articulate the way the processes and data are defined. It is understood that significant definitions and harmonization needs to occur in the future.

The requirements in this document are intended to address the needs of Federal Acquisition Regulation (FAR)-based contracts. They are not intended to replace or modify the FAR, FAR supplements, or internal agency acquisition policy. Further, agencies have considerable leeway in how they use any system-delivered capability. In practice, the applicability of an individual requirement depends on business circumstances. Agencies may apply sound business judgment to the use of a compliant acquisition system, provided it:

- Is consistent with the FAR, FAR supplements, or other regulations that apply to agencies and organizations not covered by the FAR;
- Does not violate laws, executive orders, or other regulations; and
- Is in the best interests of the government.

The document provides a framework for connecting program planning, ccr financial, and a zet management processes with agencies' acquisition systems in order to deliver fully integrated acquisition support. Detailed acquisition system requirements are presented within the functional and technical requirements sections. They incorporate the latest changes in laws and regulations governing acquisition systems as well as required system interfaces such as the Federal Procurement Data System and Central Contractor Registration. When finalized, these requirements are expected to become the standard for qualifying COTS acquisition systems for Federal agency acquisition.

The requirements listed in this document address common Governmentwide functionality. This document was not designed to deal with classified information. The following are examples of common system capabilities needed by all Federal agencies:

- Deliver a template for an SF 1449; Solicitation/Contract/Order for Commercial Items;
- Verify funds availability;
- Capture receiving report data; and
- Generate a checklist of contract closeout items.

The requirements in this document do not constitute a complete system specification. Requirements are deliberately stated in functional terms to give software developers maximum flexibility in engineering technical solutions. Individual agencies will also have, in many cases, additional mandatory requirements necessary to support their specific business processes.

Dated: April 11, 2008.

Keith Thurston,

Acting Deputy Associate Administrator, Office of Technology Strategy.

[FR Doc. E8–9183 Filed 4–25–08; 8:45 am]

BILLING CODE 6820–WY–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS–0990–0223]

Agency Information Collection Request. 60-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of the reinstatement of a proposed information collection request for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to *Sherette.funncoleman@hhs.gov*, or call the Reports Clearance Office on (202) 690–6162. Written comments and recommendations for the proposed information collections must be directed to the OS Paperwork Clearance Officer at the above e-mail address within 60-days.

Proposed Project: Evaluation of the Cash and Counseling Demonstration—OMB No. 0990–0223—Reinstatement with Changes—Assistant Secretary of Planning and Evaluation (ASPE).

Abstract: The original evaluation of the national Cash and Counseling Demonstration was intended to include three groups: Self-directing consumers, a control group, and non-participants. When funding was not available to survey all groups, the non-participant sample was removed. The subsequent evaluations showed that self-directing consumers were more satisfied with their supportive services, reported fewer unmet needs, and enjoyed greater well-being than other Medicaid programs. Still, despite these apparent benefits, relatively few of the beneficiaries who were eligible to participate in Cash and Counseling demonstrations elected to do so (8 to 15 percent). Since that time, the Cash and Counseling program has been expanded under the 1915(j)(2) Section of the Deficit Reduction Act of 2005 and beginning January 1, 2007, states were permitted to offer the program to Medicaid recipients without demonstrating budget neutrality and without a requirement for periodic renewal of the state plan amendment as required for ''1115'' or ''1915(c)'' waivers.

This study involves drawing a sample from Medicaid beneficiaries in New Jersey who are eligible to enroll in the state's Cash and Counseling program. The qualifications for enrollment have not changed since the original research. This study will include only individuals who did not enroll (non-participants) who will be compared to those who did enroll (and about whom data were collected) during the original demonstration/evaluation data collection as well as those who have enrolled since (about whom the state of New Jersey collects descriptive data for Medicaid program administrative purposes). The government will conduct 600 one-time telephone interviews over a three-month period. The survey includes questions asked in the original evaluation of the Cash and Counseling demonstration surveys, as well as original questions designed to measure factors related to nonparticipation. These questions will allow comparisons between participants and non-participants of the Cash and Counseling demonstration.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Non-Participants (or Proxies)	Telephone Interview	600	1	27/60	270

Mary Oliver-Anderson,

Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.

[FR Doc. E8–9176 Filed 4–25–08; 8:45 am]

BILLING CODE 4150–05–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the Advisory Committee on Blood Safety and Availability

AGENCY: Department of Health and Human Services, Office of the Secretary.

ACTION: Notice.

SUMMARY: As stipulated by the Federal Advisory Committee Act, the U.S. Department of Health and Human Services is hereby giving notice that the Advisory Committee on Blood Safety and Availability (ACBSA) will hold a meeting. The meeting will be open to the public on both Thursday, May 29 and Friday, May 30, 2008.

DATES: The meeting will take place Thursday, May 29 and Friday, May 30, 2008 from 9 a.m. to 5 p.m.

ADDRESSES: The Hilton Rockville Hotel, 1750 Rockville Pike, Rockville, MD 20852 Phone: (301) 468–1100.

FOR FURTHER INFORMATION CONTACT: Jerry A. Holmberg, PhD, Executive Secretary, Advisory Committee on Blood Safety and Availability, Office of Public Health and Science, Department of Health and Human Services, 1101 Wootton Parkway, Suite 250, Rockville, MD 20852, (240) 453–8803, Fax (240) 453–8456, e-mail *ACBSA@hhs.gov.*

SUPPLEMENTARY INFORMATION: Updates will be provided to the Committee on previous recommendations as follows:

At the January 2003 meeting of the ACBSA, the Committee recognized that the leading causes of transfusion related fatalities were: bacterial contamination of platelets; hemolysis, primarily due to errors in release and administration of incorrect blood; and transfusion related acute lung injury (TRALI). Progress has been made on all three of these causes of transfusion related fatalities. Updates will be provided on the rate of bacterial contamination and reports of sepsis associated with 5 day and 7 day dating of apheresis platelets and on the use of improved methods to reduce errors in the identification of patients and transfusion products. In addition, the Committee will review progress made to reduce the risk of TRALI. In 2007, the AABB recommended to its institutional members to devise strategies to reduce the risk of TRALI in transfused patients. Total voluntary implementation was to be complete by November 2008. To this end, many blood centers and hospitals have implemented strategies to decrease the adverse risk of TRALI by using male only apheresis platelets and plasma donors. Various strategies will be presented and discussed as well as messaging to potential donors.

The Committee will also hear an update from the Food and Drug Administration's sponsored public workshop entitled: ''Hemoglobin Based Oxygen Carriers: Current Status and Future Directions,'' which will be held on April 29 and 30, 2008. The Committee will also hear an update from Health Resources and Services Administration (HRSA) regarding its April 4, 2008 meeting on potential rulemaking with respect to vascularized composite allografts and whether vascularized composite allografts should be included within the definition of organs covered by the regulations governing the operation of the Organ Procurement and Transplantation Network and covered by section 301 of the National Organ Transplant Act of 1984.

The Committee will then be asked to discuss and make recommendations on reports of adverse outcomes associated with transfusion of older red cells. There have been additional studies and peer reviewed publications reporting adverse outcomes associated with the administration of red cells older than 14 days of storage. Currently human red cells for transfusion are good for up to 42 days of storage depending on the anticoagulant and additive solutions used in storage. Presentations and discussions will review current blood distribution and transfusion practices as well as available outcome data related to clinical studies with older red cells.

Public comment will be solicited on both May 29 and 30, 2008. Comments will be limited to five minutes per speaker and must be pertinent to the discussion. Anyone planning to comment is encouraged to contact the Executive Secretary at his/her earliest convenience. Those who wish to have printed material distributed to Advisory Committee members should submit thirty (30) copies to the Executive Secretary prior to close of business May 27, 2008. Likewise, those who wish to utilize electronic data projection to the Committee must submit their materials to the Executive Secretary prior to close of business May 27, 2008.

Dated: April 22, 2008.

Jerry A. Holmberg,

Executive Secretary, Advisory Committee on Blood Safety and Availability.

[FR Doc. E8–9230 Filed 4–25–08; 8:45 am]

BILLING CODE 4150–41–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the President's Council on Physical Fitness and Sports

AGENCY: Department of Health and Human Services, Office of the Secretary, Office of Public Health and Science.

ACTION: Notice.

SUMMARY: As stipulated by the Federal Advisory Committee Act, the Department of Health and Human Services (DHHS) is hereby giving notice that the President's Council on Physical Fitness and Sports will hold a meeting. This meeting is open to the public. A description of the Council's functions is included also with this notice.

DATES: May 14, 2008, from 9 a.m. to 4 p.m.

ADDRESSES: Department of Health and Human Services, Hubert H. Humphrey Building, Room 800, 200 Independence Avenue, SW., Washington, DC 20201.

FOR FURTHER INFORMATION CONTACT: Melissa Johnson, Executive Director, President's Council on Physical Fitness and Sports, Hubert H. Humphrey Building, Room 738H, 200 Independence Avenue, SW., Washington, DC 20201, (202) 690–5187.

SUPPLEMENTARY INFORMATION: The President's Council on Physical Fitness and Sports (PCPFS) was established originally by Executive Order 10673, dated July 16, 1956. PCPFS was established by President Eisenhower after published reports indicated that American boys and girls were unfit compared to the children of Western