

(4) May not be a Federal entity or Federal employee acting within the scope of their employment.

(5) Shall not be an HHS employee working on their applications or submissions during assigned duty hours.

(6) Shall not be an employee of Office of the National Coordinator for Health IT.

(7) Federal grantees may not use Federal funds to develop COMPETES Act challenge applications unless consistent with the purpose of their grant award.

(8) Federal contractors may not use Federal funds from a contract to develop COMPETES Act challenge applications or to fund efforts in support of a COMPETES Act challenge submission.

An individual or entity shall not be deemed ineligible because the individual or entity used Federal facilities or consulted with Federal employees during a competition if the facilities and employees are made available to all individuals and entities participating in the competition on an equitable basis.

Entrants must agree to assume any and all risks and waive claims against the Federal Government and its related entities, except in the case of willful misconduct, for any injury, death, damage, or loss of property, revenue, or profits, whether direct, indirect, or consequential, arising from my participation in this prize contest, whether the injury, death, damage, or loss arises through negligence or otherwise.

Entrants must also agree to indemnify the Federal Government against third party claims for damages arising from or related to competition activities.

#### Registration Process for Participants

To register for this challenge participants should either:

- Access the [www.challenge.gov](http://www.challenge.gov) Web site and search for the “Reducing Cancer Among Women of Color Challenge”.
- Access the ONC Investing in Innovation (i2) Challenge Web site at:
  - <http://www.health2con.com/devchallenge/challenges/onc-i2-challenges/>
  - A registration link for the challenge can be found on the landing page under the challenge description

#### Amount of the Prize

- First Prize: \$85,000
- Second Prize: \$10,000
- Third Prize: \$5,000

Awards may be subject to Federal income taxes and HHS will comply with

IRS withholding and reporting requirements, where applicable.

#### Payment of the Prize

Prize will be paid by contractor.

#### Basis Upon Which Winner Will Be Selected

The review panel will make selections based upon the following criteria:

- Patient engagement
- Quality and accessibility of information
- Targeted and actionable information
- Links to online communities and/or social media
- Innovativeness and usability
- Non-English language availability

In order for an entry to be eligible to win this Challenge, it must meet the following requirements:

1. *General*—Contestants must provide continuous access to the app, a detailed description of the app, instructions on how to install and operate the app, and system requirements required to run the app (collectively, “Submission”).

2. *No HHS or ONC logo*—The app must not use HHS’ or ONC’s logo or official seal in the Submission, and must not claim endorsement.

3. *Section 508 Compliance*—Contestants must acknowledge that they understand that, as a pre-requisite to any subsequent acquisition by FAR contract or other method, they may be required to make their proposed solution compliant with Section 508 accessibility and usability requirements at their own expense. Any electronic information technology that is ultimately obtained by HHS for its use, development, or maintenance must meet Section 508 accessibility and usability standards. Past experience has demonstrated that it can be costly for solution-providers to “retrofit” solutions if remediation is later needed. The HHS Section 508 Evaluation Product Assessment Template, available at <http://www.hhs.gov/od/vendors/index.html>, provides a useful roadmap for developers to review. It is a simple, web-based checklist utilized by HHS officials to allow vendors to document how their products do or do not meet the various Section 508 requirements.

4. *Functionality/Accuracy*—A Submission may be disqualified if the application fails to function as expressed in the description provided by the user, or if the application provides inaccurate or incomplete information.

5. *Security*—Submissions must be free of malware. Contestant agrees that the ONC may conduct testing on the app to determine whether malware or other

security threats may be present. ONC may disqualify the app if, in ONC’s judgment, the app may damage government or others’ equipment or operating environment.

#### Additional Information

Ownership of intellectual property is determined by the following:

- Each entrant retains title and full ownership in and to their submission. Entrants expressly reserve all intellectual property rights not expressly granted under the challenge agreement.
- By participating in the challenge, each entrant hereby irrevocably grants to Sponsor and Administrator a limited, non-exclusive, royalty free, worldwide, license and right to reproduce, publicly perform, publicly display, and use the Submission to the extent necessary to administer the challenge, and to publicly perform and publicly display the Submission, including, without limitation, for advertising and promotional purposes relating to the challenge.

**Authority:** 15 U.S.C. 3719.

Dated: August 20, 2012.

#### Farzad Mostashari,

*National Coordinator for Health Information Technology.*

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**BILLING CODE 4150–45–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30-Day–12–12LA]

#### 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) 639–7570 or send an email 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) 395–5806. Written comments should be received within 30 days of this notice.

#### Proposed Project

Evaluation of the Communities Putting Prevention to Work (CPPW) National Prevention Media Initiative—New—National Center for Chronic

Disease Prevention and Health Promotion (NCCDHP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

The American Recovery and Reinvestment Act of 2009 (ARRA) allotted \$650 million to the Department of Health and Human Services (HHS) to support evidence-based prevention and wellness strategies. The cornerstone of the initiative is the Communities Putting Prevention to Work (CPPW) Community Program, administered by the Centers for Disease Control and Prevention (CDC). In March 2010, HHS made 44 CPPW awards for community-based obesity and tobacco preventions efforts, followed in September 2010 by additional awards made possible by Affordable Care Act (ACA) funding. Between the two funding sources, there are 50 communities that are part of

CPPW; 28 are funded only for obesity-related initiatives; 11 are funded for both obesity and tobacco initiatives; and 11 are funded only for tobacco-related initiatives.

CPPW program efforts are supported by a National Prevention Media Initiative. Although originally planned as a national campaign, CDC determined that the best support for the CPPW communities would be to shift to a localized approach. CDC plans to conduct two cycles of information collection in the 39 target communities that are addressing obesity: the first in Fall 2012 and the second in Winter/Spring 2013. The target is 6,000 completed responses for each cycle of data collection. A separate sample will be drawn for each of the 39 communities. All information will be collected through brief telephone interviews with adults aged 25 years or

older. The insights to be gained from this information collection will be valuable to assessing the impact of CPPW-related program activities. The information will specifically be used to assess aided and unaided awareness of CPPW media efforts, beliefs and attitudes about obesity, and behaviors that encourage active eating and healthy living. Results will be used to inform the design and delivery of future media campaigns.

OMB approval is requested for one year. The estimated burden per response is one minute or less for eligibility screening, five minutes for an incomplete telephone interview, and 10 minutes for a complete telephone interview. Participation in the telephone interviews is voluntary and there are no costs to respondents other than their time. The total estimated annualized burden hours are 2,406.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hr)
Adult General Public ≥25 years of age .....	Screener for the Community Telephone Interview.	22,400	1	1/60
	Community Telephone Interview (incomplete)	400	1	5/60
	Community Telephone Interview (complete)	12,000	1	10/60

Dated: August 21, 2012.

**Ron A. Otten,**

*Director, Office of Scientific Integrity (OSI), Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30-Day-12-0571]

**Agency Forms Undergoing Paperwork Reduction Act Review**

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comments should be received within 30 days of this notice.

**Proposed Project**

Minimum Data Elements (MDEs) for the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) (OMB No. 0920-0571, exp. 11/30/2012)—Extension—National Center for Chronic Disease Prevention and Health Promotion (NCCDHP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

Many cancer-related deaths in women could be avoided by increased utilization of appropriate screening and early detection tests for breast and cervical cancer. Mammography is extremely valuable as an early detection tool because it can detect breast cancer well before the woman can feel the lump, when the cancer is still in an early and more treatable stage. Similarly, a substantial proportion of cervical cancer-related deaths could be prevented through the detection and treatment of precancerous lesions. The Papanicolaou (Pap) test is the primary method of detecting both precancerous cervical lesions as well as invasive cervical cancer. Mammography and Pap tests are underused by women who have

no source or no regular source of health care and women without health insurance.

The CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP) provides screening services to underserved women through cooperative agreements with 50 States, the District of Columbia, 5 U.S. Territories, and 11 American Indian/Alaska Native tribal programs. The program was established in response to the Breast and Cervical Cancer Mortality Prevention Act of 1990. Screening services include clinical breast examinations, mammograms and Pap tests, as well as timely and adequate diagnostic testing for abnormal results, and referrals to treatment for cancers detected. NBCCEDP awardees collect patient-level screening and tracking data to manage the program and clinical services. A de-identified subset of data on patient demographics, screening tests and outcomes are reported by each awardee to CDC twice per year.

CDC is requesting OMB approval to collect MDE information for an additional three years. CDC anticipates a reduction in the overall burden estimate due to a decrease in the number of awardees from 68 to 67.