

requirements which have subsequently changed; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information.

The ICR provides a detailed explanation of the Agency's estimate, which is only briefly summarized here:

**Estimated Number of Respondents:** This ICR estimates that approximately 177 Metropolitan Planning Organizations will incur burden associated with transportation conformity requirements.

**Frequency of Response:** The information collections described in this ICR must be completed before a transportation plan, TIP or project conformity determination is made. Per SAFETEA-LU and DOT's planning regulations, transportation plans and TIPs must be updated at least every four years; therefore, a conformity determination on the transportation plan and TIP in metropolitan areas is required at least every four years. Conformity determinations on projects in metropolitan and isolated rural areas are required on an as-needed basis.

**Estimated Total Annual Hour Burden:** The ICR estimates a total annual burden to all federal, state and local agency respondents over the three-year period covered by this ICR to be 70,189 hours/year. Total annual burden for state and local agencies alone is 53,818, while the total annual burden for federal agency respondents is 16,371.

**Estimated Total Annual Cost:** The total annual cost to all federal, state and local agency respondents over the three-year period covered by this ICR is estimated to be approximately \$3,876,133/year. The annual cost for all state and local agencies is \$2,956,224, while the annual cost portion for federal agency respondents is \$899,259.

**Changes in the Estimates:** There is an increase of 29,063 hours in the total estimated state, local, and federal agency respondent burden compared with that identified in the ICR currently approved by OMB. This increase reflects the following adjustments and program changes:

(1) Program change associated with transfer of DOT ICR (OMB #2132-0529) to EPA ICR 2130.03.

(2) Adjustments associated with the implementation of transportation conformity provisions in SAFETEA-LU.

(3) Reduced burden from the previous ICR, which included substantial start-up burden for areas that had never done transportation conformity prior to PM<sub>2.5</sub> and 8-hour ozone NAAQS. These areas now have experience with conformity.

(4) Other factors that have been updated since the existing ICR was approved.

### III. What Is the Next Step in the Process for This ICR?

EPA will consider any comments we receive and amend the EPA ICR as appropriate. The final ICR package will then be submitted to OMB for review and approval pursuant to 5 CFR 1320.12. At that time, EPA will issue another **Federal Register** notice pursuant to 5 CFR 1320.5(a)(1)(iv) to announce the submission of the ICR to OMB and the opportunity to submit additional comments to OMB.

If you have any questions about this ICR or the approval process, please contact the technical person listed under the **FOR FURTHER INFORMATION CONTACT** section.

Dated: July 10, 2007.

**Lori Stewart,**

*Acting Director, Transportation and Regional Programs Division, Office of Transportation and Air Quality.*

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## FEDERAL ELECTION COMMISSION

### Sunshine Act Meeting Notices

**DATE AND TIME:** Tuesday, July 24, 2007 at 10 a.m.

**PLACE:** 999 E Street, NW., Washington, DC.

**STATUS:** This meeting will be closed to the public.

#### ITEMS TO BE DISCUSSED:

Compliance matters pursuant to 2 U.S.C. 437g.

Audits conducted pursuant to 2 U.S.C. 437g, 438(b), and Title 26, U.S.C.

Matters concerning participation in civil actions or proceedings or arbitration.

Internal personnel rules and procedures or matters affecting a particular employee.

#### PERSON TO CONTACT FOR INFORMATION:

Mr. Robert Biersack, Press Officer, Telephone: (202) 694-1220.

**Mary W. Dove,**

*Secretary of the Commission.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30 Day-07-0007]

#### 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) 639-5960 or send an e-mail to: [omb@cdc.gov](mailto:omb@cdc.gov). Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

#### Proposed Project

Weekly and Annual Morbidity and Mortality Reports, 0920-0007-Extension—National Center for Health Marketing (NCHM), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

The Centers for Disease Control and Prevention (CDC) is responsible for the collection and dissemination of nationally notifiable diseases' information and for monitoring and reporting the impact of epidemic influenza on mortality, Public Health Service Act (42 U.S.C. 241).

In 1878, Congress authorized the U. S. Marine Hospital Service (later renamed the U.S. Public Health Service) to collect morbidity reports on cholera, smallpox, plague, and yellow fever from U.S. consuls overseas; this information was to be used for instituting quarantine measures to prevent the introduction and spread of these diseases into the United States. In 1879, a specific Congressional appropriation was made for the collection and publication of reports of these notifiable diseases. Congress expanded the authority for weekly reporting and publication in 1893 to include data from state and municipal authorities throughout the United States. To increase the uniformity of the data, Congress enacted a law in 1902 directing the Surgeon General of the Public Health Service (PHS) to provide forms for the collection and compilation of data and for the publication of reports at the national level.

Reports on notifiable diseases were received from very few states and cities