

will be conducted throughout the United States.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than November 28, 2017.

A. Federal Reserve Bank of Atlanta (Kathryn Haney, Director of Applications) 1000 Peachtree Street NE., Atlanta, Georgia 30309. Comments can also be sent electronically to Applications.Comments@atl.frb.org:

1. *Southeastern Bancorp, Inc., Dickson, Tennessee*; to merge with Cumberland Bancorp Inc., and thereby acquire Cumberland Bank & Trust, both of Clarksville, Tennessee. Southeastern Bancorp, Inc. will retain ownership of its savings association subsidiary, First Federal Bank, Dickson, Tennessee, and thereby continue to engage in operating a savings association. Southeastern Bancorp, Inc. will convert back to a savings and loan holding company after the merger of Cumberland Bank & Trust with and into First Federal Bank.

Board of Governors of the Federal Reserve System, October 26, 2017.

Ann E. Misback,
Secretary of the Board.

[FR Doc. 2017-23681 Filed 10-30-17; 8:45 am]

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C of the FY 2010 Consolidated Appropriations Act (Pub. L. 111-117), GSA is publishing this notice to advise the public of the availability of the FY 2016 Service Contract Inventories. These inventories are available at <https://www.acquisition.gov/service-contract-inventory>. The inventories provide information on governmentwide service contract actions over \$25,000 that were made in FY 2016. The service contract inventory information located on acquisition.gov can be filtered by agency and component to show how contracted resources are distributed throughout any agency. The inventory has been developed in accordance with the guidance issued on December 19, 2011, by the Office of Management and Budget's Office of Federal Procurement Policy (OFPP). OFPP's guidance is available at: <https://obamawhitehouse.archives.gov/omb/procurement-service-contract-inventories>. GSA has posted its FY 2015 inventory analysis and its planned analysis of FY 2016 actions at the following location: <http://www.gsa.gov/gsasoci>.

Jeffrey A. Koses,
Director, Office of Acquisition Policy, Office of Government-wide Policy.

[FR Doc. 2017-23662 Filed 10-30-17; 8:45 am]

BILLING CODE 6820-61-P

K96, Atlanta, Georgia 30329, Telephone: (770) 488-8170.

SUPPLEMENTARY INFORMATION: On March 22, 2017 CDC announced the availability for public comment of a Draft Environmental Assessment (Draft EA) for the implementation of the CDC Chamblee Campus 2025 Master Plan (Master Plan) (82 FR 14733). CDC's Chamblee Campus is located at 4770 Buford Highway, Chamblee, Georgia. The Draft EA was available for a 60-day public comment period that ended on May 22, 2017. Six comments were received to the docket; none of the comments raised specific issues or concerns with the methodology, analysis, conclusion or accuracy of the EA.

The Draft EA was prepared in accordance with the National Environmental Policy Act of 1969 (NEPA), as amended (42 U.S.C. 4321 *et seq.*), the Council on Environmental Quality (CEQ) implementing regulations (40 CFR 1500-1508) and the HHS General Administration Manual (GAM) Part 30 Environmental Procedures, dated February 25, 2000. CDC has determined that the proposed action would not have a significant impact on the human or natural environment and therefore, the preparation of an Environmental Impact Statement is not required. Copies of the FONSI and/or Final EA are available by contacting Angela Wagner (please see **FOR FURTHER INFORMATION CONTACT**).

The Chamblee Campus 2025 Master Plan provides a framework for future growth on the Chamblee Campus in order to ensure that the campus can support CDC's mission and to guide strategic decisions about the allocation of Federal resources. The Master Plan identifies a number of potential improvements that may be completed through the 2025 timeframe, and establishes design and planning guidelines.

The proposed improvements include: (1) New building construction, including an approximately 386,000 gross square feet (gsf) office building, an approximately 415,000 gsf laboratory building and an adjacent approximately 10,000 gsf laboratory material handling facility; and a new, approximately 20,000 gsf, central utility plant (CUP); (2) building demolition; (3) expansion and reconfiguration of parking on campus; (4) installation of a comprehensive solar photovoltaic system; (5) improvements to the campus entrances; and (6) additional infrastructure improvements.

CDC assessed the potential impacts of the proposed improvements on the

GENERAL SERVICES ADMINISTRATION

[Notice-MV-2017-04; Docket No. 2017-0002; Sequence 19]

Public Availability of General Services Administration Fiscal Year 2016 Service Contract Inventory

AGENCY: Office of Governmentwide Policy; General Services Administration, (GSA).

ACTION: Notice of public availability of GSA Fiscal Year 2016 Service Contract Inventories.

SUMMARY: In accordance with The Fiscal Year (FY) 2010 Consolidated Appropriations Act, GSA is publishing this notice to advise the public of the availability of the FY 2016 Service Contract Inventories.

DATES: October 31, 2017.

FOR FURTHER INFORMATION CONTACT: Questions regarding the Service Contract Inventory should be directed to Mr. James Tsujimoto in the Office of Acquisition Policy at 202-206-3585 or james.tsujimoto@gsa.gov.

SUPPLEMENTARY INFORMATION: In accordance with section 743 of Division

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket No. CDC-2017-0019]

Notice of Availability of the Final Environmental Assessment and Finding of No Significant Impact for HHS/CDC Chamblee Campus 2025 Master Plan, Chamblee, Georgia

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

ACTION: Notice of Availability of the Final Environmental Assessment and Finding of No Significant Impact.

SUMMARY: The Centers for Disease Control and Prevention (CDC), within the Department of Health and Human Services (HHS) announces the availability of the Final Environmental Assessment (EA) and a Finding of No Significant Impact (FONSI) for the CDC Chamblee Campus 2025 Master Plan.

FOR FURTHER INFORMATION CONTACT: Angela Wagner, Portfolio Manager, Centers for Disease Control and Prevention, 1600 Clifton Road NE., MS-

natural and human environment and determined that the proposed action would not result in significant adverse impacts. Based on the results of the Final EA, CDC has issued a FONSI indicating the proposed action will not have a significant impact on the environment. The Build Alternative will be undertaken in accordance with the best management practices (BMPs), minimization and mitigation measures as presented in the Final EA and FONSI.

Dated: October 25, 2017.

Sandra Cashman,

Executive Secretary, Centers for Disease Control and Prevention.

[FR Doc. 2017-23668 Filed 10-30-17; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket No. CDC-2017-0103]

Request for Information on Effective, Large-Scale, Sustainable Approaches To Help People Quit Using Tobacco by Employing Evidence-Based Treatment Options

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

ACTION: Request for information.

SUMMARY: The Centers for Disease Control and Prevention (CDC) within the Department of Health and Human Services (HHS) is requesting information from the public to inform future activities regarding how to efficiently and cost effectively help people quit using tobacco using evidence-based treatment options.

DATES: Written comments must be received on or by January 2, 2018.

ADDRESSES: Submit comments by any one of the following methods:

- *Internet:* Electronic comments may be sent via <http://www.regulations.gov>, docket control number CDC-2017-0103. Please follow the directions on the site to submit comments; or

- *Mail:* Comments may also be sent by mail to the attention of Pamela Lemos, Office on Smoking and Health, Centers for Disease Control and Prevention, 4770 Buford Highway, Mail Stop F-79, Atlanta, GA 30341.

All relevant comments will be posted without change to <http://www.regulations.gov> including any personal information provided.

FOR FURTHER INFORMATION CONTACT: Pamela Lemos, Office on Smoking and

Health, Centers for Disease Control and Prevention, 4770 Buford Highway, Atlanta, GA 30341; Telephone (770) 488-5709; Email: OSHFRN@cdc.gov.

SUPPLEMENTARY INFORMATION:

Scope of Problem

Cigarette smoking is the leading cause of premature death and disease in the United States, causing about 480,000 deaths each year and costing the country over \$300 billion annually in health care spending and lost productivity.^{1,2} Helping tobacco users quit completely is the quickest approach to reducing tobacco-related disease, death, and costs.⁷ Quitting smoking has immediate and long-term health benefits.¹ While quitting smoking at any age is beneficial, smokers who quit by the age of 35 to 44 years can prevent most of the risk of dying from a smoking-related disease.^{1,8}

Most cigarette smokers say that they want to quit, more than half try to quit each year, and almost three in five American adults who ever smoked have quit.³ Several treatments are proven effective in helping tobacco users quit, including individual, group, and telephone counseling and seven FDA-approved cessation medications.^{3,4} Receiving advice to quit and quitting assistance from health care providers also increases quit rates.^{4,5} The use of both counseling and medication when trying to quit is more effective than using either method alone.^{4,5} However, only one-third of smokers use counseling and/or medication when trying to quit, and only one in twenty smokers use both.³ While adult cigarette smoking rates have been declining overall for several decades, certain groups continue to smoke at high rates and face special challenges in quitting, including adults who live below the poverty level and adults with behavioral health conditions.⁶ Those with behavioral health conditions include adults with mental illness or substance abuse disorders. The Substance Abuse and Mental Health Services Administration's National Survey on Drug Use and Health (NSDUH) defines mental illness as any diagnosable mental, behavioral, or emotional disorder and defines substance use disorder as dependence or abuse of alcohol or illicit drugs.

Many resources are available to help smokers connect with evidence-based treatments. Telephone quitlines exist in all states and other innovative and emerging resources are available such as web based platforms, texting, chat, and mobile apps. Many smokers, however, are unaware of these resources or have misconceptions about them.

Approach

CDC is seeking information from the public to inform future activities that could efficiently and cost effectively connect tobacco users with evidence-based treatment options to help them quit. We plan to use the information gathered to inform activities including, but not limited to, state tobacco control programming, national governmental and nongovernmental organization work, and other entities that work to make broadly available and sustainable connections between people who want to quit using tobacco and evidence-based cessation assistance.

The goal of this effort is to ensure that all tobacco users who want help quitting are aware of and have ready access to evidence-based treatment options through channels that they are comfortable using, including but not limited to telephone quitlines. We will carefully review and consider all comments received to this request for information.

CDC is specifically interested in receiving information on the following topics:

(1) How can CDC leverage emerging technologies to deliver evidence-based cessation interventions through new and innovative platforms that have broad reach, especially among younger adults, those with low income, and adults with chronic and/or behavioral health conditions?

(2) What are some innovative approaches to reduce the cost—in time, staffing, and funding—of providing effective cessation services to people who want to quit using tobacco?

(3) How might standardization of quitline services achieve greater efficiency while also preserving state quitlines' "brands," flexibility, and capacity for innovation?

(4) What communication channels and communication strategies should CDC consider employing to ensure that both tobacco users, including those belonging to high-risk and disadvantaged populations, and health care providers are aware of and have access to evidence-based cessation resources?

(5) What role should CDC, state and local health departments, not for profit institutions, traditional healthcare providers, and/or professional healthcare partner organizations, play in ensuring that high-risk populations (such as smokers living below the poverty level or those with behavioral health conditions) have access to tailored cessation services of appropriate intensity to help them successfully quit?