

GENERAL SERVICES ADMINISTRATION

[Notice–2011–03; Docket No. 2011–0006;
Sequence 16]

The President's Management Advisory Board (PMAB); Notification of Upcoming Public Advisory Meeting

AGENCY: Office of Executive Councils,
U. S. General Services Administration
(GSA).

ACTION: Meeting Notice.

SUMMARY: The President's Management
Advisory Board (PMAB), a Federal
Advisory Committee established in
accordance with the Federal Advisory
Committee Act (FACA), 5 U.S.C., App.,
and Executive Order 13538, will hold a
public teleconference meeting on
September 23, 2011.

DATES: *Effective date:* August 30, 2011.

Meeting date: The teleconference
meeting will be held on Friday,
September 23, 2011, beginning at 10:30
a.m. eastern time, ending no later than
12 p.m.

FOR FURTHER INFORMATION CONTACT: Mr.
Stephen Brockelman, Designated
Federal Officer, President's Management
Advisory Board, Office of Executive
Councils, General Services
Administration, 1776 G Street NW.,
Washington, DC 20006, at
stephen.brockelman@gsa.gov.

SUPPLEMENTARY INFORMATION:

Background: The PMAB was
established to provide independent
advice and recommendations to the
President and the President's
Management Council on a wide range of
issues related to the development of
effective strategies for the
implementation of best business
practices to improve Federal
Government management and
operation, with a particular focus on
productivity and the application of
technology.

Agenda: The main purpose of this
meeting is for the full PMAB to discuss
and vote on initial recommendations
presented by PMAB's Information
Technology (IT) and Senior Executive
Service (SES) subcommittees. The Board
is examining recommendations and
leading business practices that have the
potential to improve government
performance in the areas of IT portfolio
and project management, IT vendor
performance management, SES
leadership development, and SES
performance appraisal systems. The
meeting minutes will be available after
the meeting on the PMAB Web site.
[http://www.whitehouse.gov/
administration/advisory-boards/pmab](http://www.whitehouse.gov/administration/advisory-boards/pmab).

Meeting Access: The teleconference
meeting is open to the public; interested
members of the public may listen to the
PMAB's discussion using 1 (888) 323–
9795 and passcode 7672250. Members
of the public will not have the
opportunity to ask questions or
otherwise participate in the
teleconference. However, members of
the public wishing to comment on the
discussion or topics outlined in the
Agenda should follow the steps detailed
in Procedures for Providing Public
Comments below.

*Availability of Materials for the
Meeting:* Please see the PMAB Web site
([http://www.whitehouse.gov/
administration/advisory-boards/pmab](http://www.whitehouse.gov/administration/advisory-boards/pmab))
for any available materials.

*Procedures for Providing Public
Comments:* In general, public statements
will be posted on the White House Web
site ([http://www.whitehouse.gov/
administration/advisory-boards/pmab](http://www.whitehouse.gov/administration/advisory-boards/pmab)).
Non-electronic documents will be made
available for public inspection and
copying in PMAB offices at GSA, 1776
G Street NW., Washington, DC 20006,
on official business days between the
hours of 10 a.m. and 5 p.m. eastern
time. You can make an appointment to
inspect statements by telephoning (202)
501–1398. All statements, including
attachments and other supporting
materials received, are part of the public
record and subject to public disclosure.
Any statements submitted in connection
with the PMAB meeting will be made
available to the public under the
provisions of the Federal Advisory
Committee Act.

The public is invited to submit
written statements for this meeting to
the Advisory Committee prior to the
meeting no later than 5 p.m. on
September 22, 2011, preferably earlier,
by either of the following methods:

Electronic Statements: Submit written
statements to Stephen Brockelman,
Designated Federal Officer at
stephen.brockelman@gsa.gov; or

Paper Statements: Send paper
statements in triplicate to Stephen
Brockelman at President's Management
Advisory Board, Office of Executive
Councils, General Services
Administration, 1776 G Street, NW.,
Washington, DC 20006.

Dated: August 22, 2011.

Robert Flaak,

*Director, Office of Committee and Regulatory
Management, General Services
Administration.*

[FR Doc. 2011–22149 Filed 8–29–11; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS–0990–New; 30–
Day Notice]

Agency Information Collection Request; 30-Day Public Comment Request

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
Sherrette.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 email address within 60-
days.

Proposed Project: The Office of
Adolescent Health (OAH) Teen
Pregnancy Prevention Performance
Measure Collection—OMB No. OS–
0990–NEW—Office of Adolescent
Health and the Administration for
Children Youth and Families.

Abstract: The Office of Adolescent
Health (OAH) and the Administration
for Children, Youth and Families
(ACYF), under the U.S. Department of
Health and Human Services (HHS), are
funding a total of 107 grantees to
conduct teen pregnancy prevention
programs. Grantees are funded to either
replicate evidence-based teen pregnancy
prevention programs (75 OAH grantees)
or to implement research and
demonstration programs to test new and
innovative approaches to teen

pregnancy prevention (19 OAH grantees and 13 ACYF grantees). Grants are funded for 5 years at levels ranging from \$400,000 to \$4 million per year. Interventions for these different programs vary widely in terms of duration (from 1 day to 4 years), setting (schools, clinics, or community based

settings), populations served (middle school students, high school students, parents of teens) and content (e.g., youth development programs or sex education programs). Funding requirements for the grantees included the collection and reporting of data for performance measurement. The performance measure

collection is important to OAH and ACYF because it will provide the agency with data both to effectively monitor these programs, and to comply with accountability and Federal performance requirements for the 1993 Government Performance and Results Act (Pub. L. 103–62).

ESTIMATED ANNUALIZED BURDEN TABLE

Forms (if necessary)	Type of respondent	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Perceived impact questions	Youth participating in programs	100,000	1	5/60	8,333
Reporting form for reach	Grantee program staff	107	2	4	856
Tier 1 A/B performance measure reporting form.	Grantee program staff—Tier 1 A/B ..	59	1	19	1121
Tier 1 C/D and Tier 2/PREIS performance measure reporting form.	Grantee program staff—Tier 1 C/D and Tier 2/PREIS.	48	1	21	1008
Total	11,318

Mary Forbes,
Office of the Secretary, Paperwork Reduction Act Clearance Officer.
[FR Doc. 2011–22168 Filed 8–29–11; 8:45 am]
BILLING CODE 4150–32–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS–0990–New; 30-day notice]

Agency Information Collection Request. 30-Day Public Comment Request

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 collection 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, or call the Reports Clearance Office on (202) 690–5683. Send written comments and recommendations for the proposed information collections within 30 days of this notice directly to the OS OMB Desk Officer; faxed to OMB at 202–395–5806.

Proposed Project: Outcome Evaluation of Teenage Pregnancy Prevention: Integrating Services, Programs, and Strategies through Community-wide Initiatives—OMB No. 0990–NEW–Office of Adolescent Pregnancy Programs.

The Office of Adolescent Health and the Centers for Disease Control and Prevention (CDC) are working collaboratively to address the high pregnancy rate of women between the ages of 15–19 by demonstrating the effectiveness of innovative, multi-component, community-wide initiatives in preventing teen pregnancy and reducing rates of teen births in communities with the highest rates, with a focus on reaching African American and Latino youth aged 15–19. Components of these efforts include (1) Implementing evidence-based or evidence-informed prevention programs; (2) linking teens to quality health services; (3) educating stakeholders (community leaders, parents and other constituents) about relevant evidence-based or evidence-informed strategies to reduce teen pregnancy and data on needs and resources in target communities; and (4)

supporting the sustainability of the community-wide teen pregnancy prevention effort.

The main objective for the proposed Outcome Evaluation of Teenage Pregnancy Prevention: Integrating Services, Programs, and Strategies through Community-wide Initiatives is to measure risk behaviors, pregnancies, and use of contraceptives and family planning services among youth. The data collection instrument for the proposed study is a modified version of a recently approved survey (OMB No. 0970–0360 Expiration date 7/31/2013). Clearance is being requested to expand the utilization of a modified version of the previously-approved instrument.

The Outcome Evaluation of Teenage Pregnancy Prevention: Integrating Services, Programs, and Strategies through Community-wide Initiatives will focus on the combined change of two proportions: (1) The proportion of youth who have not engaged in sexual intercourse during the past 12 months and (2) the proportion of youth who have engaged in sexual intercourse but have used contraception consistently during the past 12 months. To determine if the change in this proportion of interest in the intervention community is significantly different from the control community is one of the most important parameters to be estimated. Power analysis determined that 1,200 surveys per community will be sufficient to detect this difference. The precise number of youth surveyed will depend on the response rates, and will be between 1,200 and 1,500 per community.