2011, contracts with values over $500,000 were awarded to 25,065
unique vendors. We estimate an average of five responses annually (i.e.,
the number of proposals received per solicitation issued).

The clause at FAR 52.209–9 applies to
solicitations where the resultant
contract value is expected to exceed
$500,000 and to contracts in which the
offeror has indicated in paragraph (b) of the
provision at 52.209–7 that it has
current active Federal contracts and
grants with total values greater than
$10,000,000. Paragraph (a) of the clause
at 52.209–9 requires the contractor to
update responsibility information on a
semiannual basis, throughout the life of the
contract, by posting the information in the CCR.

It is estimated that 5,013 respondents
(or 20 percent) of the 25,065 contract
awardees will indicate an affirmative
answer in paragraph (b) of the provision
at 52.209–7 and, pursuant to FAR
52.209–9, those contractors will then
have to enter FAPIIS-related data into
the CCR function in the SAM. Two
responses per respondent per year are
calculated for those respondents with
contracts and grants greater than $10
million, because of the requirement in
FAR 52.209–9 for semi-annual updates.
Because the FAPIIS information in CCR
is maintained on individual vendors,
contractors awarded more than one
contract will still only have to update the
data two times per year regardless of
the number of contracts awarded there
on.

We have used an average burden
estimate of 100 hours to enter the
company’s data into the Web site. This
time estimate also includes the average
annual recordkeeping time necessary
per respondent to maintain the
company’s information internally. Most
large businesses and some small
businesses have established systems to
track compliance. At this time, all or
most Government contractors have
entered relevant company data in the
CCR in accordance with another
information collection requirement.

**Annual Recordkeeping Burden**

| Activity                                      | Respondents | Responses per respondent | Total annual responses | Hours per Response
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial response (52.209–7)</td>
<td>25,065</td>
<td>x 5</td>
<td>5,013</td>
<td>0.1</td>
</tr>
<tr>
<td>Total annual responses</td>
<td></td>
<td></td>
<td>5,013</td>
<td>0.1</td>
</tr>
<tr>
<td>Additional response (52.209–9)</td>
<td>5,013</td>
<td>x 2</td>
<td>10,026</td>
<td>0.5</td>
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<tr>
<td>Total response burden hours</td>
<td></td>
<td></td>
<td>17,546</td>
<td></td>
</tr>
</tbody>
</table>

**Annual Reporting Burden**

| Activity                                      | Respondents | Responses per respondent | Total annual responses | Hours per Response
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondents: 5,013</td>
<td></td>
<td>x 1</td>
<td>5,013</td>
<td>0.1</td>
</tr>
<tr>
<td>Total annual responses</td>
<td></td>
<td></td>
<td>5,013</td>
<td>0.1</td>
</tr>
<tr>
<td>Total Recordkeeping burden hours:</td>
<td></td>
<td></td>
<td>501,300</td>
<td></td>
</tr>
</tbody>
</table>

**Obtaining Copies of Proposals:**
Requesters may obtain a copy of the
information collection documents from
the General Services Administration,
Regulatory Secretariat (MVCB), 1275
First Street NE., Washington, DC 20417,
telephone (202) 501–4755. Please cite
OMB Control No. 9000–0174,
Information Regarding Responsibility
Matters, in all correspondence.

Dated: March 21, 2013.

William Clark,
Acting Director, Federal Acquisition Policy
Division, Office of Governmentwide
Acquisition Policy, Office of Acquisition
Policy, Office of Governmentwide Policy.

[FR Doc. 2013–06917 Filed 3–26–13; 8:45 am]
BILLING CODE 6820–EP–P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Delegation of Authorities**

Notice is hereby given that I have
delegated to the Administrator, Centers
for Medicare & Medicaid Services (CMS),
or his or her successor, the
authorities vested in the Secretary for
two provisions of the Affordable Care
Act, and the Health Insurance
Portability and Accountability Act of
1996 (HIPAA) insofar as such provisions
pertain to CMS’ mission, as described in
Section F.00 of CMS’ Statement of
Organization, Functions, and
Delegations of Authority, last published at

**Affordable Care Act**

**Title I—Quality, Affordable Health Care for All Americans**

**Subtitle B—Immediate Actions to Preserve and Expand Coverage**

Section 1104(c)(1),(2), and (3)—The
authorities pursuant to Section
1104(c)(1),(2), and (3) of the Affordable
Care Act, as amended, to administer
rules related to standards and associated
operating rules, unique health plan
identifiers, standards for electronic
funds transfer, and a standard and a
single set of associated operating rules
for health claims attachments. These
provisions relate to administrative
simplification under Section 262 of
HIPAA.

**Title IX—Revenue Provisions**

Subtitle A—Revenue Offset Provisions

Section 9008—The authorities
pursuant to Section 9008 of the
Affordable Care Act, as amended,
related to the reporting requirements
associated with the imposition of
annual fee on branded prescription
pharmaceutical manufacturers and
importers.

**Health Insurance Portability and
Accountability Act of 1996**

Section 203—The authorities
pursuant to Section 203, as amended,
pertaining to the Beneficiary Incentive
Programs.

This delegation of authorities
excludes the authority to issue
regulations and to submit reports to
Congress.

This delegation of authorities is
effective immediately.

These authorities may be re-delegated.

These authorities shall be exercised
under the Department’s policy on
regulations and the existing delegation
of authority to approve and issue
regulations.

I hereby affirm and ratify any actions
taken by the Administrator, CMS, or his
or her successor, which involved the
exercise of the authorities for two
provisions of the Affordable Care Act,
and HIPAA delegated therein prior to the
effective date of this delegation of
authorities.

Authority: 44 U.S.C. 3101.

Dated: March 20, 2013.

Kathleen Sebelius,
Secretary.

[FR Doc. 2013–07139 Filed 3–26–13; 8:45 am]
BILLING CODE 4150–03–P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Notice of Cancelation for Call of the
President’s Advisory Council on Faith-
Based and Neighborhood Partnerships

Notice of Cancelation: This notice was
published in the Federal Register on
March 20th, 2013, Volume 78, Number 54,
page 17210. The call previously
scheduled to convene on April 2, 2013 has
been cancelled.

Please contact Ben O’Dell for any
additional information about the
President’s Advisory Council meeting at
partnerships@hhs.gov.
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–13–0745]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–7570 or send an email to omb@cdc.gov. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Colorectal Cancer Screening Program (OMB No. 0920–0745, exp. 6/30/2013)—Extension—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Of cancers affecting both men and women, colorectal cancer (CRC) is the second leading cause of cancer-related deaths in the United States. Based on scientific evidence which indicates that regular screening is effective in reducing CRC incidence and mortality, regular CRC screening is now recommended for adults starting at age 50 and continuing until age 75 years.

In 2005, CDC established a three-year demonstration program, subsequently extended to four years, to screen low-income individuals 50 years of age and older who have no health insurance or inadequate health insurance for CRC. The five demonstration sites reported information to CDC including de-identified, patient-level demographic, screening, diagnostic, treatment, outcome and cost reimbursement data (OMB No. 0920–0745, exp. 7/31/2010). The information has been used to assess the feasibility and cost effectiveness of a publically funded screening program, describe key outcomes, and guide the expansion of the program. In 2009, with the conclusion of the demonstration program and increased Congressional funding to continue support of a colorectal cancer screening program, CDC established the Colorectal Cancer Control Program (CRCCP) to fund 26 sites for a five-year program period to increase population-based CRC screening and reduce health disparities in CRC screening, incidence and mortality. Funded sites implement evidence-based interventions to increase population-level screening rates. To address disparities in access to screening, funded sites screen low-income individuals 50 years of age and older who have no health insurance or inadequate health insurance for CRC.

The funded sites report information to CDC including programmatic-level activity cost data, and de-identified patient-level demographic, screening, diagnostic, treatment and outcome data (OMB No. 0920–0745, exp. 6/30/2013). CDC is requesting OMB approval to continue the information collection for an additional three years. CDC will collect de-identified Colorectal Clinical Data Elements (CCDE) on services provided to low-income individuals age 50 and older with inadequate or no health insurance. CDC will use the information to monitor and evaluate the program and funded sites; improve the quality of screening and diagnostic services for underserved individuals; develop outreach strategies to increase screening; and report program results to Congress and other legislative authorities. Each site will screen an estimated 375 individuals per year (186 semiannually).

The program will also collect program-level activity-based cost data utilizing a Cost Assessment Tool (CAT) previously used by other CDC-funded cancer programs. The information to be collected through the CAT will allow CDC to compare activity-based costs across multiple sites and programs, and will provide a more effective means of monitoring and improving the performance and cost-effectiveness of the CRC screening program.

Summary CCDE information will be transmitted to CDC electronically twice per year. Information collected through the Cost Assessment Tool will be transmitted electronically to CDC once per year. Participation is required for all sites funded through the CRC screening program. The number of funded sites will increase from 26 to 29 and this will result in an increase in the number of respondents and total burden. There are no changes to the content of the information collection or the estimated burden per response.

There are no costs to respondents other than their time. The total estimated annualized burden hours are 3,357.

Estimated Annualized Burden Hours

<table>
<thead>
<tr>
<th>Type of respondents</th>
<th>Form name</th>
<th>Number of respondents</th>
<th>Number of responses per respondent</th>
<th>Avg. burden per response (in hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorectal Cancer Screening Programs .................</td>
<td>Clinical Data Elements ......................................</td>
<td>29</td>
<td>375</td>
<td>15/60</td>
</tr>
<tr>
<td></td>
<td>Cost Assessment Tool ........................................</td>
<td>29</td>
<td>1</td>
<td>22</td>
</tr>
</tbody>
</table>

Dated: March 21, 2013.

Ron A. Otten,
Director, Office of Scientific Integrity (OSI), Office of the Associate Director for Science (OADS), Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2013–07041 Filed 3–26–13; 8:45 am]

BILLING CODE 4154–07–P