

**VENDORS BY REPORTING SYSTEM TYPE—Continued**  
(Manual vs. Automated)

|                                   | Manual system<br>(vendor percentage) | Automated system<br>(vendor percentage) | Manual system<br>(vendor count) | Automated system<br>(vendor count) |
|-----------------------------------|--------------------------------------|---|---------------------------------|------------------------------------|
| Category 3 .....                  | 90                                   | 10                                      | 2,491                           | 277                                |
| Category 4 .....                  | 50                                   | 50                                      | 485                             | 485                                |
| Category 5 .....                  | 10                                   | 90                                      | 28                              | 251                                |
| Total Vendor Count by System Type |                                      |   | 11,241                          | 1,013                              |
| Vendor Percentage by System Type  |                                      |   | 92                              | 8                                  |

**Initial Setup:** Vendors with active FSS contracts already have procedures in place to meet these longstanding reporting requirements. However, new FSS vendors will absorb a one-time setup burden to establish reporting systems. The estimated setup time varies between automated and manual reporting systems. Vendors implementing a manual system must acclimate themselves with the new reporting requirements and train their staff as accordingly, while those with automated systems must perform these tasks in addition to configuring information technology resources. GSA is attributing the setup burden by vendor, not by contracts, because a

vendor holding multiple contracts subject to this rule will likely use a single reporting system.

GSA estimates the average one-time setup burden is 8 hours for vendors with a manual system and 40 hours for those with an automated system. GSA also attributes the same system type probabilities (manual system 92%, automated system 8%) to the population of new vendors. These estimates apply to the 819 vendors awarded FSS contracts in fiscal year 2015.

**Quarterly Reporting:** Vendors are required to report sales within 30 calendar days after the end of each quarter. The average reporting times vary by system type (manual or

automated) and by sales categories. GSA estimates vendors using a manual system will have average quarterly reporting times ranging from 15 minutes (0.25 hours) per quarter for vendors with \$0 sales, to an average of 8 hours per quarter for vendors with quarterly sales over \$3 million. On the other hand, GSA projects vendors with automated systems will have reporting times of 2 hours per quarter, irrespective of quarterly sales volume, as a result of efficiencies achieved through automated processes. The following table shows GSA's projected quarterly reporting times per sales category and system type.

**QUARTERLY REPORTING HOURS BY SYSTEM TYPE AND CATEGORY**

|                  | Manual<br>systems | Automated<br>systems |
|------------------|-------------------|----------------------|
| Category 1 ..... | 0.25              | 2.00                 |
| Category 2 ..... | 1.00              | 2.00                 |
| Category 3 ..... | 2.00              | 2.00                 |
| Category 4 ..... | 4.00              | 2.00                 |
| Category 5 ..... | 8.00              | 2.00                 |

**Annualized Public Burden Estimates**

The burden estimates consist of quarterly reporting times for all 12,254 participating vendors and a one-time setup burden for the 819 new vendors:

**Quarterly Reporting**

*Annual Burden (Hours):* 56,983.  
*Annual Burden (Cost):* \$3,874,817.

**Initial Setup**

*Annual Burden (Hours):* 8,718.  
*Annual Burden (Cost):* \$592,846.

**Total Information Collection Burden**

*Number of Respondents:* 12,254.  
*Response per Respondent:* 4.  
*Total Annual Responses:* 49, 016.  
*Hours Per Response:* 1.3404.  
*Total Burden (Hours):* 65,701.  
*Annual Burden (Cost):* \$4,467,663.

**C. Public Comments**

Public comments are particularly invited on: Whether this collection of information is necessary and whether it

will have practical utility; whether our estimate of the public burden of this collection of information is accurate, and based on valid assumptions and methodology; ways to enhance the quality, utility, and clarity of the information to be collected.

**Obtaining Copies of Proposals:** Requesters may obtain a copy of the information collection documents from the General Services Administration, Regulatory Secretariat Division (MVCB), 1800 F Street NW., Washington, DC 20405, telephone 202-501-4755. Please cite OMB Control No. 3090-0235, Price Reductions Clause, in all correspondence.

**Jeffrey A. Koses,**

*Director, Office of Acquisition Policy, Office of Government-wide Policy.*

[FR Doc. 2017-00687 Filed 1-12-17; 8:45 am]

**BILLING CODE 6820-61-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**[30Day-17-16BGH]**

**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](mailto: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

Canine Leptospirosis Surveillance in Puerto Rico—Existing Collection in use without an OMB Control Number—National Center for Emerging and Zoonotic Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC) Bacterial Special Pathogens Branch (BSPB) requests a two-year approval of data collection tools used for active surveillance of canine leptospirosis in Puerto Rico. Active surveillance will allow for the collection of prospective data on acute cases to determine the incidence and

distribution of leptospirosis in dogs, assess risk factors for infection, characterize circulating *Leptospira* serovars and species, assess applicability of vaccines currently in use based on serovar determination, and assess rodent, livestock, and wildlife reservoirs of leptospirosis based on infecting serovars found in dogs. Findings from this study will aid in the development of evidence-based, targeted interventions for the prevention of canine leptospirosis, be used to focus human leptospirosis surveillance efforts, and guide future investigations on leptospirosis in humans and animals in Puerto Rico.

The information collection for which approval is sought is in accordance with BSPB’s mission to prevent illness, disability, or death caused by bacterial zoonotic diseases through surveillance, epidemic investigations, epidemiologic and laboratory research, training and public education. Authorizing Legislation comes from Section 301 of the Public Health Service Act (42 U.S.C. 241). Successful execution of BSPB’s public health mission requires data collection activities in collaboration with the state health department in Puerto Rico and with local veterinary clinics and animal shelters participating in the study.

Researchers will collect information on dogs that meet the study case definition for a suspect case of canine leptospirosis seen at participating veterinary clinics and shelters (sites) throughout Puerto Rico. Examples of information collected about the dog include the dog’s signalment, risk factors, clinical signs and symptoms, laboratory results, treatment, and clinical outcome. In addition, basic information about participating clinics and shelters such as site capacity, available resources, vaccination practices, and origin of dogs will also be collected to enhance data analysis and aid in study management.

BSPB will not directly collect the information. Veterinary staff including veterinarians, assistants, and

administrative staff will record the information onsite using paper forms by interviewing dog owners, and reviewing medical and administrative records, as necessary. BSPB and Puerto Rico Department of Health study coordinators will maintain the collected information in an electronic database.

BSPB estimates involvement of 26 veterinarians and their staff, and a maximum of 624 responses from owners of enrolled dogs. The enrollment questionnaire is completed once in the beginning of the study while the log sheet and case questionnaires will be completed for each enrolled suspect case. The number of suspect leptospirosis cases can vary from 0 to 2 cases per month per location based on anecdotal reports from local veterinarians. Taking the highest possible response per month, the number of responses per form for the log sheet and case questionnaire is calculated by multiplying 2 cases/month with 12 months giving a total of 24 responses per form for each veterinarian. The total number of veterinarians is not expected to exceed 26 (the maximum number of participating sites).

A minimum of 385 responses from dog owners is needed based on sample size calculation. However, extra clinics were enrolled to ensure that the sample size is met in the event that some clinics withdraw from the study or if fewer numbers of suspect leptospirosis cases are enrolled at the clinics. Given this, a maximum of 624 responses (26 clinics × 24 responses/clinic) are calculated for the burden to the general public (dog owners). Although it is unlikely the maximum number of responses will be reached, the total number of dog owners will not exceed 624.

This information collection will not impose a cost burden on the respondents beyond that associated with their time to provide the required data.

The total annualized burden for this information collection is estimated to be 168 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

| Type of respondents              | Form name                      | Number of respondents | Number of responses per respondent | Average burden per response (in hours) |
|----------------------------------|--------------------------------|-----------------------|------------------------------------|--|
| Veterinarian .....               | Enrollment Questionnaire ..... | 26                    | 1                                  | 5/60                                   |
|                                  | Log Sheet .....                | 26                    | 24                                 | 1/60                                   |
|                                  | Case Questionnaire .....       | 26                    | 24                                 | 10/60                                  |
|                                  | Case Questionnaire .....       | 624                   | 1                                  | 5/60                                   |
| General Public (Dog owner) ..... |                                |                       |                                    |  |

**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.*

[FR Doc. 2017-00590 Filed 1-12-17; 8:45 am]

**BILLING CODE 4163-18-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Proposed Information Collection Activity; Comment Request

*Title:* Pathways for Advancing Careers  
and Education (PACE): Third Follow-Up  
Data Collection.

*OMB No.:* 0970-0397.

*Description:* The Administration for  
Children and Families (ACF), U.S.  
Department of Health and Human  
Services (HHS), is proposing a data  
collection activity as part of the  
Pathways for Advancing Careers (PACE)  
evaluation. PACE is an evaluation of  
nine promising career pathways  
strategies to promote education,  
employment, and self-sufficiency. The  
major goal of PACE is to increase the

empirical knowledge about the  
effectiveness of programs for low-  
income individuals and families to  
achieve educational credentials, attain  
employment, and advance to positions  
that enable self-sufficiency.

PACE is one project within the  
broader portfolio of research that the  
ACF Office of Planning, Research, and  
Evaluation (OPRE) is utilizing to assess  
the success of career pathways programs  
and models. In addition to PACE, this  
strategy includes a multi-pronged  
research and evaluation approach for  
the Health Profession Opportunity  
Grants (HPOG) Program to better  
understand and assess the activities  
conducted and their results. In order to  
maximize learning across this portfolio,  
survey development for the HPOG and  
PACE baseline and follow up surveys  
has been coordinated, and the majority  
of the data elements collected in these  
surveys are similar. (See OMB Control  
#0970-0394 for HPOG data collection.)

Three data collection efforts have  
been approved for PACE: One for  
baseline data collection (approved  
November 2011); a second for data  
collection activities to document  
program implementation, data  
collection activities for an initial follow-  
up survey of participants administered

approximately 15 months after random  
assignment, and data collection through  
in-depth interviews for a small sample  
of study participants (approved August  
2013); and a third for a second follow-  
up survey of participants administered  
36 months after random assignment  
(approved December 2014).

This **Federal Register** Notice provides  
the opportunity to comment on a  
proposed new information collection  
activity for PACE—a third follow-up  
survey for PACE participants  
approximately 72 months after program  
enrollment. The purpose of the survey  
is to follow-up with study participants  
to document their education and  
training experiences; employment  
experiences including their  
advancement in their career; economic  
well-being; student debt and repayment  
status; and parenting practices and child  
outcomes for participants with children.

Previously approved collection  
activities under 0970-0397 will  
continue under this new request,  
specifically the 36-Month Follow-Up  
Survey and Follow-Up Survey Contact  
Information Update Letters.

*Respondents:* Individuals enrolled in  
the PACE study at programs selected for  
long-term follow-up.

#### ANNUAL BURDEN ESTIMATES

[This information request is for a three-year period]

| Instrument                      | Total number<br>of<br>respondents | Annual<br>number of<br>respondents | Number of<br>responses<br>per<br>respondent | Average<br>burden hours<br>per response | Annual<br>burden hours |
|---------------------------------|-----------------------------------|------------------------------------|---|---|------------------------|
| 72-Month Follow-Up Survey ..... | 3,600                             | 1,200                              | 1   | 0.75                                    | 1,125.                 |

*Estimated Total Annual Burden  
Hours:* 1,125.

In compliance with the requirements  
of Section 3506(c)(2)(A) of the  
Paperwork Reduction Act of 1995, the  
Administration for Children and  
Families is soliciting public comment  
on the specific aspects of the  
information collection described above.  
Copies of the proposed collection of  
information can be obtained and  
comments may be forwarded by writing  
to the Administration for Children and  
Families, Office of Planning, Research,  
and Evaluation, 330 C Street SW.,  
Washington, DC 20201, Attn: OPRE  
Reports Clearance Officer. Email  
address: [OPREinfocollection@  
acf.hhs.gov](mailto:OPREinfocollection@acf.hhs.gov). All requests should be  
identified by the title of the information  
collection.

The Department specifically requests  
comments 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)  
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.  
Consideration will be given to  
comments and suggestions submitted  
within 60 days of this publication.

**Mary Jones,**  
*ACF/OPRE Certifying Officer.*

[FR Doc. 2017-00583 Filed 1-12-17; 8:45 am]

**BILLING CODE 4184-09-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Statement of Organization, Functions, and Delegations of Authority

**AGENCY:** Administration for Children  
and Families, HHS.

**ACTION:** Notice.

**SUMMARY:** Statement of Organizations,  
Functions, and Delegations of  
Authority. The Administration for  
Children and Families (ACF) and the  
National Treasury Employees Union  
(NTEU) have renewed the ACF Labor  
Management Committee Charter.

**FOR FURTHER INFORMATION CONTACT:**  
Benjamin Goldhaber, Deputy Assistant  
Secretary for Administration, 330 C  
Street SW., Washington, DC 20201,  
(202) 795-7790.