2. Describe any assumptions that you used.

3. Provide copies of any technical information and/or data you used that support your views.

4. If you estimate potential burden or costs, explain how you arrived at the estimate that you provide.

5. Offer alternative ways to improve the collection activity.

6. Make sure to submit your comments by the deadline identified under **DATES**.

7. To ensure proper receipt by GSA, be sure to identify the ICR title on the first page of your response. You may also provide the **Federal Register** citation.

What information collection activity or ICR does this apply to?

Title: MyGov.

OMB Control Number: 3090–00XX.

Abstract: MyGov is a citizen-centric platform for delivering government services. Rather than organizing services around the agencies that deliver them as we do today and forcing citizens to absorb the complexity of modern government, MyGov organizes services around people, specific tasks at all levels of government. Specifically, MyGov consists of four distinct components:

Platform—The MyGov profile, which serves to enable a consistent experience from transaction to transaction is a basic user persona, consists of limited information such as name, address, and basic preferences, which then provides agencies with the ability to create task-based workflows for users. The MyGov profile is completely optional. Additionally, MyGov notifications enable agencies to sustain communication with MyGov account holders over time. Through an administrative interface, agencies can send users simple messages and alerts. For example ''Your online form submission to change your name has been approved'' or, ''Stay tuned to *FEMA.gov* for Hurricane updates.'' Users may be notified via their MyGov dashboard, discovery bar, email or text message, depending on their MyGov preferences.

Applications—MyGov is architected as a series of applications built on an open platform, not unlike a Facebook or iPhone app. Apps are explicitly granted permission by the user, and have access to limited information (such as a user's email, if authorized). Apps maintain their own data, and interact with the platform through a series of Application Programming Interfaces (APIs). APIs allow the desperate applications to securely communicate with one another. Although initially limited to government, apps can be created by the public sector or private sector.

Forms—The MyGov forms engine allows agencies to quickly and easily move existing information collections (which are currently transacted as PDFs or other offline process) to the Web, or to streamline the creation of new, Web-based services. The forms engine exists as a service independent of the MyGov profile and is not dissimilar to Google forms, Survey Monkey, or Wufoo.

Discovery—The MyGov discovery bar and widgets are tools that agencies can embed into existing Web pages to help citizens discover services and information relevant to their interests and needs. Similar to Netflix recommending movies you may enjoy, or Amazon informing you that ''customers who bought this product also bought'', the discovery tools seek to allow online resources to be grouped around citizen-centric tasks and transactions, rather than the agencies that maintain them.

Burden Statement: The annual public reporting and recordkeeping burden for this collection of information is estimated to average less than one hour per year. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements which have subsequently changed; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information.

The estimated annual burden request is summarized here:

Affected entities: citizens seeking a more intuitive way to utilize existing government services.

Estimated number of respondents: 20,000.

Frequency of response: 1.

Total number of responses: 20,000.

Estimated hours per response: .5.

Estimated total annual burden hours: 10,000.

What is the next step in the process for this ICR?

GSA will consider the comments received and amend the ICR as appropriate. The final ICR package will then be submitted to OMB for review and approval pursuant to 5 CFR 1320.12. At that time, GSA will issue another **Federal Register** notice pursuant to 5 CFR 1320.5(a)(1) to announce the submission of the ICR to OMB and the opportunity to submit additional comments to OMB.

If you have any questions about this ICR or the approval process, please contact the person listed under **FOR FURTHER INFORMATION CONTACT**.

Dated: February 5, 2013.

Casey Colemen,

Chief Information Officer.

[FR Doc. 2013–02977 Filed 2–8–13; 8:45 am]

BILLING CODE 6820–34–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 Day–13–12QC]

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 (404) 639–7570 or send an email to *omb@cdc.gov*. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Costs and Cost Savings of Motor Vehicle Injury Prevention: Evidence-Based Policy and Behavioral Interventions—NEW—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC) is seeking a 1-year OMB approval to collect information relating to the costs of implementing motor vehicle injury prevention interventions. This information is needed to complete a research study of the costs and costs savings to society of implementing evidence-based interventions. The main product of the study is an online tool that can be used to identify the intervention or sets of interventions that can be implemented

in individual states that will provide the ''biggest bang for the buck.''

The study focuses on thirteen interventions. These interventions are:

1. Red light camera automated enforcement,
2. Speed camera automated enforcement,
3. Alcohol interlocks,
4. Sobriety checkpoints,
5. Saturation patrols,
6. Bicycle helmet laws for children,
7. High visibility child restraint/booster or seat belt law enforcement,
8. Motorcycle helmet use laws,
9. Primary enforcement of seat belt laws,
10. Limits on diversion and plea agreements,
11. Lower blood alcohol content (BAC) limits for repeat offenders,
12. Vehicle impoundment,
13. and license plate impoundment.

For each intervention, secondary data on the following will be compiled:

1. Effects on fatalities and injury prevention: We have specifically determined fatality and injury reductions for interventions by state, total fatalities and estimated injury rates by state, injury to fatality ratios, and the current laws for each state.

2. Estimated costs associated with motor vehicle injuries and deaths and how costs of similar injuries vary from state to state: We are currently developing state-specific estimates of expected cost savings associated with the reductions in injuries and deaths from each intervention.

3. Costs of implementing each intervention in states: We have developed a matrix of implementation cost categories by interventions and are populating the resultant cells. Implementation cost categories include items such as: cost of creating the legislation, costs for publicity, personnel (e.g., law enforcement, court) time, and equipment purchase, or maintenance cost, jail or prison facility costs.

This Information Collection Request (ICR) is being requested to fill these gaps in information on the costs of implementing interventions. Without this information, the principal product of the research—the online tool—cannot be completed. The value of the information collected via the subject matter interviews and the online Delphi panel is to fill gaps in knowledge for interventions that do not have extensive literature on their costs of implementation. The gaps in evidence relate to implementation cost issues such as the amount of time it takes for police to deal with an incident, paperwork, and court; the amount of court staff time it takes to handle various cases and whether there are costs to the court in particular situations, particularly among DWI cases. We also seek information to complete multiple missing cells pertaining to the costs of implementing lower BAC-Blood Alcohol Content, limits on diversion, and saturation patrols.

Semi-structured interviews will be conducted to collect the necessary information from subject matter experts. An online Delphi panel will be used to collect additional missing information.

The semi-structured interviews will be conducted over the telephone and will last approximately 60 minutes depending on the type of expert. The burden table identifies the total number of respondents per group, the average response burden per semi-structured interview, and the total response burden for the semi-structured interviews.

The total estimated one-time burden for data collection for the following expert respondents are calculated as follows; Public Safety Advocacy Groups = (4 respondents × 1 hour/response); DWI/DUI Defense Attorneys = (4 respondents × 1hour/response); Court Case Managers = (4 respondents × 1 hour/response); State Parole Agencies = (2 respondents × 1hour/response); State Depts. Of Public Safety = (6 respondents × 1 hour/response); Local Law Enforcement = (4 respondents × 1 hour/response). Twenty-four experts will be interviewed. The experts will come from various agencies across the country in the identified specialized areas. These twenty-four telephone interviews will be conducted by RAND researchers: Dr. Andres Villaveces and Liisa Ecola. For the online Delphi panel, we will select 8 experts to participate based upon our knowledge of the person(s) with the required expertise. These person(s) will likely be employed by academia or a public agency (i.e. CDC or National Highway Traffic Safety Administration (NHTSA))

There are no costs to respondents other than their time.

Total annualized burden hours are 32.

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (hours)
Public Safety Advocacy Groups	Semi-Structured Interviews	4	1	1
DWI/DUI Defense Attorneys	Semi-Structured Interviews	4	1	1
Court Case Managers	Semi-Structured Interviews	4	1	1
State Parole Agencies	Semi-Structured Interviews	2	1	1
State Depts. of Public Safety	Semi-Structured Interviews	6	1	1
Local Law Enforcement	Semi-Structured Interviews	4	1	1
Academic Researchers	Discussion Guide-Online Expert Panel	3	1	1
CDC Staff	Discussion Guide-Online Expert Panel	3	1	1
National Highway Traffic Safety Administration (NHTSA) Staff.	Discussion Guide-Online Expert Panel	2	1	1

Dated: February 5, 2013.

Ron A. Otten,

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

[FR Doc. 2013–03003 Filed 2–8–13; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–13–0923]

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.* 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 (OMB No. 0920–0923, exp. 2/28/2013)—Revision—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 a Revision of the current OMB approval for Evaluation of the National Tobacco Prevention and Control Public Education Campaign (The Campaign) (OMB no. 0920–0923, exp. 2/28/2012). In 2012, CDC conducted web-based surveys of smokers and non-smokers in the U.S. for purposes of evaluating phase 1 of the CDC's National Tobacco Prevention and Control Public Education Campaign (The Campaign). This information collection consisted of an initial baseline survey (Wave 1) before the launch of The Campaign and a longitudinal follow-up survey (Wave 2) of those participants approximately three months later after the conclusion of The Campaign. Data from this information collection has been used by CDC to examine the association between smokers' and nonsmokers' exposure to The Campaign and changes in outcome variables of interest.

CDC has recently announced plans to launch a second phase of The Campaign (Phase 2), using the same campaign name (''Tips from Former Smokers''), similar advertisement styles, similar message themes and strategies, and in some cases the same ad cast members. CDC therefore plans to continue evaluation of The Campaign with a new, third wave of data collection. Wave 3 will consist of web-based follow-up surveys of smokers and nonsmokers that will facilitate pre-post analysis of the cumulative Phase 1 and Phase 2 campaigns. This pre-post design is similar to the currently-approved information collection that examined pre-post changes in relevant outcomes for the Phase 1 campaign only.

The timeframe for the Wave 3 data collection is related to the anticipated launch and duration of the Phase 2 campaign. The Phase 2 Campaign is expected to launch in early winter/spring 2013 and will air for approximately four months. Therefore, our proposed Wave 3 data collection will occur approximately four months after the Phase 2 Campaign launch to ensure accurate measurement of Campaign awareness after all media have been delivered.

Information will be collected about adult smokers' awareness of and exposure to campaign advertisements, knowledge, attitudes, and beliefs related to smoking and secondhand smoke. In addition, the survey will measure behaviors related to smoking cessation (among the smokers in the sample) and behaviors related to non-smokers' encouragement of smokers to quit 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 cumulative Phase 1 and Phase 2 Campaigns and to examine the statistical relationships between adults' exposure to Phase 1 and Phase 2 Campaigns and changes in outcome variables 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.

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.

To obtain the target number of complete Wave 3 responses, approximately 43,737 respondents will be contacted through an initial screening and consent process. The estimated burden per response is two minutes. The target number of complete wave 3 questionnaires for smokers is 14,250. The target number of complete wave for non-smokers is 3,286. For both respondent groups, the estimated burden per response is 25 minutes for each follow-up questionnaire.

OMB approval is requested for one year. There are no costs to respondents other than their time. The total estimated burden hours are 8,765.

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 ..... Adults, ages 18–54 in the U.S.	Screening and Consent Process	43,737	1	2/60
	Smoker Phase 2 Follow-Up Questionnaire	14,250	1	25/60
	Non-Smoker Phase 2 Follow-Up Questionnaire	3,286	1	25/60