SUMMARY: This notice announces GSA Federal Management Regulation (FMR) Bulletin B–17 which provides guidance to Federal agencies to maximize the use and benefits of property throughout the asset management lifecycle and to explain how those benefits are extended to the public. GSA Bulletin FMR B–17 may be found at *http://www.gsa.gov/fmrbulletin*.

DATES: The bulletin announced in this notice is effective January 29, 2008.

FOR FURTHER INFORMATION CONTACT: For clarification of content, contact General Services Administration, Office of Governmentwide Policy, Office of Travel, Transportation and Asset Management, at (202) 501–1777. Please cite Bulletin FMR B–17.

SUPPLEMENTARY INFORMATION:

A. Background

Section 521 of Title 40 of the United States Code (40 U.S.C. 521) and General Services Administration (GSA) policies require the maximum use of excess property by executive agencies, and provide for the transfer of excess property to other Federal agencies and eligible recipients. In addition, section 524 of Title 40 United States Code (40 U.S.C. 524) and Federal Management Regulation (FMR) section 102–36.45 (41 CFR 102–36.45) require that the agencies perform care and handling of excess property. Maintaining the utility of property protects the Government's investment in that property and saves Federal agencies and taxpayers valuable resources by avoiding the need to acquire new property.

This notice announces GSA Bulletin FMR B–17 which provides guidance to Federal agencies to maximize the use and benefits of property throughout the asset management lifecycle and to explain how those benefits are extended to the public.

B. Procedures

Bulletins regarding asset management are located on the Internet at *http://www.gsa.gov/fmrbulletin* as Federal Management Regulation (FMR) bulletins.

Dated: January 30, 2008.

Robert Holcombe,

Director, Personal Property Management Policy.

[FR Doc. E8–2219 Filed 2–6–08; 8:45 am]

BILLING CODE 6820–14–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–08–07AP]

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*. 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

Preventive Medicine Residency and Fellowship Program Evaluation—New—Office of Workforce and Career Development (OWCD), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Preventive medicine is a specialized field of medical practice that works with large populations to promote good health; to prevent disease, injury and disability; and to facilitate early diagnosis and treatment of illness. It is unique because its central focus is population health. Despite the nation's growing need for preventive-medicine skills, numerous studies have demonstrated an increasing shortage of preventive medicine-trained professionals, and that shortage is projected to continue (American College of Preventive Medicine; Council on Graduate Medical Education). The specialty will benefit from attracting new residents, rewarding programs that fill positions with highly qualified candidates, and expanding the specialty into new medical leadership roles (Ducatman, et al., 2005).

The mission of CDC's Preventive Medicine Residency and Fellowship (PMR/F) is to (1) train public health and preventive medicine leaders, and (2) maintain leadership in the field of preventive medicine training. CDC's PMR/F has been training physicians in the residency since 1972 and veterinarians in the fellowship since 1983. PMR/F consists of a competency-based curriculum, a one-year practicum, and sponsorship for a Master of Public Health degree for qualified applicants before the practicum year. PMR/F provides its residents and fellows with training and experience in leadership, management, program development and evaluation, and the translation of epidemiology to public health practice.

During the past 15 years, the CDC PMR/F has adapted its educational plan and design in response to changing public health needs, feedback from trainees and stakeholders, internal reviews of the residency, changes in Accreditation Council for Graduate Medical Education (ACGME) requirements, and a formal national survey of Preventive Medicine Residency graduates conducted by CDC in 1991. The last formal evaluation of the program occurred as part of the 1991 survey.

CDC proposes a new project to evaluate the PMR/F. The goals of the evaluation are to determine: (1) How well PMR/F is fulfilling its mission to train competent public health practitioners and leaders, (2) the effectiveness of the PMR/F educational program, and (3) PMR/F's contribution to its residents and fellows, the CDC, and the larger public health community.

As part of this project, PMR/F practicum alumni and a matched group of physicians and veterinarians who were eligible to apply to PMR/F will be asked to complete a questionnaire to provide information that addresses the evaluation's goals. Below is a description of the questionnaire's response burden.

There is no cost to the respondents other than their time. The estimated annualized burden hours are 16.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response
Study Group Physicians	8	1	30/60
Reference Group Physicians	17	1	30/60
Study Group Veterinarians	2	1	30/60

ESTIMATE OF ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response
Reference Group Veterinarians	3	1	30/60

Dated: January 30, 2008.

Maryam Daneshvar,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E8–2213 Filed 2–6–08; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–08–0026]

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 email to *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

Report of Verified Case of Tuberculosis (RVCT), (OMB No. 0920–0026)—Revision—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

In the United States, an estimated 10 to 15 million people are infected with *Mycobacterium tuberculosis* and about 10% of these persons will develop tuberculosis (TB) disease at some point in their lives. TB is a reportable disease in every state. National TB surveillance has been conducted and maintained by the U.S. Public Health Service and CDC through the cooperation of the states since 1953.

Data are collected by 60 reporting areas (the 50 states, the District of Columbia, New York City, Puerto Rico, and 7 jurisdictions in the Pacific and Caribbean). CDC's Division of Tuberculosis Elimination (DTBE) has revised the Report of Verified Case of Tuberculosis (RVCT) data collection instrument, which has been in use since 1993. The increase in burden hours is due to the addition of information on new clinical diagnostic tests and factors to identify high-risk patients. The revision captures changes in the diagnosis and treatment of TB, and improves the monitoring of trends in TB epidemiology and outbreaks and support CDC in developing strategies to meet the national goal of TB elimination.

In 2001, DTBE initiated a comprehensive review of the RVCT with stakeholders and partner organizations. This review resulted in the revision of the data collection form in 2007.

The reporting areas use and analyze their RVCT data to monitor local TB trends, evaluate program success, and focus resources to eliminate TB. CDC uses the RVCT data to monitor national trends by demographics, risk, and region. These summaries are published annually in CDC-sponsored publications, journals, and are submitted as Agency reports to the Congress.

CDC is requesting approval for approximately 8050 burden hours, an estimated increase of 490 hours. There is no cost to respondents other than their time. The total estimated annualized burden hours are 8050.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Types of respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Local, state, and territorial health departments	60	230	35/60

Dated: January 30, 2008.

Maryam I. Daneshvar,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E8–2214 Filed 2–6–08; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Descriptive Study of Early Head Start (DSEHS).

OMB No.: New Collection.

Description: The Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), requests clearance to recruit Early Head Start (EHS) programs for participation in the Descriptive Study of Early Head Start (DSEHS) and to conduct a pilot test of potential measures.

DSEHS is a longitudinal study of a representative sample of programs and children in three age cohorts, which will collect information about programs, families, and services. When completed, data will be collected on a sample of approximately 2,100 children and families from 60 EHS programs. Data will be collected in four waves: Fall 2008, Fall 2009, Fall 2010, and Fall 2011. Children and families will be followed until children are three years old and exit EHS programs.