assistance (TA) to employers, with the ultimate aim of improving population health, reducing health care utilization, and improving the productivity of employees. These activities are consistent with CDC's role as the primary Federal agency for protecting health and promoting quality of life through the prevention and control of disease, injury, and disability.

Public and private employers can play a significant role in improving the health and well-being of American workers, but often lack the know-how to do so effectively. CDC plays an important role in providing the tools, resources, and technical expertise to support employers' efforts to build and sustain workplace health promotion (WHP) programs and advance healthy company cultures.

The primary goal of the Resource Center is to serve as a prominent and effective resource for employers wishing to create and sustain best-practice WHP initiatives. The project will take place over two phases. In Phase 1, CDC will conduct formative research via interviews, a web-based survey, and an environmental scan of market research reports and other related documents to obtain direct input on stakeholder needs for the Resource Center. This information will be used to design and create the content and layout of the Resource Center. In Phase 2, CDC will use a consumer satisfaction survey, a TA feedback survey, and a TA Pilot assessment to assess satisfaction with the Resource Center and with the TA support mechanisms designed to support users of the Resource Center. This information will be used to refine and improve the design and content of the Resource Center and TA. The target audience includes employers, business groups, workplace health vendors and consultants, health departments, journalists, and researchers.

OMB approval is requested for three years. The first and second year will be dedicated to the Phase 1 formative work and Resource Center development. In years 2 and 3 (Phase 2), the Resource Center will be launched and technical assistance provided. An evaluation of customer satisfaction with the Resource Center, IC and technical assistance will be conducted. CDC estimates that a total 850 employers and stakeholders will participate in surveys and interviews associated with Phase 1 and that approximately 850 employers and stakeholders will complete the customer satisfaction survey and an additional 3–5 states will participate in the technical assistance pilot. Participation is voluntary and there are no costs to respondents other than their time. The total estimated annualized burden hours are 138.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Avg. burden per response (in hrs.)
Employers	Needs and Interests Interview Guide for Employers.	3	1	1
Business Groups, Vendors, Consultants, and Public Health Organizations.	Needs and Interests Interview Guide for Business Groups, Vendors, Consultants, and Public Health Organizations.	9	1	1
Journalists	Needs and Interests Interview Guide for Journalists.	1	1	45/60
Researchers	Needs and Interests Interview Guide for the Research Community.	3	1	45/60
Key Stakeholders and Users of the Resource Center (All Groups).	Stakeholder Needs and Interests Market Survey.	267	1	20/60
	Consumer Satisfaction Survey	283	1	2/60
Technical Assistance (TA) Participants	TA Feedback Survey	33	5	5/60
	TA Pilot Assessment	33	1	20/60

Leroy A. Richardson,

Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–16–16AHI]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The notice for the proposed information collection is published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (c) Enhance the quality, utility, and clarity of the information to be collected; (d) Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, *e.g.,* permitting electronic submission of responses; and (e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639–7570 or send an email to *omb@cdc.gov.* Written comments and/or suggestions regarding the items contained in this notice should be directed to the Attention: CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or

by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Community-Based Organization Outcome Monitoring Projects for CBO HIV Prevention Services Clients—New—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Community-based Organization (CBO) Outcome Monitoring Projects for CBO–HPS Clients (CBO–OMP) will collect information on HIV prevention services provided to HIV-positive clients and high-risk HIV-negative clients. CBOs are funded through CBO–HPS to provide HIV prevention activities.

CBOs play an essential role in reaching persons at high risk of transmitting and acquiring HIV infection. Through CBO–HPS, CDC funds 90 CBOs to provide comprehensive HIV prevention services to HIV-positive persons and high-risk HIV-negative persons. However, the CBO–HPS awardees are not required to monitor or report on critical outcomes such as whether HIV-positive persons who are linked to HIV medical care were retained in care or prescribed ART, and whether high-risk HIV-negative persons who were referred to PrEP initiated its use. Also, CBO–HPS CBOs are not required to collect and report data about clients' perceived barriers to accessing HIV prevention services.

The goal of these projects is to fund a subset of CBO–HPS awardees to collect and report data to CDC about the utilization and outcomes of the HIV prevention and support services. This will increase understanding of HIV prevention and support services received by CBO–HPS clients, the outcomes of these services, and successes and challenges related to service provision and utilization. Awardees will collect and report data that are aligned with the Updated NHAS indicators. These projects will help address the Updated NHAS's call for developing improved mechanisms for monitoring and reporting results of efforts to reduce new HIV infections and improve health outcomes to chart progress over time at both the local and national levels.

The purpose of CBO–OMP is to collect data to monitor critical HIV prevention service outcomes of CBO–HPS clients over time. These data will increase understanding of (a) HIV prevention and support services received by CBO–HPS clients, (b) the outcomes of these services, (c) and successes and challenges related to service provision and utilization. Ultimately, these data will improve performance of CBO–HPS CBOs and contribute to reducing HIV infections, increasing access to care, and improving health outcomes for clients.

There are no additional costs to respondents other than their time. The total estimated annual burden hours are 1,266.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden response (hours)
General public	Screener Participant Interview Category 1	175	1	3/60
Facility office staff	Medical records abstraction Category 1	150	3	3/60
CBO–HPS grantees	CBO–HPS Referrals Category 1	150	3	3/60
General public	Baseline Interview Category 1	150	1	40/60
General public	3,6,9, and 15 Month Follow-up Interview Category 1	150	4	30/60
General public	Screener Focus Group Category 1	150	1	3/60
General public	Focus Group Questionnaire Category 1	90	1	2/60
General public	Focus Group Category 1	90	1	1.5
CBO–HPS grantees	Staff Interview Category 1	30	1	2.5
CBO–OMP CBOs	Data submission Category 1 and 2	18	12	10/60
General public	Screener Participant Interview Category 2	225	1	3/60
Facility office staff	Medical records abstraction Category 2	210	2	3/60
CBO–HPS grantees	CBO–HPS Referrals Category 2	210	2	3/60
General public	Baseline Interview Category 2	210	1	40/60
General public	3,6, and 9 Month Follow-up Interview Category 2	210	3	30/60
General public	Screener Focus group Category 2	30	1	3/60
General public	Focus Group Questionnaire Category 2	18	1	2/60
General public	Focus Group Category 2	18	1	1.5
CBO–HPS grantees	Staff Interview Category 2	6	1	2.5

Leroy A. Richardson,

Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Multi-Agency Informational Meeting Concerning Compliance With the Federal Select Agent Program; Public Webcast

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice of public webcast.

SUMMARY: The HHS/CDC's Division of Select Agents and Toxins (DSAT) and the U.S. Department of Agriculture's Animal and Plant Health Inspection Service, Agriculture Select Agent Services (AgSAS) are jointly charged with the oversight of the possession, use and transfer of biological agents and toxins that have the potential to pose a severe threat to public, animal or plant health or to animal or plant products (select agents and toxins). This joint