooperating broker—a broker who finds a buyer for the property—is compensated for the brokerage service he or she provides.

Under existing MLS rules that apply to any form of listing agreement, the listing broker must ensure that the home seller pays compensation to the cooperating selling broker (if there is one), and the listing broker may be liable himself for a lost commission if the home seller fails to pay a selling broker who was the procuring cause of a completed property sale. The possibility of sellers or buyers using the MLS but bypassing brokerage services is already addressed effectively by the Respondent's existing rules that do not distinguish between forms of listing contracts, and does not justify the series of exclusionary rules and policies adopted by MLS, Inc. It is possible, of course, that a buyer of an Exclusive Agency Listing may make the purchase without using a selling broker, but this is true for traditional Exclusive Right to Sell Listings as well.

III. The Proposed Consent Order

Despite the recent decision by Respondent's Board of Directors to remove the challenged restrictions, it is appropriate for the Commission to require the prospective relief in the proposed consent order. Such relief ensures that MLS, Inc. cannot revert to the old rules or policies, or engage in future variations of the challenged conduct. The conduct at issue in the current case is itself a variation of practices that have been the subject of past Commission orders; in the 1980s and 1990s, the Commission condemned the practices of several local MLS boards that had banned Exclusive Agency Listings entirely, and several consent orders were imposed.⁵

⁵ See, e.g., *In the Matter of Port Washington Real Estate Bd., Inc.*, 120 F.T.C. 882 (1995); *In the Matter of United Real Estate Brokers of Rockland, Ltd.*, 116 F.T.C. 972 (1993); *In the Matter of Am. Indus. Real Estate Assoc.*, Docket No. C-3449, 1993 WL 1thirty (30)09648 (F.T.C. Jul. 6, 1993); *In the Matter of Puget Sound Multiple Listing Serv.*, Docket No. C-3390 (F.T.C. Aug. 2, 1990); *In the Matter of Bellingham-Whatcom County Multiple Listing*

The proposed order is designed to ensure that Respondent does not misuse its market power, while preserving the procompetitive incentives of members to contribute to the joint venture operated by MLS, Inc. The proposed order prohibits Respondent from adopting or enforcing any rules or policies that deny or limit the ability of MLS participants to enter into Exclusive Agency Listings, or any other lawful listing agreements, with sellers of properties. The proposed order includes examples of such practices, but the conduct it enjoins is not limited to those five enumerated examples. In addition, the proposed order states that, within thirty days after it becomes final, Respondent shall have conformed its rules to the substantive provisions of the order. MLS, Inc. is further required to notify its participants of the order through its usual business communications and its web site. The proposed order requires notification to the Commission of changes in the Respondent's structure, and periodic filings of written reports concerning compliance.

The proposed order applies to Respondent and entities it owns or controls, including MetroMLS and any affiliated web site it operates. The order does not prohibit participants in the MLS, or other independent persons or entities that receive listing information from Respondent, from making independent decisions concerning the use or display of such listing information on participant or third-party web sites, consistent with any contractual obligations to Respondent.

The proposed order will expire in 10 years.

By direction of the Commission.

Donald S. Clark

Secretary

[FR Doc. E7-24686 Filed 12-19-07; 8:45 am]

[Billing Code: 6750-01-S]

Bureau, Docket No. C-3299 (F.T.C. Aug. 2, 1990); *In the Matter of Metro MLS, Inc.*, Docket No. C-3286, 1990 WL 10012611 (F.T.C. Apr. 18, 1990); *In the Matter of Multiple Listing Serv. of the Greater Michigan City Area, Inc.*, 106 F.T.C. 95 (1985); *In the Matter of Orange County Bd. of Realtors, Inc.*, 106 F.T.C. 88 (1985).

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day-08-07AB]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-639-5960 and send comments to Maryam I. Daneshvar, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to omb@cdc.gov.

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; and (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. Written comments should be received within 60 days of this notice.

Proposed Project

Measuring the Psychological Impact on Communities Affected by Landmines—New—Coordinating Center for Environmental Health and Injury Prevention (CCEHIP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

This is a republication of the 60-Day Federal Register Notice on this project published 12/13/2006. Comments were received concerning urgent needs relating to landmines and unexploded ordnance. CDC has considered the comments and appreciates the concerns expressed. While our study is relatively small by design, we judge that there will be sufficient statistical power for this empirical population-based study to demonstrate what the social economic

and psychological benefits of de-mining will be for affected populations.

The purpose of this project is to conduct focus groups and an observational baseline survey that assesses the effectiveness of Humanitarian Mine Action (landmine and unexploded ordnance clearance, also known as de-mining) upon the economic, social and mental well being of impacted communities. This work will be conducted by the Harvard Humanitarian Initiative, a center of Harvard University, under a cooperative agreement with CDC. The general theory to be examined is that individuals and communities in these locations suffer when living in an area with landmines and unexploded ordnance (UXO) since they cannot use all land resources and suffer the trauma of injured or killed family members.

This research on the impact of demining is necessary because landmines and UXO continue to negatively impact civilian populations. For example, it has been estimated that each year landmines and unexploded ordnance lead to the injury and death of 24,000 persons worldwide, predominately civilians. At the same time, it is estimated that civilians account for 35% to 65% of war-related deaths and injuries. The use of landmines and UXO is ongoing, and therefore this issue merits continued attention.

Up to this point, however, little if any of the international response to landmines has studied the economic, social, and mental impact upon a community. Instead the focus has been their physical impact in terms of numbers of injured and killed. There are no statistics nor is there research that can accurately capture these alternative measures of impact. There now exists an opportunity for further research that will benefit the general public as well as the organizations and governments working with persons impacted by landmines and UXO.

The proposed work will allow CDC to continue its commitment to reduce the negative health impact posed by landmines and unexploded ordnance, both for U.S. and non-U.S.-based populations. Specific activities for this project include:

a. Identify and incorporate public health principles into the planning of a pilot study for assessing the impact of landmine and unexploded ordnance (UXO) abatement (also known as demining) on the economic, social and mental health of contaminated communities. This initial research in three or more locations will lay the groundwork for further study in additional sites around the world.

b. Develop the survey instrument and design a study that will assess the economic, social and mental health consequences of living in areas where

landmines and UXO are present and the impact if they are cleared.

c. Collect and analyze data in order to draw conclusions and describe key findings that can be presented to the mine action community, which consists of United Nations (UN), governmental and non-governmental organizations (NGOs) focused on reducing the negative impact of mines and unexploded ordnance.

d. Develop materials and strategies for the wide dissemination of findings from the study. Organizations making up the mine action community will benefit from the ability to incorporate results (such as what practices alleviate negative social impacts on a community) of the research into their current practices.

e. Identify and understand all critical aspects of the demining or abatement process, which includes the proper procedures and techniques for demining, the distinction between humanitarian and military demining, a thorough understanding of international standards for demining, and the ability to critically evaluate the quality of demining programs and their work.

f. The work will be conducted in one country per year for a total of five years, depending upon available funding. The likely countries are: Angola, Bosnia, Colombia, and Lebanon.

There are no costs to respondents except their time to participate in the survey.

ESTIMATED ANNUALIZED BURDEN HOURS:

Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden response (in hours)
Urban household heads	800	1	1.5	1200
Rural household heads	400	1	1.5	600
Totals	1200	.....	.....	1800

Type of respondents	Number of respondents	Number of responses per respondent	Average burden time per response	Total burden response (in hours)
Urban focus group participants	30	1	2	60
Rural focus group participants	20	1	2	40
Totals	50	.....	.....	100

Dated: December 12, 2007.

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

[FR Doc. E7-24701 Filed 12-19-07; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-08-0672]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-639-5960 and send comments to Maryam I. Daneshvar, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to omb@cdc.gov.

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; and (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. Written comments should be received within 60 days of this notice.

Proposed Project

Indicators of the Performance of Local and State and Education Agencies in HIV-prevention and Coordinated School Health Program Activities for Adolescent and School Health Programs—Reinstatement with Change—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Division of Adolescent and School Health (DASH), CDC, supports HIV prevention activities and coordinated school health program (CSHP) activities conducted by local education agencies (LEA) and state and territorial education agencies (SEA and TEA). DASH has previously collected information on these activities under OMB control number 0920-0672, which is scheduled to expire in February 2008. Because there is currently no other standardized annual reporting process for HIV prevention activities or CSHP activities, DASH seeks OMB approval to reinstate the previously fielded web-based questionnaires. In addition, DASH proposes to add a new questionnaire to assess asthma management activities to be conducted by LEAs and SEAs.

Four Web-based questionnaires will be used that correspond to specific funding sources within the Division of Adolescent and School Health. Two questionnaires pertain to HIV-prevention program activities among LEAs and SEAs/TEAs. The third questionnaire pertains to asthma management activities among LEAs. The fourth questionnaire pertains to CSHP activities among SEAs.

The two HIV questionnaires will include questions on:

- Distribution of, professional development and individualized technical assistance on school policies.
- Distribution of, professional development and individualized technical assistance on education curricula and instruction.
- Distribution of, professional development and individualized technical assistance assessment on student standards.
- Collaboration with external partners.
- Targeting priority populations.
- Planning and improving projects.
- Information about additional program activities.

The asthma questionnaire will ask the questions above, but will focus on asthma management activities.

The CSHP questionnaire will also ask the questions above, but will focus on physical activity, nutrition, and tobacco-use prevention activities (PANT). It will include additional questions on:

- Joint activities of the State Education Agency and State Health Agency (SHA).
- Activities of the CSHP state-wide coalition.
- Health promotion programs and environmental approaches to PANT.

Information gathered from the questionnaires will: (1) Provide standardized information about how HIV prevention, asthma management, and CSHP funds are used by LEAs and SEAs; (2) assess the extent to which programmatic adjustments are indicated; (3) provide descriptive and process information about program activities; and (4) provide greater accountability for use of public funds.

Each Web-based questionnaire will be completed annually. There are no costs to respondents except their time to participate in the survey.

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 response (in hours)
Local Education Agency Officials	Indicators for School Health Programs: HIV Prevention (LEA).	18	1	7	126
	Asthma Management Education Questionnaire.	10	1	7	70
State and Territorial Education Agency Officials.	Indicators for School Health Programs: HIV Prevention (SEA).	55	1	7	385
State Education Agency Officials	Indicators for School Health Programs: Coordinated School Health Programs.	23	1	10	230
Total .....	.....	.....	.....	.....	811