

organizations, and private public health organizations.

FMS provides an efficient and effective way for processing fellowship application data, selecting qualified candidates, maintaining a current alumni database, documenting the impact of the fellowships on alumni careers, and generating reports. This proposed revision will provide a secure site within this existing electronic system for designated employees of public health agencies and organizations to submit fellowship assignment proposals electronically.

Designated employees of public health agencies or organizations will answer a standardized set of core questions within FMS about the proposed assignments, including the

type of public health agency or organization submitting the proposal; proposed fellow activities, including training and opportunities for service and collaboration; and how the fellow will be supported, including the type and extent of mentorship and supervision the fellow will receive.

This revision enhances FMS to include a function that will result in a standardized process for submitting and reviewing host assignment proposals across fellowships. The electronic assignment proposal process that FMS provides optimizes the matching of qualified fellowship candidates with host sites and will result in an optimal fit between fellows and their assignments—ultimately leading to

long-term employment and sustained public health capacity of state and local health departments and other non-federal public health agencies and organizations.

The annual burden table has been updated to reflect the number of respondents from nonfederal public health agencies or organizations that submit assignment proposals to host fellows. Some alumni are deceased or cannot be located. Response burden assumes response from an individual responding alumnus, on average, every 3 years (which is likely an overestimate of frequency). There is no cost to respondents other than their time. The total estimated annual burden hours are 1201.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Number of respondents	Frequency of response	Average annualized burden per response (in hours)
Public Health Agency or Organization	226	1	1.5
Fellowship applicants	1122	1	40/60
Fellowship alumni	454	1	15/60

Dated: December 29, 2011.

Daniel Holcomb,

Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 2011-33798 Filed 1-4-12; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30-Day-12-12CO]

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) 395-5806. Written comments should be received within 30 days of this notice.

Proposed Project

Evaluation of the National Tobacco Prevention and Control Public Education Campaign—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC) requests OMB approval to collect information needed for evaluating the CDC's National Tobacco Prevention and Control Public Education Campaign (The Campaign). This campaign, which is expected to launch in February/March 2012, is the first Federally-funded media campaign in the U.S. that describes the harms from smoking and will feature televised advertisements that will air nationally along with complementary ads on radio, the Internet, in print, and other forms of media.

CDC plans to conduct an initial baseline survey of adults before the launch of The Campaign and a longitudinal follow-up survey of those participants approximately three to four months later. Information will be collected about adult smokers' awareness of and exposure to campaign advertisements, and about their knowledge, attitudes, and beliefs related to smoking and secondhand smoke. In

addition, the survey will measure behaviors related to smoking cessation and behaviors related to interpersonal communication about smoking. Information will also be collected on demographic variables including age, sex, race, education, income, primary language, and marital status.

Data from this survey will be used to estimate the extent to which smokers and non-smokers in the U.S. were exposed to The Campaign and to examine the statistical relationships between adults' exposure to The Campaign and changes in outcome variables of interest including attempts to quit smoking.

Information will be collected through on-line questionnaires involving adult smokers and non-smokers in the U.S., ages 18-54. Respondents who are smokers will be recruited from two sources: a probability sample drawn from the Knowledge Networks KnowledgePanel®, a panel that uses address-based postal mail sampling to generate a probability-based online panel of U.S. adults, and a supplemental sample from SSI, a leading provider of online sampling in the U.S. Respondents who are non-smokers will be recruited from Knowledge Networks. The target number of complete pre-/post-campaign questionnaires for smokers is 5,000. The target number of

complete pre-/post-campaign questionnaires for non-smokers is 2,000.

To obtain the target number of complete pre-/post-campaign responses, approximately 34,660 respondents will be contacted through an initial screening and consent process. The estimated burden per response is two minutes.

An estimated 11,600 smokers will be recruited to complete the Smoker Baseline Questionnaire in order to yield 5,000 completed post-campaign Smoker Follow-Up Questionnaires. An estimated 2,666 non-smokers will be recruited to complete the Non-smoker Baseline Questionnaire in order to yield

2,000 completed post-campaign Non-smoker Follow-up Questionnaires. For both respondent groups, the estimated burden per response is 25 minutes for each baseline questionnaire. In addition, the estimated burden per response is 25 minutes for each post-campaign (follow-up) questionnaire.

Data from this information collection will be used to estimate awareness of and exposure to The Campaign among smokers and non-smokers nationally as well as among the planned subset of smokers in high-delivery geographic areas for The Campaign. These estimates will take the form of self-reported ad

recognition and recall estimates that assess basic exposure as well as frequency of ad exposure. Data from this information collection will also be used to examine statistical associations between exposure to The Campaign and pre-post changes in specific outcomes of interest which will include knowledge, attitudes, beliefs and intentions related to smoking and cessation as well as behavioral outcomes including quit attempts and cigarette consumption.

OMB approval is requested for one year. There are no costs to respondents other than their time. The total estimated burden hours are 10,015.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
General Population	Screening and Consent Process	34,660	1	2/60
Adults, ages 18–54 in the U.S.	Smoker Baseline Questionnaire	11,600	1	25/60
	Smoker Follow-Up Questionnaire	5,000	1	25/60
	Non-Smoker Baseline Questionnaire	2,666	1	25/60
	Non-Smoker Follow-up Questionnaire	2,000	1	25/60

Dated: December 29, 2011.

Daniel Holcomb,

Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 2011–33799 Filed 1–4–12; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 PR 67772–76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 76 FR 66308–66309, dated October 26, 2011) is amended to reflect the reorganization of the Financial Management Office within the Office of the Chief Operating Officer, Centers for Disease Control and Prevention.

Section C–B, Organization and Functions, is hereby amended as follows:

Delete items (1), (2) and (3) of the functional statements for the Financial Management Office (CAJE), and insert the following: (1) Provides leadership

and coordination in the development and administration of the Centers for Disease Control and Prevention’s (CDC) financial management policies; (2) provides leadership and advice on matters of public health policy, budget formulation, budget and performance integration, and Congressional appropriations for CDC and the Agency for Toxic Substances and Disease Registry (ATSDR); (3) collaborates with the CDC Office of the Director (OD) in the development and implementation of long-range, strategic program and financial plans;

Delete in its entirety the title and functional statements for the Travel Management Activity (CAJE12).

Delete in its entirety the title and functional statements for the Office of Organizational Excellence (CAJE13) and the Office of Formulation, Evaluation, and Analysis (CAJE14) and insert the following:

Office of Management Services (CAJE13). (1) Collaborates and maintains liaison with CDC management officials to monitor and address priority issues of concern to CDC leadership; (2) manages the Financial Management Office’s (FMO) operational budget processes, including planning, execution, and monitoring; (3) manages FMO’s acquisition processes; (4) analyzes and provides recommendations on workload efficiency and resource utilization; (5) provides direction, strategy, analysis,

operational support, and recommendations in matters concerning organizational performance and management services within FMO; (6) coordinates the development of, and maintains, strategic management and performance measurement tools within FMO; (7) monitors FMO organizational performance and provides recommendations on performance improvement; (8) provides management, oversight, and administrative support for FMO service desk operations; (9) provides direction, strategy, analysis, and operational support in all aspects of FMO’s human resources operations; (10) provides leading practices in government financial management practices to FMO; (11) develops, implements, and manages recruiting, hiring, retention, and succession strategies; (12) coordinates creation and implementation of operating standards/procedures and processes, and monitors compliance; (13) develops, implements, and manages professional development strategy and plan for FMO; (14) develops and implements FMO’s communication strategy and plan; (15) manages the development and communication of financial management policies; (16) serves as FMO’s point of contact on all matters concerning facilities management and space utilization; and (17) serves as FMO’s coordinator of COOP activities.

Appropriations, Legislation, and Formulation Office (CAJE14). (1)