

relationship with the basis of award customer(s) adequate?; (4) If the current policy is not adequate, what are the recommendations to improve the policy/guidance?; and (5) If fair and reasonable price determination at the MAS contract level is not beneficial and the fair and reasonable price determination is to be determined only at the task/delivery order level, then what is the GSA role?

To that end, the Panel would like to hear from the many stakeholders of the MAS program. The MAS program stakeholders include, but are not limited to, ordering agency contracting officers, GSA contracting officers, schedule contract holders, Congress, program managers, General Accountability Office, and Federal agency Inspector General Offices. The panel is particularly interested in stakeholder views as to how the issues discussed above may relate differently to the purchase of goods, services, or goods and services that are configured to propose an integrated solution to an agency's needs. Written comments may be submitted at any time in accordance with the guidance below.

*Acquisition of Solutions and Non Professional Services Discussion and Recommendations—Monday, November 10, 2008 and Wednesday, November 12, 2008, Location & Address:*

The meetings will be held at the Washington Court Hotel, 525 New Jersey Avenue, NW., Ballroom II, Washington, DC 20001. The Washington Court Hotel is within walking distance of the Union Station metro stop. The meeting start time for each day is 9:00am, and will adjourn no later than 5:00 p.m.

For presentations before the Panel, the following guidance is provided:

*Oral comments:* The Panel will no longer entertain oral presentations.

*Written Comments:* Written comments must be received ten (10) business days prior to the meeting date so that the comments may be provided to the Panel for their consideration prior to the meeting. Comments should be supplied to Ms. Brooks at the address/contact information noted below in the following format: one hard copy with original signature and one electronic copy via email in Microsoft Word.

Subsequent meeting dates, locations, and times will be published at least 15 days prior to the meeting date.

**FOR FURTHER INFORMATION CONTACT:** Information on the Panel meetings, agendas, and other information can be obtained at [www.gsa.gov/masadvisorypanel](http://www.gsa.gov/masadvisorypanel) or you may contact Ms. Pat Brooks, Designated Federal Officer, Multiple Award Schedule Advisory Panel, U.S. General Services Administration, 2011 Crystal Drive, Suite 911, Arlington, VA 22205; telephone 703 605-3406, Fax 703 605-3454; or via email at [mas.advisorypanel@gsa.gov](mailto:mas.advisorypanel@gsa.gov).

**AVAILABILITY OF MATERIALS:** All meeting materials, including meeting agendas, handouts, public comments, and meeting minutes will be posted on the MAS Panel website at [www.gsa.gov/masadvisorypanel](http://www.gsa.gov/masadvisorypanel) or [www.gsa.gov/masap](http://www.gsa.gov/masap).

**MEETING ACCESS:** Individuals requiring special accommodations at any of these meetings should contact Ms. Brooks at least ten (10) business days prior to the meeting date so that appropriate arrangements can be made.

Dated: October 21, 2008.

**Theodore S. Haddad,**

*Chief Acquisition Officer, Office of the Chief Acquisition Officer, General Services Administration.*

[FR Doc. E8-25443 Filed 10-23-08; 8:45 am]

**BILLING CODE 6820-EP-S**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Agency Information Collection Request, 60-Day Public Comment Request, Grants**

**AGENCY:** Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed information collection request for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the

proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden. To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to [Sherette.funncoleman@hhs.gov](mailto:Sherette.funncoleman@hhs.gov), or call the Reports Clearance Office on (202) 690-6162. Written comments and recommendations for the proposed information collections must be directed to the OS Paperwork Clearance Officer at the above e-mail address within 60-days.

*Proposed Project:* SF-424 Grants Application Form—OMB No. 4040-0004—Revision-Grants.gov The SF-424 form is an OMB approved collection (4040-0004). Proposed revisions of the SF-424 include global changes created by the Federal Funding Accountability and Transparency Act (Transparency Act). The Transparency Act was signed into law on September 26, 2006 (Pub. L. 109-282). The legislation requires the Office of Management and Budget (OMB) to establish a publicly available, online database containing information about entities that are awarded federal grants, loans, and contracts. The revised form will assist agencies in collecting some of the required data elements for the database through the SF-424 grant applications. This form will be utilized by up to 26 federal grant making agencies.

The SF-424 form revisions incorporate standard data elements required by the Transparency Act such as a nine-digit zip code, the addition of "Parish" to the "County" field, and common language in the form instructions to "Areas Affected by Project" and the "Congressional District Of." We are requesting a three year clearance of this form. The affected public may include: Federal, State, local, or tribal governments, business or other for profit, and not for profit institutions.

**ESTIMATED ANNUALIZED BURDEN TABLE**

Agency	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
DOC .....	16,460	1	30/60	8,230
DOE .....	2,700	1	60/60	2,700

ESTIMATED ANNUALIZED BURDEN TABLE—Continued

Agency	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
ED .....	10,235	1	60/60	10,235
EPA .....	3,816	1	240/60	15,264
HHS .....	5,800	1.1551	270/60	30,148
SSA .....	1,000	2	20/60	667
USAID .....	200	2	15/60	100
USDA .....	229,946	1	60/60	229,946
DOI .....	11,604	1.8156	26/60	9,130
Total .....				306,420

**Seleda Perryman,**  
*Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.*  
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**BILLING CODE 4151-AE-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Agency for Healthcare Research and Quality**

**Agency Information Collection Activities: Proposed Collection; Comment Request**

**AGENCY:** Agency for Healthcare Research and Quality, HHS.  
**ACTION:** Notice.

**SUMMARY:** This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the proposed information collection project: “The AHRQ Data Inventory.” In accordance with the Paperwork Reduction Act of 1995, 44 U.S.C. 3506(c)(2)(A), AHRQ invites the public to comment on this proposed information collection.

**DATES:** Comments on this notice must be received by December 23, 2008.

**ADDRESSES:** Written comments should be submitted to: Doris Lefkowitz, Reports Clearance Officer, AHRQ, by e-mail at [doris.lefkowitz@ahrq.hhs.gov](mailto:doris.lefkowitz@ahrq.hhs.gov).

Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

**FOR FURTHER INFORMATION CONTACT:** Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427-1477, or by e-mail at [doris.lefkowitz@ahrq.hhs.gov](mailto:doris.lefkowitz@ahrq.hhs.gov).

**SUPPLEMENTARY INFORMATION:**

**Proposed Project**

“The AHRQ Data Inventory”

The Agency for Healthcare Research and Quality (AHRQ) is interested in

determining the availability of regularly collected administrative and other data collection initiatives about outpatient health service utilization. AHRQ seeks to better understand issues in developing data collection initiatives, redundancies in these initiatives, uses of available data, gaps in available information, similarities across data projects, and areas for possible collaboration and coordination. AHRQ’s initial focus is on those data sets that would inform healthcare providers, policymakers, and consumers about outpatient health service utilization and episodes of care.

The primary purpose of this information collection is to comprehensively document outpatient health care data collection initiatives in the 50 states, the District of Columbia, and other geographic units. Information being collected about the data sets is not readily available to the public. In-depth information about the data sets will provide guidance to AHRQ on the potential synergy across such initiatives and suggest how the information can inform Federal, State, and local health care policymakers, clinicians, and consumers. Information collected during the interviews will comprehensively document outpatient health care data collection initiatives.

This project is important for several reasons. First, many data collection initiatives exist or are in the planning stages, but there is limited collaboration and synthesis among initiatives. With limited resources and common goals, it is imperative to understand the issues in developing data collection initiatives, redundancies in such initiatives, and gaps in available information. Second, with the increasing costs of health care, it has become more important than ever to use health services efficiently, yet care and information about care is often collected and delivered in isolation without coordination across sites or providers of care. The results of this project will provide AHRQ and other policymakers with the information they

need to serve as a catalyst to promote coordinated standardization, reduce redundancies, identify gaps in information, and assist in further development of needed data efforts.

This project is being conducted pursuant to AHRQ’s statutory mandates to (1) Promote health care quality improvement by conducting and supporting research that develops and presents scientific evidence regarding all aspects of health care, including the costs and utilization of, and access to, health care and the ways in which health care services are organized, delivered, and financed (42 U.S.C. 299(b)(1)(D) and (E)); (2) conduct and support research on health care and on systems for the delivery of such care (42 U.S.C. 299a(a)); and (3) conduct and support research to advance the creation of effective linkages between various sources of health information (42 U.S.C. 299b-3(a)(3)).

**Method of Collection**

The survey will be initiated with an e-mail message from AHRQ to managers/administrators of each data set selected for inclusion in the Inventory. Data sets listed in the inventory were identified from a search of Web-based information about outpatient and ambulatory patient care data sets. The initial contact will be followed by an e-mail distribution of a cover letter and the questionnaire. The cover letter will include information about the purpose of the study, reason respondents are being contacted, information about the nondisclosure of their responses, and a request to have respondents review information captured from the Internet about their data sets. In addition, respondents will be informed that they have the option to complete and return the questionnaire electronically or participate in a telephone interview. Respondents who do not return their questionnaires by the requested time will get an e-mail reminder. The e-mail reminder will be followed by a telephone reminder.