

responsibilities for evaluating Federal programs.

1. To the National Archives and Records Administration (NARA) for records management purposes.

**POLICIES AND PRACTICES FOR STORING, RETRIEVING, ACCESSING, RETAINING, AND DISPOSING OF RECORDS IN THE SYSTEM:**

**STORAGE:**

Records are maintained in paper and/or electronic form in the Office of Inspector General.

**RETRIEVABILITY:**

Records may be retrieved based on any information captured, including but not limited to: name, case name, and social security number.

**SAFEGUARDS:**

Access to electronic records is limited to authorized individuals with a need to know, and with passwords or keys. Electronic files are maintained behind an OIG firewall certified and accredited based on the security controls of the National Institute of Standards and Technology (NIST) and GSA Policy, and paper files are stored in locked rooms or filing cabinets with access limited to authorized personnel.

**RETENTION AND DISPOSAL:**

System records are retained and disposed of according to GSA records maintenance and disposition schedules and the requirements of the National Archives and Records Administration.

**SYSTEM MANAGER AND ADDRESS:**

Office of Counsel to the Inspector General, General Services Administration, 1800 F Street, NW., Washington, DC 20405. The Office of Counsel may also be contacted via telephone at (202) 501-1932.

**NOTIFICATION PROCEDURE:**

Individuals wishing to inquire if the system contains information about them should contact the system manager at the above address.

**RECORD ACCESS PROCEDURES:**

Individuals wishing to access their own records should contact the system manager in writing at the address above, and should include their full name (maiden name if appropriate), address, and date and place of birth. General inquiries may be made by telephone: (202) 501-1932.

**RECORD CONTESTING PROCEDURE:**

Individuals wishing to amend their records should contact the system manager at the address above. Applicable regulations are located at 41 CFR 105-64.

**RECORD SOURCE CATEGORIES:**

The sources for information in the system are data from other systems, information submitted by individuals or their representatives, information gathered from public sources, and information from other entities or individuals involved in the cases or matters.

[FR Doc. 2011-23467 Filed 9-13-11; 8:45 am]

**BILLING CODE 6820-14-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Office of the Secretary**

**Office of the Assistant Secretary for Preparedness and Response; Delegation of Authorities**

Notice is hereby given that I have delegated to the Assistant Secretary for Preparedness and Response (ASPR) the authorities vested in the Secretary of Health and Human Services under Sections 319F-2(c) and 319L of the Public Health Service (PHS) Act, as amended, with the exception of those reserved to the Secretary, as they pertain to the functions assigned to the Office of the ASPR. The Secretary reserves the authority under:

1. Section 319F-2(c)(2)(B)(ii) to determine which countermeasures are necessary to protect public health;
2. Section 319F-2(c)(4) to call for development of countermeasures;
3. Section 319F-2(c)(6)(a) to make recommendation to the President;
4. Section 319F-2(c)(2)(C) and (6)(C) to submit notices to Congress;
5. Section 319F-2(c)(7)(C)(i)(II) to promulgate regulations;
6. Section 319L(c)(3) to appoint the Director of BARDA;
7. Section 319L(c)(7)(B) to hire special consultants; and
8. Section 319L(c)(7)(C) to hire a limited number of highly qualified individuals.

Functions and authorities under section 319F-2(c) may be re-delegated. Functions and authorities necessary to implement section 319L of the PHS Act shall be re-delegated to the Biomedical Advanced Research and Development Authority Director. Additionally, the ASPR is permitted to re-delegate authorities and functions under 319L otherwise, such as to the Acquisitions Management, Contracts and Grants Director (AMCG), as needed. These authorities shall be exercised under the Department's policy on regulations and the existing delegation of authority to approve and issue regulations.

The ASPR will implement the Other Transactions authorities under Section

319L(c) in accordance with statutory limitations and memorandum between AMCG and the Office of the Grants & Acquisition Policy and Accountability, dated June 16, 2010.

The authority granted herein under Section 319F-2(c)(7)(C)(iii)(IV) shall be exercised subject to advance concurrence by and consultation with the Office of the Assistant Secretary for Financial Resources.

I hereby affirm and ratify any actions taken by the Assistant Secretary for Preparedness and Response, or your subordinates, which involved the exercise of the authorities delegated herein prior to the effective date of this delegation.

This delegation is effective upon date of signature.

Dated: September 7, 2011.

**Kathleen Sebelius,**

*Secretary, Department of Health and Human Services.*

[FR Doc. 2011-23464 Filed 9-13-11; 8:45 am]

**BILLING CODE 4150-37-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**[60-Day-11-0009]**

**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 Daniel Holcomb, CDC Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to [omb@cdc.gov](mailto: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**

Legionellosis Case Report—OMB 0920–0009, exp. 4/31/2013-(Revision) National Center for Immunization and Respiratory Diseases (NCIRD), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

Surveillance for legionellosis, a nationally notifiable disease, has been

conducted since 1980. A voluntary surveillance system, maintained by the Centers for Disease Control and Prevention’s Respiratory Diseases Branch, collects and monitors Legionellosis Case Report forms submitted by local and state health departments on the approved form (OMB 0920–0009).

To reflect recent enhanced surveillance initiatives for travel and healthcare-associated legionellosis and recent changes to the nationally notifiable case definition, CDC is requesting changes to the currently approved Legionellosis Case Report

form. The changes will allow the Legionella Program to better detect potential clusters and outbreaks of Legionnaires’ disease and to monitor changing epidemiological trends by collecting a greater level of detail for each legionellosis case. The burden to the respondents should be minimally affected by these proposed changes. In most cases, the burden should be reduced as the changes requested should provide clearer guidance for form completion.

There are no costs to respondents other than their time.

**ESTIMATE OF ANNUALIZED BURDEN HOURS**

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hrs)	Total burden hours
State public health .....	50	70	20/60	1,167
Total .....	50	70	20/60	1,167

Dated: September 8, 2011.

**Daniel Holcomb,**

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

[FR Doc. 2011–23474 Filed 9–13–11; 8:45 am]

**BILLING CODE 4163–18–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare & Medicaid Services**

[Document Identifier: CMS–10114]

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

*Agency:* Centers for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the *Paperwork Reduction Act of 1995*, the Centers for Medicare & Medicaid Services (CMS) is publishing the following summary of proposed collections 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.

1. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* National Provider Identifier (NPI) Application and Update Form and Supporting Regulations in 45 CFR 142.408, 45 CFR 162.406, 45 CFR 162.408; *Use:* The National Provider Identifier (NPI) Application and Update Form is used by health care providers to apply for NPIs and furnish updates to the information they supplied on their initial applications. The form is also used to deactivate their NPIs if necessary. The NPI Application/Update form has been revised to provide additional guidance on how to accurately complete the form. This collection includes clarification on information that is required on initial applications. Minor changes include adding a ‘delete’ check box for removal of information. This collection also includes revisions to the instructions. *Form Number:* CMS–10114 (OMB#: 0938–0931); *Frequency:* Reporting—On occasion; *Affected Public:* Business or other for-profit, Not-for-profit institutions, and Federal government; *Number of Respondents:* 304 million; *Total Annual Responses:* 481,440; *Total Annual Hours:* 481,440. (For policy questions regarding this collection contact Leslie Jones at 410–786–6599. For all other issues call 410–786–1326.)

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS’ Web site address at <http://www.cms.hhs.gov/PaperworkReductionActof1995>, or E-mail your request, including your address, phone number, OMB number, and CMS document identifier, to [Paperwork@cms.hhs.gov](mailto:Paperwork@cms.hhs.gov), or call the Reports Clearance Office on (410) 786–1326.

In commenting on the proposed information collections please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in one of the following ways by *November 14, 2011*.

1. *Electronically.* You may submit your comments electronically to <http://www.regulations.gov>. Follow the instructions for ‘‘Comment or Submission’’ or ‘‘More Search Options’’ to find the information collection document(s) accepting comments.

2. *By regular mail.* You may mail written comments to the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: Document Identifier/OMB Control Number, Room C4–26–05, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.