FOR FURTHER INFORMATION CONTACT: Jeritta Parnell, Contract Policy Division, GSA (202) 501–4082 or e-mail *jeritta.parnell@gsa.gov.*

SUPPLEMENTARY INFORMATION:

A. Purpose

Value engineering is the technique by which contractors (1) voluntarily suggest methods for performing more economically and share in any resulting savings or (2) are required to establish a program to identify and submit to the Government methods for performing more economically. These recommendations are submitted to the Government as value engineering change proposals (VECP's) and they must include specific information. This information is needed to enable the Government to evaluate the VECP and, if accepted, to arrange for an equitable sharing plan.

B. Annual Reporting Burden

Respondents: 400.
Responses per Respondent: 4.
Annual Responses: 1,600.
Hours per Response: 30.
Total Burden Hours: 48,000.
Obtaining Copies of Proposals: Requesters may obtain a copy of the information collection documents from the General Services Administration, Regulatory Secretariat (VPR), 1800 F Street, NW., Room 4041, Washington, DC 20405, telephone (202) 501–4755. Please cite OMB Control No. 9000–0027, Value Engineering Requirements, in all correspondence.

Dated: September 17, 2009.

Al Matera,

Director, Acquisition Policy Division.

[FR Doc. E9–23089 Filed 9–23–09; 8:45 am]

BILLING CODE 6820–EP–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Findings of Scientific Misconduct

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: Notice is hereby given that the Office of Research Integrity (ORI) and the Assistant Secretary for Health have taken final action in the following case:

Nagendra S. Ningaraj, PhD, Vanderbilt University School of Medicine: Based on the reports of an investigation conducted by Vanderbilt University School of Medicine (VUSM) and additional analysis by the Division of Investigative Oversight (DIO), ORI, in its oversight review, found that Nagendra S. Ningaraj, PhD, former Associate Professor of Neurological Surgery and Cancer Biology, VUSM, engaged in scientific misconduct by falsifying MALDI–MS images and mass spectral tracings and associated text in Figure 21 reported in National Cancer Institute (NCI), National Institutes of Health (NIH), grant application 1 U54 CA119421–01 and by falsifying MALDI–MS images in a presentation during the American Association for Cancer Research (AACR) meeting held on April 16–20, 2005, which cited support from NCI, NIH, grants R25 CA92943 and P50 CA098131.

Specifically, ORI found that:

1. Respondent reversed the images for the control and minoxidil-treated brains in Figure 21 of the 1 U54 CA119421–01 grant application, claiming that minoxidil increased delivery of Gleevec to the tumor. Respondent also reversed the same images in a presentation during the AACR meeting in April 2005.

2. In Figure 21 of the 1 U54 CA119421–01 grant application, Respondent reported mass spectral tracings as having been obtained from brain tumors in Gleevec-treated mice that had been pretreated with minoxidil, while in fact they were pretreated with another potassium channel opener, NS1619, and Respondent falsely stated the minoxidil pretreatment caused an 8-fold increase in Gleevec delivery to brain tumors (compared to non-minoxidil pretreated tumors).

3. Respondent further falsified Figure 21 of the 1 U54 CA119421–01 grant application by juxtaposing the reversed MALDI–MS images (obtained with mioxidil) with the mass spectral tracings (obtained with NS1619) in the same figure and by failing to report that the images and spectra in the figure were actually obtained in totally different experiments, performed on different dates and with different K^+ agonist pretreatments.

Dr. Ningaraj has entered into a Voluntary Settlement Agreement in which he has voluntarily agreed, for a period of three (3) years, beginning on August 31, 2009:

(1) To be prohibited from serving in any advisory capacity to PHS, including but not limited to service on any PHS advisory committee, board, and/or peer review committee, or as a consultant;

(2) That any institution that submits an application for PHS support for a research project on which the Respondent's participation is proposed or which uses him in any capacity on PHS-supported research or that submits a report of PHS-funded research on which he is involved must submit a plan for supervision of his duties to the funding agency for approval no later than a month before the scheduled funding; the supervisory plan must be designed to ensure the scientific integrity of his research contribution; a copy of the supervisory plan also must be submitted to ORI by the institution; Respondent agrees that he will not participate in any PHS-supported research until such a supervisory plan is submitted to ORI; and

(3) Respondent will ensure that any institution employing him submits, in conjunction with each application for PHS funds or any report, manuscript, or abstract of PHS-funded research in which he is involved, a certification that the data provided by him are based on actual experiments or are otherwise legitimately derived and that the data, procedures, and methodology are accurately reported in the application or report. Respondent must ensure that the institution send the certification to ORI. The certification shall be submitted no later than one month before funding and concurrently with any report, manuscript, or abstract.

FOR FURTHER INFORMATION CONTACT: Director, Division of Investigative Oversight, Office of Research Integrity, 1101 Wootton Parkway, Suite 750, Rockville, MD 20852, (240) 453–8800.

John Dahlberg,

Director, Division of Investigative Oversight, Office of Research Integrity.

[FR Doc. E9–23046 Filed 9–23–09; 8:45 am]

BILLING CODE 4150–31–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Child Health and Human Development; Submission for OMB Review; Comment Request; NEXT Generation Health Study

SUMMARY: Under the provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Institute of Child Health and Human Development (NICHD), the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below. This proposed information collection was previously published in the **Federal Register** on July 17, 2009, Volume 74, Number 136, pages 34760–34761 and allowed 60 days for public comment. Two public comments were received. One questioned the value of

this study and suggested that the study could not possibly be completed within the stated cost estimates. We have always conducted extremely efficient studies within stated cost estimates. The value of this research is demonstrated by the involvement of multiple government agencies. The second e-mail simply expressed interest in more information. The purpose of this notice is to allow an additional 30 days for public comment. The National Institutes of Health may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

Proposed Collection:

Title: NEXT Generation Health Study.

Type of Information Collection Request: New.

Need and Use of Information Collection:

The goal of this research is to obtain data on adolescent health and health behaviors annually for four years beginning in the 2009–2010 school year from a national probability sample of adolescents. This information will enable the improvement of health services and programs for youth. The study will provide needed information about the health of U.S. adolescents.

The study will collect information on adolescent health behaviors and social and environmental contexts for these behaviors annually for four years beginning in the 2009–2010 school year. Self-report of health status, health behaviors, and health attitudes will be collected by in-school and online surveys. Anthropometric data, genetic information, and neighborhood characteristics will be gathered on all participants as well. The study will also incorporate a School Administrator Survey and other data files to obtain related information on school-level health programs and community-level contextual data. A representative subsample of overweight and normal weight adolescents will be identified and additional data on behavioral risk factors and biological markers and risk factors will be gathered on these adolescents.

TABLE 1—ANNUAL BURDEN FOR AFFECTED PUBLIC: SCHOOL-AGE CHILDREN, PARENTS AND SCHOOL ADMINISTRATORS

Type of respondents	Estimated number of respondents	Estimated number of responses per respondent	Average burden hours per response	Estimated total annual burden hours requested
Adolescents	2,700	1	0.75	11, 004
Adolescents with additional assessments	750	1	2.5	1,875
Parents	750	1	0.17	128
School Administrators	80	1	0.33	26

The estimated annualized cost to respondents is $8,199 (Table 2). These costs were estimated for the 2009/2010 survey year only, not the entire duration of the project; annualized over the entire duration of the project, these costs would be reduced to $3,261. These estimates were calculated using 2008 Department of Labor figures for wages of principals in high schools (grades 9 and 10) and of average wage and salaried employees, and assuming an annual increase of 3.75%, 50-week contract, and 40-hour week.

TABLE 2—ANNUAL COST TO RESPONDENTS—2009/2010 SURVEY YEAR ONLY

Type of respondents	Estimated total annual burden hours requested	Estimated annual earnings during survey	Average hourly earnings (with rounding)	Estimated cost during survey year
Adolescents	11,004	$0.00	$0.00	$0.00
Adolescents with additional assessments	1,875	0.00	0.00	0.00
Parents	128	42,270	21.93	2,807
School Administrators	26	84,913	42.46	5,392

There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

No direct costs to the respondents themselves or to participating schools are anticipated.

Request for Comments: Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

FOR FURTHER INFORMATION CONTACT: Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the: *OIRA_submission@omb.eop.gov* or by fax to 202–395–6974. To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact Dr. Ronald Iannotti, Prevention Research Branch, Division of Epidemiology, Statistics, and Prevention Research, Eunice Kennedy Shriver National Institute of Child Health and Human Development, Building 6100, 7B05, 9000 Rockville Pike, Bethesda, Maryland, 20892–7510, or call non-toll free number (301) 435–6951 or E-mail your request, including your address to *ri25j@nih.gov*.

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 60 days of the date of this publication.

Dated: September 21, 2009.

Sarah Glavin,

Project Clearance Liaison, NICHD, National Institutes of Health.

[FR Doc. E9–23125 Filed 9–23–09; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–0920–0747]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–5960 and send comments to Maryam I. Daneshvar, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail to *omb@cdc.gov*.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

Proposed Project

Longitudinal follow-up of Youth with Attention-Deficit/Hyperactivity Disorder identified in Community Settings: Examining Health Status, Correlates, and Effects associated with treatment for Attention-Deficit/Hyperactivity Disorder [OMB #0920–0747 exp. 7/31/1010]—Revision—National Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

This project will collect data from proxy respondents and youths with and without ADHD. This program addresses the Healthy People 2010 focus area of Mental Health and Mental Disorders, and describes the prevalence, incidence, long-term outcomes, treatment(s), select co-morbid conditions, secondary conditions, and health risk behavior of youth with ADHD relative to youth without ADHD.

The National Center on Birth Defects and Developmental Disabilities at CDC promotes the health of children with developmental disorders. As part of these efforts, two contracts were awarded in FY 2007–2010 to follow up a sample of children originally enrolled in community-based epidemiological research on ADHD among elementary-aged youth, known as the Project to Learn about ADHD in Youth (PLAY Study Collaborative), which informed community-based prevalence, rates of comorbidity, and rates of health risk behaviors among elementary-age youth with and without ADHD as determined by a rigorous case definition developed by the principal investigators and in collaboration with CDC scientists.

The purpose of the longitudinal follow-up program is to study the long-term outcomes and health status for children with Attention-Deficit/Hyperactivity Disorder (ADHD) identified and treated in community settings through a systematic follow-up of the subjects who participated in the PLAY Study Collaborative. There is a considerable interest in the long-term outcomes of youth with ADHD as well as the effects of treatment, lack of treatment, and quality of care in average US communities, emphasizing the public health importance of longitudinal research in this area.

Given the lack of detailed information about longitudinal development in children with and without ADHD, there is need to continue assessing the children into older adolescence. This program extends data collection for two additional waves.

Minor changes to the assessment instruments are planned in order to include age appropriate assessment of treatment and health risk behaviors in older adolescents, such as understanding motor vehicle operation and dating behavior.

There are no costs to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Survey instruments (by type of respondent)	Number of respondents	Number of responses/ respondent	Avg. burden/ response in hours	Total burden (in hours)
Parent:				
ADHD Communication and Knowledge	190	1	10/60	32
ADHD Treatment, Cost, and Client Satisfaction Questionnaire	190	1	10/60	32
ADHD Treatment Questionnaire	190	3	7/60	67
Brief Impairment Scale	190	1	4/60	13
Critical School Events (Middle School)	37	2	4/60	5
Critical School Events (High School)	153	2	4/60	20
Demographic Survey	190	1	5/60	16
Health Risk Behavior Survey (Middle School) 11–13 years	37	1	18/60	14
Health Risk Behavior Survey High School, 14+ years	153	1	22/60	71
Parent-Child Relationship Inventory	190	1	15/60	48
Parents' Mental Health Questionnaire	178	1	5/60	15
Quarterly update form	190	3	1/60	10
Social Isolation/Support	178	1	2/60	6
Strengths and Difficulties Questionnaire (SDQ)	190	2	3/60	19
Vanderbilt Parent Rating Scale	190	2	10/60	63
Child:				
Brief Sensation Seeking Scale	190	1	1/60	3
Conflict in Adolescent Dating Relationships	153	1	10/60	26
Health Risk Behavior Survey (Middle School) 11–13 years	37	1	30/60	19
Health Risk Behavior Survey (High School)14+ years	153	1	45/60	115