send an email to *omb@cdc.gov.* Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395–5806. Provide written comments within 30 days of notice publication.

Proposed Project

Barriers and Facilitators to Expanding the NHBS to Conduct HIV Behavioral Surveillance Among Transgender Women (NHBS-Trans)—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 National HIV Behavioral Surveillance System (NHBS, OMB No. 0920–0770, exp. 5/31/2020) is CDC's ongoing surveillance system to assess HIV prevalence and factors associated with HIV among populations at high risk for HIV. NHBS has a 15-year record of successfully reaching and recruiting hidden populations, with a focus on men who have sex with men, injection drug users, and heterosexuals at high risk of HIV infection.

CDC requests OMB approval to conduct a two-year pilot study to examine the feasibility of extending the NHBS's proven surveillance framework to include transgender (TG) women, a hidden subpopulation with a disproportionately high burden of HIV. Information will be collected in nine geographically diverse U.S. Metropolitan Statistical Areas (MSAs) with high HIV prevalence: Atlanta, GA, Dallas, TX, Los Angeles, CA, New Orleans, LA, New York, NY, Philadelphia, PA, San Francisco, CA, Seattle, WA, and Washington, DC. Together these sites accounted for over 33% of all persons living with HIV at year end 2014 in large (>500,000 residents) MSAs. All NHBS-Trans sites currently participate in the NHBS and are familiar with its protocols for respondent recruitment, information collection, HIV testing, and referral to services.

The NHBS-Trans pilot study will use customized NHBS instruments, sampling and recruitment methods to assess barriers to, and best strategies for, conducting HIV-related bio-behavioral surveys among transgender women. Information will be collected on HIV risk behaviors, gaps in services, barriers to service, and other experiences of transgender women from racial and ethnic minority populations. Potential participants will be identified through respondent-driven recruitment methods, also called peer-based recruitment.

During the two-year information collection period, each NHBS-Trans site will recruit 200 respondents for a computer-assisted personal interview. The proposed respondents are adult minority transgender women. After completing the 40-minute interview, each respondent will be offered a free, rapid HIV test. Respondents will also be asked to participate in short debriefing interviews about their experiences with recruiting additional participants. The debriefing interviews will help CDC understand the reasons why eligible transgender women choose not to participate in the NHBS-Trans pilot study.

Over the two-year pilot period, the target number of completed interviews for all sites is 1,800 (200 per site). CDC estimates that 1,980 individuals must be screened in order to identify 1,800 individuals who meet eligibility criteria and consent to participation.

Quantitative analysis of 1,800 interviews will be conducted using SAS. Findings of the NHBS-Trans pilot study will be used by CDC and local health department staff to assess the feasibility of using NHBS infrastructure to monitor the prevalence of HIV among transgender women of color and to strengthen understanding of the behavioral and environmental HIV risk factors that contribute to the disproportionately high prevalence of HIV within this population. Improved surveillance of transgender women is necessary to help CDC and health departments identify areas for community-level interventions, track the progress of communities in implementing change, and evaluate interventions that seek to reduce HIV risk factors and increase engagement in HIV prevention and care.

Participation in the NHBS-Trans study is voluntary and there are no costs to respondents other than their time. The total estimated annualized burden hours are 713.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Transgender Women >18 years old	Eligibility Screener	990	1	5/60
Eligible and consenting participants	NHBS-Trans Interview	900	1	40/60
Peer Recruiters	Recruiter Debriefing Form	900	1	2/60

Jeffrey M. Zirger,

Acting Lead, Information Collection Review Office, Office of Scientific Integrity, Office of Science, Centers for Disease Control and Prevention.

[FR Doc. 2019–01322 Filed 2–6–19; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30-Day–19–0210]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled List of Ingredients Added to Tobacco in the Manufacture of Cigarette Products to the Office of Management and Budget (OMB) for review and approval. CDC previously published a ''Proposed Data Collection Submitted for Public Comment and Recommendations'' notice on August 21, 2018 to obtain comments from the public and affected agencies. CDC received 2 comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project.

The Office of Management and Budget is particularly interested in comments that:

(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.* Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395–5806. Provide written comments within 30 days of notice publication.

Proposed Project

List of Ingredients Added to Tobacco in the Manufacture of Cigarette Products (OMB No. 0920–0210, Expiration Date 12/31/2018)—Reinstatement with Change—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Cigarette smoking is the leading preventable cause of premature death and disability in our Nation. Each year more than 480,000 deaths occur as the result of cigarette smoking–related diseases. The CDC, Office on Smoking and Health (OSH), has the primary responsibility for the HHS smoking and health program. Since 1986, as required by the Comprehensive Smoking Education Act of 1984, which amended the Federal Cigarette Labeling and Advertising Act, 15 U.S.C. 1335a, CDC has collected information about the ingredients used in cigarette products. Respondents are commercial cigarette manufacturers, packagers, or importers (or their representatives), who are required by the CSEA to submit ingredient reports to HHS on an annual basis. Respondents are not required to submit specific forms; however, they are required to submit a list of all ingredients used in their products. CDC requires the ingredient report to be submitted by chemical name and Chemical Abstract Service (CAS) Registration Number, consistent with accepted reporting practices for other companies currently required to report ingredients added to other consumer products.

Ingredient reports are due annually on March 31. Information is submitted to CDC by mailing or faxing a written report on the respondent's letterhead. All faxed lists should be followed up with a mailed original. Data may also be submitted to CDC by CD, three-inch floppy disk, or thumb drive. Electronic mail submissions are not accepted. Mail Annual Ingredient Submissions to Attention: FCLAA Program Manager, Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, 4770 Buford Highway NE, MS S107–7, Atlanta, GA 30341–3717.

Upon receipt and verification of the annual ingredient report, OSH issues a Certificate of Compliance to the respondent. CDC also uses the information to report to Congress (as deemed appropriate) discussing the health effects of these ingredients. There are no costs to respondents other than their time. The total estimated annualized burden hours are 358. OMB approval is requested for three years.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Business Entities	N/A	55	1	6.5

Jeffrey M. Zirger,

Acting Lead, Information Collection Review Office, Office of Scientific Integrity, Office of Science, Centers for Disease Control and Prevention.

[FR Doc. 2019–01326 Filed 2–6–19; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Survey of Head Start Grantees on Training and Technical Assistance (New Collection)

AGENCY: Office of Planning, Research, and Evaluation; Administration for Children and Families; HHS.

ACTION: Request for public comment.

SUMMARY: The Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services (HHS) seeks approval to conduct a statistically representative survey of directors and managers/coordinators from Head Start grantee organizations regarding their access to and use of training and technical assistance (T/TA) from multiple sources, including ACF's Early Childhood Training and Technical Assistance system. The purpose of the data collection is to inform ACF on three aspects of grantee directors and managers/coordinators T/TA experience: (1) Search and selection of T/TA; (2) receipt of T/TA; (3) and potential relationships between T/TA received and perceived change in practice.

DATES: *Comments due within 60 days of publication.* In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995,