

**DATES:** Submit comments on or before February 17, 2009.

**FOR FURTHER INFORMATION CONTACT:**

Edward Chambers, Procurement Analyst, Contract Policy Division, GSA (202) 501-3221.

**ADDRESSES:** Submit comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Regulatory Secretariat (VPR), General Services Administration, Room 4041 1800 F Street, NW., Washington, DC 20405. Please cite OMB Control No. 3090-0280, Tax Adjustment Clause 552.270-30, in all correspondence.

**SUPPLEMENTARY INFORMATION:**

**A. Purpose**

The General Services Administration (GSA) has various mission responsibilities related to the acquisition and provision supply, service, and leasehold acquisitions. These mission responsibilities generate requirements that are realized through the solicitation and award of various types of contracts. Individual solicitations and resulting contracts may impose unique information collection and reporting requirements on contractors, not required by regulation, but necessary to evaluate particular program accomplishments, measure success in meeting program objectives, or adjust acquisition requirements. Leasehold acquisitions provide for real estate tax adjustments due to changes in real estate taxes on land and buildings occupied by the Government. In a leasehold acquisition, the lessor shall provide the following information regarding real estate taxes: (1) Any notice which may affect the valuation of land and buildings covered by this lease for real estate tax purposes; (2) Any notice of a tax credit or tax refund related to land and buildings covered by this lease; and (3) Each tax bill related to land and building covered by this lease. The lessor is also required to provide the contracting officer a proper invoice including evidence of payment to receive the tax adjustment. Depending on the leasehold acquisition, the tax adjustment can result in either the lessor receiving a credit or the Government receiving a credit.

**B. Annual Reporting Burden.**

*Respondents:* 7041.

*Responses Per Respondent:* 1.

*Total Responses:* 7041.

*Hours Per Response:* 6.

*Total Burden Hours:* 42,246.

*Obtaining copies of proposals:*

Requesters may obtain a copy of the

information collection documents from the General Services Administration, Regulatory Secretariat (VPR), 1800 F Street, NW., Room 4041, Washington, DC 20405, telephone (202) 501-4755. Please cite OMB Control No. 3090-0280, Tax Adjustment Clause 552.270-30, in all correspondence.

Dated: December 10, 2008.

**Al Matera,**

*Director, Contract Policy Division.*

[FR Doc. E8-30016 Filed 12-18-08; 8:45 am]

**BILLING CODE 6820-61-S**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Notice of the Development of a Web-Based System Used To Request Meetings Regarding Medical Countermeasures to Naturally Occurring or Manmade Threats**

**AGENCY:** Department of Health and Human Services, Office of the Secretary.

**ACTION:** Notice.

**SUMMARY:** The Department of Health and Human Services (HHS) is announcing the availability of a new Web-based system, [MedicalCountermeasures.gov](http://MedicalCountermeasures.gov). [MedicalCountermeasures.gov](http://MedicalCountermeasures.gov) will enable external stakeholders to request meetings with personnel from the organizations that comprise the Public Health Emergency Medical Countermeasures Enterprise (PHEMCE) regarding medical countermeasures to threats to public health, either naturally occurring or manmade. The goal of these meetings is to provide an opportunity for stakeholders to share information regarding medical countermeasures. The system can be accessed from the Web site <https://www.medicalcountermeasures.gov/RequestMeeting.aspx>.

During the BioShield Stakeholders Workshop, HHS Secretary Michael O. Leavitt announced that HHS would develop a Web based system "through which those in industry and the research and development community can reach the people they need in the federal government, whether they're looking at a basic level of research or are focused on end-stage development." In fulfillment of this promise, HHS has developed [MedicalCountermeasures.gov](http://MedicalCountermeasures.gov).

[MedicalCountermeasures.gov](http://MedicalCountermeasures.gov) enables external stakeholders to request a meeting with federal representatives from participating PHEMCE agencies regarding medical countermeasures they are developing for use in response to a public health emergency. The

information will then be routed to personnel within the relevant PHEMCE agencies, which currently include: The National Institutes of Health (NIH), the Office of the Biomedical Advanced Research and Development Authority (BARDA), the Food and Drug Administration (FDA), and the Department of Veterans Affairs (VA). [MedicalCountermeasures.gov](http://MedicalCountermeasures.gov) also provides information on upcoming and past conferences; procurements and grants; regulatory information; and strategic plans from throughout the PHEMCE agencies.

**FOR FURTHER INFORMATION CONTACT:**

Elizabeth Jarrett, M.A., Office of the Biomedical Advanced Research and Development, Office of the Assistant Secretary for Preparedness and Response, Department of Health and Human Services, 330 Independence Ave., SW., Room G640, Washington, DC 20201; phone: 202-260-1200; e-mail address: [BARDA@hhs.gov](mailto:BARDA@hhs.gov).

Dated: December 9, 2008.

**W. Craig Vanderwagen,**

*Assistant Secretary for Preparedness and Response, Department of Health and Human Services.*

[FR Doc. E8-30150 Filed 12-18-08; 8:45 am]

**BILLING CODE 4150-37-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Opportunity for Cosponsorship of the Integrated Medical, Public Health, Preparedness, and Response Training Summit**

**AGENCY:** Department of Health and Human Services, Office of the Secretary.

**ACTION:** Notice.

**SUMMARY:** The Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response (ASPR) and Office of the Surgeon General (OSG) announce the opportunity for both private sector and non-profit entities to cosponsor an annual training summit. The focus of this training is medical and public health preparedness and response during disasters and emergencies. Potential cosponsors must have a mutual interest in the subject matter, the capability to provide logistical and educational support, and be willing to participate substantively in the cosponsored activity.

**DATES:** To receive consideration, a request to participate as a cosponsor must be received by the close of business on February 2, 2009. Requests will meet the deadline if they are either (1) received on or before the deadline